

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

# 2024

Open to Public Inspection

**A** For the **2024** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE SPRINGFIELD FOUNDATION</b>		<b>D</b> Employer identification number <b>31-6030764</b>
	Doing business as		<b>E</b> Telephone number <b>937-324-8773</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>20,532,325.</b>
	<b>333 N LIMESTONE ST STE 201</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>SPRINGFIELD, OH 45503</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>SUSAN CAREY</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. See instructions	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>SPRINGFIELDFOUNDATION.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1948</b>	<b>M</b> State of legal domicile: <b>OH</b>

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>PROVIDE FOR ADVANCEMENT AND SUPPORT OF EDUCATION, WELFARE SERVICES, RECREATION, FINE ARTS,</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>21</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>21</b>
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>9</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>45</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>189,751.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>141,563.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>15,832,072.</b>	<b>3,544,640.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>263,793.</b>	<b>280,248.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,954,570.</b>	<b>2,993,816.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>4,366.</b>	<b>5,103.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>18,054,801.</b>	<b>6,823,807.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>3,341,555.</b>	<b>3,633,791.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>622,107.</b>	<b>772,395.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>342,445.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>894,000.</b>	<b>957,748.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>4,857,662.</b>	<b>5,363,934.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>13,197,139.</b>	<b>1,459,873.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>131,250,451.</b>	<b>142,878,025.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>62,048,250.</b>	<b>68,291,504.</b>
		<b>69,202,201.</b>	<b>74,586,521.</b>

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>SUSAN CAREY, EXECUTIVE DIRECTOR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>APRIL CAULFIELD</b>	<b>APRIL CAULFIELD</b>	<b>11/11/25</b>		<b>P01949369</b>
	Firm's name	Firm's EIN			
	<b>CLARK, SCHAEFER, HACKETT &amp; CO.</b>	<b>31-080053</b>			
	Firm's address	Phone no.			
	<b>14 EAST MAIN STREET, SUITE 500 SPRINGFIELD, OH 45502</b>	<b>937-399-2000</b>			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
OUR MISSION IS TO RAISE, STRENGTHEN, AND DISTRIBUTE PERMANENT CHARITABLE FUNDS TO IMPROVE THE QUALITY OF LIFE FOR RESIDENTS OF CLARK COUNTY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 4,494,124. including grants of \$ 3,633,791. ) (Revenue \$ 290,393. )
THE SPRINGFIELD FOUNDATION PARTNERS WITH INDIVIDUALS, FAMILIES, AND ORGANIZATIONS TO PROVIDE A PERMANENT SOURCE OF CHARITABLE CAPITAL TO IMPROVE THE QUALITY OF LIFE OF THOSE IN CLARK COUNTY, OHIO. THESE RESOURCES ARE STRENGTHENED THROUGH SOUND INVESTMENT AND DILIGENT STEWARDSHIP AND ARE DISTRIBUTED AS GRANTS TO NON-PROFIT ORGANIZATIONS AND AS SCHOLARSHIPS FOR STUDENTS THROUGHOUT THE COMMUNITY.

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

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

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

4e Total program service expenses 4,494,124.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and various organizational requirements.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (21); 1b Enter the number of voting members included on line 1a, above, who are independent (21); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JOYCE DAWSON - (937) 324-8773
333 N LIMESTONE ST STE 201, SPRINGFIELD, OH 45503

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSAN CAREY EXECUTIVE DIRECTOR	40.00			X			142,960.	0.	5,576.	
(2) STEPHEN MOODY PRESIDENT	1.00	X		X			0.	0.	0.	
(3) AMANDA LANTZ VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(4) SHARON FRANSDEN SECRETARY	1.00	X		X			0.	0.	0.	
(5) NETTIE CARTER-SMITH TREASURER	1.00	X		X			0.	0.	0.	
(6) AARON CLARK TRUSTEE	1.00	X					0.	0.	0.	
(7) KIMMERLY GRIFFITH TRUSTEE	1.00	X					0.	0.	0.	
(8) MATT LUTHER TRUSTEE	1.00	X					0.	0.	0.	
(9) SUNNA BASS TRUSTEE	1.00	X					0.	0.	0.	
(10) GREG ROGERS TRUSTEE	1.00	X					0.	0.	0.	
(11) PAM MEERMANS TRUSTEE	1.00	X					0.	0.	0.	
(12) GREGORY FLAX TRUSTEE	1.00	X					0.	0.	0.	
(13) HUMERA UMERANI TRUSTEE	1.00	X					0.	0.	0.	
(14) KEVIN LOFTIS TRUSTEE	1.00	X					0.	0.	0.	
(15) BASIL FETT TRUSTEE	1.00	X					0.	0.	0.	
(16) CHRIS WELLS TRUSTEE	1.00	X					0.	0.	0.	
(17) BLAKE SHAFFER TRUSTEE	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RACHEL WILSON TRUSTEE	1.00	X						0.	0.	0.
(19) PASTOR JERMAIN MAYNARD TRUSTEE	1.00	X						0.	0.	0.
(20) ANDY BARLOW TRUSTEE	1.00	X						0.	0.	0.
(21) PAULA CREW TRUSTEE	1.00	X						0.	0.	0.
(22) ANDY FOX TRUSTEE	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								142,960.	0.	5,576.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								142,960.	0.	5,576.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>	45,101.				
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	3,499,539.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 863,085.				
	<b>h Total.</b> Add lines 1a-1f .....		3,544,640.				
<b>Program Service Revenue</b>	<b>2 a</b> ADMINISTRATIVE FEE INCOME	<b>Business Code</b>					
		561000	215,360.	215,360.			
	<b>b</b> OPERATING ENDOWMENT	561000	64,888.	64,888.			
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		280,248.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		2,237,638.		189,751.	2047887.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	14,464,696.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	13,708,518.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	756,178.				
	<b>d</b> Net gain or (loss) .....		756,178.			756,178.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> MISC INCOME	<b>Business Code</b>					
		561000	10,145.	10,145.			
	<b>b</b> LOSS ON INVESTMENT IN LLC	900099	-5,042.			-5,042.	
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....		5,103.					
<b>12 Total revenue.</b> See instructions .....		6,823,807.	290,393.	189,751.	2799023.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,633,791.	3,633,791.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	148,536.	37,134.	37,134.	74,268.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	476,233.	247,641.	148,980.	79,612.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	29,812.	14,802.	9,163.	5,847.
<b>9</b> Other employee benefits .....	70,497.	32,264.	21,031.	17,202.
<b>10</b> Payroll taxes .....	47,317.	21,655.	14,116.	11,546.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	1,186.		1,186.	
<b>c</b> Accounting .....	39,537.		39,537.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	179,235.		179,235.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion .....	7,500.	1,875.	1,875.	3,750.
<b>13</b> Office expenses .....	15,617.	3,905.	3,905.	7,807.
<b>14</b> Information technology .....	48,092.	12,023.	12,023.	24,046.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	50,465.	12,616.	12,616.	25,233.
<b>17</b> Travel .....	2,153.	538.	538.	1,077.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	11,701.	2,925.	2,925.	5,851.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	7,953.	1,988.	1,988.	3,977.
<b>23</b> Insurance .....	9,593.	2,398.	2,398.	4,797.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> MISCELLANEOUS FUND EXPE	422,467.	422,467.		
<b>b</b> OTHER	143,606.	35,901.	35,901.	71,804.
<b>c</b> MAINTENANCE	11,256.	2,814.	2,814.	5,628.
<b>d</b> ANNUITY PAYMENTS	7,387.	7,387.		
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	5,363,934.	4,494,124.	527,365.	342,445.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,474,066.	<b>1</b>	2,170,836.
	<b>2</b> Savings and temporary cash investments .....	2,057,697.	<b>2</b>	3,663,565.
	<b>3</b> Pledges and grants receivable, net .....	30,597.	<b>3</b>	0.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	4,817.	<b>9</b>	16,887.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 219,188.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 179,474.	34,730.	<b>10c</b> 39,714.
	<b>11</b> Investments - publicly traded securities .....	86,744,355.	<b>11</b>	94,520,677.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	36,904,107.	<b>12</b>	41,347,869.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	261,516.	<b>13</b>	256,474.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	738,566.	<b>15</b>	862,003.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	131,250,451.	<b>16</b>	142,878,025.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	54,340.	<b>17</b>	77,057.
	<b>18</b> Grants payable .....		<b>18</b>	76,217.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	61,777,507.	<b>21</b>	67,864,142.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	216,403.	<b>25</b>	274,088.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	62,048,250.	<b>26</b>	68,291,504.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	12,938,094.	<b>27</b>	14,049,962.
	<b>28</b> Net assets with donor restrictions .....	56,264,107.	<b>28</b>	60,536,559.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	69,202,201.	<b>32</b>	74,586,521.
	<b>33</b> Total liabilities and net assets/fund balances .....	131,250,451.	<b>33</b>	142,878,025.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,823,807.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,363,934.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,459,873.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	69,202,201.
5	Net unrealized gains (losses) on investments	5	3,924,447.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	74,586,521.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2024)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

Open to Public Inspection

<b>Name of the organization</b> <b>THE SPRINGFIELD FOUNDATION</b>	<b>Employer identification number</b> <b>31-6030764</b>
--	--

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2905187.	6196970.	5218771.	15832072.	3544640.	33697640.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2905187.	6196970.	5218771.	15832072.	3544640.	33697640.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						2697770.
<b>6 Public support.</b> Subtract line 5 from line 4.						30999870.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	2905187.	6196970.	5218771.	15832072.	3544640.	33697640.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	980,486.	2152519.	1614389.	17591182.	2047887.	24386463.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....		6,112.		114,896.	141,563.	262,571.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	19,510.	28,822.	4,127.	4,366.	5,103.	61,928.
<b>11 Total support.</b> Add lines 7 through 10						58408602.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,194,789.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	53.07 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	53.43 %
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

**Part VI**

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

Lined area for supplemental information.

**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

THE SPRINGFIELD FOUNDATION

Employer identification number

31-6030764

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization  <b>THE SPRINGFIELD FOUNDATION</b>	Employer identification number  <b>31-6030764</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>314,608.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>410,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>84,588.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>THE SPRINGFIELD FOUNDATION</b>	Employer identification number  <b>31-6030764</b>
---	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization  <b>THE SPRINGFIELD FOUNDATION</b>	Employer identification number  <b>31-6030764</b>
---	---

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

THE SPRINGFIELD FOUNDATION

Employer identification number

31-6030764

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes     No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes     No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X .....

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

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

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

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

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	64,760,326.	47,701,009.	54,778,550.	43,264,514.	39,658,869.
<b>b</b> Contributions	2,022,351.	13,843,729.	3,058,898.	5,021,556.	1,747,172.
<b>c</b> Net investment earnings, gains, and losses	6,763,594.	6,240,520.	-6,339,249.	9,123,373.	4,440,323.
<b>d</b> Grants or scholarships	3,108,968.	2,276,953.	3,093,324.	2,014,231.	1,842,224.
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses	766,572.	747,979.	703,866.	616,662.	739,626.
<b>g</b> End of year balance	69,670,731.	64,760,326.	47,701,009.	54,778,550.	43,264,514.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 18.0950 %
- b** Permanent endowment .0000 %
- c** Term endowment 81.9048 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No                                  |
|---|-----|-------------------------------------|
| <b>(i)</b> Unrelated organizations?   |     | <input checked="" type="checkbox"/> |
| <b>(ii)</b> Related organizations?  |     | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |                                     |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		62,681.	44,750.	17,931.
<b>d</b> Equipment		156,507.	134,724.	21,783.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				39,714.

**Part VII Investments - Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other		
(A) RREEF AMERICAN REIT	8,624,275.	END-OF-YEAR MARKET VALUE
(B) PRIVATE EQUITY	28,421,373.	END-OF-YEAR MARKET VALUE
(C) HEDGE MUTUAL FUNDS	3,114,827.	END-OF-YEAR MARKET VALUE
(D) SENIOR STRUCTURED DEBT	1,187,394.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	<b>41,347,869.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPLIT INTEREST AGREEMENTS PAYABLE	214,165.
(3) LEASE LIABILITIES	59,923.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>274,088.</b>

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	10,569,019.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	3,924,447.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	3,924,447.	
3	Subtract line 2e from line 1		3	6,644,572.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	179,235.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c	179,235.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	6,823,807.

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

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

1	Total expenses and losses per audited financial statements		1	5,184,699.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1		3	5,184,699.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	179,235.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c	179,235.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	5,363,934.

**Part XIII Supplemental Information**

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

**PART IV, LINE 2B:**

THE SPRINGFIELD FOUNDATION HOLDS AND DISBURSES FUNDS AS AN AGENT FOR SEVERAL ORGANIZATIONS. AGENCY FUNDS ARE CREATED BY LOCAL NONPROFIT ORGANIZATIONS THAT WISH TO TAKE ADVANTAGE OF OUR FINANCIAL MANAGEMENT AND ADMINISTRATIVE RESOURCES.

**PART V, LINE 4:**

THE ENDOWMENT FUNDS ARE USED TO PROVIDE A PERMANENT SOURCE OF CHARITABLE CAPITAL TO IMPROVE THE QUALITY OF LIFE OF THOSE IN CLARK COUNTY, OHIO THROUGH GRANTS TO CHARITABLE ORGANIZATIONS.

**PART X, LINE 2:**

THE FOUNDATION HAS BEEN GRANTED TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS, THEREFORE, GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES. THE FOUNDATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(1).

THE FOUNDATION CONSIDERS THE ACCOUNTING AND RECOGNITION FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE FOUNDATION'S INCOME TAX RETURNS. THE FOUNDATION PARTICIPATES IN CERTAIN INVESTMENTS THAT GENERATE UNRELATED BUSINESS INCOME. THE FOUNDATION BELIEVES THERE IS NO MATERIAL TAX LIABILITY AT YEAR END. THE FOUNDATION'S POLICY WITH REGARDS TO INTEREST AND PENALTIES IS TO RECOGNIZE INTEREST THROUGH INTEREST EXPENSE

**Part XIII** Supplemental Information (continued)

AND PENALTIES THROUGH OTHER EXPENSE. IN EVALUATING THE FOUNDATION'S TAX PROVISION AND TAX-EXEMPT STATUS, INTERPRETATIONS AND TAX PLANNING STRATEGIES WERE CONSIDERED. THE FOUNDATION BELIEVES ITS ESTIMATES ARE APPROPRIATE BASED ON THE CURRENT FACTS AND CIRCUMSTANCES.

Lined area for supplemental information.









**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Lined area for supplemental information.

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **THE SPRINGFIELD FOUNDATION** Employer identification number **31-6030764**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADVOCATES FOR BASIC LEGAL EQUALITY INC. - 130 W SECOND ST 700 E - DAYTON, OH 45402	23-7376131	501(C)(3)	10,000.	0.			SUCCESS PROGRAM
ALPHA CHI OMEGA FOUNDATION PO BOX 6457 DEPT 291 INDIANAPOLIS, IN 46206	31-0949882	501(C)(3)	11,222.	0.			GENERAL SUPPORT
AMERICAN RED CROSS MIAMI VALLEY OHIO CHAPTER - 370 W. FIRST ST. - DAYTON, OH 45402	53-0196605	501(C)(3)	10,279.	0.			DISASTER RELIEF AND RECOVERY IN CLARK COUNTY
ANIMAL WELFARE LEAGUE OF CLARK COUNTY - 701 BASSWOOD DRIVE - SPRINGFIELD, OH 45504	31-6060287	501(C)(3)	14,894.	0.			GENERAL SUPPORT
AUTUMN TRAILS STABLE 2000 FOLK REAM RD SPRINGFIELD, OH 45502	81-1213652	501(C)(3)	8,600.	0.			GENERAL SUPPORT
BE HOPE CHURCH 1850 N FAIRFIELD RD BEAVERCREEK, OH 45432	31-0836912	CHURCH	6,000.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 131.

3 Enter total number of other organizations listed in the line 1 table 15.

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

Schedule I (Form 990) (Rev. 12-2024)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELIEVE IN YOUR HEART FOUNDATION 3821 WALNUT GROVE LANE BEAVERCREEK, OH 45440	84-3581900	501(C)(3)	10,500.	0.			GENERAL SUPPORT
BOWLING GREEN STATE UNIVERSITY, STUDENT FINANCIAL AID - 231 ADMINISTRATION BUILDING - BOWLING GREEN, OH 43403	34-6007199	501(C)(3)	18,375.	0.			SCHOLARSHIP
BRAXTON MILLER FOUNDATION PO BOX 10798 COLUMBUS, OH 43201	85-3880600	501(C)(3)	7,500.	0.			STEM PROGRAM
BREAKING FREE TO BE INC. PO BOX 3072 SPRINGFIELD, OH 45501	87-2859089	501(C)(3)	18,000.	0.			GENERAL AND OPERATIONAL SUPPORT
CAESARS FORD THEATRE INC PO BOX C XENIA, OH 45385	26-4067845	501(C)(3)	6,000.	0.			TECUMSEH DAY CELEBRATION
CAF AMERICA 225 REINEKERS LANE, SUITE 375 ALEXANDRIA, VA 22314	43-1634280	501(C)(3)	5,913.	0.			THE FRIENDS OF TUSK FUND
CALVARY BAPTIST CHURCH 1140 RUSH AVE BELLEFONTAINE, OH 43311	34-0947091	501(C)(3)	18,437.	0.			SUPPORT FOR MISSIONARY WORK/FINANCIAL AID FOR CALVARY CHRISTIAN SCHOOL
CAPITAL UNIVERSITY 1 COLLEGE AND MAIN COLUMBUS, OH 43209	31-4379435	501(C)(3)	5,900.	0.			SCHOLARSHIP
CASE WESTERN RESERVE UNIVERSITY 417A YOST HALL CLEVELAND, OH 44106-7049	34-1018992	501(C)(3)	40,175.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDARVILLE UNIVERSITY, OFFICE OF FINANCIAL AID - 251 N MAIN ST - CEDARVILLE, OH 45314	31-0536647	501(C)(3)	37,475.	0.			SCHOLARSHIP
CENTRAL CHRISTIAN CHURCH 1504 VILLA ROAD SPRINGFIELD, OH 45503	31-0559887	CHURCH	17,000.	0.			GENERAL SUPPORT
CENTRAL STATE UNIVERSITY 1400 BRUSH ROW ROAD, PO BOX 1004 WILBERFORCE, OH 45384	31-0749885	501(C)(3)	7,200.	0.			SCHOLARSHIP
CHILDREN'S HUNGER ALLIANCE 1105 SCHROCK RD. SUITE 505 COLUMBUS, OH 43229	23-7303509	501(C)(3)	15,000.	0.			FOOD ACCESS FOR CHILDREN IN CLARK COUNTY
CHILDREN'S RESCUE CENTER PO BOX 2 SPRINGFIELD, OH 45501	31-1368331	501(C)(3)	11,000.	0.			GENERAL SUPPORT
CITILOOKOUT COUNSELING AND TRAUMA RECOVERY CENTER - 616 N. LIMESTONE ST, SECOND FLOOR STE 100 - SPRINGFIELD, OH 45503	26-1991074	501(C)(3)	12,000.	0.			GENERAL SUPPORT
CLARK COUNTY BOARD OF DEVELOPMENTAL DISABILITIES - 2527 KENTON ST. - SPRINGFIELD, OH 45505	31-6000132	GOVERNMENT	6,199.	0.			INCREASED INCLUSIVITY WITH ACCESSIBLE PLAYFUL, MOVEMENT AND LEARNING, THROUGH ASSISTIVE
CLARK COUNTY COMBINED HEALTH DISTRICT - 529 EAST HOME ROAD - SPRINGFIELD, OH 45503	31-6000132	GOVERNMENT	15,500.	0.			GENERAL SUPPORT
CLARK COUNTY DEPARTMENT OF JOBS & FAMILY SERVICES - 1345 LAGONDA AVE PO BOX 967A - SPRINGFIELD, OH 45503		GOVERNMENT	11,387.	0.			CHILD ADVOCACY CENTER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLARK COUNTY DEPARTMENT OF REENTRY PROGRAM - PO BOX 57 - SPRINGFIELD, OH 45501	31-6000132	GOVERNMENT	10,000.	0.			GENERAL SUPPORT
CLARK COUNTY DOG SHELTER 5201 URBANA RD SPRINGFIELD, OH 45502	31-6000132	GOVERNMENT	10,500.	0.			GENERAL SUPPORT
CLARK COUNTY HISTORICAL SOCIETY 117 SOUTH FOUNTAIN AVENUE 2ND FL SPRINGFIELD, OH 45502	31-0806202	501(C)(3)	34,977.	0.			GENERAL SUPPORT
CLARK COUNTY LITERACY COALITION 102 WEST HIGH ST SPRINGFIELD, OH 45502	31-1266695	501(C)(3)	14,200.	0.			GENERAL SUPPORT
CLARK COUNTY PARK DISTRICT 1301 MITCHELL BLVD. SPRINGFIELD, OH 45503	38-4270836	GOVERNMENT	186,500.	0.			TO PURCHASE LAND
CLARK COUNTY PUBLIC LIBRARY P.O. BOX 1080 SPRINGFIELD, OH 45501	31-6000681	GOVERNMENT	63,093.	0.			GENERAL SUPPORT
CLARK STATE COLLEGE PO BOX 570 SPRINGFIELD, OH 45501	31-0734597	GOVERNMENT	181,685.	0.			SCHOLARSHIP
CLIFF PARK HIGH SCHOOL 821 N LIMESTONE ST SPRINGFIELD, OH 45503	31-1757533	501(C)(3)	14,300.	0.			HIGH SCHOOL CONSTRUCTION TRADE PROGRAMS
CLOTHES THAT WORK 2824 WILMINGTON PIKE DAYTON, OH 45419	31-1575093	501(C)(3)	7,500.	0.			WORKFORCE DEVELOPMENT FOR YOUTH & ADULTS IN SPRINGFIELD AND CLARK COUNTY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLONIAL BAPTIST CHURCH 8963 MILTON-CARLISLE RD NEW CARLISLE, OH 45344		CHURCH	10,000.	0.			GENERAL SUPPORT
COMMUNITY IMPROVEMENT CORPORATION OF SPFLD AND CLK CY - 20 S. LIMESTONE ST., SUITE 100 - SPRINGFIELD, OH 45502	23-7226470	501(C)(3)	14,570.	0.			GENERAL SUPPORT
COVENANT COMMUNITY DEVELOPMENT CORPORATION - 529 W JOHNNY LYTLE AVE - SPRINGFIELD, OH 45506	87-3103264	501(C)(3)	13,450.	0.			COVENANT FREEDOM SCHOOL GENERAL SUPPORT
COVENANT PRESBYTERIAN CHURCH 201 N. LIMESTONE ST. SPRINGFIELD, OH 45502	31-0543269	CHURCH	20,117.	0.			GENERAL SUPPORT
COVENANT UNITED METHODIST CHURCH 529 W. JOHNNY LYTLE AVE. SPRINGFIELD, OH 45506	87-3103264	CHURCH	7,413.	0.			GENERAL SUPPORT
DAYTON CHILDREN'S HOSPITAL ONE CHILDREN'S PLAZA DAYTON, OH 45404-1815	31-1045247	501(C)(3)	69,809.	0.			GENERAL SUPPORT
DEAF COMMUNITY RESOURCE CENTER INC. - 732 S. LUDLOW ST - DAYTON, OH 45402	20-5202136	501(C)(3)	35,000.	0.			GENERAL SUPPORT
DING DARLING WILDLIFE SOCIETY INC P.O. BOX 565 SANIBEL, FL 33957	59-2240895	501(C)(3)	10,000.	0.			GENERAL SUPPORT
DISCIPLING ANOTHER (DA2LJ, INC.) 20 S. LIMESTONE ST, SUITE 240 SPRINGFIELD, OH 45502	14-1947873	501(C)(3)	9,535.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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EASTERN MENNONITE UNIVERSITY FINANCIAL ASSISTANCE OFFICE, 1200 P HARRISONBURG, VA 22802	54-0575812	501(C)(3)	5,750.	0.			SCHOLARSHIP
ENCOMPASS CONNECTION CENTER 616 NORTH LIMESTONE STREET, STE 3 SPRINGFIELD, OH 45503	37-1485217	501(C)(3)	8,650.	0.			GENERAL SUPPORT
FELLOWSHIP CHRISTIAN CHURCH 2301 VALLEY LOOP RD. SPRINGFIELD, OH 45504-4043	51-0143176	501(C)(3)	59,208.	0.			GENERAL SUPPORT
FERNCLIFF FOUNDATION 501 W MCCREIGHT AVE SPRINGFIELD, OH 45504	93-3199623	501(C)(3)	11,503.	0.			GENERAL SUPPORT
FIRST BAPTIST CHURCH 638 S. FOUNTAIN AVENUE SPRINGFIELD, OH 45506	31-0558448	CHURCH	5,900.	0.			GENERAL SUPPORT
FIRST CHRISTIAN CHURCH 3638 MIDDLE URBANA RD. SPRINGFIELD, OH 45502	31-6001202	501(C)(3)	10,300.	0.			GENERAL SUPPORT
FIRST LUTHERAN CHURCH PO BOX 1383 SPRINGFIELD, OH 45501	31-0586409	CHURCH	5,226.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 15 N. CHILLICOTHE ST, PO BOX P SOUTH CHARLESTON, OH 45368	31-0867425	501(C)(3)	32,524.	0.			GENERAL SUPPORT
FLOURISHING UNDER DISTRESS GIVING ENCOURAGEMENT INC - 3448 MAUMEE AVE - DAYTON, OH 45414	85-0491579	501(C)(3)	6,000.	0.			FUDGE FOUNDATION SUMMER CAMP

Schedule I (Form 990)



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

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FRANKLINTON CYCLEWORKS 897 WEST BROAD STREET COLUMBUS, OH 43222	27-4196075	501(C)(3)	7,700.	0.			GENERAL SUPPORT
FRIENDS HEALTH CARE ASSOCIATION 150 E HERMAN STREET YELLOW SPRINGS, OH 45387	31-0920577	501(C)(3)	7,210.	0.			GENERAL SUPPORT
FRIENDS OF BUCK CREEK INC. 2525 N LIMESTONE ST SPRINGFIELD, OH 45503	45-5579084	501(C)(3)	7,500.	0.			TO PURCHASE LAND
FRIENDS OF THE HARTMAN ROCK GARDEN 1905 RUSSELL AVENUE SPRINGFIELD, OH 45506	46-3161498	501(C)(3)	81,550.	0.			GENERAL SUPPORT
GALA OF HOPE FOUNDATION 3500 PENTAGON BLVD, SUITE 500 BEAVERCREEK, OH 45431	46-4277044	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GAMMON HOUSE INC P.O. BOX 724 620 PIQUA PLACE SPRINGFIELD, OH 45501	47-1214309	501(C)(3)	7,082.	0.			GENERAL SUPPORT
GEORGETOWN COLLEGE 400 EAST COLLEGE STREET GEORGETOWN, KY 40324	61-0444695	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GLEN HELEN ASSOCIATION 405 CORRY ST. YELLOW SPRINGS, OH 45387	31-0963193	501(C)(3)	12,550.	0.			GENERAL SUPPORT
GOOD SHEPHERD EVANGELICAL LUTHERAN CHURCH - 712 N FOUNTAIN AVE - SPRINGFIELD, OH 45504	31-1231147	CHURCH	11,486.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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GOODWILL EASTERSEALS MIAMI VALLEY 660 SOUTH MAIN STREET DAYTON, OH 45402	31-0537112	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GRACE EVANGELICAL LUTHERAN CHURCH 1801 ST. PARIS PIKE SPRINGFIELD, OH 45504	31-6001693	CHURCH	23,500.	0.			2024 MINISTRY PLAN
GRACE UNITED METHODIST CHURCH 1401 W MAIN STREET SPRINGFIELD, OH 45504	31-6001253	CHURCH	7,408.	0.			GENERAL SUPPORT
GREEK ORTHODOX CHURCH 1127 E. HIGH STREET SPRINGFIELD, OH 45505	31-0973967	CHURCH	19,872.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF GREATER DAYTON - 115 W. RIVERVIEW AVE. - DAYTON, OH 45405	31-1104456	501(C)(3)	10,041.	0.			GENERAL SUPPORT FOR CLARK COUNTY
HEART HEALTH NOW 3484 ROCKVIEW DRIVE SPRINGFIELD, OH 45504	46-5682017	501(C)(3)	6,000.	0.			GENERAL SUPPORT
HELPING OUR YOUNG PEOPLE CONNECT WITH GOD - PO BOX 1603 1391 ELIZABETH COURT - SPRINGFIELD, OH 45501	31-1622572	501(C)(3)	8,000.	0.			GENERAL SUPPORT
HIGH STREET UNITED METHODIST CHURCH - 230 E. HIGH ST. - SPRINGFIELD, OH 45505	31-0549052	CHURCH	40,933.	0.			GENERAL SUPPORT
HOBART INSTITUTE OF WELDING TECHNOLOGY - 400 TRADE SQUARE E - TROY, OH 45373	31-6032186	501(C)(3)	12,150.	0.			SCHOLARSHIP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMAN APPEAL INC 6230 NORTH BELTLINE RD, SUITE 320 IRVING, TX 75063	87-2410117	501(C)(3)	10,000.	0.			GAZA RELIEF
JEFFERSON STREET OASIS COMMUNITY GARDEN - PO BOX 2812 - SPRINGFIELD, OH 45501	83-2865677	501(C)(3)	13,350.	0.			GENERAL SUPPORT
JOB SEEKERS NETWORK 315 WEINLAND DR NEW CARLISLE, OH 45344	81-2393181	501(C)(3)	7,500.	0.			QUEST YOUTH DEVELOPMENT CENTER OPERATIONAL SUPPORT
JUNIOR ACHIEVEMENT MAD RIVER REGION - 14 E MAIN ST SUITE 211 - SPRINGFIELD, OH 45502	31-0597416	501(C)(3)	6,300.	0.			GENERAL SUPPORT
KANSAS STATE UNIVERSITY 919 MID-CAMPUS DR N MANHATTAN, KS 66506	48-0771751	501(C)(3)	9,900.	0.			SCHOLARSHIP
KIDS READ NOW 55 MARYBILL DR S TROY, OH 45373	45-3504550	501(C)(3)	5,971.	0.			CLARK COUNTY ESC PROGRAM
LEADERSHIP CLARK COUNTY P.O. BOX 1565 SPRINGFIELD, OH 45501	31-1428808	501(C)(3)	5,500.	0.			COMMUNITY LEADERSHIP ACADEMY
LEGAL AID OF WESTERN OHIO 525 JEFFERSON AVE, STE 400 TOLEDO, OH 43604	34-1485732	501(C)(3)	5,100.	0.			GENERAL SUPPORT
MAPLE TREE CANCER ALLIANCE 425 N FINDLAY STREET, SUITE 16 DAYTON, OH 45404	27-4113397	501(C)(3)	6,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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MARIETTA COLLEGE 215 FIFTH STREET MARIETTA, OH 45750	31-4379584	501(C)(3)	6,950.	0.			GENERAL SUPPORT
MASTER GARDENERS OF CLARK COUNTY 3130 E MAIN STREET, PO BOX 158 SPRINGFIELD, OH 45501	31-1710686	501(C)(3)	11,403.	0.			BEAUTIFICATION OF THE CITY OF SPRINGFIELD
MERCY HEALTH FOUNDATION CLARK & CHAMPAIGN COUNTIES - 100 WEST MCCREIGHT AVENUE, SUITE 200 - SPRINGFIELD, OH 45504	20-1072726	501(C)(3)	47,459.	0.			GENERAL SUPPORT
MIAMI UNIVERSITY 301 S CAMPUS AVE OXFORD, OH 45056	31-6402089	501(C)(3)	18,155.	0.			SCHOLARSHIP
MIAMI VALLEY ISLAMIC ASSOCIATION 1800 S BURNETT RD SPRINGFIELD, OH 45505	31-0885565	501(C)(3)	9,000.	0.			GENERAL SUPPORT
MIAMI VALLEY PUBLIC MEDIA DBA WYSO PUBLIC RADIO - 150 E S COLLEGE ST - YELLOW SPRINGS, OH 45387	83-0545108	501(C)(3)	6,970.	0.			GENERAL SUPPORT
MISS PORTER'S SCHOOL 60 MAIN STREET FARMINGTON, CT 06032	06-0646786	501(C)(3)	12,314.	0.			GENERAL SUPPORT
NCNW CLARK COUNTY SPRINGFIELD SECTION - PO BOX 23 - SPRINGFIELD, OH 45501	91-1917532	501(C)(3)	10,000.	0.			HOLIDAY FOOD BASKET GIVEAWAY
NEHEMIAH FOUNDATION P. O. BOX 3112 SPRINGFIELD, OH 45501	31-1371691	501(C)(3)	16,328.	0.			2024 MINISTRIES

Schedule I (Form 990)

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

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NEW NORTH STREET AME CHURCH HOUSING DEVELOPMENT - 3106 COUNTRYSIDE CT - SPRINGFIELD, OH 45503	31-0815823	CHURCH	33,000.	0.			GENERAL SUPPORT
OHIO NORTHERN UNIVERSITY 525 S MAIN STREET ADA, OH 45810	34-4429091	501(C)(3)	13,700.	0.			SCHOLARSHIP
OHIO STATE ATI OFFICE OF THE UNIVERITY BURSAR - EXT SCHOLARSHIPS PO BOX 183248 - COLUMBUS,	31-6401599	501(C)(3)	10,000.	0.			SCHOLARSHIP
OHIO UNIVERSITY 1 OHIO UNIVERSITY ATHENS, OH 45701	31-6402113	501(C)(3)	9,100.	0.			SCHOLARSHIP
OHIO WESLEYAN UNIVERSITY 61 S SANDUSKY ST DELAWARE, OH 43015	31-4379585	501(C)(3)	5,510.	0.			SCHOLARSHIP
OHIO'S HOSPICE OF DAYTON 1830 N. LIMESTONE ST. SPRINGFIELD, OH 45505	31-0933339	501(C)(3)	15,657.	0.			GENERAL SUPPORT FOR FOR OHIO'S COMMUNITY MERCY HOSPICE, CLARK COUNTY, OHIO
ON-THE-RISE 4177 DIALTON ROAD SPRINGFIELD, OH 45502	04-3750441	501(C)(3)	22,100.	0.			GENERAL SUPPORT
PIKE TOWNSHIP TRUSTEES 11766 TROY ROAD NEW CARLISLE, OH 45344	31-0707774	GOVERNMENT	50,000.	0.			GENERAL SUPPORT
PIOUS PROJECTS OF AMERICA 7541 WEST 99TH PLACE BRIDGEVIEW, IL 60455	47-1508583	501(C)(3)	10,000.	0.			WATER WELLS FOR SADAQAH JAARIYAH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD FEDERATION OF AMERICA - 123 WILLIAMS STREET - NEW YORK, NY 10038	13-1644147	501(C)(3)	36,717.	0.			GENERAL SUPPORT
PREGNANCY RESOURCE CLINIC OF CLARK COUNTY - 1010 S. LIMESTONE ST. - SPRINGFIELD, OH 45505	31-1199270	501(C)(3)	16,650.	0.			GENERAL SUPPORT
PREVENT BLINDNESS OHIO 585 S FRONT ST, STE 220 COLUMBUS, OH 43215	31-6063433	501(C)(3)	15,000.	0.			GENERAL SUPPORT
PROJECT WOMAN OF OHIO 525 EAST HOME ROAD SPRINGFIELD, OH 45503	23-7391095	501(C)(3)	67,191.	0.			GENERAL SUPPORT
QUEST ADULT SERVICES 2527 KENTON ST. SPRINGFIELD, OH 45505	26-2737361	501(C)(3)	24,000.	0.			BEHAVIORAL HEALTH, SUMMER PROGRAMMING, AND INDIVIDUALS THAT MAY OR MAY NOT QUALIFY FOR FNA
RIDGEWOOD SCHOOL 2420 ST. PARIS PIKE SPRINGFIELD, OH 45504	31-0558452	501(C)(3)	12,720.	0.			GENERAL SUPPORT
ROCKING HORSE COMMUNITY HEALTH CENTER - 651 SOUTH LIMESTONE STREET - SPRINGFIELD, OH 45505	31-1593544	501(C)(3)	112,041.	0.			GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES DAYTON - 555 VALLEY STREET - DAYTON, OH 45404-1957	31-0964793	501(C)(3)	10,050.	0.			GENERAL SUPPORT
ROTARY CLUB OF SPRINGFIELD P.O. BOX 608 SPRINGFIELD, OH 45501	31-0871453	501(C)(3)	144,833.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RULING OUR EXPERIENCES, INC (ROX) 1335 DUBLIN ROAD, SUITE 18A COLUMBUS, OH 43215	27-2913874	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SALVATION ARMY P.O. BOX 98 SPRINGFIELD, OH 45501	13-5562351	501(C)(3)	8,925.	0.			GENERAL SUPPORT
SECOND HARVEST FOOD BANK 20 N. MURRAY ST SPRINGFIELD, OH 45503	83-2134113	501(C)(3)	169,161.	0.			GENERAL SUPPORT
SHELTERED INC. 501 WEST HIGH STREET SPRINGFIELD, OH 45506	31-1315795	501(C)(3)	8,754.	0.			GENERAL SUPPORT
SHOES 4 THE SHOELESS PO BOX 41655 DAYTON, OH 45441	27-3371811	501(C)(3)	5,500.	0.			SHOES 4 KIDS OF CLARK COUNTY/SPRINGFIELD
SINCLAIR COMMUNITY COLLEGE 444 WEST THIRD ST DAYTON, OH 45402	23-7032312	501(C)(3)	20,275.	0.			SCHOLARSHIP
SMITH COLLEGE DONOR SERVICES 33 ELM STREET NORTHAMPTON, MA 01063	04-1843040	501(C)(3)	12,314.	0.			GENERAL SUPPORT
SPRINGFIELD ARTS COUNCIL P.O. BOX 745 SPRINGFIELD, OH 45501-0745	31-6077714	501(C)(3)	58,168.	0.			GENERAL SUPPORT
SPRINGFIELD CATHOLIC CENTRAL SCHOOL FOUNDATION - 1200 EAST HIGH STREET - SPRINGFIELD, OH 45505	23-7252047	501(C)(3)	81,691.	0.			EMERALD EVENING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRINGFIELD CITY SCHOOL DISTRICT 700 S. LIMESTONE ST, STE A SPRINGFIELD, OH 45505	31-6000973	GOVERNMENT	26,370.	0.			SPRINGFIELD HIGH SCHOOL - NATIONAL HONOR SOCIETY 5K EVENT/PROJECT SPRINGBOARD CHILDCARE EXPENSES
SPRINGFIELD CITY YOUTH MISSION 1500 BROADWAY STREET SPRINGFIELD, OH 45504	31-1623059	501(C)(3)	10,500.	0.			GENERAL SUPPORT
SPRINGFIELD DISTRICT COUNCIL ST. VINCENT DEPAUL SOCIETY - PO BOX 94 - SPRINGFIELD, OH 45501	31-0912848	GOVERNMENT	47,415.	0.			GENERAL SUPPORT
SPRINGFIELD FAMILY YMCA 300 SOUTH LIMESTONE STREET SPRINGFIELD, OH 45505	31-0537169	501(C)(3)	17,858.	0.			GENERAL SUPPORT
SPRINGFIELD HISTORIC LANDMARK PRESERVATION FOUNDATION INC. - PO BOX 1642 - SPRINGFIELD, OH 45501	92-3514229	501(C)(3)	35,800.	0.			GENERAL SUPPORT
SPRINGFIELD MUSEUM OF ART 107 CLIFF PARK RD. SPRINGFIELD, OH 45504	31-6001642	501(C)(3)	105,292.	0.			GENERAL SUPPORT
SPRINGFIELD POLICE DIVISION 130 N FOUNTAIN AVE PO BOX 5200 SPRINGFIELD, OH 45502	31-6000056	GOVERNMENT	6,937.	0.			DRUG COURT GENERAL SUPPORT
SPRINGFIELD PROMISE NEIGHBORHOOD P.O. BOX 145 SPRINGFIELD, OH 45501	33-1147753	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SPRINGFIELD SOUP KITCHEN 2540 REBECCA DR SPRINGFIELD, OH 45503	35-2366204	501(C)(3)	16,441.	0.			GENERAL SUPPORT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRINGFIELD SYMPHONY ORCHESTRA P. O. BOX 1374 SPRINGFIELD, OH 45501	31-6000540	501(C)(3)	108,085.	0.			GENERAL SUPPORT
ST. JAMES EPISCOPAL CHURCH-FLORENCE ITALY C/O MR. ROBERT V. EDGAR - 1215 5TH AVE, APT 9C C/O MR. ROBERT V. EDGAR -	13-6132268	CHURCH	12,314.	0.			GENERAL SUPPORT
ST. RAPHAEL CATHOLIC CHURCH 225 E HIGH ST SPRINGFIELD, OH 45505	31-0537091	CHURCH	20,352.	0.			GENERAL SUPPORT
TAC-THE ABILITIES CONNECTION 2160 OLD SELMA ROAD SPRINGFIELD, OH 45505	31-1078646	501(C)(3)	26,290.	0.			GENERAL SUPPORT
TECUMSEH COUNCIL 439, BOY SCOUTS OF AMERICA - 4057 SWIMMING POOL ROAD - YELLOW SPRINGS, OH 45387	31-0536966	501(C)(3)	11,531.	0.			GENERAL SUPPORT
TECUMSEH LAND PRESERVATION ASSOCIATION - PO BOX 417 - YELLOW SPRINGS, OH 45387	31-1313236	501(C)(3)	15,848.	0.			GENERAL SUPPORT
TEMPLE SHOLOM 2424 NORTH LIMESTONE STREET SPRINGFIELD, OH 45503	31-0590419	CHURCH	12,520.	0.			GENERAL SUPPORT
THE CONSCIOUS CONNECT REDEVELOPMENT CORPORATION - P.O. BOX 3081 - SPRINGFIELD, OH 45501	47-3240607	501(C)(3)	6,000.	0.			GENERAL SUPPORT
THE OHIO STATE UNIVERSITY OFFICE OF THE UNIVERITY BURSAR - EXT SCHOLARSHIPS PO BOX 183248 - COLUMBUS,	31-6401599	501(C)(3)	139,890.	0.			SCHOLARSHIP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE RIDING CENTRE 1117 E. HYDE ROAD YELLOW SPRINGS, OH 45387	31-0835665	501(C)(3)	12,080.	0.			GENERAL SUPPORT
TRINITY LUTHERAN SEMINARY AT CAPITAL UNIVERSITY - 2199 EAST MAIN STREET - COLUMBUS, OH 43209	31-0943182	501(C)(3)	5,266.	0.			SCHOLARSHIP
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 5357 ALUMNI AND DONOR RECORD PRINCETON, NJ 08543-5357	21-0634501	501(C)(3)	11,403.	0.			ENDOWMENT FUND OF THE HUN SCHOOL FOR ITS GENERAL USE AND PURPOSES
UNITED SENIOR SERVICES 125 W. MAIN ST SPRINGFIELD, OH 45502	31-0747271	501(C)(3)	30,925.	0.			RSVP PROGRAM
UNITED WAY OF CLARK CHAMPAIGN AND MADISON COUNTIES - PO BOX 59 - SPRINGFIELD, OH 45501	31-0549095	501(C)(3)	30,720.	0.			GENERAL SUPPORT - CLARK COUNTY ONLY
UNIVERSITY OF AKRON 277 E BUCHTEL AVE AKRON, OH 44325	34-6002924	501(C)(3)	12,003.	0.			SCHOLARSHIP
UNIVERSITY OF CINCINNATI PO BOX 210125 CINCINNATI, OH 45221	31-6000989	501(C)(3)	14,875.	0.			SCHOLARSHIP
UNIVERSITY OF FINDLAY 1000 N MAIN ST FINDLAY, OH 45840	34-4431169	501(C)(3)	9,500.	0.			SCHOLARSHIP
WELLSPRING 101 N FOUNTAIN AVE SPRINGFIELD, OH 45502	31-0577663	501(C)(3)	20,415.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTCOTT HOUSE FOUNDATION 1340 EAST HIGH STREET SPRINGFIELD, OH 45505	31-1747111	501(C)(3)	49,132.	0.			GENERAL SUPPORT
WILMINGTON COLLEGE 215 FIFTH STREET MARIETTA, OH 45750	31-0537514	501(C)(3)	5,250.	0.			SCHOLARSHIP
WITTENBERG UNIVERSITY PO BOX 720 SPRINGFIELD, OH 45501	31-0537177	501(C)(3)	59,300.	0.			SCHOLARSHIP
XAVIER UNIVERSITY OF LOUISIANA 1 DREXEL DRIVE NEW ORLEANS, LA 70125	72-0635884	501(C)(3)	5,970.	0.			SCHOLARSHIP
YOUNGSTOWN STATE UNIVERSITY ONE UNIVERSITY PLAZA YOUNGSTOWN, OH 44555	34-1011998	501(C)(3)	8,750.	0.			SCHOLARSHIP

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

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

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

**PART I, LINE 2:**

THE GRANTEE IS REQUIRED TO PROVIDE AN INTERIM REPORT AND A FINAL REPORT WHICH IS EVALUATED TO MAKE SURE THAT THE GRANT IS BEING USED FOR THE INTENDED PURPOSE. SITE VISITS ARE DONE ON A RANDOM BASIS. CHARITABLE CHECKING AND DONOR ADVISED GRANTS ARE ONLY PROVIDED TO QUALIFIED 501(C)(3) OR GOVERNMENT ORGANIZATIONS.

**PART II, LINE 1, COLUMN (H):**

NAME OF ORGANIZATION OR GOVERNMENT:

CLARK COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASED INCLUSIVITY WITH ACCESSIBLE PLAYFUL, MOVEMENT AND LEARNING, THROUGH ASSISTIVE SOLUTIONS, AND SMART HOME EMPOWERMENT FOR ALL DIVERSE ABILITIES.

NAME OF ORGANIZATION OR GOVERNMENT: QUEST ADULT SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: BEHAVIORAL HEALTH, SUMMER PROGRAMMING, AND INDIVIDUALS THAT MAY OR MAY NOT QUALIFY FOR FNA AND/OR MEDICAID

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **THE SPRINGFIELD FOUNDATION** Employer identification number **31-6030764**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	24	863,085.	EXCHANGE VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2024

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

SCHEDULE M, PART I, LINE 32B:  
THE FOUNDATION USES A FINANCIAL INSTITUTION TO SELL DONATED SECURITIES  
IT RECEIVES.

Lined area for supplemental information.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

THE SPRINGFIELD FOUNDATION

Employer identification number

31-6030764

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

HEALTH SERVICES AND ENHANCEMENT OF CHILDREN'S LIVES.

FORM 990, PART VI, SECTION A, LINE 2:

NETTIE CARTER-SMITH AND SUNNA BASS ARE BUSINESS PARTNERS.

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

COPY OF THE 990 IS E-MAILED OR MAILED TO EACH BOARD MEMBER FOR REVIEW.

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

BOARD COMPLETES NEW CONFLICT OF INTEREST FORMS EACH DECEMBER. THE  
DISTRIBUTION COMMITTEE WILL REVIEW THEM BEFORE THE GRANT PROCESS AND ANY  
MEMBER WITH A CONFLICT OF INTEREST WILL ABSTAIN FROM VOTING.

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

EXECUTIVE COMMITTEE DECIDES THE EXECUTIVE DIRECTOR'S SALARY.  
EXECUTIVE COMMITTEE APPROVES PERCENTAGE THE DIRECTOR GIVES TO OTHER  
EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 18:

COPIES ARE AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE INCLUDED IN  
THE ANNUAL REPORT.

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

DOCUMENTS ARE MADE AVAILABLE AS REQUIRED BY LAW.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED.

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **THE SPRINGFIELD FOUNDATION** Employer identification number **31-6030764**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
THE SPRINGFIELD FOUNDATION REALTY ONE, LLC - 26-3766698, 333 N. LIMESTONE ST., SUITE 201, SPRINGFIELD, OH 45503	TO SELL REAL ESTATE DONATED TO THE SPRINGFIELD FOUNDATION	OHIO	0.	0.	THE SPRINGFIELD FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) (Rev. 1-2025)



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

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

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

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

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

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

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

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

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

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



