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EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For th	e 2022 calendar year, or tax year beginning and o	ending				
В	Check if applicab	e: C Name of organization	D Employer identification number				
	Address Change THE DUBLIN FOUNDATION						
	Name chang	THE DIDI IN COMMINITY FOUNDA	20-01945	57			
	Initial		Room/suite				
	Final returr	P.O. BOX 709		(614) 88	9-8725		
	termi ated			G Gross receipts \$	44,001.		
	Amer returr	DOBLIN, OH 43017		H(a) Is this a group	eturn		
	Applition	F Name and address of principal officer: O OTTN 51EVENS		for subordinate	s? Yes X No		
	pendi	SAME AS C ABOVE		H(b) Are all subordinates	ncluded? Yes No		
1	Tax-ex	empt status: 🚺 501(c)(3) 🚺 501(c) () (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach a	a list. See instructions		
	Websi			H(c) Group exemption			
		f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other	L Year	of formation: 2004	M State of legal domicile: OH		
P	art I	Summary					
Ð	1	Briefly describe the organization's mission or most significant activities:					
Governance		SPIRITED ADVOCACY BY CONNECTING PEOPLE WH					
erné	2	Check this box if the organization discontinued its operations or dispos			1		
Ň	3			<u>3</u>	15		
ن م	4	Number of independent voting members of the governing body (Part VI, line 1b)			15		
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0		
ivit	6	Total number of volunteers (estimate if necessary)		0			
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12					
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>				
				Prior Year	Current Year		
ne	8	Contributions and grants (Part VIII, line 1h)		<u> 114,943.</u> 0.	28,474.		
Revenue	9	Program service revenue (Part VIII, line 2g)		33,418.			
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u> </u>			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		148,361.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		53,500.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
	14	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		0.	0.		
Expenses	15	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
en	l lua	Total fundraising expenses (Part IX, column (A), line 116)	0.				
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		27,212.	30,421.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		80,712.			
		Revenue less expenses. Subtract line 18 from line 12		67,649.			
L.	<u>10</u>		B	eginning of Current Year	End of Year		
ets (20	Total assets (Part X, line 16)		1,082,229.	861,276.		
Ass	21	Total liabilities (Part X, line 26)		0.	10,000.		
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		1,082,229.	851,276.		
P	art II	Signature Block	1				
Unc	ler pen	ulties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is		
	-	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh					
				-			

Sign	Signature of officer			Date		
Here	CHRISTY ZIMMERMAN, CPA, I	REASURER				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid				self-employed		
Preparer	Firm's name			Firm's EIN		
Use Only	Firm's address					
				Phone no.		
May the I	RS discuss this return with the preparer shown ab	ove? See instructions			Yes	No
232001 12-1	3-22 LHA For Paperwork Reduction Act Not	ice, see the separate instructions.			Form 9	90 (2022)

Form	990 (2022) THE DUBLIN FOUNDATION	20-0194557 Page 2
Par	t III Statement of Program Service Accomplishments	5
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	WE PROMOTE GENEROSITY THROUGH SPIRITED ADVOCACY BY CONNE WHO CARE WITH THE CAUSES THEY VALUE.	CTING PEOPLE
	WHO CARE WITH THE CROSED THET VALUE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as	masured by expenses
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$57,070. including grants of \$47,700.) (Rever	
	GRANTS TO NON-PROFIT 501(C)(3) AND LOCAL ORGANIZATIONS F	OR NEW PROGRAMS
	AND SERVICES IN THE DUBLIN, OHIO COMMUNITY.	
4b	(Code:) (Expenses \$5,000. including grants of \$5,000.) (Rever	nue\$
	SCHOLARSHIPS TO INDIVIDUALS IN THE DUBLIN, OHIO COMMUNIT	
40		<u> </u>
4c	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$)
4d	Other program services (Describe on Schedule O.)	
4-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 62,070.)
<u>4e</u>	Total program service expenses 62,070.	Form 990 (2022)
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Form 990 (2022) THE DUBLIN FOUNDATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		77
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	•	x	
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	<u>^</u>	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		х
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	•		<u></u>
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		
10		10	x	
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
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			77
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		v
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18		<u>X</u>
19		10		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a 20b		- 23
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- 1	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	x	
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I UI	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>24u</u>		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	t 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	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	(000
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
0-	Enter the number of employees reported on Form W.2. Transmittel of Wess and Tay Statements			Yes	No
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a (
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur		2b		
			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
			<u>6a</u>		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
-	were not tax deductible?		<u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c). Did the examination receive a normal in example of $$75$ mode paths as a path inter and paths for each and on	aviana provided to the power?	7-		Х
a h	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7b		
U	to file Form 8282?	as required	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:	11			
	Gross income from members or shareholders	11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	1 4 h			
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10412	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12.5	-		
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X
-	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac		4-		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
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Form 990 ((2022)
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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	
Check if Schedule O contains a response of hote to any line in this Part VI	

. [Х	

Sec	tion A. Governing Body and Management					
		1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	15			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					37
_	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					v
•	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-			v	
a	The governing body?			8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					v
Soc	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		Vee	Na
10-	Did the extension have lead chapters, branches, or efficience			100	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	apters	, anniales,	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body		re filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	y Deloi		11a		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a		x
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y			12.0		
Ŭ	on Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13		x
14	Did the organization have a written document retention and destruction policy?			14		x
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		Х
	Other officers or key employees of the organization			15b		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 arranger	nent w	rith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	ı's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	n on So	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of interest policy, and	financ	cial	
	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 boo	oks an	d records			
	THE ORGANIZATION - (614) 889-8725					
	P.O. BOX 709, DUBLIN, OH 43017				000	
232006	12-13-22			Form	990	(2022)
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2022.05000 THE DUBLIN FOUNDATION

Form	990	(2022))
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Part VII	Co	mpensation	of Officers.	Directors.	Trustees.	Key Employees,	Highest	Compensated
		nployees, an	-	-	-			

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.

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

(A)	(B)	l gu					ourc	(D)	(E)	(F)
		(C) Position								(F) Estimated
Name and title	Average hours per		(do not check more box, unless person			than o		Reportable compensation	Reportable compensation	amount of
	week					or/trus		from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	Individual trustee or director				5		organization	(W-2/1099-MISC/	from the
	related	se or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		oyee	ampe		1099-NEC)		and related
	below	idual	nstitutional trustee	er	Key employee	Highest compensated employee	ler			organizations
	line)	Indiv	Instit	Officer	Key e	High	Former			
(1) JOHN STEVENS	2.00									
PRESIDENT		Х		х		1		0.	0.	0.
(2) CHRISTY ZIMMERMAN	2.00									
TREASURER		Х		х				0.	0.	0.
(3) KAREN MCCAFFREY	2.00				r					
SECRETARY		X		Х				0.	0.	0.
(4) BILL BURKE	2.00									
TRUSTEE		Х						0.	0.	0.
(5) JIM GRAFMEYER	2.00									
TRUSTEE		Х						0.	0.	0.
(6) BOB FATHMAN	2.00									
TRUSTEE		Х						0.	0.	0.
(7) EMILY FAMOS	2.00									
TRUSTEE		Х						0.	0.	0.
(8) DAN GARVIN	2.00									
TRUSTEE		Х						0.	0.	0.
(9) DR. JOHN MARSCHHAUSEN	2.00									
TRUSTEE (EX OFFICIO)		Х						0.	0.	0.
(10) SCOTT ARTHUR	2.00									
TRUSTEE		Х						0.	0.	0.
(11) NEIL MATHIAS	2.00									
TRUSTEE		Х						0.	0.	0.
(12) JUSTIN PAEZ	2.00									-
TRUSTEE (EX OFFICIO)		Х						0.	0.	0.
(13) JACQUELINE MILLER	2.00									
TRUSTEE		Х						0.	0.	0.
(14) STEVEN MOORE	2.00									
TRUSTEE (EX OFFICIO)		х						0.	0.	0.
(15) DWAYNE MAYNARD	2.00							_		_
TRUSTEE		Х						0.	0.	0.
(16) RODRIGO BARBOSA	2.00									_
TRUSTEE		Х						0.	0.	0.
(17) HARRY KAMDAR	2.00									<u> </u>
PAST PRESIDENT		Х						0.	0.	0.
232007 12-13-22										Form 990 (2022)

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Form 990 (2022)

	orm 990 (2022) THE DUBLIN FOUNDATION 20-0194557 Page 8											
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(A) Name and title	(B) Average hours per week	Average hours per Position (do not check more than one box, unless person is both an					an	(D) Reportable compensation from	(E) Reportable compensation from related	(F Estim amou oth	ated nt of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compen from organiz and re organiz	the zation lated
	MARILEE CHINNICI-ZUERCHER	2.00										•
TRUS	TEE		X						0.	0.		0.
									0.	0.		0.
	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A		·····					0.	0.		0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d at	bove	e) wh	o re	eceived more than \$100	000 of reportable	Ye	0 s No
3 4	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> For any individual listed on line 1a, is the su	uch individual									3	x
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a),000? <i>If</i> "Yes, accrue compen	" <i>co</i> Isati	<i>mple</i> on fr	ete S rom	Sche any	edule unre	<i>J f</i> elate	or such individual ed organization or individ	dual for services	4	X
Sec	rendered to the organization? <i>If "Yes." corr</i> tion B. Independent Contractors	<u>plete Schedule</u>	e J fo	or sı	ich i	bers	on .	<u></u>			5	X
1	Complete this table for your five highest co the organization. Report compensation for								the organization's tax y			
	(A) Name and business	address	NC	ONE	2			_	(B) Description of s	services	(C) Compensa	tion
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lin	nitec	to	thos (ted	above) who received m	ore than	- 004	
											Form 990	• (2022)

			2022) THE DUBLIN FO	UNDATION			20-0194	557 Page 9
Pa	rt \	/111						_
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b					
A,G			Fundraising events 1c					
Gif			Related organizations 11					
Sims,		e f	Government grants (contributions) 1e All other contributions, gifts, grants, and					
her		'	similar amounts not included above 1f	28,474.				
d trik		g	Noncash contributions included in lines 1a-1f	4,500.				
a Co		h	Total. Add lines 1a-1f		28,474.			
				Business Code				
ce	2	а						
ervi		b						
m S ven		c d						
Program Service Revenue		u e						
Pro		f	All other program service revenue					
		g	Total. Add lines 2a-2f		-			
	3		Investment income (including dividends, intere	est, and				
			other similar amounts)		15,527.	15,527.		
	4		Income from investment of tax-exempt bond p					
	5		Royalties	(ii) Personal				
	6	а		(iii) i crooniai				
		b	Less: rental expenses 6b					
		с	Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
		Ŀ.	assets other than inventory 7a					
ē		D	Less: cost or other basis and sales expenses					
venue		с	Gain or (loss)					
Rev			Net gain or (loss)					
Other	8		Gross income from fundraising events (not including \$ of					
			contributions reported on line 1c). See Part IV, line 18					
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b					
	10		Net income or (loss) from gaming activities Gross sales of inventory, less returns					
		a	and allowances	3				
		b	Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory					
s		_		Business Code				
Miscellaneous Revenue	11	а						
scellaneo Revenue		b						
Sce		с с	All other revenue					
ž			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		44,001.	15,527.	0.	0.
23200	9 12	-13-						Form 990 (2022)

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	Check if Schedule O contains a respon	se or note to any line in t			
	not include amounts reported on lines 6b, 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	47,700.	47,700.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	5,000.	5,000.		
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				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	4,500.		4,500.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	4,512.		4,512.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	10 740	0.000	0.200	
12	Advertising and promotion	18,740.	9,370.	9,370. 1,109.	
13	Office expenses	1,109.		1,109.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20					
20 21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,560.		1,560.	
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 0.)				
а					
b					
с					
d					
е	All other expenses		<u> </u>	04 054	
25	Total functional expenses. Add lines 1 through 24e	83,121.	62,070.	21,051.	0.
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 hereif following SOP 98-2 (ASC 958-720)				
222012	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2022)
2020 IL	12-10-22				

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2022.05000 THE DUBLIN FOUNDATION

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THE DUBLIN FOUNDATION Form 990 (2022) 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).

Form 990 (2022)

Part X Balance Sheet

THE DUBLIN FOUNDATION

		Check if Schedule O contains a response or no	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		66,071.	1	25,936.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	• • • • •			4	
	5	Loans and other receivables from any current of				
		trustee, key employee, creator or founder, subs				
		controlled entity or family member of any of the			5	
	6	Loans and other receivables from other disqual				
		under section 4958(f)(1)), and persons describe		6		
Ś	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
As	9				9	
		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	h				10c	
	11	Less: accumulated depreciation		989,753.	11	808,682.
	12	Investments - other securities. See Part IV, line		505,155.	12	000,002.
	13				13	
		Investments - program-related. See Part IV, line		13		
	14	Intangible assets		26,405.		26,658.
	15	Other assets. See Part IV, line 11		1,082,229.	15	861,276.
	16	Total assets. Add lines 1 through 15 (must equ		1,002,225.	16 17	10,000.
	17	Accounts payable and accrued expenses	• • •		10,000.	
	18	Grants payable			18 19	
	19	Deferred revenue				
	20				20	
	21	Escrow or custodial account liability. Complete			21	
ies	22	Loans and other payables to any current or for				
ilit		trustee, key employee, creator or founder, subs				
Liabilities		controlled entity or family member of any of the			22	
-	23	Secured mortgages and notes payable to unrel			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, p				
		parties, and other liabilities not included on line	s 17-24). Complete Part X			
				0	25	10 000
	26	Total liabilities. Add lines 17 through 25		0.	26	10,000.
s		Organizations that follow FASB ASC 958, ch	eck here X			
lce		and complete lines 27, 28, 32, and 33.		CO2 421		F01 070
alar	27			693,431.	27	521,972. 329,304.
ä	28			388,798.	28	329,304.
n		Organizations that do not follow FASB ASC s	958, check here			
Ē		and complete lines 29 through 33.				
ts o	29	Capital stock or trust principal, or current funds			29	
sei	30	Paid-in or capital surplus, or land, building, or e			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			31	
Nei	32	Total net assets or fund balances		1,082,229.	32	851,276.
	33	Total liabilities and net assets/fund balances		1,082,229.	33	861,276.

Form **990** (2022)

Form	n 990 (2	D22) THE DUBLIN FOUNDATION	20-	019455	7	Page 12
Pa	rt XI	Reconciliation of Net Assets				
		Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total	evenue (must equal Part VIII, column (A), line 12)	1			001.
2	Total	expenses (must equal Part IX, column (A), line 25)	2			121.
3		ue less expenses. Subtract line 2 from line 1	3			120.
4	Net as	sets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			229.
5		realized gains (losses) on investments	5	-19	91,	833.
6	Donat	ed services and use of facilities	6			
7	Invest	ment expenses	7			
8	Prior p	eriod adjustments	8			
9	Other	changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net as	sets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	colum	n (B))	10	8.	51,	276.
Pa		Financial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	<u> </u>
1		nting method used to prepare the Form 990: Cash X Accrual Other		_ [Ye	es No
0-		organization changed its method of accounting from a prior year or checked "Other," explain on Schedule		0		x
Za		the organization's financial statements compiled or reviewed by an independent accountant?		<u>2</u> a		
		ate basis, consolidated basis, or both:	ona			
		Separate basis Consolidated basis Both consolidated and separate basis				
h				26		x
U		he organization's financial statements audited by an independent accountant?				
		lidated basis, or both:	04313,			
		Separate basis Consolidated basis Both consolidated and separate basis				
c		to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit			
•		, or compilation of its financial statements and selection of an independent accountant?		20		
		brganization changed either its oversight process or selection process during the tax year, explain on Scho				
3a		esult of a federal award, was the organization required to undergo an audit or audits as set forth in the				
- 4		m Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b		," did the organization undergo the required audit or audits? If the organization did not undergo the required				
_		its, explain why on Schedule O and describe any steps taken to undergo such audits				
					n 9 9	0 (2022)

90 (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1)	noi	nexempt	char	i	ta	ble	t	rust
			_		_					

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

2022
Open to Public Inspection

OMB No. 1545-0047

N

Nam	ne of	the organization							identification number
Da			DUBLIN FOUNDATION Charity Status. (All organizations must complete this part.) See instruction						0-0194557
Pa		•					ee instruction	S.	
	orgar	nization is not a private found							
1	님	A church, convention of ch				n 170(b)(1	l)(A)(i).		
2	님	A school described in sect							
3	\square	A hospital or a cooperative					•		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
_	city, and state:								
5				llege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C							
6	님	A federal, state, or local gov	•						
7		An organization that norma		ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
_		section 170(b)(1)(A)(vi). (C							
8	\square	A community trust describe							
9		An agricultural research org							
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
	T7	university:							
10	X	An organization that norma							
		activities related to its exen							
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	ifter June 30, 1975.
		See section 509(a)(2). (Con							
11	님	An organization organized a			· · · ·				
12		An organization organized a							
		more publicly supported or							Direck the box on
_	_	lines 12a through 12d that						-	-1.4
а		Type I. A supporting orga							
		the supported organization			majority o	r the aired	tors or truste	es of the su	ipporting
L.		organization. You must o			:			n (n) huuhau	
b		Type II. A supporting org							
		control or management o			ame persoi	ns that col	ntrol or manag	ge the supp	orted
-		organization(s). You mus			in connect	ion with a	and functional	l. into avota	
С		Type III functionally inte						ly integrate	u with,
d		its supported organization Type III non-functionally						tod organi-	ration(a)
u		that is not functionally int						-	
		requirement (see instructi	-		•		-	anallenin	1611635
<u>م</u>		Check this box if the orga						II Type III	
Ŭ		functionally integrated, or					iypei, iype	n, rype m	
f	Ente	er the number of supported of							
g		vide the following information	-						
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	fmonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota	al								

Schedule	A (Form 990) 2022
Part II	Support Sc

2	0 –	01	. 9	45	5	7	Page 2
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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
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)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						_
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, [•]	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2022 (I	line 6, column (f), d	livided by line 11, o	column (f))		14	%
	Public support percentage from 2021					15	%
1 6a	33 1/3% support test - 2022. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	ox and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the	organization did no	ot check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual		• •				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organi	zation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test					-	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circl						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2022

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 (b) 2019 (c) 2020 (d) 2021 Calendar year (or fiscal year beginning in) (a) 2018 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 102,833 16,531. 88,582 114,942 23,973. 346,861. 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 114,942. 88,582. 23,973. 102,833. 16,531. 346,861. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and Ο. 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 0. c Add lines 7a and 7b 0 346,861. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 88,582. 114,942. 9 Amounts from line 6 102,833. 16,531 23,973. 346,861. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 14,788. 25,735. 26,320. 33,419. 15,527. 115,789. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 14,788. 25,735. 26,320. 33,419. 15,527. 115,789. 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.) 42,266. 114,902. 117,621. 148,361. 39,500. 462,650. 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 74.97 % Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 15 75.15 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 25.03 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) % 17 24.85 18 18 Investment income percentage from 2021 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is notX 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 - 2021. 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 Schedule A (Form 990) 2022 232023 12-09-22

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? *If "Yes," provide detail in* **Part VI.**
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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))? If "Yes," provide detail in **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- 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? *If* "*Yes*," *provide detail in* **Part VI.**
- **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)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Ра	Supporting Organizations (continued)			-
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			

FOUNDATION

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

Section E. Type III Functionally Integrated Supporting Organizations

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a	a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
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- 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? 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.
- 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? 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.
- **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? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 232025 12-09-22

3b | Schedule A (Form 990) 2022

2a

2b

3a

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Yes No

1						
	All other Type III non-functionally integrated supporting organizations must co	omplet	e Sections A through E.	1		
Sect	ion 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				
Sect	ion 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):					
а	Average monthly value of securities	1a				
	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
	Total (add lines 1a, 1b, and 1c)	1d				
	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 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				
	ion 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	Check here if the current year is the organization's first as a non-functionally i	integra	ited Type III supporting orga	anization (see		

 Schedule A (Form 990) 2022
 THE
 DUBLIN
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 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

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

Sect	ion D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
<u> i</u>	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				

Schedule A (Form 990) 2022

Schedule A			FOUNDATION	20-0194557 _{Pag}
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Pa	, 4b, 4c, 5a, 6 d 3: Part IV. 9	explanations required by Part II, line 10; Part II, line 17a or 5, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V E, lines 2, 5, and 6. Also complete this part for any additior	17b; Part III, line 12; and 2; Part IV, Section C, . Section B, line 1e; Part V.
	(See instructions.)			
		-		
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

THE DUBLIN FOUNDATION

OMB No. 1545-0047

nal Revenue Service

Organization type (check one):

Name of the organization

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

2022

Employer identification number

20-0194557	20	- ()1	94	5	5	7
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Filers of:	Section:
Form 990 or 990-EZ	X 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

X 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 for an *exclusively* set in the set of the parts unless the set of the parts unless to this organization because it received *nonexclusively* set of the parts unless to the set of the parts unless to the set of the parts unless to the set of the parts unless the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts unless the set of the parts unless to the set of the parts unless the set of the

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).

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

Schedule B (Form 990) (2022)

Name of organization

Page 2 Employer identification number

20-0194557

THE DUBLIN FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	onal space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	INTERSTATE GAS SUPPLY, INC. 6100 EMERALD PARKWAY DUBLIN, OH 43017	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990) (2022)

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Schedule B (Form 990) (202

Name of organization

Employer identification number

20-0194557

THE DUBLIN FOUNDATION

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

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Schedule B	(Form 990) (2022)		Page 4					
Name of org	ganization		Employer identification number					
THE DU	BLIN FOUNDATION		20-0194557					
Part III		through (e) and the following line entry. Fo haritable, etc., contributions of \$1,000 or less for	501(c)(7), (8), or (10) that total more than \$1,000 for the year organizations					
(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, ar	nd 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, ar	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, ar		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, ar	nd ZIP + 4	Relationship of transferor to transferee					

Schedule B (Form 990) (2022)

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~~		Supplement	al Financial Statements		OMB No. 1545-0047	
		nization answered "Yes" on Form 990,		2022		
(Forn	n 990)		ZUZZ			
	ment of the Treasury I Revenue Service		Ittach to Form 990. 0 for instructions and the latest information.		Open to Public Inspection	
-	e of the organizati	loyer identification numbe				
Der		THE DUBLIN FOUNDAT			20-0194557	
Par		-	d Funds or Other Similar Funds or Ac	coun	TS. Complete if the	
	organizatio	n answered "Yes" on Form 990, Part IV, lin		h) [do and other accounts	
		o) Fun	ds and other accounts			
1		nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4	Aggregate value a					
5	-		writing that the assets held in donor advised fund			
•			exclusive legal control?		X Yes N	
6	•	u	dvisors in writing that grant funds can be used or	-		
			r donor advisor, or for any other purpose conferring	Ũ		
Par	impermissible priv		ganization answered "Yes" on Form 990, Part IV,			
				line 7.		
1		servation easements held by the organization of land for public use (for example, recrea		ricolly	important land area	
		of natural habitat	tion or education) Preservation of a histo			
		n of open space				
2			ied conservation contribution in the form of a cor		tion opsoment on the last	
2	day of the tax year		lied conservation contribution in the form of a con	ISEIVA	Held at the End of the Tax Yea	
~				2a		
a b				2a 2b		
c	-		ucture included in (a)	20 2c		
d		vation easements included in (c) acquired a		20		
u				2d		
3		e initiality	eased, extinguished, or terminated by the organiz		during the tax	
5	vear	valion easements modified, transiened, rei	eased, extinguished, or terminated by the organiz	Lation	during the tax	
4		where property subject to conservation eas	sement is located			
5		tion have a written policy regarding the per				
J	-	forcement of the conservation easements it	thelde?		Yes N	
6			handling of violations, and enforcing conservation			
Ū			handling of violations, and officially conservation	1 0000	monto during the year	
7	Amount of expens	es incurred in monitoring inspecting hand	lling of violations, and enforcing conservation eas	ement	s during the year	
•	, another of experie					
8	Does each conser	 vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)		
-					Yes N	
9	and section 170(h)(4)(B)(ii)?In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and					
			note to the organization's financial statements tha			
		ounting for conservation easements.	5			
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other Si	imila	r Assets.	
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	nce sh	neet works	
	of art, historical tre	easures, or other similar assets held for put	blic exhibition, education, or research in furtheran	ce of p	public	
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items.			
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balance	sheet	works of	
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furtherance	of put	olic service,	
	provide the follow	ing amounts relating to these items:				
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1			\$	
					\$	
2	If the organization	received or held works of art, historical tre	asures, or other similar assets for financial gain, p	orovide		
	the following amo	unts required to be reported under FASB A	SC 958 relating to these items:			
а	Revenue included	on Form 990, Part VIII, line 1			\$	

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

Schedule D (Form 990) 2022

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26 2022.05000 THE DUBLIN FOUNDATION

Sche		LIN FOUNDAT				20 - 01			ge 2	
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	r Assets	(contir	nued)		
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make s	significant	use of its				
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е	Other							
с										
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 ma	intained as part of th	e organization's co	llection?			Yes		No	
Par	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, Par		-							
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contribution	s or other assets not	included					
	on Form 990, Part X?		-				Yes		No	
b	If "Yes," explain the arrangement in Part XIII a									
							Amoun	t		
с	Beginning balance				. 1c					
d	Additions during the year									
е	Distributions during the year									
f	Ending balance				l 1f					
2a	Did the organization include an amount on Fo				ility?		Yes	X	No	
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanation has been	provided on Part XIII						
Par	t V Endowment Funds. Complete in	f the organization ans	wered "Yes" on Fo	orm 990, Part IV, line	10.					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years b	ack	
1a	Beginning of year balance	989,753.	847,308.	793,281.	6	582,426.		750,9	91.	
b	Contributions		50,000.	1,000.		1,600.		70,0	00.	
с	Net investment earnings, gains, and losses		148,640.	106,620.	1	L32,271.		-55,2	65.	
d	Grants or scholarships		23,400.	23,600.		22,000.		46,1	75.	
е	Other expenditures for facilities									
	and programs		26,600.	27,400.				34,8	28.	
f	Administrative expenses		6,196.	2,591.		1,016.		2,2		
a	End of year balance	989,753.	989,753.			793,281.		682,4		
2	Provide the estimated percentage of the curr	ent vear end balance	(line 1g. column (a)) held as:						
_ a	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
c		<u>~</u> ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~								
•	The percentages on lines 2a, 2b, and 2c show									
3a	Are there endowment funds not in the posses		ion that are held ar	nd administered for t	he					
	organization by:	g					ſ	Yes	No	
	(i) Unrelated organizations						3a(i)		Х	
	(ii) Related organizations						3a(ii)		Х	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	d on Schedule R?				3b			
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered		Part IV, line 11a. S	ee Form 990, Part X	, line 10.					
	Description of property	(a) Cost or ot	her (b) Cost	or other (c) A	Accumulat	ed	(d) Boo	k value		
		basis (investm	• • •		epreciation		(, 500			
1a	Land									
b	Buildings									
	Leasehold improvements									
d	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must en		Column (P) line 1			-+			0.	
1.510		<u>4uai FUIII 990, FAIL A</u>		<i></i>		Schedule	D (Form			

Schedule D (Form 990) 2022	THE	DUBLIN	FOUNDATION

a) Descript	Complete if the organization answered "Yes" of ion of security or category (including name of security)	(b) Book value		st or end-of-year market value
		(b) BOOK Value	(c) Method of Valuation. Co	st or end-of-year market value
	l derivatives			
	neld equity interests			
Other				
(A)				
(B) (C)				
(D) (E)				
<u>)</u> (F)				
(F) (G)				
(H)				
) must equal Form 990, Part X, col. (B) line 12.)			
art VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 11c. See Form 990. Part X. line 1	3.
	(a) Description of investment	(b) Book value		st or end-of-year market value
1)		.,		,
2)				
<u>2)</u> 3)				
<u>3)</u> 4)				
5)				
6)				
<u>(</u> 7)				
(8)				
(8) (9)) must equal Form 990. Part X. col. (B) line 13.)			
(8) (9)) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
(8) (9) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization answere of the organization and the organization" and the organization	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 1	5.
(8) (9) I. (Col. (b	Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 1	5. (b) Book value
(8) (9) I. (Col. (b art IX	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 1	
(8) (9) (1. (Col. (b art IX) (1)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 1	
8) 9) I. (Col. (b Irt IX 1) 2)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 1	
8) 9) I. (Col. (b art IX 1) 2) 3)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 1	
8) (9) I. (Col. (b art IX) (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 1	
(1) (2) (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 1	
8) 9) I. (Col. (b Int IX 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 1	
8) 9) I. (Col. (b Int IX 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 1	
8) 9) I. (Col. (b Inrt IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 1	
8) 9) 1. (Col. (b rt IX 1) 2) 2) 3) 4) 5) 6) 7) 8) 8) 9) 91. (Colur	Other Assets. Complete if the organization answered "Yes" o (a) (Description	e 11d. See Form 990, Part X, line 1	
8) 9) I. (Col. (b Int IX 1) 2) 3) 4) 5) 6) 7) 8) 8) 9) 91. (Colur	Other Assets. Complete if the organization answered "Yes" o (a) ((a) ((a) (Description		(b) Book value
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8) 9) 1. (Col. (b rt IX 1) 2) 2) 3) 4) 5) 6) 6) 7) 8) 8) 9)	Other Assets. Complete if the organization answered "Yes" o (a) ((a) ((a) (Description		(b) Book value
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8) 9) 1. (Col. (b) rt IX 1) 2) 3) 4) 5) 6) 7) 8) 9) 1. (Colur rt X 1) Fede 2)	Other Assets. Complete if the organization answered "Yes" of (a) ((a) ((b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description		(b) Book value
8) 9) I. (Col. (b) Irt IX 2) 3) 4) 5) 6) 7) 8) 9) 9) 11. (Colur 7) 8) 9) 11. (Colur 11. (Colur 12. (Colur 13. (Colur 14. (Colur	Other Assets. Complete if the organization answered "Yes" of (a) ((a) ((b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description		(b) Book value
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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

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 THE DUBLIN FOUNDATION		20-	0194557	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements	With Revenue per Re	turn.		
	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:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b		4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5		
Pa	t XII Reconciliation of Expenses per Audited Financial Statement	s With Expenses per F	Retur	n.	
	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:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b		4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5		
Pa	t 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.

TO FUND FUTURE GRANT MAKING.

232054 09-01-22

Cform server Covernments, and Individuals in the United States 20222 Dearmer are interant Complete if the organization answered 'tes' on form 990, Part IV, line 21 or 22. Attach to form 990. The DUBLIN FOUNDATION Employer identification number 20 - 0194557 Part Concretal Information on Crants and Assistance Employer identification number 20 - 0194557 Part Concretal Information on Crants and Assistance Imployer identification number 20 - 0194557 Part Concretal Information on Crants and Assistance Imployer identification number 20 - 0194557 Part Concretal Information on Crants and Assistance to on constant and the answer or regarization maintain records to substance to monetain and Donestic Comments. Complete if the organization answered 'Yes' on form 990. Part IV, line 21, tor any recipient that received more than 55,000. Part II can be duplicated f additional space is needed. (f) Method of Part IV General address of organization answered 'Yes' on form 990. Part IV, line 21, tor any received more than 55,000. Part II can be duplicated f additional space is needed. (f) Method of Part IV General information. (g) Description of on constant and part is address of organization answered 'Yes' on form 990. Part IV, line 21, tor any received more than 55,000. Part II can be duplicated f additional space is needed. (g) Description of on constant appricead, gone address of organiza	SCHEDULE I	Grants and Other Assistance to Organizations,							OMB No. 1545-0047		
Department of the Treasury Internal Revenue Service Open to Public Inspection Open to Public Inspection Name of the organization Employer identification number 20-0194557 Part I General Information on Grants and Assistance Image of the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Image of the organization maintain records to substantiate the amount of the grants or assistance, and the selection Image of the organization maintain records to substantiate the amount of the grants or assistance, and the selection 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Image of the organization answered "Yes" on Form 990, Part IV, line 21, for any received more than 55,000. Part II can be duplicated if additional space is necessive and the selection of or government (f) Method of valuation (book, FW, appraisal, other), noncash assistance (h) Purpose of grant or assistance ONE DUBLIN (b) EIN (c) IRC section (d) Amount of cash grant (f) Method of valuation (book, FW, appraisal, other), noncash assistance (h) Purpose of grant or assistance ONE DUBLIN (b) EIN (c) IRC section (d) Amount of cash grant (f) Method of valuation (book, FW, appraisal, other), noncash assistance (h) Purpose of grant or assistance ONE DUBLIN (h) 43016 43-2108808 12,500. 0.	(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22,								202	22
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization THE DUBLIN FOUNDATION Employer identification number 20 - 0194557 Part 1 General Information on Grants and Assistance 20 - 0194557 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 orteria used to award the grants or assistance for monitoring the use of grant funds in the United States. Image: Comparization 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. (e) Amount of noncash assistance (f) Method of valuation (book, or government (g) Description of or assistance (h) Purpose of grant or assistance 0NE DUBLIN 6305 BRAND ROAD 43 - 2108808 12,500. 0. Seneral operating support DUBLIN, OH 43016 43 - 2108808 12,500. 0. Seneral operating support DUBLIN, OH 43017 31 - 1340375 10,000. 0. Seneral operating support	Department of the Treasury						····, ···· _ · · · ·				
THE DUBLIN FOUNDATION 20-0194557 Part1 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 orderia used to award the grants or assistance? X 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. (f) Method of valuation (book, FW, appraisation of noncash assistance or government. (g) Description of noncash assistance (h) Purpose of grant or assistance 1(a) Name and address of organization or government. (c) IRC section (c) Amount of cash grant (c) Amount of noncash assistance (g) Description of noncash assistance (h) Purpose of grant or assistance 0NE DUBLIN (b) EIN (c) IRC section (c) Amount of cash grant (c) Amount of noncash assistance (g) Description of noncash assistance (h) Purpose of grant or assistance 0NE DUBLIN (b) EIN (c) IRC section (c) Amount of cash grant (c) Amount of noncash assistance (h) Purpose of grant or assistance<	Internal Revenue Service			Go to www.irs	.gov/Form990 for	the latest information	ation.				
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? Image: Comparison of the grants and Assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Image: Comparison of the grant selection of the grant selection of recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (h) Purpose of grant or assistance 0Ne DUBLIN (g) EN (c) IRC section (f applicable) (g) Amount of cash grant or assistance (g) Description of noncash assistance (h) Purpose of grant or assistance 0NE DUBLIN 0NE DUBLIN (g) EN (g) ISC (g) Description of noncash assistance (h) Purpose of grant or assistance 0UELIN, OH 43016 43-2108808 12,500. 0. General operating support 0UELIN, OH 43017 31-1340375 10,000. 0. General operating support 0UELIN, OH 43017 31-1340375 10,000. 0. General operating support 0UBLIN, OH 43017 31-1340375 10,000. 0. Gen	Name of the organizati	on									
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2 Enter total number of eastion 501(a)(2) and government organizations listed in the line 1 toble											

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

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

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

Schedule I (Form 990) 2022

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				
			\bigcirc						
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.					
PART I, LINE 2:									
THE FOUNDATION MAINTAINS AN ANNUAL	GRANT SP	ENDING POL	ICY TO DET	ERMINE GRANT					

AMOUNTS AVAILABLE TO AWARD EACH YEAR. ADDITIONAL DONATIONS MAY BE RECEIVED

DURING THE YEAR WHICH COULD INCREASE THIS AMOUNT. THE FOUNDATION HAS

ESTABLISHED A GRANTS COMMITTEE TO SCREEN GRANT APPLICANTS BASED ON

ESTABLISHED CRITERIA. REMAINING GRANT APPLICANTS ARE PRESENTED TO THE

BOARD OF TRUSTEES TO DETERMINE AWARDS AND AMOUNTS BASED ON ESTABLISHED

CRITERIA.

Schedule I (Form 990) 2022

20-0194557

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

FORM 990, PART

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.

Open to Public Inspection Employer identification number 20-0194557

OMB No. 1545-0047

THE DUBLIN FOUNDATION

LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VALUE.

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

I,

THE FORM 990 IS PREPARED BY THE FOUNDATION'S VOLUNTEER ACCOUNTANT AND

TREASURER AND REVIEWED BY THE BOARD PRIOR TO FILING.

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

ALL TRANSACTIONS ARE REVIEWED FOR POTENTIAL CONFLICTS PRIOR TO APPROVAL

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

THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022