Form **990** 

Department of the Treasury

#### **Return of Organization Exempt From Income Tax**

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 for instructions and the latest information.

2018
Open to Public Inspection

For the 2018 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable: Address change FAIRFIELD COUNTY FOUNDATION \*\*-\*\*\*3983 Doing business as Name change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) 740-654-8451 Initial return 162 EAST MAIN ST. City or town, state or province, country, and ZIP or foreign postal code Final return/ terminated LANCASTER OH 43130 5,159,519 G Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending AMY EYMAN 162 EAST MAIN ST H(b) Are all subordinates included? If "No," attach a list. (see instructions) LANCASTER ОН 43130 501(c) ( (insert no.) 4947(a)(1) or Tax-exempt status: WWW.FAIRFIELDCOUNTYFOUNDATION.ORG Website: **H(c)** Group exemption number ▶ Form of organization: Corporation X Trust Year of formation: 1989 Association M State of legal domicile: OH Part I Summarv 1 Briefly describe the organization's mission or most significant activities: Activities & Governance SEE SCHEDULE O 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 4 5 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 35<u>,173</u> 34.1 **b** Net unrelated business taxable income from Form 990-T, line 38 **Current Year** 8 Contributions and grants (Part VIII, line 1h) 2,886,877 128.81 Revenue 9 Program service revenue (Part VIII, line 2g) 482,710 507,748 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 849,401 444 906 33,657 **11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 65 621 252. 645 147 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16aProfessional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 100,131 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 749,348 778. 599 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 622,947 .274. 2,629,698 19 Revenue less expenses. Subtract line 18 from line 12 1,872, **Beginning of Current Year** End of Year 48,027,258 44,903. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 768. 432 22 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Sign Here WOODY WINFREE TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Check Paid HEATHER DOLEN, CPA HEATHER DOLEN, CPA self-employed <del>\*\*-</del>\*\*\*9096 **Preparer** SEO CPA GROUP LTDFirm's name Firm's EIN ▶ **Use Only** 3596 MAPLE AVE STE B ZANESVILLE, 740-868-1100 OH May the IRS discuss this return with the preparer shown above? (see instructions) Yes

n 990 (2018)	FAIRFIELD COUNT	Y FOUNDATION	**-***3983		Page 2
art III St	tatement of Program Se heck if Schedule O contain	rvice Accomplishments	1		X
	ribe the organization's mission:				
EE SCH	EDULE O				
•	inization undertake any significa	ant program services during the	year which were not listed on		
•				Yes [	X No
	scribe these new services on Sc				
_	inization cease conducting, or m	nake significant changes in how	it conducts, any program		
				Yes [	X No
	scribe these changes on Schedu				
expenses. S	e organization's program service Section 501(c)(3) and 501(c)(4) or penses, and revenue, if any, for	organizations are required to re	port the amount of grants and		
(Code:	) (Expenses \$ 1,0	03,075 including grants	of\$ 623,163	) (Revenue \$	,
	LD COUNTY, OHIO		S FROM FAIRFIE	ARE RESIDENTS OF LD COUNTY, OHIO	
• • • • • • • • • • • • • • • • • • • •					
PROVIDE: FOR PRO	S GRANTS TO CHAI	RITABLE ORGANIZA NG THE ARTS, COM	ATIONS IN THE F MMUNITY PROGRES	RFIELD COUNTY, OF AIRFIELD COUNTY A S, DISASTER RELIF	AREA
• • • • • • • • • • • • • • • • • • • •					
• • • • • • • • • • • • • • • • • • • •					
* * * * * * * * * * * * * * * * * * * *					
(Code:	) (Expenses \$	including grants	of\$	) (Revenue \$	
′. <del>П</del>					
Other progra	am services (Describe in Sched	ule O.)			
(Expenses §	•				
(Exhenses	⇒ inc	sluding grants of\$ 2,950,771	) (Revenue \$	)	

# Form 990 (2018) FAIRFIELD COUNTY FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		3.5
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		37	
-	"Yes," complete Schedule D, Part I	6	X	-
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
0	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	7		X
8			v	
9	complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8	X	
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	3		21
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Χ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	-10	21	
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
u	complete Schodule D. Part VI	11a	Χ	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Χ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Χ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			3.5
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-7		37
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
20-	If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	grant and it with a committee of the control of the			

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Form 990 (2018) FAIRFIELD COUNTY FOUNDATION
Part IV Checklist of Required Schedules (continued)

	Page	4
	raue	-

					Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic indiv Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	/iduals	s on	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				21	+
	organization's current and former officers, directors, trustees, key employees, and highest compe		d			
	employees? If "Yes," complete Schedule J			23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more	than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answ	er line	es 24b			
	through 24d and complete Schedule K. If "No," go to line 25a			24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period except			24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during	g the y	year	24		
	to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the y			24c 24d		
d 253	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an		 c honofit	240		-
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	JAUG33	3 Denem	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified personal transaction wit	on in a	a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990		-			
	If "Yes," complete Schedule L, Part I			25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables	to an	ny			
	current or former officers, directors, trustees, key employees, highest compensated employees, o	r				
	disqualified persons? If "Yes," complete Schedule L, Part II			26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employ					
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% cor	ntrolle	d			3.7
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	ا ماناما		27		X
28	Was the organization a party to a business transaction with one of the following parties (see Sche Part IV instructions for applicable filing thresholds, conditions, and exceptions):	eaule I	∟,			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Pai</i>	rt IV		28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>comp</i>			200		71
-	Schedule L, Part IV			28b	Х	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family members)	er the	ereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Sca	hedule	э М <sub></sub>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qu	alified	t			
	conservation contributions? If "Yes," complete Schedule M			30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete So		le N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Y	es,"		22		Х
33	complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under	 Regul	ations	32		_ A
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_		33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R,	Part I	 II, III,			
	or IV, and Part V, line 1			34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction w	vith a				1
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V,			35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charge transfer transfer to an exempt non-charge transfer	ritable	Э			
0.7	related organization? If "Yes," complete Schedule R, Part V, line 2			36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related of and that is treated as a partnership for foderal income tay purposes? If "Yes " complete School Ve	-		37		v
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lir			37	+	X
30	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	163 11	Danu	38	Х	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			30	1 42	
	Check if Schedule O contains a response or note to any line in this Pa	rt V	<u> </u>	<u></u>	<u></u>	
	· · · · · · · · · · · · · · · · · · ·	1	1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	8			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors an					
	reportable gaming (gambling) winnings to prize winners?				00	0
				For	m ササ	0 (2018)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Χ If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Χ Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter: Gross income from members or shareholders ..... Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? Χ 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? Χ If "Yes," see instructions and file Form 4720, Schedule N. Χ Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

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

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15			
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?			2		Χ
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	filed?		4		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		Χ
6	Did the organization have members or stockholders?			6		Χ
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?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	ie yeai	by the follo	wing:		
а	The governing body?	-	-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the			nue Co	ode.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	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?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	filina t	he form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	9		1		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise	to conflicts?		X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	0 1100	to commete	120		
·	describe in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	* * * * * * * * * * * * * * * * * * * *			14	Λ	
13	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 decis	ion?				
_	The organization's CEO, Executive Director, or top management official			15a	Х	
a b	Other officers or less employees of the experimetion			15a	Λ	Х
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			130		Λ
160						
тоа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			465		v
				16a		X
b	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			401		
	organization's exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE	<u>.</u>				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-	ı (Sec	tion 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	[X] Own website $[X]$ Another's website $[X]$ Upon request $[X]$ Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of	interes	t policy, an	d		
	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	record	ls 🕨			
$\mathbf{F}^{I}$	AIRFIELD COUNTY FOUNDATION 162 E MAIN ST					
L	ANCASTER OH 431:	30	74	0-65	4 - 8	451

Form 990 (2018) FAIRFIELD COUNTY FOUNDATION

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest

compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				an	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(VV-2/1099-IVIISC)	organization and related organizations
(1) AMY EYMAN	20.00									
EXECUTIVE DIRECTOR	30.00	Х		Х				96,699	0	0
(2) PENNY WASEM	1 00									
CHAIRMAN	1.00	Х		Х				0	0	0
(3) BRIAN SHONK										
TRUSTEE	1.00	Х						0	0	0
(4)JIM SMITH										
TRUSTEE	1.00	Х						0	0	0
(5) KAMILLA SIGAFOO										
TRUSTEE	1.00	Х						0	0	0
(6) JASON BAKER	1 00									
TRUSTEE	1.00	Х						0	0	0_
(7) VICTOR CHRISTOP										
VICE CHAIRMAN	1.00	Х		Х				0	0	0
(8) CATHY BITLER										
TRUSTEE	1.00	Х						0	0	0
(9) DEAN DEROLPH										
TRUSTEE	1.00	Х						0	0	0
(10)JOHN MCGRAW										
TRUSTEE	1.00	Х						0	0	0
(11)WOODY WINFREE								-		
TREASURER	1.00	Х		Х				0	0	<u>0</u>

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Form **990** (2018)

Part VII Section A. Officer	s, Directors, Ti	ruste	ees,	Key	Em	ploy	/ees	s, and Highest Compens	ated Employees (continu	леd)			
(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unle	Pos check ess pe	erson	than is both	n an tee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	с	(F) Estimat amount other compense from the	of ation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 21003 MIGG)		organiza and rela organizat	tion ted	
(12) MOLLY BATES	1.00												
SECRETARY (13) JEFF BEARD	0.00	Х		Х				0	0				0
TRUSTEE	1.00	Х						0	0				0
(14) AUNDREA CORD	LE 1.00												
TRUSTEE (15) MIKE LIEBER	0.00	Х						0	0				0
TRUSTEE	1.00	Х						0	0				0
(16) MELISSA WALK	ER 1.00												
TRUSTEE	0.00	Х						0	0				0
1b Sub-total							<b>&gt;</b>	96,699					
c Total from continuation should Total (add lines 1b and 1c)		•					<b>&gt;</b>	96,699					
Total number of individuals (i reportable compensation from	including but no	t lim	ited				d ab		han \$100,000 of				
3 Did the organization list any employee on line 1a? If "Yes	former officer, o	direc	tor,	or tru	uste	e, ke	y en	mployee, or highest compe	ensated		3	Yes	No X
4 For any individual listed on line organization and related organization.	ne 1a, is the sui anizations great	m of er th	repo an \$	ortab 3150	le co ,000	omp  ? <i>If</i>	ensa "Yes	ation and other compensates," complete Schedule J fo	tion from the or such				X
<ul><li>individual</li><li>Did any person listed on line for services rendered to the or</li></ul>											5		X
Section B. Independent Contract	tors												
1 Complete this table for your f compensation from the organ	nization. Report	or con	sate ipen	d ind satio	depe on fo	ndei r the	nt co cal	endar year ending with or	within the organization's	tax year.		(-)	
Name and	(A) d business address							Descrip	(B) tion of services		Cor	(C) npensa	tion
2 Total number of independent	t contractors (in	cludi	ng b	ut n	ot lin	nited	to t	those listed above) who					
received more than \$100,000	ບ of compensati	on fi	om t	the c	orgai	nızat	ion	<b>P</b>	0				

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Form 990 (2018) FAIRFIELD COUNTY FOUNDATION

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated campaigns 1a					
b	Membership dues 1b					
С	Fundraising events 1c					
d	Related organizations 1d					
е	Government grants (contributions) 1e					
f	All other contributions, gifts, grants,					
	and similar amounts not included above 1f	2,128,817				
а	Noncash contributions included in lines 1a-1f: \$					
h	Total. Add lines 1a–1f		2,128,817			
		Busn. Code	, ,			
2a	ADMINISTRATIVE FEE REVE	561000	507,748	507,748		
b			551,110			
c	*					
d	*					
۵						
f	All other program service revenue					
	<b>Total.</b> Add lines 2a–2f		507,748			
3	Investment income (including divide		307,710			
ľ	and other cimilar amounts)		776,507	776,507		
4	Income from investment of tax-exem	ent hand proceed	770,307	770,307		
5		· · · ·				
3	Royalties(i) Real	(ii) Personal				
	· · · · · · · · · · · · · · · · · · ·	(II) Fersonal				
6a	<del></del>					
	Less: rental exps. 12, 427					
l -	Rental inc. or (loss) 30,448		20 440	20 440		
d 7a	Net rental income or (loss)		30,448	30,448		
	sales of assets (i) Securities	(ii) Other				
	other than inventory	1,668,399				
b	Less: cost or other					
	basis & sales exps.					
	Gain or (loss)	1,668,399				
	Net gain or (loss)		1,668,399	1,668,399		
8a	Gross income from fundraising events					
	(not including \$					
	of contributions reported on line 1c).					
	See Part IV, line 18 a					
b	Less: direct expenses b					
С	Net income or (loss) from fundraisin	g events 🕨				
9a	Gross income from gaming activities.					
	See Part IV, line 19 a					
b	Less: direct expenses b					
С	Net income or (loss) from gaming ac	ctivities				
10a	Gross sales of inventory, less					
	returns and allowances a					
b	Less: cost of goods sold <b>b</b>					
	Net income or (loss) from sales of in	ventory				
	Miscellaneous Revenue	Busn. Code				
11a	K1 SCORP AMOS SHOPPING CE	NTER 900003	35,173		35,173	
b			, -		, -	
C						
d	All other revenue					
-	<b>Total.</b> Add lines 11a–11d		35,173			
	Total revenue. See instructions.	····· [ <del> </del>	5,147,092	2,983,102	35,173	

#### Form 990 (2018) FAIRFIELD COUNTY FOUNDATION

**Statement of Functional Expenses** Part IX

	ion 501(c)(3) and 501(c)(4) organizations must		other organizations must d	complete column (A)	
3601	Check if Schedule O contains a resp			ompioto column (A).	X
Do n	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			3	
	and domestic governments. See Part IV, line 21	1,602,420	1,602,420		
2	Grants and other assistance to domestic	= , = , == .	= / /		
	individuals. See Part IV, line 22	623,163	623,163		
3	Grants and other assistance to foreign	0207200	020720		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	96,699	44,482	29,976	22,241
6	Compensation not included above, to disqualified	20/022	,		
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	133,914	61,600	41,514	30,800
8	Pension plan accruals and contributions (include		0=7000	/	00/000
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	21,868	10,060	6,778	5,030
10	Payroll taxes	17,588	8,090	5,453	4,045
11	Fees for services (non-employees):	=: , = = =	2 / 22 2	-	-,
	Management	36,413		36,413	
	Legal	133		133	
	Accounting	12,075		12,075	
	Lobbying	== ,		== / • • •	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	103,076	103,076		
g	Other. (If line 11g amount exceeds 10% of line 25, column	,	,		
Ū	(A) amount, list line 11g expenses on Schedule O.)	472,203	472,203		
12	Advertising and promotion	34,114	,		34,114
13	Office expenses	8,590	1,844	5,940	806
14	Information technology	43,287	15,150	25,973	2,164
15	Royalties	,	,	,	•
16	Occupancy	29,927		29,927	
17	Travel	543	109	,	434
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,778	1,547	125	106
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,738		22,738	
23	Insurance	6,048		6,048	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	DUES & SUBSCRIPTIONS	7,808	7,027	390	391
b	OHIO NONPROFIT FEE	200		200	
С	GIFTS	14		14	
d					
е	All other expenses				_
25	Total functional expenses. Add lines 1 through 24e	3,274,599	2,950,771	223,697	100,131
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here 🕨 if				
DAA	following SOP 98-2 (ASC 958-720)				- 000

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# Part X Balance Sheet

Part						
	Check if Schedule O contains a response or	note to any li	ne in this Part X	(A)		(B)
				Beginning of year		End of year
1	Cash—non-interest bearing			gg -: ,	1	
2				2,447,461	2	2,002,239
3				2,117,101	3	2,002,25.
4					4	
5		er officers di	rectors		-	
ľ	trustees, key employees, and highest compensated	•	•			
					5	
6		d persons (as	defined under section			
	4958(f)(1)), persons described in section 4958(c)(3			ŀ		
	sponsoring organizations of section 501(c)(9) volur			-		
ıχ	organizations (see instructions). Complete Part II o				6	
Assets 2	Notes and loans receivable, net				7	
8   As					8	
9					9	
_	<b>a</b> Land, buildings, and equipment: cost or					
		10a	1.715.568			
	other basis. Complete Part VI of Schedule D <b>b</b> Less: accumulated depreciation	10b	305,056	1,425,524	10c	1,410,512
11		[	333,333	43,859,984		41,218,166
12				261,289		273,021
13					13	
14					14	
15				33,000	15	
16		ine 34)		48,027,258		44,903,938
17				3,891		4,132
18					18	, -
19					19	
20					20	
21		t IV of Sched	ule D		21	
ရွှ 22						
Liabilities	trustees, key employees, highest compensated em					
abi	disqualified persons. Complete Part II of Schedule	L			22	
⊐   <sub>23</sub>	Secured mortgages and notes payable to unrelated		,		23	
24		ird parties			24	
25						
	parties, and other liabilities not included on lines 17	'-24). Comple	ete Part X			
	of Schedule D			4,764,120		4,428,677
26	Total liabilities. Add lines 17 through 25			4,768,011	26	4,432,809
Ś	Organizations that follow SFAS 117 (ASC 958),	check here l	►X and			
Net Assets or Fund Balances	complete lines 27 through 29, and lines 33 and	34.				39,706,903
<u>e</u> 27		y restricted net assets 81				
<u>m</u>   28	Temporarily restricted net assets					
Š 29					29	
ᅵ	Organizations that do not follow SFAS 117 (ASC	C 958), checl	k here ▶ and			
ts c	complete lines 30 through 34.					
30 Se	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				30	
<b>%</b>   31		oment fund .	<u> </u>		31	
를   32	9 .	ne, or other f	unds	42 252 215	32	40 40 5 5 5
33				43,259,247	33	40,471,129
34	Total liabilities and net assets/fund balances			48,027,258	34	44,903,938

Form **990** (2018)

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Pa	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				092
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u> 599</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		.,87		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	43	3,25	9,	<u> 247</u>
5	Net unrealized gains (losses) on investments	5	- 4	.,64	<u>ا</u> 5, 5	227
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-1	5,	384
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	40	,47	11,	129
Pa	art 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: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Χ	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<u> </u>		3b		

Form **990** (2018)

# SCHEDULE A

(Form 990 or 990-EZ)

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 for instructions and the latest information.

**2018** 

Open to Public Inspection

Employer identification number Name of the organization \*\*-\*\*\*3983 FAIRFIELD COUNTY FOUNDATION 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 or 990-EZ).) 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (ii) EIN (iv) Is the organization (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

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Schedule A (Form 990 or 990-EZ) 2018

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

Sec	ction A. Public Support	Traile to quality	<i>y</i>		, p		
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,924,362	1,138,614	4,049,540	2,914,323	2,128,817	12,155,656
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 5</b>	Total. Add lines 1 through 3  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)	1,924,362	1,138,614	4,049,540	2,914,323	2,128,817	12,155,656
6	Public support. Subtract line 5 from line 4.						12,155,656
	tion B. Total Support					T-	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4	1,924,362	1,138,614	4,049,540	2,914,323	2,128,817	12,155,656
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	747,247	797,426	635,228	692,902	776,507	3,649,310
9	Net income from unrelated business activities, whether or not the business is regularly carried on				6,052	34,173	40,225
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	46,292	37,300	26,067	14,432	78,048	202,139
11	<b>Total support.</b> Add lines 7 through 10						16,047,330
12	Gross receipts from related activities, etc						2,540,359
13	First five years. If the Form 990 is for th	_					_
800	organization, check this box and stop he stion C. Computation of Public S		ntago				
				(6))		44	0/
14 15	Public support percentage for 2018 (line Public support percentage from 2017 Sc			ımn (ı))		14	75.75 <b>%</b>
-	33 1/3% support test—2018. If the orga				ic 22 1/20/ or mo	<del></del>	75.48 <b>%</b>
IUa	box and <b>stop here.</b> The organization qua				15 33 1/3 /6 OI IIIC	ire, check this	<b>▶</b> X
b	33 1/3% support test—2017. If the organization qui				ne 15 is 33 1/3% i	or more check	
-	this box and <b>stop here.</b> The organization			rannization			▶ □
17a	10%-facts-and-circumstances test—20				 3. 16a. or 16b. and		
	10% or more, and if the organization me	_					
	Part VI how the organization meets the " organization	facts-and-circumst	ances" test. The	organization quali	fies as a publicly	•	<b>&gt;</b> [
b	10%-facts-and-circumstances test—20					a, and line	
	15 is 10% or more, and if the organization	_					
	Explain in Part VI how the organization n				-		
	ournaried arganization						▶ □
18	Private foundation. If the organization of						
	instructions						▶ □

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Schedule A (Form 990 or 990-EZ) 2018 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.)

C	tion A Dublic Company	1 7		7		<u> </u>	
	tion A. Public Support  ndar year (or fiscal year beginning in)	(-) 004.4	(1) 0045	(-) 0040	( I) 0047	(1) 0040	(O T ( )
	Gifts, grants, contributions, and membership	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
S00	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6	(a) 2014	(b) 2013	(6) 2010	(u) 2017	( <b>e)</b> 2010	(I) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for th organization, check this box and stop he				•	( ) ( )	▶ □
Sec	tion C. Computation of Public S						········· <b>F</b>
15	Public support percentage for 2018 (line			olumn (f))		15	%
16	Public support percentage from 2017 Scl						%
Sec	tion D. Computation of Investm	ent Income F	Percentage				
17	Investment income percentage for 2018	(line 10c, column	(f), divided by line	e 13, column (f))		17	%
18	Investment income percentage from 201	<b>7</b> Schedule A, Pa	art III, line 17			18	%
19a	<b>33 1/3% support tests—2018.</b> If the org						
_	17 is not more than 33 1/3%, check this b		_			-	
b	33 1/3% support tests—2017. If the org						
20	line 18 is not more than 33 1/3%, check t	-	_	•		-	
20	<b>Private foundation.</b> If the organization of	iia not check a bo	ox on line 14, 19a	, or 19b, check thi	is box and see ins	structions	

#### **Supporting Organizations** Part IV

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

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
For	10b m 990	or 990-l	EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
2	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
•	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3				
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	3		
Soot	supported organizations played in this regard.	3		
	ion E. Type III Functionally-Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction of the second o	ons).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see in	structio	ons).	
	Nativities Test Anguay (a) and (b) helaw	ſ	V	NI -
	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations									
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.									
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)						
1 Net short-term capital gain	1								
2 Recoveries of prior-year distributions	2								
3 Other gross income (see instructions)	3								
4 Add lines 1 through 3.	4								
5 Depreciation and depletion	5								
6 Portion of operating expenses paid or incurred for production or									
collection of gross income or for management, conservation, or									
maintenance of property held for production of income (see instructions)	6								
7 Other expenses (see instructions)	7								
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8								
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)						
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>b</b> Average monthly cash balances	1b								
c Fair market value of other non-exempt-use assets	1c								
d Total (add lines 1a, 1b, and 1c)	1d								
e Discount claimed for blockage or other									
factors (explain in detail in Part VI):									
2 Acquisition indebtedness applicable to non-exempt-use assets	2								
3 Subtract line 2 from line 1d.	3								
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,									
see instructions).	4								
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5								
6 Multiply line 5 by .035.	6								
7 Recoveries of prior-year distributions	7								
8 Minimum Asset Amount (add line 7 to line 6)	8								
Section C - Distributable Amount			Current Year						
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1								
2 Enter 85% of line 1.	2								
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3								
4 Enter greater of line 2 or line 3.	4								
5 Income tax imposed in prior year	5								
6 Distributable Amount. Subtract line 5 from line 4, unless subject to									
emergency temporary reduction (see instructions).	6								
7 Check here if the current year is the organization's first as a non-functionally integra	ted Typ	e III supporting organiza	ation (see						

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organ	izations (continued)						
Sect	ion D - Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish exempt purposes								
2	Amounts paid to perform activity that directly furthers exempt purpo	ses of supported							
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations							
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in <b>Part VI</b> ). See instructions.								
7	<b>Total annual distributions.</b> Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which the organizations are supported organizations to which the organizations are supported organizations.	nization is responsive							
	(provide details in <b>Part VI</b> ). See instructions.								
9	Distributable amount for 2018 from Section C, line 6								
10	Line 8 amount divided by line 9 amount	T							
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018					
1	Distributable amount for 2018 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.								
3	Excess distributions carryover, if any, to 2018								
а	From 2013								
	From 2014								
С	From 2015								
d	From 2016								
е	From 2017								
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
h	Applied to 2018 distributable amount								
i	Carryover from 2013 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2018 from								
	Section D, line 7: \$								
a	Applied to underdistributions of prior years								
	Applied to 2018 distributable amount								
C	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2018, if								
	any. Subtract lines 3g and 4a from line 2. For result								
	greater than zero, explain in <b>Part VI</b> . See instructions.								
6	Remaining underdistributions for 2018. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2019. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
	Excess from 2014								
	Excess from 2015								
	Excess from 2016								
	Excess from 2017								
<u> </u>	Excess from 2018								

Schedule A (Form 990 or 990-EZ) 2018

Part VI	III, line 12; Part IV, Section A, lines 1, 2 B, lines 1 and 2; Part IV, Section C, line 3a, and 3b; Part V, line 1; Part V, Section	ne explanations required by Part II, line 10; Pa 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, a e 1; Part IV, Section D, lines 2 and 3; Part IV, on B, line 1e; Part V, Section D, lines 5, 6, and rt for any additional information. (See instruction)	nd 11c; Part IV, Section Section E, lines 1c, 2a, 2b d 8; and Part V, Section E
PART 1	II, LINE 10 - OTHER INCOM	E DETAIL	
NET RE	ENTAL	\$ 202,139	
• • • • • • • • • • • • • • • • • • • •			
• • • • • • • • • • • • • • • • • • • •			
•			
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Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

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

2018
Open to Public Inspection

Name of the organization Employer identification number FAIRFIELD COUNTY FOUNDATION 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 Total number at end of year 39 609,262 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 593,582 3 Aggregate value at end of year \_\_\_\_\_ [ 6,157,896 4 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? 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? Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ ..... Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X ......

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

	art III Organizations Maintaini			Treasures, o	r Other Sir		ets (co		ued)
3	Using the organization's acquisition, access collection items (check all that apply):	_					•		
а	X Public exhibition	d 🗌	Loan or exchange pro	ograms					
b		е 🗌	Other						
С	X Preservation for future generations								
4	Provide a description of the organization's	collections and expl	ain how they further t	he organization's	exempt purpo	se in Part			
	XIII.								
5	During the year, did the organization solic							77	
D-	assets to be sold to raise funds rather than		s part of the organizat	tion's collection?			Ye	s X	No
Pa	art IV Escrow and Custodial A Complete if the organizati		os" on Form 000	Part IV line 0	or roporto	d an ama	unt on	Eorn	n
	990, Part X, line 21.	uli alisweleu Ti	35 OH I OHH 330,	raitiv, iiie s	, or reporte	u an ano	unit On	1 011	11
1a	Is the organization an agent, trustee, custo	ndian or other interm	ediary for contribution	ns or other assets	not				
·u	:						Ye	s 🗆	No
b	If "Yes," explain the arrangement in Part X	(III and complete the	following table:						
	, , , , , , , , , , , , , , , , , , ,		<b>3</b>				Amoun	t	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance				L	1f			
2a	Did the organization include an amount or	Form 990, Part X, I	ine 21, for escrow or o	custodial account	liability?		Ye	s 🔲	No
	If "Yes," explain the arrangement in Part X	III. Check here if the	explanation has been	n provided on Par	t XIII				
Pa	art V Endowment Funds.		" C 000	D = = ( 1) / 15 = - 4	0				
	Complete if the organizati						(·) =		
4.	<b>.</b>	(a) Current year 5,735,967	(b) Prior year	(c) Two years back		years back	(e) Four		
	Beginning of year balance	5,735,967	4,689,729 652,931	4,565,7 108,2		289,523 87,855		39,3	
b	Contributions  Net investment earnings, gains, and	300,704	052,931	100,2	33	01,000	т, т	40,	<u> </u>
C		-325,308	1,047,047	312,3	01 -	-19,986	1	94,	237
d	losses	306,208	608,701	255,9		749,085		36,	
	Other expenditures for facilities and	300,200	0007.02	20072		, 12 , 000			
	programs								
f	Administrative expenses	51,468	45,040	40,6	31	42,588		47,	220
	End of year balance	5,641,747	5,735,967	4,689,7	29 4,5	565,719	5,2	89,	523
2	Provide the estimated percentage of the c	urrent year end bala	nce (line 1g, column (	a)) held as:					
	Board designated or quasi-endowment ▶	4.00%							
	Permanent endowment ► 66.00 %								
С	Temporarily restricted endowment ► 3								
٥-	The percentages on lines 2a, 2b, and 2c s	•	e de la disconsista di C						
за	Are there endowment funds not in the pos	session of the organ	ization that are held a	ind administered i	for the		Ī	Yes	NI-
	organization by:						3a(i)	162	No X
	(ii) unrelated organizations						3a(ii)		X
h	(ii) related organizations	nizations listed as rec	uired on Schedule R	?			3b		21
	Describe in Part XIII the intended uses of			*			0.0		
	art VI Land, Buildings, and Eq								
	Complete if the organizati		es" on Form 990,	Part IV, line 1	1a. See Fo	rm 990, P	art X,	line 1	10.
	Description of property	(a) Cost or other b			(c) Accumulated		(d) Book		
		(investment)	(othe	<i>'</i>	depreciation				
1a	Land			92,510				20,0	
b	Buildings		80	00,586	234,8	820	56	55,7	<u> 766</u>
С	Leasehold improvements					226			
d	Equipment			32,122	70,2	236		1,8	
е	Other	.   112	,850				11	2,8	35 O

1,410,512

Schedule D (Form 990) 2018	FAIRFIELD	COUNTY F	FOUNDATI(	$^{ m NC}$
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*	*	_	*	*	*	2	Q	Q	2	
						J	_	$\circ$	$\boldsymbol{\mathcal{L}}$	

Part VII	Investments-	-Other	Securities.

rait VII	Complete if the organization answered "Yes" of	on Form 990, Part IV,	, line 11b. See Form 99	90, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of	valuation:
	(including name of security)		Cost or end-of-yea	r market value
(1) Financial				
(0) 04	eld equity interests			
(A)				
(B)				
(C)				
(D) (E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.	1		
	Complete if the organization answered "Yes" of	on Form 990, Part IV,	, line 11c. See Form 99	90, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-year	r market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	nn (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
1 411 171	Complete if the organization answered "Yes" of	on Form 990. Part IV.	line 11d. See Form 99	90. Part X. line 15.
	(a) Description	, , , , , , , , , , , , , , , , , , ,	,	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15.)		<b>&gt;</b>	
Part X	Other Liabilities.  Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization answered "Yes" of the organization and the organiza	on Form 000 Port IV	line 11e or 11f See E	form 000 Part V
	line 25.	on Form 990, Fait IV,	, lille TTe OF TTI. See F	TOITH 990, Part A,
1.	(a) Description of liability	(b) Book value		
-	income taxes	(b) Book value		
	GED ASSETS UNDER AGENCY CONTRACT	4,428,677		
(3)	SEE THEOLIG CHEEK HOUNCE CONTINACE	1,120,011	1	
(4)				
(5)				
(6)				
(7)			1	
(8)			1	
(9)			1	
	nn (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,428,677	1	

X

Schedule D (Form 990) 2018 FAIRFIELD COUNTY FOUNDATION Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 501,865 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments -4,645,227**b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII.) e Add lines 2a through 2d -4,645,227 2e 5,147,092 Subtract line 2e from line 1 3 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 **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5,147,092 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. Total expenses and losses per audited financial statements 3,274,599 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.) e Add lines 2a through 2d 2e 3,274,599 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 3,274,599 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 X - FIN 48 FOOTNOTE THE FOUNDATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE INCOME TAXES IS REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENT. THE MOST SIGNIFICANT TAX POSITIONS OF

THE FOUNDATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE INCOME TAXES IS REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENT. THE MOST SIGNIFICANT TAX POSITIONS OF THE ORGANIZATION ARE ITS ASSERTION THAT IT IS EXEMPT FROM INCOME TAXES AND ITS DETERMINATION OF WHETHER ANY AMOUNTS ARE SUBJECT TO UNRELATED BUSINESS INCOME TAX (UBIT). THE FOUNDATION FOLLOWS THE GUIDANCE OF ACCOUNTING STANDARDS CODIFICATION (ASC) 740, ACCOUNTING FOR INCOME TAXES, RELATED TO UNCERTAINTIES IN INCOME TAXES, WHICH PRESCRIBES A THRESHOLD OF MORE LIKELY THAN NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THERE ARE NO SUCH UNCERTAIN TAX

Schedule D (Form 990) 2018 FAIRFIELD COUNTY FOUNDATION **-**  Part XIII Supplemental Information (continued)	3983	Page <b>5</b>
POSITIONS FOR THE FOUNDATION FOR THE YEARS ENDED DECEMBED 2017.	BER 31, 201	8 AND
THE FOUNDATION'S INFORMATIONAL RETURN IS SUBJECT TO EXAMINATION AND THE PRINCIPLE OPEN YEARS FOR THE FILED RETURNS ARE 2015 - 2017 AND TO THE 2019 IS THE 2018 INFORMATIONAL RETURN.	THEY ARE FI	LED. THE
FAIRFIELD FOUNDATION REAL ESTATE LTD AND FAIRFIELD FOUL		
PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIA	ALS - OTHER	
PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIA	ALS - OTHER \$	0
	\$	
NET ASSETS RELEASED FROM RESTRICTION	\$	
NET ASSETS RELEASED FROM RESTRICTION	\$	
NET ASSETS RELEASED FROM RESTRICTION	\$	
NET ASSETS RELEASED FROM RESTRICTION	\$	
NET ASSETS RELEASED FROM RESTRICTION	\$	

Part I

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization FAIRFIELD COUNTY FOUNDATION \*\*-\*\*\*3983

	for any recipient that							n answered "Yes" on Form 9
1 (a) Name and address of or government		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AFTERSCHOOL PROGRAM 620 GARFIELD AVENUE	<u> </u>		E01 G2	F 000				SPRING GRANT
LANCASTER	OH 43130	**-***0390	501C3	5,800				
(2) AHA! A HANDS ON CHI PO BOX 1212								SPRING/FALL GRANTS
LANCASTER	ОН 43130	**-***3898	501C3	31,303				
(3) AMANDA CLEARCREEK I 328 E MAIN ST								SPRING/FALL GRANT
AMANDA		**-***0390		17,711				
(4) AMERICAN RED CROSS 121 MULBERRY ST			501 50					DISASTER RELIEF
LANCASTER		**-***6605	501C3	5,300				
(5) BALTIMORE AREA MUSE 209 E MARKET ST								2018 GRANT
BALTIMORE		**-***9253	501C3	36,300				
(6) BALTIMORE DOWNTOWN PO BOX 74 LANCASTER	RESTORATION CO	)MM  **-***5495		40,000				VICTORIA OPERA HOUSE
(7) BERWICK MANOR CATES 3250 REFUGEE RD		0 170		20,000				DONOR ADVISED DONAT
COLUMBUS	ОН 43232	**-***2689		5,787				
(8) BRAD COOK 9112 SNYDER CHURCH BALTIMORE	ROAD OH 43105			8,921				DONATION
(9) CLAGGETT & SONS 3396 SHARON VALLEY	RD NE			·				DONATION
NEWARK		**-***6108		40,000				
2 Enter total number of section	501(c)(3) and governme	nt organizations li	sted in the	line 1 table				▶ 41

**General Information on Grants and Assistance** 

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047
2018

Open to Public Inspection

Name of the organization **Employer identification number** \*\*-\*\*\*3983 FAIRFIELD COUNTY FOUNDATION **General Information on Grants and Assistance** Part I 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? No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC (f) Method of valuation (a) Name and address of organization (d) Amount of cash (e) Amount of non-(b) EIN (a) Description of (h) Purpose of grant book, FMV, appraisal, section cash assistance grant or assistance or government noncash assistance other) if applicable) (1) CORNESTRONE NEW TESTAMENT CHURCH 706 W WHEELING ST DONOR ADVISED DONATI LANCASTER OH 43130 \*\*-\*\*\*7389 60,000 (2) DECORATIVE ARTS CENTER OF OHIO FALL GRANT 145 E MAIN ST LANCASTER OH 43130 \*\*-\*\*\*3054 501C3 24,000 (3) DECORATIVE ARTS CENTER OF OHIO 145 E MAIN ST FALL GRANT \*\*-\*\*\*3054 501C3 LANCASTER 15,000 OH 43130 (4) DESTINATION DOWNTOWN LANCASTER 109 N BRAOD STREET SPRING GRANT \*\*-\*\*\*4255| 501C3 LANCASTER OH 43130 12,880 (5) DESTINATION DOWNTOWN LANCASTER 109 N BRAOD STREET FALL GRANT \*\*-\*\*\*4255| 501C3 18,000 LANCASTER OH 43130 (6) DWAYNE R. SPENCE FUNERAL HOME 650 W. WATERLOO ST. DONOR ADVISED DONATI \*\*-\*\*\*7588 CANAL WINCHESTER 5,277 (7) FAIRFIELD AREA HUMANE SOCIETY

45,000

25,000

35,476

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

\*\*-\*\*\*2036| 501C3

\*\*-\*\*\*6191 501C3

\*\*-\*\*\*3983 501C3

OH 43130

OH 43130

OH 43130

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

(8) FAIRFIELD CENTER FOR DISABILITIES

(9) FAIRFIELD COUNTY FOUNDATION

29 HOUR GIVE MATCHIN

SPRING GRANT

SPRING/FALL GRANT

PO BOX 1109

681 E. SIXTH AVE

162 E. MAIN ST.

LANCASTER

LANCASTER

LANCASTER

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** \*\*-\*\*\*3983 FAIRFIELD COUNTY FOUNDATION **General Information on Grants and Assistance** Part I 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? No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of organization (c) IRC (f) Method of valuation (d) Amount of cash (e) Amount of non-(h) Purpose of grant (b) EIN (a) Description of book, FMV, appraisal, section cash assistance grant or assistance or government noncash assistance other) if applicable) (1) FAIRFIELD COUNTY FOUNDATION-KIWANIS 162 E. MAIN ST. PLAYGROUND LANCASTER OH 43130 \*\*-\*\*\*3983 501C3 7,692 (2) FAIRFIELD COUNTY TEENWORKS FALL GRANT 714 S. EWING ST. \*\*-\*\*\*1432 501C3 LANCASTER OH 43130 8,000 (3) FAIRFIELD MEDICAL CENTER FOUNDATION 401 NORTH EWING STREET SPRING/FALL GRANTS \*\*-\*\*\*2945 501C3 LANCASTER OH 43130 14,000 (4) FAIRFIELD MEDICAL CENTER FOUNDATION 401 NORTH EWING STREET DONOR ADVISED DONATI \*\*-\*\*\*2945 501C3 LANCASTER OH 43130 7,500 (5) FAIRHOPE HOSPICE & PALLIATIVE CARE 282 SELLS RD. DONOR ADVISED DONATI \*\*-\*\*\*4518 501C3 LANCASTER OH 43130 5,100 (6) FAMILY Y OF LANCASTER & FAIRFIELD 465 W 6TH AVE AC UNITS LANCASTER OH 43130 \*\*-\*\*\*2606 501C3 26,000 (7) FINLEY FIRE EQUIPMENT 5255 N STATE ROUTE 60 NW EOUIPMENT \*\*-\*\*\*6583 MCCONNELSVILLE OH 43756 5,853 (8) FIRST PRESBYTERIAN CHURCH 222 N. BROAD ST. DONOR ADVISED DONATI \*\*-\*\*\*0066 LANCASTER 5,500 OH 43130 (9) FIRST UNITED METHODIST CHURCH 163 E WHEELING ST DONOR ADVISED \*\*-\*\*\*6287 501C3 LANCASTER 6,000 OH 43130

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

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

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

OMB No. 1545-0047 **2018** 

Open to Public Inspection

**Employer identification number** 

\*\*-\*\*\*3983 FAIRFIELD COUNTY FOUNDATION **General Information on Grants and Assistance** Part I 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? No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of organization (c) IRC (d) Amount of cash (f) Method of valuation (e) Amount of non-(h) Purpose of grant (b) EIN (a) Description of book, FMV, appraisal, section cash assistance or government grant or assistance noncash assistance other) if applicable) (1) FRIENDS OF LANCASTER PARKS & RECREA PO BOX 433 BIKE TRAIL EXTENSION LANCASTER OH 43130 \*\*-\*\*\*9912 501C3 14,240 (2) GHENGISTOM DESIGN PO BOX 582 LEUKEMIA EVENT \*\*-\*\*\*5586 **PICKERINGTON** OH 43147 5,495 (3) HABITAT FOR HUMANITY OF FAIRFIELD 707 SLOCUM AVENUE MILLER BUILDING RENO \*\*-\*\*\*8208 501C3 LANCASTER OH 43130 13,759 (4) LANCASTER CHORALE PO BOX 2450 FALL GRANT \*\*-\*\*\*4116 501C3 LANCASTER OH 43130 12,300 (5) LANCASTER CHORALE PO BOX 2450 FALL GRANT LANCASTER OH 43130 \*\*-\*\*\*4116|501C3 13,750 (6) LANCASTER FRESH MARKET, INC., DBA K 134 COLUMBUS STREET KITCHEN PROJECT LANCASTER OH 43130 \*\*-\*\*\*3323 501C3 14,000 (7) LANCASTER VINEYARD CHURCH FOOD PANT 431 WHILEY RD DONATION LANCASTER OH 43130 \*\*-\*\*\*2193 501C3 9,957 (8) LANCASTER-FAIRFIELD COUNTY NEWSIES PO BOX 1443 SPRING/FALL GRANT \*\*-\*\*\*8594 501C3 21,500 LANCASTER OH 43130 (9) LUTHERAN SOCIAL SERVICES OF CENTRAL 500 W WILSON BRIDGE RD, SUITE 245 RENOVATIONS OH 43085 \*\*-\*\*\*2586 WORTHINGTON 11,200 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** \*\*-\*\*\*3983 FAIRFIELD COUNTY FOUNDATION **General Information on Grants and Assistance** Part I

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? No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC (f) Method of valuation (a) Name and address of organization (d) Amount of cash (e) Amount of non-(h) Purpose of grant (b) EIN (a) Description of book, FMV, appraisal, section or government cash assistance grant or assistance noncash assistance other) if applicable) (1) MAYWOOD MISSION 1029 S. BROAD ST FOOD PANTRY LANCASTER OH 43130 \*\*-\*\*\*8523|501C3 5,577 (2) MAYWOOD MISSION 1029 S. BROAD ST SECURITY CAMERAS LANCASTER OH 43130 \*\*-\*\*\*8523|501C3 10,500 (3) MEALS ON WHEELS FAIRFIELD COUNTY 253 BOVING ROAD MEALS ON WHEELS BUIL \*\*-\*\*\*1496 501C3 LANCASTER OH 43130 75,000 (4) NARDONE FAMILY TRUST 2001 MAIN ST. MEMORIAL CONTRIBUTIO \*\*-\*\*\*4917 WHEELING WV 26003 10,000 (5) NATIONWIDE CHILDREN'S HOSPITAL 525 E. MOUND STREET SPRING GRANT COLUMBUS \*\*-\*\*\*2751 501C3 14,250 OH 43215 (6) NATIONWIDE CHILDREN'S HOSPITAL 525 E. MOUND STREET WAGON DONATION COLUMBUS \*\*-\*\*\*2751 501C3 14,800 (7) NEW HORIZONS MENTAL HEALTH SERVICES

12,000

10,000

PO BOX 869 **ATHENS** \*\*-\*\*\*2113 501C3 OH 45701 38,000

\*\*-\*\*\*6860|501C3

\*\*-\*\*\*3623 501C3

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

1592 GRANVILLE PIKE

(9) OHIO UNIVERSITY FOUNDATION

(8) OHIO GLASS MUSEUM 124 W MAIN ST

LANCASTER

LANCASTER

OH 43130

OH 43130

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

MARKETING MATERIALS

SOS DONATION

FALL GRANT

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

2018

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FAIRFIELD COUNTY FOUNDATION

Part I General Information on Grants and Assistance

Employer identification number

\*\*-\*\*3983

<ul> <li>Does the organization maintain records to substantial the selection criteria used to award the grants or assistantial describe in Part IV the organization's procedures for</li> </ul>							Yes No
Part II Grants and Other Assistance to	Domestic Org	anizatio	ns and Domestic	Governments.	Complete if the	e organization	answered "Yes" on Form 990,
Part IV, line 21, for any recipient th	at received mo						
1 (a) Name and address of organization	<b>(b)</b> EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	cash assistance	other)	noncash assistance	or assistance
(1) OSU - THE JAMES							
660 ACKERMAN ROAD							DONOR ADVISED DONATI
	**-***1428	501C3	14,800				
(2) PINK RIBBON GIRLS							
15 SOUTH SECOND STRET							FALL GRANT
TIPP CITY OH 45371	**-***0270	501C3	10,000				
(3) PLAYCORE WISCONSIN INC.							
150 PLAYCORE DRIVE SE							PLAYGROUND
FORT PAYNE AL 35967	**-***0480		105,000				
(4) PLEASANT TWP FIRE DEPARTMENT							
2925 LANCASTER THORNVILLE RD.							EQUIPMENT
LANCASTER OH 43130			5,389				
(5) ROAD RUST SEALING, INC.							
250 MOUNT IDA AVENUE							DAVIS AUDITORIUM
LANCASTER OH 43130	**-***7204		38,625				
(6) ST. JOHN'S EPISCOPAL CHURCH							
134 N. BROAD ST.							2018 PLEDGE
LANCASTER OH 43130	**-***9626		5,500				
(7) ST. MARY ELEMENTARY SCHOOL							
309 E. CHESTNUT ST.							BUILDING RENOVATION
LANCASTER OH 43130	**-***4670		7,500				
(8) STRATTON CONSTRUCTION & REMODELI	NG						
334 EAST WALNUT ST.							REMODEL PROJECT
LANCASTER OH 43130			6,962				
(9) THE LANCASTER FESTIVAL, INC.							
							SPRING GRANT
PO BOX 1452 LANCASTER OH 43130	**-***9091	501C3	51,148				
2 Enter total number of section 501(c)(3) and government		sted in the	line 1 table				<del></del>
3 Enter total number of other organizations listed in the	line 1 table						

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

2018

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FAIRFIELD COUNTY F	OUNDATIO	N				*:	*-***3983
Part I General Information on Grants ar	nd Assistance	)					
<ul> <li>Does the organization maintain records to substantiat the selection criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's procedures for records.</li> </ul>	tance?				· ·	•	Yes No
Part II Grants and Other Assistance to I	Domestic Orga	anizatior	ns and Domestic	Governments.			answered "Yes" on Form 9
Part IV, line 21, for any recipient that	at received mo	re than \$	5,000. Part II car	be duplicated if			
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1) THE LANCASTER FESTIVAL, INC.							
PO BOX 1452							DONOR ADVISED DONATI
LANCASTER OH 43130	**-***9091	501C3	25,500				
(2) THE RECOVERY CENTER							
201 S. COLUMBUS STREET							FALL GRANT
LANCASTER OH 43130	**-***7805	501C3	13,000				
3) THE SALVATION ARMY							
228 W HUBERT AVENUE							FALL GRANT
LANCASTER OH 43130	**-***2351	501C3	19,087				
4) UNITED WAY OF FAIRFIELD COUNTY							
PO BOX 1443							FALL GRANT
LANCASTER OH 43130	**-***4804	501C3	10,000				
5) UNITED WAY OF FAIRFIELD COUNTY							
PO BOX 1443							DONOR ADVISED DONATI
LANCASTER OH 43130	**-***4804	501C3	31,000				
6) VILLAGE OF BREMEN							
9090 MARIETTA STREET							DOWLING PARK
BREMEN OH 43107			105,000				
7)							
8)							
9)							
······							
<ul> <li>Enter total number of section 501(c)(3) and governme</li> <li>Enter total number of other organizations listed in the</li> </ul>		sted in the	line 1 table				<u></u>

Part III Grants and Other Assistance Part III can be duplicated if add			ne organization ans	wered "Yes" on Form 990	, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIPS	334	616,163			
2 SCHOLARSHIPS - DONOR ADV	7	7,000			
3					
4					
_ 5					
_6					
7					
Part IV Supplemental Information. Pr	ovide the information	required in Part I, I	ine 2; Part III, colur	nn (b); and any other addi	tional information.
PART I, LINE 2 - PROCEDURE	ES FOR MONITO	RING THE USE	OF GRANT FU	JNDS	
GRANT RECIPIENTS ARE REQUI	RED TO COMPL	ETE A FINAL	GRANT REPORT	r within	
THREE MONTHS OF FUNDING. F	RECIPIENTS MA	Y BE SUBJECT	TO A SITE V	JISIT BY THE	
PROGRAM ADMINISTRATOR. GRA	ANT GUIDELINE	S ARE PROVID	ED TO APPLIC	CANTS WHICH	
OUTLINES THE PROGRAM.					

# **SCHEDULE L**

(Form 990 or 990-EZ)

**Transactions With Interested Persons** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open To Public Inspection

Name of t	ne organization								Emplo	yer ide	ntificat	ion nu	mber		
	FAIRFIELD COUNTY FOUR									**39					
Part															
	Complete if the organization answered						25b, or F	orm 990-E	Z, Paı	rt V, lir	ne 40	b.			
1	(a) Name of disqualified person	(b) Relation	nship between disq		d per	son and		(c) Descrip	tion of tra	ansactio	n		_ ` <i>`</i>	Correct	
/1\			organization	1									Yes	+	No
(1) (2)													<del>                                     </del>	+	
(3)													<del>                                     </del>	+	
(4)														$\dashv$	
(5)	_													_	
(6)															
<b>2</b> E	nter the amount of tax incurred by the organization									▶ \$	<u> </u>				
3 E	nter the amount of tax, if any, on line 2, above	, reimburse	d by the organ	izatio	on .					▶ \$	<u> </u>				
Part	II Loans to and/or From Interes	sted Pers	sons.												
	Complete if the organization answered	d "Yes" on F	Form 990-EZ, I	Part	V, li	ne 38a d	or Form	990, Part	IV, line	26; o	r if th	е			
	organization reported an amount on F							T = .		1	1 ( 110			- m 18	
		<b>b)</b> Relationship vith organization	(c) Purpose of loan	(d) Lo or fro			riginal I amount	(f) Balan	ce due	( <b>g)</b> In o	ietault?	(h) Ap by bo	proved ard or	(i) W agree	/ritten ement
		v		org								comm	nittee?		T
				То	From					Yes	No	Yes	No	Yes	No
/1\															
(1)															
(2)															
<del>\-</del> /															
(3)															
(4)															
(5)													<u> </u>		
<i>(</i> /)															
(6)											$\vdash$		$\vdash$	$\vdash$	
(7)															
(')															
(8)															
(9)												<u> </u>			
10)						<u> </u>	<b>.</b> .							-	
Γotal ∴ Part	III Grants or Assistance Benefi	ting Intor	ostad Dars	<u></u>	· · · · ·	<u> </u>	▶ \$					<u> </u>		Ь	
rait	Complete if the organization answered	_				27									
	(a) Name of interested person		ship between intere				sistance	(d) Type of a	ssistance		(e) I	Purpose	of ass	istance	
	(a) Name of interested person		and the organization		C) A	inount of as	isistance	(u) Type of a	3313(4)100		(0)	urposc	. UI 033	istance	
(1)															
(3)			<u>-</u>												
(2) (3) (4) (5) (6) (7)															
(5)										_					
(6)										_					
(7)															

(9)

Schedule L (Form 990 or 990-EZ) 2018 FAIRFIELD COUNTY FOUNDATION

Page 2

Part IV	Business Transactions Invo Complete if the organization answere	<b>Diving Interested Persons.</b> ed "Yes" on Form 990, Part IV, line	28a, 28b, or 28c.			
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh of o reven	rg. ues?
/1\ UED TT	AGE PAINTING	DIRECTOR SPOUSE	r	REPAIRS/CLEANING	Yes	No X
(1) HERT 17 (2)	AGE PAINTING	DIRECTOR SPOUSE	<u> </u>	REPAIRS/CLEANING		
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
10)						
Part V	Supplemental Information Provide additional information for res	ponses to questions on Schedule L	_ (see instructions).			
				Sahadula I /Farm 000 ar 00	00 EZ\ (	

**Noncash Contributions** 

(c)

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Types of Property

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

FAIRFIELD COUNTY FOUNDATION

Employer identification number \*\*-\*\*\*3983

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of determinin noncash contribution am	-		
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	8	401,472				
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	v the orga	nization during the tax v	ear for contributions for				
	which the organization completed I				29			
	p.	0 0201	5, 1 4.111, 20.100 / 10.1110				Yes	No
30a	During the year, did the organization	on receive	by contribution any pro	perty reported in Part I. lir	nes 1 through			
	28, that it must hold for at least three				_			1
	to be used for exempt purposes for				The state of the s	30a		Х
b	If "Yes," describe the arrangement		Tiolaing period:			Jou		
31	Does the organization have a gift a		a nolicy that requires the	review of any nonstands	ard			
٠.	contributions?	-				31	Х	
32a	Does the organization hire or use t			ne to solicit process or se		31	∠\	
JŁa	a a matrilla vati a ma O	•	•	•		32a	Х	
b						SZá	Λ	<u> </u>
33	If "Yes," describe in Part II.  If the organization didn't report an a	amount in	column (c) for a type of	nroperty for which colum	n (a) is checked			
JJ	= :	amount in	column (c) for a type of	property for willion column	iii (a) is clieckeu,			
For 5	describe in Part II.	ho Inctrus	tions for Form 000		Schedule		m 000	\ 2019

Part II Sup	organization is	ormation. Prov reporting in Pa	vide the inform art I, column (b	ation required l ), the number of	**-**39 by Part I, lines 30l of contributions, the onal information.	83 o, 32b, and 33, and ne number of items i	Page <b>2</b> whether received,
PART I, 1	LINE 32B -	THIRD PA	ARTY USED	TO PROCE	SS NONCASH	CONTRIBUTION	S
NONCASH I	DONATIONS	OF SECURI	ITIES ARE	HANDLED,	PROCESSED,	VALUED, AND	SOLD B
FAIRFIELI	O NATIONAL	BANK.					

**SCHEDULE 0** (Form 990 or 990-EZ)

#### 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.

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. **Open to Public** 

Inspection

Employer identification number Name of the organization \*\*-\*\*\*3983 FAIRFIELD COUNTY FOUNDATION

FORM 990 - ORGANIZATION'S MISSION
BUILDING A LEGACY THROUGH PHILANTHROPY AND STEWARDSHIP TO STRENGTHEN OUR
COMMUNITY. THE FAIRFIELD COUNTY FOUNDATION HAS HELPED DONORS CREATE LASTING
CHARITABLE LEGACIES THAT CARRY ON THEIR NAMES, THEIR VALUES AND THEIR
PRIORITIES. WITHIN THE FOUNDATION ARE MORE THAN 300 INDIVIDUAL CHARITABLE
FUNDS, EACH CREATED BY DONORS TO ADDRESS THOSE LOCAL CAUSES THEY ARE MOST
PASSIONATE ABOUT. FOUNDATION GRANTS SUPPORT THE ARTS, CHILDREN'S PROGRAMS,
HEALTH AND WELLNESS PROJECTS, COMMUNITY DEVELOPMENT, ACADEMICS AND MUCH
MORE. FROM SCHOLARSHIPS FOR DESERVING FAIRFIELD COUNTY YOUTH AND EQUIPMENT
TO KEEP PEOPLE FIT AND HEALTHY, TO IMPROVEMENTS TO GREEN SPACES THROUGHOUT
OUR COUNTY AND GRANTS TO FEED THE HUNGRY, THE FAIRFIELD COUNTY FOUNDATION
TOUCHES EVERY MEMBER OF OUR COMMUNITY IN SOME WAY.
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
COPIES OF FORM 990 ARE PROVIDED TO BOARD MEMBERS WITH PAPER COPIES AT BOARD
MEETINGS OR VIA E-MAIL.
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
ANNUAL REVIEW OF THE POLICY BY THE BOARD.
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
EXECUTIVE DIRECTOR'S SALARY IS SUBJECT TO REVIEW BY AN EXECUTIVE COMMITTEE
OF THE BOARD.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

er	oyer identification num - * * * 3 9 8 3	1 -			OUNDATION	ganization IELD COUNTY	lame of the FAIRI
MENTS	NCIAL STAT	D FIN	OLICY AND	INTEREST	S, CONFLICT OF	NING DOCUMEN	GOVE
FICE.	DATION'S O	E FOU	EST AT THE	UPON REQU	TO THE PUBLIC	ADE AVAILABL	ARE I
AS TF	ITE AS WEL	R WEB	GUIDESTAR	C VIA THE	ED TO THE PUBL	990 IS PROVI	FORM
					TE.	ATION'S WEBS	FOUNI
		ES	OR SERVICE	IER FEES F	LINE 11G - OT	990, PART IX	FORM
						IPTION	DESCI
SING	FUNDRA		GENERAL	MGT &	OG SERVICE	TOT/P	
					EE	ATION ADMIN	FOUNI
0	\$		0	\$	250,268	\$	
					EE	ATION ADMIN	FOUNI
0	\$		0	\$ <sub></sub> \$	221,935	\$	
						TOTAL	
0	\$		0	\$	472,203	\$	
	XPLANATION	SETS	NET ASS	R CHANGES	LINE 9 - OTHE	990, PART XI	FORM
0	\$				BLE TRUST	ES IN CHARIT	CHANC
5,384	\$ -1				BLE TRUST	ES IN CHARIT	CHANG
5,384	\$ -1!					TOTAL	

# **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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 **2018** 

Open to Public Inspection

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FAIRFIELD COUNTY FOUNDATION	**_**

Employer identification number \*\*-\*\*3983

Part I Identification of Disregarded Entities. Complete if the	e organization	answered "Yes"	on Fori	m 990, P	art IV, line	33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domici or foreign c	ile (state ountry)		(d) income	End-	(e) of-year assets	(f) Direct cor entit	ntrolling
(1) FAIRFIELD FOUNDATION REAL ESTATE LT 162 E MAIN STREET									
LANCASTER OH 43130	LAND	ОН						FAIRF	IELD
(2) FAIRFIELD FOUNDATION REAL ESTATE II 162 E MAIN STREET		O.I.			40.075		607 500		T
LANCASTER OH 43130	LAND	OH			42,875		627,500	FAIRF	TELD
(3)									
(4)									
(5)									
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during the	. Complete if the tax year.	e organization a	answere	ed "Yes" (	on Form 9	90, Pa	rt IV, line 34,		
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		(d) Code section	(e) Public charity (if section 501)	status (c)(3))	(f) Direct controlling entity	Section controll	(g) 512(b)(13) ed entity?
(1)									
(2)									
(3)									
(4)									
(5)									
(*)									

chedule R (Form 990) 2018	FATRFTELD	COUNTY	FOUNDATION

*	*	_	*	*	*	3	9	8	-
		_				. `	ッ	$^{\circ}$	

Page 2

Part III	Identification of Related Organiza because it had one or more related	ations Taxal organization	ole as	<b>a Partnersh</b> ated as a par	<b>nip.</b> Complete tnership durin	if the organ g the tax ye	nizatio ear.	n answered	"Yes"	on F	orm 9	90, Part	IV,	ine 3	34,
	(a)  Name, address, and EIN of related organization	<b>(b)</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 tota income		(g) Share of end-of year assets	- Di port all	(h) spro- tionate loc.?	Code amoun of Sch	(i) e V—UBI at in box 20 nedule K-1 m 1065)	Gene mana partr	ral or Faging oner?	(k) Percentage ownership
(1)			3,						163	S NO			163	NO	
(2)															
(3)															
(4)															
Part IV	Identification of Related Organiza	ations Taxab related orga	l <b>ole as</b> anizat	l s a Corporati ions treated :	on or Trust. Cas a corporation	Complete if on or trust o	the or during	rganization a	answe r.	red '	'Yes" c	n Form	990	, Par	t IV,
	(a) Name, address, and EIN of related organization	(b) Primary activ		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	SI	(f) hare of total income	5	<b>(g)</b> Share o f-year a	ıf	(h) Percer owner	) ntage	5 c	(i) Section 12(b)(13) controlled entity?
(1)														Ye	es No
(2)															
(3)															
(4)															

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

			,	, , ,								
	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No					
	During the tax year, did the organization engage in any of the following transactions with one or more						<u> </u>					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		<del>                                     </del>					
b	Gift, grant, or capital contribution to related organization(s)				1b		<u> </u>					
С	Gift, grant, or capital contribution from related organization(s)				1c		<u> </u>					
d	d Loans or loan guarantees to or for related organization(s)											
е	Loans or loan guarantees by related organization(s)				1e		ــــــ					
							l					
f	Dividends from related organization(s)				1f		<u> </u>					
g	Sale of assets to related organization(s)				1g		<u> </u>					
h	Purchase of assets from related organization(s)				1h		<u> </u>					
İ	Exchange of assets with related organization(s)				1i		<u> </u>					
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		<u> </u>					
							1					
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		<u> </u>					
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11		<u> </u>					
n	Performance of services or membership or fundraising solicitations by related organization(s)				1m		<u> </u>					
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n							
0	Sharing of paid employees with related organization(s)				10		<u> </u>					
							1					
-	Reimbursement paid to related organization(s) for expenses				1р		<u> </u>					
q	Reimbursement paid by related organization(s) for expenses				1q		<u> </u>					
							1					
r	Other transfer of cash or property to related organization(s)				1r		<u> </u>					
S	Other transfer of cash or property from related organization(s)				1s		<u> </u>					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	ered relationships and to	ansaction thresholds.								
	(a)	(b)	(c)	(d)								
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amo	uni invoi	veu						
(1)												
(2)												
(2)												
(2)												
(3)												
(4)												
(4)												
(5)												
(5)												
(6)												
(v)												

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	unrelated, excluded from tax under	sec	cartners tion (c)(3)	(f) Share of total income	(g) Share of end-of-year assets		h) ortionate tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	i) eral or aging ner?	(k) Percentage ownership
		country)	sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
·													
(7)													
(8)													
(9)													
(10)													
(11)													

Schedule R (	Form 990) 2018	FAIRFIELI	D COUNTY	FOUNDAT	'ION	**_**	*3983	Page <b>5</b>
Part VII	Suppleme Provide ad	FAIRFIELI ntal Informatio ditional informa	<b>n.</b> tion for respo	nses to ques	stions on Sch			
• • • • • • • • • • • • • • • • • • • •								
• • • • • • • • • • • • • • • • • • • •								