

Public Inspection Copy
of Form 990



Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2023** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOUNDATION OF LORAIN COUNTY		D Employer identification number 34-1322781
	Doing business as		E Telephone number 440-984-7390
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 30,494,754.
	9080 LEAVITT ROAD		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code ELYRIA, OH 44035		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: CYNTHIA H. ANDREWS 9080 LEAVITT ROAD, ELYRIA, OH 44035		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.PEOPLEWHOCARE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1980	M State of legal domicile: OH

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE COMMUNITY FOUNDATION CONNECTS PEOPLE WHO CARE WITH CAUSES THAT MATTER.		
	2 Check this box <input type="checkbox"/> 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)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	15
	6 Total number of volunteers (estimate if necessary)	6	100
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	159,444.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	158,444.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,034,837.	5,523,327.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,096,767.	2,173,487.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	144,768.	249,044.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,276,372.	7,945,858.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	6,197,150.	5,933,520.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	1,173,600.	1,241,080.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	558,320.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,017,178.	1,146,017.
19 Revenue less expenses. Subtract line 18 from line 12	8,387,928.	8,320,617.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	-4,111,556.	-374,759.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	140,093,745.	155,503,428.
		19,445,937.	19,887,167.
		120,647,808.	135,616,261.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	CYNTHIA H. ANDREWS, PRESIDENT AND CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	CHRISTOPHER B. ANDERSON				P00226559
Preparer Use Only	Firm's name	Firm's EIN		Phone no. (216) 363-0100	
	MALONEY + NOVOTNY LLC	34-0677006			
	Firm's address				
	1111 SUPERIOR AVE, SUITE 700 CLEVELAND, OH 44114-2540				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 6,052,016. including grants of \$ 5,376,143.) (Revenue \$ 205,877.) THE COMMUNITY FOUNDATION IS A GRANTMAKING ORGANIZATION. APPROXIMATELY ONE-THIRD OF THE GRANTS AUTHORIZED IN 2023 WERE DIRECTED BY THE BOARD TOWARD STRATEGIC INITIATIVES AND COMMUNITY RESPONSIVE REQUESTS THAT ADDRESS VITAL COMMUNITY NEEDS IN LORAIN COUNTY AND TO RESPOND TO EMERGING OPPORTUNITIES IN A WIDE RANGE OF CHARITABLE ORGANIZATIONS IN LORAIN COUNTY. GRANTS AWARDED THROUGH A COMPETITIVE PROCESS IN 2023 SUPPORTED PROGRAMS ACROSS A DIVERSE IMPACT AREA, SUCH AS ANIMALS AND ENVIRONMENT, ARTS AND CULTURE, EDUCATION, HEALTH, HUMAN SERVICES, AND PUBLIC BENEFIT. THE REMAINING GRANTS AUTHORIZED IN 2023 WERE AS DESIGNATED TO THE COMMUNITY FOUNDATION FROM DESIGNATED, DONOR ADVISED OR AGENCY FUNDS.

4b (Code:) (Expenses \$ 557,377. including grants of \$ 557,377.) (Revenue \$ 0.) OVER 220 SCHOLARSHIPS FOR EDUCATION BEYOND HIGH SCHOOL WERE AWARDED TO STUDENTS AS DIVERSE AS THE DONORS WHO CREATED THE SCHOLARSHIP FUNDS. IN 2023, SCHOLARSHIPS WERE AWARDED FOR TECH PROGRAMS, CREATIVE WRITING, JOURNALISM, MEDICAL PROGRAMS, AND MANY OTHER ADVANCED LEARNING PURSUITS.

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

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

4e Total program service expenses 6,609,393.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 20; 1b Enter the number of voting members included... 20; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, CO, CT, FL, GA, IL, KS, KY, MD, MI, MN, NJ
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JAMES A. STOBE - 440-984-7390
9080 LEAVITT ROAD, ELYRIA, OH 44035

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CYNTHIA H. ANDREWS PRESIDENT AND CEO	50.00			X				175,330.	0.	26,365.
(2) JAMES A. STOBE CFO	50.00			X				125,853.	0.	22,679.
(3) CHARLITA ANDERSON-WHITE CHAIRPERSON	2.00	X		X				0.	0.	0.
(4) MICHELLE BARB DIRECTOR	1.00	X						0.	0.	0.
(5) LEE BELARDO DIRECTOR	1.00	X						0.	0.	0.
(6) EVAN BELLAMY DIRECTOR	1.00	X						0.	0.	0.
(7) KEITH BROWN DIRECTOR	1.00	X						0.	0.	0.
(8) BRIAN BURKE DIRECTOR	1.00	X						0.	0.	0.
(9) REYNALDO CARRION VICE CHAIRPERSON	2.00	X		X				0.	0.	0.
(10) VERONICA GILBERT TREASURER	2.00	X		X				0.	0.	0.
(11) MARIA GREGA DIRECTOR	1.00	X						0.	0.	0.
(12) PAUL GREGORY DIRECTOR	1.00	X						0.	0.	0.
(13) PREETHI (TINA) KISHMAN DIRECTOR	1.00	X						0.	0.	0.
(14) A. G. MILLER DIRECTOR	1.00	X						0.	0.	0.
(15) REGAN PHILLIPS DIRECTOR	1.00	X						0.	0.	0.
(16) JUDITH RECKNAGEL DIRECTOR	1.00	X						0.	0.	0.
(17) DONNA RIVERA-WELLS DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NICK ROSS DIRECTOR	1.00	X						0.	0.	0.
(19) ANN SCHLOSS DIRECTOR	1.00	X						0.	0.	0.
(20) MICHAEL SHEBAK DIRECTOR	1.00	X						0.	0.	0.
(21) EILEEN TORRES DIRECTOR	1.00	X						0.	0.	0.
(22) RANDY WAGNER SECRETARY	2.00	X		X				0.	0.	0.
1b Subtotal								301,183.	0.	49,044.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								301,183.	0.	49,044.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MARQUETTE ASSOCIATES, 180 N. LA SALLE ST. STE. 3500, CHICAGO, IL 60601	INVESTMENT ADVISOR	119,000.
MORGAN STANLEY 159 CROCKER PARK BLVD., WESTLAKE, OH 44145	INVESTMENT ADVISOR	113,878.

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	5,523,327.		
	g	Noncash contributions included in lines 1a-1f	1g	\$ 13,083.		
	h	Total. Add lines 1a-1f		5,523,327.		
Program Service Revenue	2 a	_____	Business Code			
	b	_____				
	c	_____				
	d	_____				
	e	_____				
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,298,373.	159,444.	2138929.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents	(i) Real	43,167.		
			(ii) Personal			
			6a	43,167.		
	b	Less: rental expenses ...	6b	0.		
	c	Rental income or (loss)	6c	43,167.		
	d	Net rental income or (loss)		43,167.		43,167.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	22,424,010.		
			(ii) Other			
			7a	22,424,010.		
	b	Less: cost or other basis and sales expenses	7b	22,548,896.		
	c	Gain or (loss)	7c	-124,886.		
	d	Net gain or (loss)		-124,886.		-124,886.
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
b	Less: direct expenses	8b				
c	Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19	9a				
b	Less: direct expenses	9b				
c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	10a				
b	Less: cost of goods sold	10b				
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	OTHER REVENUE	Business Code	900099	205,877.	205,877.
	b	_____				
	c	_____				
	d	All other revenue				
	e	Total. Add lines 11a-11d		205,877.		
12	Total revenue. See instructions		7,945,858.	205,877.	159,444.	2057210.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,376,143.	5,376,143.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	557,377.	557,377.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	320,577.	92,206.	174,888.	53,483.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	637,591.	257,040.	225,503.	155,048.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	35,536.	12,953.	14,849.	7,734.
9 Other employee benefits	176,869.	64,468.	73,909.	38,492.
10 Payroll taxes	70,507.	25,699.	29,463.	15,345.
11 Fees for services (nonemployees):				
a Management				
b Legal	18,388.	6,702.	7,684.	4,002.
c Accounting	15,849.	5,777.	6,623.	3,449.
d Lobbying	4,500.		4,500.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	400,206.		400,206.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	144,338.	66,530.	49,621.	28,187.
12 Advertising and promotion	166,302.			166,302.
13 Office expenses	36,152.	13,177.	15,107.	7,868.
14 Information technology	2,538.	925.	1,061.	552.
15 Royalties				
16 Occupancy	161,049.	58,701.	67,298.	35,050.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,155.	6,982.	8,004.	4,169.
23 Insurance	18,453.	6,726.	7,711.	4,016.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a EMPLOYEE ACTIVITIES	130,632.	47,615.	54,587.	28,430.
b BOARD DEVELOPMENT	17,686.	6,447.	7,390.	3,849.
c OTHER	10,769.	3,925.	4,500.	2,344.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	8,320,617.	6,609,393.	1,152,904.	558,320.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	94,087.	1	38,168.
	2 Savings and temporary cash investments	2,752,946.	2	3,673,278.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	133,743.	4	140,301.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	88,443.	9	86,584.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,539,038.		
	b Less: accumulated depreciation	10b 311,635.	2,243,078.	10c 2,227,403.
	11 Investments - publicly traded securities	67,725,890.	11	78,295,294.
	12 Investments - other securities. See Part IV, line 11	67,032,289.	12	70,998,670.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	23,269.	15	43,730.
16 Total assets. Add lines 1 through 15 (must equal line 33)	140,093,745.	16	155,503,428.	
Liabilities	17 Accounts payable and accrued expenses	164,893.	17	23,093.
	18 Grants payable	1,411,813.	18	87,999.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	17,869,231.	25	19,776,075.
	26 Total liabilities. Add lines 17 through 25	19,445,937.	26	19,887,167.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	120,514,065.	27	135,475,960.
	28 Net assets with donor restrictions	133,743.	28	140,301.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	120,647,808.	32	135,616,261.
	33 Total liabilities and net assets/fund balances	140,093,745.	33	155,503,428.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,945,858.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,320,617.
3	Revenue less expenses. Subtract line 2 from line 1	3	-374,759.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	120,647,808.
5	Net unrealized gains (losses) on investments	5	15,343,212.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	135,616,261.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
b	X	
c	X	
3a		X
3b		

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **COMMUNITY FOUNDATION OF LORAIN COUNTY** Employer identification number **34-1322781**

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2433998.	5843999.	3681809.	2034837.	5523327.	19517970.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2433998.	5843999.	3681809.	2034837.	5523327.	19517970.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5923514.
6 Public support. Subtract line 5 from line 4.						13594456.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	2433998.	5843999.	3681809.	2034837.	5523327.	19517970.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2391848.	2371462.	2567172.	2079958.	2341540.	11751980.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	113,085.	110,499.	58,407.	101,601.	205,877.	589,469.
11 Total support. Add lines 7 through 10						31859419.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	42.67 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	49.67 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

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

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

OTHER REVENUE

2019 AMOUNT: \$ 113,085.

2020 AMOUNT: \$ 110,499.

2021 AMOUNT: \$ 58,407.

2022 AMOUNT: \$ 101,601.

2023 AMOUNT: \$ 205,877.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

COMMUNITY FOUNDATION OF LORAIN COUNTY

Employer identification number

34-1322781

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization COMMUNITY FOUNDATION OF LORAIN COUNTY	Employer identification number 34-1322781
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>3,472,895.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>252,213.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>208,487.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY FOUNDATION OF LORAIN COUNTY	Employer identification number 34-1322781
--	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization COMMUNITY FOUNDATION OF LORAIN COUNTY	Employer identification number 34-1322781
--	---

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization COMMUNITY FOUNDATION OF LORAIN COUNTY	Employer identification number 34-1322781
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	4,500.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)	4,500.													
d Other exempt purpose expenditures	6,604,893.													
e Total exempt purpose expenditures (add lines 1c and 1d)	6,609,393.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	480,470.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	120,118.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	460,357.	491,832.	489,515.	480,470.	1,922,174.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,883,261.
c Total lobbying expenditures	15,000.	4,500.	4,500.	4,500.	28,500.
d Grassroots nontaxable amount	115,089.	122,958.	122,379.	120,118.	480,544.
e Grassroots ceiling amount (150% of line 2d, column (e))					720,816.
f Grassroots lobbying expenditures	15,000.	4,500.	4,500.	4,500.	28,500.

Schedule C (Form 990) 2023

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4
5 Taxable amount of lobbying and political expenditures. See instructions	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION OF LORAIN COUNTY; Employer identification number: 34-1322781

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values for contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, historic structure); 2. Conservation contribution details (table with 2 columns: Description, Held at the End of the Tax Year); 3-9. Various questions about monitoring, expenses, and reporting requirements.

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.

Form with questions 1a, 1b, 2, a, b regarding reporting requirements for art and historical treasures, including revenue and asset inclusion amounts.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,539,000.	238,250.		1,777,250.
b Buildings		628,448.	211,884.	416,564.
c Leasehold improvements				
d Equipment		133,340.	99,751.	33,589.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,227,403.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) FIXED INCOME	22,648,831.	END-OF-YEAR MARKET VALUE
(B) ALTERNATIVE INVESTMENTS	13,753,516.	END-OF-YEAR MARKET VALUE
(C) NET ASSET VALUE		
(D) INVESTMENTS	34,596,323.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	70,998,670.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPLIT INTEREST AGREEMENT	44,291.
(3) AGENCY FUND LIABILITY	19,731,784.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	19,776,075.

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

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

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

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

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

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

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

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, LINE 2:

FIN 48 (ASC 740) FOOTNOTE - THE COMMUNITY FOUNDATION ADOPTED THE PROVISIONS OF FASB ASC 740-10, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES." THE STANDARD PRESCRIBES A RECOGNITION THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS AND PROVIDES GUIDANCE ON DERECOGNITION OF TAX BENEFITS, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION ISSUES. MANAGEMENT HAS EVALUATED AND CONCLUDED THAT THERE WERE NO MATERIAL UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **COMMUNITY FOUNDATION OF LORAIN COUNTY** Employer identification number **34-1322781**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABILITY WORKS 3920 COLUMBUS AVENUE SANDUSKY, OH 44870	34-1150124	501(C)(3)	9,500.	0.			PROGRAM SUPPORT
ACES PROGRAM: ACHIEVEMENT THRU COMMUNITY EDUCATION AND SUPPORT - 1715 MEISTER ROAD - LORAIN, OH 44035		501(C)(3)	50,000.	0.			PROGRAM SUPPORT
ACHIEVEMENT CENTERS FOR CHILDREN 4255 NORTHFIELD RD HIGHLAND HEIGHTS, OH 44128	34-0714766	501(C)(3)	13,000.	0.			PROGRAM SUPPORT
A DEMENTIA FRIENDLY LIFE FOUNDATION - PO BOX 117 - OBERLIN, OH 44074	81-3747283	501(C)(3)	55,543.	0.			PROGRAM SUPPORT
AMHERST BOARD OF EDUCATION 550 MILAN AVENUE AMHERST, OH 44001	34-6000090	115	25,118.	0.			EDUCATIONAL
AMHERST HISTORICAL SOCIETY 113 SOUTH LAKE STREET AMHERST, OH 44001	34-1146887	501(C)(3)	29,673.	0.			PROGRAM SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 145.
- 3** Enter total number of other organizations listed in the line 1 table 3.

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

Schedule I (Form 990) 2023

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATMOSPHERE ADVENTURES 31363 ROBERTA DRIVE BAY VILLAGE, OH 44140		501(C)(3)	10,000.	0.			PROGRAM SUPPORT
AVON BOARD OF EDUCATION 36600 DETROIT RD AVON, OH 44011	34-6000163	115	9,727.	0.			EDUCATIONAL
AVON LAKE BOARD OF EDUCATION 175 AVON BELDEN RD. AVON LAKE, OH 44012	34-6000168	115	17,103.	0.			EDUCATIONAL
BIG BROTHERS BIG SISTERS OF LORAIN COUNTY - 1917 N. RIDGE RD. E., STE. A - LORAIN, OH 44055	34-1809153	501(C)(3)	52,494.	0.			PROGRAM SUPPORT
BIRCHWOOD SCHOOL 4400 WEST 140 STREET CLEVELAND, OH 44135	34-1464080	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
BLACK RIVER AUDUBON SOCIETY P.O. BOX 33 ELYRIA, OH 44036	34-1185261	501(C)(3)	14,678.	0.			PROGRAM SUPPORT
BLACK RIVER EDUCATION AND WELLNESS FOUNDATION - 33240 ELECTRIC BLVD - AVON LAKE, OH 44012-1322	34-1492735	501(C)(3)	12,065.	0.			PROGRAM SUPPORT
BLESSING HOUSE 6115 OLIVET STREET ELYRIA, OH 44035	30-0130029	501(C)(3)	110,608.	0.			PROGRAM SUPPORT
BOYS AND GIRLS CLUBS OF NORTHEAST OHIO - 4111 PEARL AVENUE - LORAIN, OH 44055	34-1856214	501(C)(3)	46,693.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROWNHELM CONGREGATIONAL UNITED CHURCH OF CHRIST - 2144 NORTH RIDGE ROAD - VERMILION, OH 44089-3520		501(C)(3)	5,617.	0.			PROGRAM SUPPORT
BROWNHELM HISTORICAL ASSOCIATION 1950 N. RIDGE ROAD VERMILION, OH 44089	34-1816562	501(C)(3)	7,395.	0.			PROGRAM SUPPORT
BUSINESS VOLUNTEERS UNLIMITED 1300 EAST 9TH ST STE 1220 CLEVELAND, OH 44114	34-1724581	501(C)(3)	22,000.	0.			PROGRAM SUPPORT
CAMP !MAGINE PO BOX 26 AVON LAKE, OH 44012	27-1259997	501(C)(3)	17,000.	0.			PROGRAM SUPPORT
CASE WESTERN RESERVE UNIVERSITY ADELBERT HALL 216, 10900 EUCLID AVE CLEVELAND, OH 44106	34-1018992	501(C)(3)	6,876.	0.			PROGRAM SUPPORT
CATHOLIC CHARITIES CORPORATION 7911 DETROIT AVENUE CLEVELAND, OH 44102	34-1318541	501(C)(3)	65,000.	0.			PROGRAM SUPPORT
CHN HOUSING PARTNERS 2999 PAYNE AVE SUITE 134 CLEVELAND, OH 44114	34-1346763	501(C)(3)	9,000.	0.			PROGRAM SUPPORT
CITY FRESH MPO BOX 357 OBERLIN, OH 44074	52-2237568	501(C)(3)	25,306.	0.			PROGRAM SUPPORT
CLEVELAND CLINIC FOUNDATION P.O. BOX 931517 CLEVELAND, OH 44193	34-0714585	501(C)(3)	5,427.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND HEARING & SPEECH CENTER 11635 EUCLID AVENUE CLEVELAND, OH 44106	34-0714648	501(C)(3)	44,995.	0.			PROGRAM SUPPORT
CLEVELAND MUSEUM OF NATURAL HISTORY - 1 WADE OVAL DRIVE - UNIVERSITY CIRCLE, OH 44106	34-0714338	501(C)(3)	13,500.	0.			PROGRAM SUPPORT
COALITION FOR THE UNINSURED OF LORAIN COUNTY - 9800 MURRAY RIDGE RD. - ELYRIA, OH 44035		501(C)(3)	38,750.	0.			PROGRAM SUPPORT
COLLEGE NOW GREATER CLEVELAND 1500 WEST 3RD STREET STE 125 CLEVELAND, OH 44113	34-6580096	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
COMMON GROUND-THE CINDY NORD CENTER FOR RENEWAL - 14240 BAIRD ROAD - OBERLIN, OH 44074	34-1838503	501(C)(3)	208,190.	0.			PROGRAM SUPPORT
COMMUNITY CONGREGATIONAL UNITED CHURCH OF CHRIST - 379 S MAIN STREET - AMHERST, OH 44001-2107		501(C)(3)	27,286.	0.			PROGRAM SUPPORT
COMMUNITY FOUNDATION OF LORAIN COUNTY - 9080 LEAVITT ROAD - ELYRIA, OH 44035	34-1322781	501(C)(3)	28,944.	0.			PROGRAM SUPPORT
COMMUNITY OF FAITH UNITED CHURCH OF CHRIST - 9715 EAST RIVER ROAD - ELYRIA, OH 44035	34-1052004	501(C)(3)	5,813.	0.			PROGRAM SUPPORT
CORNERSTONE PREGNANCY SERVICES 364 GRISWOLD ROAD ELYRIA, OH 44035	34-1487107	501(C)(3)	14,991.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST 66TH STREET SERVICES 6601 EUCLID AVENUE CLEVELAND, OH 44103	30-0096415	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
EASTERSEALS CENTRAL AND SOUTHEAST OHIO - 3830 TRUEMAN COURT - HILLIARD, OH 43026	31-4380051	501(C)(3)	5,842.	0.			PROGRAM SUPPORT
ECHOING HILLS 36272 CR 79 WARSAW, OH 43844	31-0735747	501(C)(3)	23,398.	0.			PROGRAM SUPPORT
EDUCATIONAL SERVICE CENTER OF LORAIN COUNTY - 1885 LAKE AVENUE - ELYRIA, OH 44035	34-1267597	501(C)(3)	5,180.	0.			EDUCATIONAL
EFFECTIVE LEADERSHIP ACADEMY 4480 RICHMOND ROAD WARRENSVILLE HEIGHTS, OH 44128	26-3385437	501(C)(3)	12,500.	0.			PROGRAM SUPPORT
EL CENTRO DE SERVICIOS SOCIALES 2800 PEARL AVENUE LORAIN, OH 44055	34-1165756	501(C)(3)	78,674.	0.			PROGRAM SUPPORT
ELYRIA ARTS COUNCIL 336 BROAD STREET ELYRIA, OH 44035	47-3694041	501(C)(3)	30,251.	0.			PROGRAM SUPPORT
ELYRIA BOARD OF EDUCATION 42101 GRISWOLD RD ELYRIA, OH 44035	34-6000937	115	15,140.	0.			EDUCATIONAL
ELYRIA CATHOLIC HIGH SCHOOL 725 GULF ROAD ELYRIA, OH 44035	34-0898044	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELYRIA PUBLIC LIBRARY FOUNDATION 1219 TAYLOR ST. ELYRIA, OH 44035	27-1864336	115	37,385.	0.			PROGRAM SUPPORT
ELYRIA ROTARY CLUB 800 TAYLOR STREET ELYRIA, OH 44035	34-6608216	501(C)(4)	26,750.	0.			PROGRAM SUPPORT
EPISCOPAL CHURCH OF THE REDEEMER 647 REID AVENUE LORAIN, OH 44052	13-1776448	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
FAMILY & COMMUNITY SERVICES, INC. 705 OAKWOOD ST. RAVENNA, OH 44266	34-1902451	501(C)(3)	18,000.	0.			PROGRAM SUPPORT
FAMILY PLANNING SERVICES OF LORAIN COUNTY - 602 LEONA STREET - ELYRIA, OH 44035	34-1042711	501(C)(3)	11,969.	0.			PROGRAM SUPPORT
FIREFISH ARTS INC. 520 BROADWAY AVENUE 3RD FLOOR LORAIN, OH 44052	47-5575066	501(C)(3)	6,429.	0.			PROGRAM SUPPORT
FIRELANDS ASSOCIATION FOR THE VISUAL ARTS - 39 SOUTH MAIN ST. - OBERLIN, OH 44074	34-1282501	501(C)(3)	26,494.	0.			PROGRAM SUPPORT
FIRELANDS BOARD OF EDUCATION 112 NORTH LAKE STREET AMHERST, OH 44001	81-4986946	115	41,609.	0.			EDUCATIONAL
FLAT ROCK HOMES, INC. 7353 COUNTY ROAD 29, P.O. BOX 1 FLAT ROCK, OH 44828	34-4433997	501(C)(3)	16,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDSHIP ANIMAL PROTECTIVE LEAGUE - 8303 MURRAY RIDGE ROAD - ELYRIA, OH 44035	34-6529498	501(C)(3)	11,326.	0.			PROGRAM SUPPORT
FRIENDS OF MONTEITH HALL 235 EASTERN HEIGHTS BLVD. ELYRIA, OH 44035	47-5374667	501(C)(3)	11,323.	0.			PROGRAM SUPPORT
FRIENDS OF SOUTH LORAIN 2138 EAST 39TH STREET LORAIN, OH 44055	84-3247578	501(C)(3)	16,600.	0.			PROGRAM SUPPORT
FRIENDS OF THE ELYRIA PUBLIC LIBRARY - 1219 TAYLOR STREET - ELYRIA, OH 44035	34-1296528	501(C)(3)	6,491.	0.			PROGRAM SUPPORT
FRONT EXHIBITION COMPANY 2900 DETROIT AVENUE, FLOOR 3 CLEVELAND, OH 44113	81-2956023	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
FUND FOR OUR ECONOMIC FUTURE 1422 EUCLID AVENUE STE 400 CLEVELAND, OH 44115	27-0606927	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
GATHERING HOPE HOUSE 1173 NORTH RIDGE ROAD. E., SUITE 10 LORAIN, OH 44055	20-0550847	501(C)(3)	7,998.	0.			PROGRAM SUPPORT
GIRL SCOUTS OF NORTH EAST OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 44056-2156	34-0726094	501(C)(3)	57,519.	0.			PROGRAM SUPPORT
GOOD KNIGHTS OF LORAIN COUNTY, INC. - 24154 STATE ROUTE 511 - WELLINGTON, OH 44090	85-1470144	501(C)(3)	16,057.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAFTON-MIDVIEW PUBLIC LIBRARY 983 MAIN STREET GRAFTON, OH 44044		115	37,670.	0.			PROGRAM SUPPORT
GREAT LAKES THEATER FESTIVAL, INC. 1501 EUCLID AVENUE, #300 CLEVELAND, OH 44115-2108	34-0901212	501(C)(3)	22,000.	0.			PROGRAM SUPPORT
HARRISON CULTURAL COMMUNITY CENTRE 1922 HAMILTON AVENUE LORAIN, OH 44052	34-1736668	501(C)(3)	28,000.	0.			PROGRAM SUPPORT
HEARTS OF PATRIOTS 101 DENISON AVE ELYRIA, OH 44035	81-3929182	501(C)(3)	14,352.	0.			PROGRAM SUPPORT
HERRICK MEMORIAL LIBRARY 101 WILLARD MEMORIAL SQUARE WELLINGTON, OH 44090	34-6001370	501(C)(3)	9,286.	0.			PROGRAM SUPPORT
HOSPICE OF THE WESTERN RESERVE, INC. - 17876 ST. CLAIR AVE. - CLEVELAND, OH 44110	34-1256377	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
IN EDUCATION, INC. 3867 WEST MARKET ST., SUITE 166 AKRON, OH 44333	20-4891296	501(C)(3)	5,500.	0.			PROGRAM SUPPORT
JUNIOR ACHIEVEMENT OF GREATER CLEVELAND - 1422 EUCLID AVENUE, SUITE 952 - CLEVELAND, OH 44115	34-0733164	501(C)(3)	20,237.	0.			PROGRAM SUPPORT
KIWANIS CLUB OF AVON LAKE 401 MULBERRY LANE AVON LAKE, OH 44012	23-7275321	501(C)(4)	17,859.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEADERSHIP LORAIN COUNTY 1206 EAST BROAD STREET ELYRIA, OH 44035	34-1695613	501(C)(3)	42,366.	0.			PROGRAM SUPPORT
LEADERS OF TODAY INC. 38775 BUTTERNUT RIDGE RD. APT. 202 ELYRIA, OH 44035	83-1163511	501(C)(3)	31,988.	0.			PROGRAM SUPPORT
LEGAL AID SOCIETY OF CLEVELAND 1223 WEST SIXTH ST., FLOOR 4 CLEVELAND, OH 44113	34-0866026	501(C)(3)	66,012.	0.			PROGRAM SUPPORT
LET'S GET REAL, INC. 1939 OBERLIN AVENUE LORAIN, OH 44052	80-0951065	501(C)(3)	28,454.	0.			PROGRAM SUPPORT
LGBTQ+ LORAIN COUNTY PO BOX 654 ELYRIA, OH 44036	82-1108896	501(C)(3)	13,000.	0.			PROGRAM SUPPORT
LITTLE LIGHTHOUSE LEARNING CENTER 1715 MEISTER ROAD LORAIN, OH 44053	34-1939330	501(C)(3)	13,000.	0.			PROGRAM SUPPORT
LORAIN BOARD OF EDUCATION 2601 POLE AVE. LORAIN, OH 44052	34-6001701	115	50,572.	0.			EDUCATIONAL
LORAIN CIVIC CENTER COMMITTEE 617 BROADWAY AVENUE LORAIN, OH 44052	23-7370856	501(C)(3)	230,147.	0.			PROGRAM SUPPORT
LORAIN COUNTY BOARD OF DEVELOPMENTAL DISABILITIES - 1091 INFIRMARY ROAD - ELYRIA, OH 44035-4805		115	24,971.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LORAIN COUNTY COMMUNITY COLLEGE FOUNDATION - 1005 N. ABBE ROAD, SUITE CC220 - ELYRIA, OH 44035	51-0146485	501(C)(3)	28,858.	0.			PROGRAM SUPPORT
LORAIN COUNTY FREE CLINIC, INC. 5040 OBERLIN AVENUE LORAIN, OH 44053	34-1506180	115	81,132.	0.			PROGRAM SUPPORT
LORAIN COUNTY HEALTH & DENTISTRY 1205 BROADWAY AVENUE LORAIN, OH 44052	34-1957404	501(C)(3)	40,000.	0.			PROGRAM SUPPORT
LORAIN COUNTY HISTORICAL SOCIETY 284 WASHINGTON AVENUE ELYRIA, OH 44035	34-0868574	501(C)(3)	81,392.	0.			PROGRAM SUPPORT
LORAIN COUNTY IMAGINATION LIBRARY 9080 LEAVITT ROAD ELYRIA, OH 44035		501(C)(3)	12,368.	0.			PROGRAM SUPPORT
LORAIN COUNTY LUTHERAN PRESBYTERIAN COOPERATIVE MINISTRIES - 1019 WEST 5TH STREET - LORAIN, OH 44052	34-1671674	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
LORAIN COUNTY METRO PARKS 12882 DIAGONAL ROAD LAGRANGE, OH 44050	31-4566725	115	17,805.	0.			PROGRAM SUPPORT
LORAIN COUNTY OFFICE ON AGING 534 ABBE ROAD, SOUTH ELYRIA, OH 44035-6302	34-1136543	115	47,033.	0.			PROGRAM SUPPORT
LORAIN COUNTY SAFE HARBOR GENESIS HOUSE - PO BOX 718 - LORAIN, OH 44052-0718	34-1774211	501(C)(3)	60,173.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LORAIN COUNTY URBAN LEAGUE 200 MIDDLE AVENUE STE 200 ELYRIA, OH 44035	34-1263379	501(C)(3)	62,587.	0.			PROGRAM SUPPORT
LORAIN HISTORICAL SOCIETY 329 WEST 10TH STREET LORAIN, OH 44052	34-1441511	501(C)(3)	50,208.	0.			PROGRAM SUPPORT
LORAIN PUBLIC LIBRARY SYSTEM 351 W. 6TH ST. LORAIN, OH 44052	34-6001710	115	27,371.	0.			PROGRAM SUPPORT
LORAIN ROTARY CLUB PO BOX 581 LORAIN, OH 44052	34-6563637	501(C)(4)	14,000.	0.			PROGRAM SUPPORT
LUCY IDOL CENTER, INC. PO BOX 162 VERMILION, OH 44089	34-0893458	501(C)(3)	28,448.	0.			PROGRAM SUPPORT
LUTHERAN METROPOLITAN MINISTRY 4515 SUPERIOR AVENUE CLEVELAND, OH 44103	34-1043756	501(C)(3)	20,500.	0.			PROGRAM SUPPORT
MAD* FACTORY 39 S. MAIN ST. STE 310 OBERLIN, OH 44074	34-1787202	501(C)(3)	10,500.	0.			PROGRAM SUPPORT
MAIN STREET WELLINGTON, INC. 118 W. HERRICK AVE. WELLINGTON, OH 44090	34-1860478	501(C)(3)	11,807.	0.			PROGRAM SUPPORT
MARY LEE TUCKER FUND, INC. 401 BROADWAY AVE. STE B LORAIN, OH 44052	34-6510672	501(C)(3)	12,733.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENTAL HEALTH, ADDICTION AND RECOVERY SERVICES BOARD OF LORAIN COUNTY - 1173 N. RIDGE RD. E., STE. 101 - LORAIN, OH 44055		115	309,000.	0.			PROGRAM SUPPORT
MERCY FOUNDATION OF LORAIN COUNTY 360 CLEVELAND AVENUE AMHERST, OH 44001	20-1072726	501(C)(3)	71,273.	0.			PROGRAM SUPPORT
NAMI LORAIN COUNTY 6125 SOUTH BROADWAY LORAIN, OH 44053	34-1577593	501(C)(3)	13,500.	0.			PROGRAM SUPPORT
NATIONAL INVENTORS HALL OF FAME 3701 HIGHLAND PARK NW NORTH CANTON, OH 44720	34-1580038	501(C)(3)	49,900.	0.			PROGRAM SUPPORT
NATIVITY OF THE BLESSED VIRGIN MARY PARISH - 418 WEST 15TH STREET - LORAIN, OH 44052		501(C)(3)	135,000.	0.			PROGRAM SUPPORT
NEIGHBORHOOD ALLIANCE 265 WASHINGTON AVE ELYRIA, OH 44035	34-0714471	501(C)(3)	133,743.	0.			PROGRAM SUPPORT
NORD CENTER 6140 S BROADWAY LORAIN, OH 44053	34-0949459	501(C)(3)	37,425.	0.			PROGRAM SUPPORT
NORD FAMILY FOUNDATION 747 MILAN AVENUE AMHERST, OH 44001	34-1595929	501(C)(3)	32,000.	0.			PROGRAM SUPPORT
NORTHERN OHIO YOUTH ORCHESTRA 39 S. MAIN STREET, SUITE 244 OBERLIN, OH 44074	34-1370528	501(C)(3)	20,587.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH POINTE BALLET 37772 TERRELL DR. N. RIDGEVILLE, OH 44039	81-4795438	501(C)(3)	19,632.	0.			PROGRAM SUPPORT
NORTH RIDGEVILLE COMMUNITY CARE 34015 CENTER RIDGE ROAD NORTH RIDGEVILLE, OH 44039	34-1377378	501(C)(3)	14,031.	0.			PROGRAM SUPPORT
NUEVA LUZ URBAN RESOURCE CENTER 6600 DETROIT AVENUE CLEVELAND, OH 44102	34-1972937	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
OBERLIN BOARD OF EDUCATION 153 N. MAIN STREET OBERLIN, OH 44074-1173	34-6002072	115	15,153.	0.			EDUCATIONAL
OBERLIN CHORISTERS 39 S. MAIN STREET STE 242 OBERLIN, OH 44074	02-0737741	501(C)(3)	8,132.	0.			PROGRAM SUPPORT
OBERLIN COLLEGE 70 NORTH PROFESSOR STREET, COX 100 OBERLIN, OH 44074-1090	34-0714363	501(C)(3)	17,251.	0.			PROGRAM SUPPORT
OBERLIN COMMUNITY LAND TRUST P. O. BOX 25 OBERLIN, OH 44074	83-3764962	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
OBERLIN COMMUNITY SERVICES COUNCIL 285 S. PROFESSOR ST. OBERLIN, OH 44074	34-0907948	501(C)(3)	41,645.	0.			PROGRAM SUPPORT
OBERLIN EARLY CHILDHOOD CENTER 317 E. COLLEGE ST. OBERLIN, OH 44074-1310	23-7313925	501(C)(3)	12,006.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OBERLIN HERITAGE CENTER/O.H.I.O. PO BOX 0455 OBERLIN, OH 44074	34-6533053	501(C)(3)	43,024.	0.			PROGRAM SUPPORT
OHIO SPEECH-LANGUAGE-HEARING ASSOCIATION - PO BOX 309 - GERMANTOWN, OH 45327	31-6083820	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
OHIO STATE UNIVERSITY EXTENSION, LORAIN COUNTY - 42110 RUSSIA RD. - ELYRIA, OH 44035	31-6025986	115	30,000.	0.			PROGRAM SUPPORT
OUR LADY OF THE WAYSIDE INC. 38135 COLORADO AVENUE AVON, OH 44011	34-1020957	501(C)(3)	28,456.	0.			PROGRAM SUPPORT
P2R TRAINING & RESOURCE CENTER 1909 NORTH RIDGE ROAD SUITE 6 ELYRIA, OH 44035	85-3701885	501(C)(3)	42,000.	0.			PROGRAM SUPPORT
P.A.C.E. FOUNDATION 1505 KANSAS AVENUE LORAIN, OH 44052	87-0765799	501(C)(3)	6,150.	0.			PROGRAM SUPPORT
PASSAGES, INC. 4600 CARNEGIE AVENUE CLEVELAND, OH 44103	51-0455278	501(C)(3)	18,000.	0.			PROGRAM SUPPORT
PATHWAYS ENRICHMENT CENTER 2505 NORTH LEAVITT RD LORAIN, OH 44052	34-1957099	501(C)(3)	35,500.	0.			PROGRAM SUPPORT
PATRICIA LINDLEY CENTER FOR THE PERFORMING ARTS - PO BOX 381 - WELLINGTON, OH 44090	47-5263467	501(C)(3)	75,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PREVENT BLINDNESS, NORTHEAST OHIO CHAPTER - 6803 MAYFIELD RD. STE 111 - CLEVELAND, OH 44124	31-6063433	501(C)(3)	18,000.	0.			PROGRAM SUPPORT
PRIMARY PURPOSE CENTER, INC. 3222 NORTH RIDGE RD SHEFFIELD TOWNSHIP, OH 44035	46-5555980	501(C)(3)	18,000.	0.			PROGRAM SUPPORT
REPLAY FOR KIDS 600 W. STURBRIDGE DRIVE MEDINA, OH 44256	34-1962478	501(C)(3)	7,469.	0.			PROGRAM SUPPORT
RITTER PUBLIC LIBRARY 5680 LIBERTY AVE VERMILION, OH 44089	34-6401510	115	10,000.	0.			PROGRAM SUPPORT
ROAD TO HOPE HOUSE INC. 1863 LIBERTY AVENUE APT. A1 VERMILION, OH 44089-2580	30-0448081	501(C)(3)	52,573.	0.			PROGRAM SUPPORT
SAVE OUR CHILDREN OF ELYRIA, INC. 330 2ND ST. ELYRIA, OH 44035	31-1547340	501(C)(3)	52,412.	0.			PROGRAM SUPPORT
SECOND HARVEST FOOD BANK OF NORTH CENTRAL OHIO - 5510 BAUMHART ROAD - LORAIN, OH 44053	34-1446685	501(C)(3)	119,932.	0.			PROGRAM SUPPORT
SHEFFIELD-SHEFFIELD LAKE BOARD OF EDUCATION - 1824 HARRIS RD. - SHEFFIELD VILLAGE, OH 44054	34-6002628	115	23,661.	0.			EDUCATIONAL
SOUTHERN LORAIN COUNTY HISTORICAL SOCIETY - 201 NORTH MAIN STREET, P.O. BOX 76 - WELLINGTON, OH 44090	23-7140303	501(C)(3)	8,982.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STANDOUT PRODUCTION GROUP/SCHOLASTIC GAMES - 412 GIRARD DR. - BEREA, OH 44017-2449	87-3803862	501(C)(3)	6,500.	0.			PROGRAM SUPPORT
ST. PETER PARISH 3655 OBERLIN AVENUE LORAIN, OH 44053		501(C)(3)	54,670.	0.			PROGRAM SUPPORT
TECH CORPS 6600 BUSCH BLVD SUITE 210 COLUMBUS, OH 43229	16-1703355	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
THE LCADA WAY 2115 WEST PARK DRIVE LORAIN, OH 44053	34-1341788	501(C)(3)	62,262.	0.			PROGRAM SUPPORT
THE LORAIN COUNTY LAW LIBRARY ASSOCIATION - 226 MIDDLE AVENUE - ELYRIA, OH 44035		501(C)(3)	30,415.	0.			PROGRAM SUPPORT
THE SALVATION ARMY ELYRIA 716 BROAD STREET ELYRIA, OH 44035	13-5562351	501(C)(3)	116,617.	0.			PROGRAM SUPPORT
THE SALVATION ARMY LORAIN 2506 BROADWAY AVENUE LORAIN, OH 44052		501(C)(3)	41,744.	0.			PROGRAM SUPPORT
UNITED WAY OF GREATER LORAIN COUNTY - 642 BROADWAY AVENUE - LORAIN, OH 44052	34-1011104	501(C)(3)	16,799.	0.			PROGRAM SUPPORT
VOCATIONAL GUIDANCE SERVICES 359 LOWELL STREET ELYRIA, OH 44035	34-0714650	501(C)(3)	8,750.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOICES FOR CHILDREN 225 COURT ST. 2ND FLOOR ELYRIA, OH 44035	34-1685993	501(C)(3)	12,313.	0.			PROGRAM SUPPORT
WELLINGTON BOARD OF EDUCATION 305 UNION STREET WELLINGTON, OH 44090	34-6003026	115	29,925.	0.			EDUCATIONAL
WESTERN RESERVE LAND CONSERVANCY 3850 CHAGRIN RIVER ROAD MORELAND HILLS, OH 44022	34-1571233	501(C)(3)	12,698.	0.			PROGRAM SUPPORT
YMCA OF GREATER CLEVELAND 1301 E. 9TH ST. FL 9 CLEVELAND, OH 44114-1823	34-0714728	501(C)(3)	28,092.	0.			PROGRAM SUPPORT
YOUTH CHALLENGE 800 SHARON DRIVE WESTLAKE, OH 44145	34-1396825	501(C)(3)	20,500.	0.			PROGRAM SUPPORT
YWCA ELYRIA 318 WEST AVE ELYRIA, OH 44035	34-0718418	501(C)(3)	55,457.	0.			PROGRAM SUPPORT
YWCA LORAIN 318 WEST AVE ELYRIA, OH 44035	34-0810147	501(C)(3)	7,743.	0.			PROGRAM SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	224	557,377.	0.		

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

PART I, LINE 2:

MONITORING USE OF GRANT FUNDS - THE FOUNDATION REQUIRES AN INTERIM GRANT REPORT APPROXIMATELY SIX MONTHS FOLLOWING A GRANT AWARD AND A FINAL GRANT REPORT APPROXIMATELY ONE YEAR AFTER AN AWARD. SPECIFIC CRITERIA REGARDING THE GRANT REPORT CONTENTS ARE PROVIDED TO THE GRANTEE. ADDITIONALLY, THE PROGRAM OFFICER WILL MAKE BOTH SCHEDULED AND PERIODIC UNANNOUNCED SITE VISITS TO ASSESS THE VIABILITY AND EFFECTIVENESS OF THE GRANTEE'S PROGRAM.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF LORAIN COUNTY

Employer identification number

34-1322781

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CYNTHIA H. ANDREWS PRESIDENT AND CEO	(i)	175,330.	0.	0.	7,491.	18,874.	201,695.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF LORAIN COUNTY

Employer identification number

34-1322781

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

THE COMMUNITY FOUNDATION RESPONDS TO THE CHANGING NEEDS OF THE
COMMUNITY BY MAKING GRANTS TO LOCAL NONPROFIT ORGANIZATIONS, AWARDING
SCHOLARSHIPS TO HELP LOCAL STUDENTS, WORKING TOGETHER WITH DONORS TO
BUILD COMMUNITY ENDOWMENT AND PROVIDING LEADERSHIP ON KEY COMMUNITY
ISSUES.

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

REVIEW OF FORM 990 - THE FORM 990 IS PREPARED BY AN OUTSIDE PUBLIC
ACCOUNTING FIRM AND REVIEWED BY THE CHIEF FINANCIAL OFFICER. THE FORM 990
IS THEN REVIEWED BY THE AUDIT COMMITTEE PRIOR TO FILING. ONCE APPROVED BY
THE AUDIT COMMITTEE, A COPY OF THE FORM 990 IS DISTRIBUTED TO THE BOARD
PRIOR TO FILING.

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

MONITORING AND ENFORCEMENT OF CONFLICT POLICY - DIRECTORS, OFFICERS, AND
EMPLOYEES ARE REQUIRED TO DISCLOSE IN WRITING (AND HAVE NOTARIZED) ALL
POTENTIAL CONFLICTS OF INTEREST. THIS INFORMATION IS COMPILED AND PROVIDED
TO THE BOARD. AT EACH BOARD AND COMMITTEE MEETING, THE FIRST ORDER OF
BUSINESS ON EACH AGENDA IS TO ASK FOR ANY NEW UPDATES ON CONFLICTS. ALL
KNOWN CONFLICTS OF INTEREST ARE NOTED ON EACH RESOLUTION PRIOR TO APPROVAL
BY THE BOARD. IF A DIRECTOR HAS A CONFLICT, HE/SHE IS ALLOWED TO
PARTICIPATE IN THE DISCUSSION OF THE ISSUE BUT MUST ABSTAIN FROM ANY VOTE
OR ACTION, AND SUCH ABSTENTION IS SO NOTED IN THE MINUTES (A NOTED CONFLICT
ON A RESOLUTION IS AN UNDERSTOOD ABSTENTION).

Name of the organization COMMUNITY FOUNDATION OF LORAIN COUNTY	Employer identification number 34-1322781
---	--

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

COMPENSATION REVIEW AND APPROVAL - THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS CEO COMPENSATION ANNUALLY. THE COMMITTEE USES A COMPENSATION STUDY THAT IS COMPILED ANNUALLY BY THE COUNCIL ON FOUNDATIONS AND LOCAL/REGIONAL DATA ON CEO COMPENSATION THAT IS COMPILED BY THE CFO. AFTER REVIEWING THIS DATA, THE EXECUTIVE COMMITTEE DETERMINES AN APPROPRIATE COMPENSATION AMOUNT AND MAKES THIS RECOMMENDATION TO THE FULL BOARD. THE BOARD TAKES THIS RECOMMENDATION INTO ACCOUNT AND APPROVES AND/OR MODIFIES THE AMOUNT BASED ON ITS ANNUAL REVIEW OF THE CEO'S PERFORMANCE. ALL OTHER STAFF COMPENSATION IS REVIEWED BY THE CEO (USING THE SAME COMPENSATION SURVEY) AND REVIEWED BY THE EXECUTIVE COMMITTEE DURING THE ANNUAL BUDGET PROCESS.

THE MEMBERS OF THE EXECUTIVE COMMITTEE AND THE BOARD ARE INDEPENDENT OF THE PERSONS FOR WHOM THE COMPENSATION DECISIONS ARE BEING MADE. THE DELIBERATIONS OF THE EXECUTIVE COMMITTEE AND THE FULL BOARD ARE DOCUMENTED IN THE FOUNDATION'S MINUTES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, CO, CT, FL, GA, IL, KS, KY, MD, MI, MN, NJ, NM, NY, NC, OH, PA, SC, TN, VA, WA

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

AVAILABILITY OF DOCUMENTS - CURRENT FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ON THE FOUNDATION'S WEBSITE AND TO ANYONE WHO MAY REQUEST A COPY. THE FOUNDATION'S CURRENT GOVERNING DOCUMENTS AND CURRENT CONFLICT OF INTEREST POLICY ARE AND HAVE BEEN MADE AVAILABLE UPON REQUEST TO ANYONE.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **COMMUNITY FOUNDATION OF LORAIN COUNTY** Employer identification number **34-1322781**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CHARITABLE PROPERTIES OF LORAIN CO., LLC - 46-1861149, 9080 LEAVITT ROAD, ELYRIA, OH 44035	REAL ESTATE	OHIO	0.	110,120.	CFLC
FOREVER FARMLAND OF LORAIN COUNTY, LLC - 47-1656102, 9080 LEAVITT ROAD, ELYRIA, OH 44035	REAL ESTATE	OHIO	43,167.	1,568,656.	CFLC

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

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

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

Schedule R (Form 990) 2023

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

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

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

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

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

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

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

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

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

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

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.

Table with 11 main columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Predominant income (related, unrelated, excluded from tax under sections 512-514); (e) Are all partners sec. 501(c)(3) orgs.? (Yes/No); (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065); (j) General or managing partner? (Yes/No); (k) Percentage ownership.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.