

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning **APR 1, 2009** and ending **MAR 31, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization AKRON COMMUNITY FOUNDATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 345 WEST CEDAR ST City or town, state or country, and ZIP + 4 AKRON, OH 44307-2407	D Employer identification number 34-1087615 E Telephone number (330) 376-8522 G Gross receipts \$ 64,061,084.
		F Name and address of principal officer: JOHN T. PETURES, JR. SAME AS C ABOVE	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.AKRONCOMMUNITYFDN.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1955 M State of legal domicile: OH	

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: TO IMPROVE THE QUALITY OF LIFE IN THE GREATER AKRON AREA.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of employees (Part V, line 2a)	5	12
	6 Total number of volunteers (estimate if necessary)	6	24
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 7,075,172.
9 Program service revenue (Part VIII, line 2g)			
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		16,617,474.	-11,076,280.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-19,017.	-35,390.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		23,673,629.	-6,110,183.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,846,014.	6,760,306.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,066,014.	1,026,302.
	16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 551,441.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,592,062.	1,237,361.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,504,090.	9,023,969.
	19 Revenue less expenses. Subtract line 18 from line 12	13,169,539.	-15,134,152.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 100,018,374.	End of Year 126,209,268.
	21 Total liabilities (Part X, line 26)	6,032,696.	5,998,050.
	22 Net assets or fund balances. Subtract line 21 from line 20	93,985,678.	120,211,218.

Part II Signature Block

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

Sign Here	Signature of officer JOHN T. PETURES, JR., PRESIDENT AND CEO Type or print name and title	Date	
Paid Preparer's Use Only	Preparer's signature ▶ Firm's name (or yours if self-employed), address, and ZIP + 4 BROCKMAN, COATS, GEDELIAN & CO 1735 MERRIMAN ROAD AKRON, OH 44313-9007	Date	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ 330-864-6661

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	140,341.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,861,146.				
	g Noncash contributions included in lines 1a-1f: \$		217,287.				
	h Total. Add lines 1a-1f		5,001,487.				
	Program Service Revenue	Business Code					
2 a							
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,813,650.			3813650.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	55168572				
		(ii) Other					
		b Less: cost or other basis and sales expenses	70058502				
		c Gain or (loss)	#####				
	d Net gain or (loss)		-14889930.			-14889930	
	8 a Gross income from fundraising events (not including \$ 140,341. of contributions reported on line 1c). See Part IV, line 18	a	77,375.				
		b Less: direct expenses	b	112,765.			
c Net income or (loss) from fundraising events			-35,390.			-35,390.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			-6110183.	0.	0.	-11111670	

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		POLSKY AWARD DINNER (event type)	MEDINA SPRING FLING (event type)	12 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	62,990.	49,233.	105,493.	217,716.
	2	Less: Charitable contributions	47,440.	24,224.	68,677.	140,341.
	3	Gross income (line 1 minus line 2)	15,550.	25,009.	36,816.	77,375.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	20,991.	11,741.	38,553.	71,285.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	18,727.	1,273.	21,480.	41,480.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(112,765.)
	11	Net income summary. Combine line 3, column (d), and line 10				-35,390.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			(_____)
	8	Net gaming income summary. Combine line 1, column (d), and line 7			

- 9 Enter the state(s) in which the organization operates gaming activities: _____
- a Is the organization licensed to operate gaming activities in each of these states? _____
- b If "No," explain: _____
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____
- b If "Yes," explain: _____
- 11 Does the organization operate gaming activities with nonmembers? _____
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____

	Yes	No
9a		
10a		
11		
12		