

Form 990

Department of the Treasury  
Internal Revenue Service

## 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)

OMB No. 1545-0047

2011

Open to Public  
Inspection

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

A For the 2011 calendar year, or tax year beginning APR 1, 2011 and ending MAR 31, 2012

B Check if applicable:	C Name of organization <b>AKRON COMMUNITY FOUNDATION</b>		D Employer identification number <b>34-1087615</b>
<input type="checkbox"/> Address change	Doing Business As		E Telephone number <b>(330) 376-8522</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) <b>345 WEST CEDAR ST</b>		G Gross receipts \$ <b>68,591,020.</b>
<input type="checkbox"/> Initial return	Room/suite		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4 <b>AKRON, OH 44307-2407</b>		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Amended return	F Name and address of principal officer: <b>JOHN T. PETURES, JR.</b>		If "No," attach a list. (see instructions)
<input type="checkbox"/> Application pending	SAME AS C ABOVE		H(c) Group exemption number ►
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►
J Website: ► <b>WWW.AKRONCOMMUNITYFDN.ORG</b>			L Year of formation: <b>1955</b> M State of legal domicile: <b>OH</b>

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO IMPROVE THE QUALITY OF LIFE IN THE GREATER AKRON AREA.</b>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 <b>24</b>	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 <b>24</b>	
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 <b>15</b>	
	6 Total number of volunteers (estimate if necessary)	6 <b>24</b>	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a <b>0.</b>	
b Net unrelated business taxable income from Form 990-T, line 34	7b <b>0.</b>		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year <b>2,579,720.</b>	Current Year <b>9,921,568.</b>
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,663,253.	3,100,770.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-18,685.	-34,236.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	897,782.	12,988,102.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,855,313.	5,983,252.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,134,159.	1,245,276.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ► <b>638,667.</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,208,966.	1,197,369.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,198,438.	8,425,897.
	19 Revenue less expenses. Subtract line 18 from line 12	-7,300,656.	4,562,205.
	20 Total assets (Part X, line 16)	Beginning of Current Year <b>135,406,378.</b>	End of Year <b>140,719,939.</b>
21 Total liabilities (Part X, line 26)	6,237,973.	6,807,672.	
22 Net assets or fund balances. Subtract line 21 from line 20	129,168,405.	133,912,267.	

## 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 <b>JOHN T. PETURES, JR., PRESIDENT AND CEO</b>	Date			
	► Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <b>TANYA M. DUNKLE, CPA</b>	Preparer's signature <i>Tanya M. Dunkle, CPA</i>	Date <b>8/31/2012</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01355989</b>
	Firm's name ► <b>BROCKMAN, COATS, GEDELIAN &amp; CO</b>	Firm's EIN ► <b>34-1526704</b>			
	Firm's address ► <b>1735 MERRIMAN ROAD AKRON, OH 44313-9007</b>			Phone no. <b>330-864-6661</b>	

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

**Part III | Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III 

- 1** Briefly describe the organization's mission:

**AKRON COMMUNITY FOUNDATION'S MISSION IS TO IMPROVE THE QUALITY OF LIFE IN THE GREATER AKRON AREA BY BUILDING PERMANENT ENDOWMENTS AND PROVIDING PHILANTHROPIC LEADERSHIP THAT ENABLES DONORS TO MAKE LASTING INVESTMENTS IN THE COMMUNITY.**

- 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  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  No  
If "Yes," describe these changes on Schedule O.

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

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

- 4a** (Code: \_\_\_\_\_ ) (Expenses \$ **5,983,252.** including grants of \$ **5,983,252.** ) (Revenue \$ \_\_\_\_\_ )  
**IN FISCAL YEAR 2012, AKRON COMMUNITY FOUNDATION AWARDED MORE THAN \$1.8 MILLION IN DISCRETIONARY GRANTS THROUGH ITS GRANT-MAKING PROGRAM. THOSE GRANTS REACHED ALL CORNERS OF THE COMMUNITY IN THE AREAS OF ARTS AND CULTURE, EDUCATION, CIVIC AFFAIRS, AND HEALTH AND HUMAN SERVICES.**

**WHILE DISCRETIONARY FUNDING REMAINED STEADY, FOUNDATION DONORS INCREASED THEIR DESIGNATED AND DONOR-ADVISED GRANTS BY 6 PERCENT. DONOR AND CORPORATE ADVISED FUND HOLDERS INCREASED THEIR GIVING BY 20%, INVESTING \$2 MILLION INTO THE COMMUNITY PROGRAMMING.**

- 4b** (Code: \_\_\_\_\_ ) (Expenses \$ **758,757.** including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )  
**AKRON COMMUNITY FOUNDATION PROVIDES EXPERTISE AND SUPPORT TO HELP DONORS AND ORGANIZATIONS EFFECTIVELY DISTRIBUTE CHARITABLE DOLLARS. THE FOUNDATION MANAGES OVER 400 CHARITABLE FUNDS ESTABLISHED BY DONORS. PROGRAM RELATED EXPENSES INCURRED IN THE OPERATION OF THE 400 FUNDS INCLUDE PROGRAM CONSULTING AND OTHER RELATED COSTS.**

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

- 4d** Other program services (Describe in Schedule O.)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

- 4e Total program service expenses ► **6,742,009.****

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	3 X	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	8 X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	9 X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. <ul style="list-style-type: none"> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....</li> <li>b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....</li> <li>c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....</li> <li>d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....</li> <li>e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....</li> <li>f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....</li> </ul>	11a X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	11b X	
12b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	11c X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	11d X	
14a Did the organization maintain an office, employees, or agents outside of the United States? .....	11e X	
14b b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	11f X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	12a X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	12b X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	13 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	14a X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	14b X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	15 X	
20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	16 X	
	17 X	
	18 X	
	19 X	
20a	20b X	
	20b X	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .....	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on 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 25 .....	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	24d	
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit 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 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .....	26 X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III .....	27 X	
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .....	28a X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .....	28b X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .....	31 X	
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .....	32 X	
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 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, Parts II, III, IV, and V, line 1 .....	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	35a X	
b 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 X	
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 .....	36 X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI .....	37 X	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	38 X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V 

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	<b>25</b>
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	<b>0</b>
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	<input checked="" type="checkbox"/>
<b>2a</b> 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 .....	<b>2a</b>	<b>15</b>
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	<b>2b</b>	<input checked="" type="checkbox"/>
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	<b>3a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O .....	<b>3b</b>	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	<b>4a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	<b>5a</b>	<input checked="" type="checkbox"/>
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	<b>5b</b>	<input checked="" type="checkbox"/>
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? .....	<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? .....	<b>6a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....	<b>7d</b>	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	<b>7e</b>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	<b>7f</b>	<input checked="" type="checkbox"/>
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year .....	<b>7g</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	<b>7h</b>	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	<b>8</b>	<input checked="" type="checkbox"/>
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966? .....		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? .....		
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 .....	<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders .....	<b>11a</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? .....		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 .....	<b>13b</b>	
<b>c</b> Enter the amount of reserves on hand .....	<b>13c</b>	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? .....		
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .....	<b>14b</b>	

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .....	1a	24
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent .....	1b	24
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .....	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 appoint one or more members of the governing body? .....	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? .....	8a	X
b	Each committee with authority to act on behalf of the governing body? .....	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....	9	X

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

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

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ►  OH
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
- Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► \_\_\_\_\_  
**JOHN T. PETURES, JR., PRES. & CEO - (330) 376-8522**  
**345 WEST CEDAR ST, AKRON, OH 44307-2407**

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

 Check if Schedule O contains a response to any question in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) VIRGINIA C. ALBANESE <u>TRUSTEE</u>	1.00	X					0.	0.	0.
(2) STEVE ALBRECHT <u>TRUSTEE</u>	1.00	X					0.	0.	0.
(3) MARK ALLIO <u>VICE CHAIR, TRUSTEE</u>	1.00	X	X				0.	0.	0.
(4) PAUL J. BELAIR <u>TRUSTEE</u>	1.00	X					0.	0.	0.
(5) NICHOLAS V. BROWNING <u>TRUSTEE</u>	1.00	X					0.	0.	0.
(6) TOMMY J. BRUNO <u>TRUSTEE</u>	1.00	X					0.	0.	0.
(7) MARILYN MEYERS BUCKEY <u>TRUSTEE</u>	1.00	X					0.	0.	0.
(8) EILEEN BURG <u>TRUSTEE</u>	1.00	X					0.	0.	0.
(9) STEVEN L. COX <u>TRUSTEE</u>	1.00	X					0.	0.	0.
(10) OLIVIA P. DEMAS <u>TRUSTEE</u>	1.00	X					0.	0.	0.
(11) EDWARD T. ELIOPoulos <u>TRUSTEE</u>	1.00	X					0.	0.	0.
(12) WILLIAM R. FETH <u>TRUSTEE</u>	1.00	X					0.	0.	0.
(13) TIMOTHY R. FITZWATER <u>TRUSTEE</u>	1.00	X					0.	0.	0.
(14) SUSAN W. KINNAMON <u>TRUSTEE</u>	1.00	X					0.	0.	0.
(15) THOMAS G. KNOLL <u>TRUSTEE</u>	1.00	X					0.	0.	0.
(16) DALE KOBLENZER <u>TREASURER, TRUSTEE</u>	1.00	X	X				0.	0.	0.
(17) STEVE MARKS <u>SECRETARY, TRUSTEE</u>	1.00	X	X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(18) JUDGE CARLA MOORE <u>TRUSTEE</u>	1.00	X					0.	0.	0.
(19) DR. LOIS MARGARET NORA <u>TRUSTEE</u>	1.00	X					0.	0.	0.
(20) PATRICIA A. PACENTA <u>PAST CHAIR, TRUSTEE</u>	1.00	X					0.	0.	0.
(21) ROBERT P. REFFNER ESQ. <u>TRUSTEE</u>	1.00	X					0.	0.	0.
(22) REV. SANDRA F. SELBY <u>DISTRIBUTION CHAIR, TRUSTEE</u>	1.00	X	X				0.	0.	0.
(23) STEPHEN STRAYER <u>TRUSTEE</u>	1.00	X					0.	0.	0.
(24) MICHAEL A. SWEENEY <u>CHAIR, TRUSTEE</u>	1.00	X	X				0.	0.	0.
(25) JOHN T. PETURES, JR. <u>PRESIDENT &amp; CEO</u>	40.00		X				191,733.	0.	15,396.
(26) STEVEN H. SCHLOENBACH <u>VICE PRESIDENT, FINANCE</u>	40.00		X				119,303.	0.	17,361.
<b>1b Sub-total</b>							<b>311,036.</b>	0.	<b>32,757.</b>
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>0.</b>	<b>0.</b>	<b>0.</b>
<b>d Total (add lines 1b and 1c)</b>							<b>311,036.</b>	0.	<b>32,757.</b>

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

3

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ANTHEM P.O. BOX 105673, ATLANTA, GA 30348	HEALTH INSURANCE FOR EMPLOYEES	171,971.
FIRSTMERIT BANK NA 106 S. MAIN STREET ST., AKRON, OH 44303	INVESTMENT MANAGEMENT SERVICES	103,280.

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

2

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>					
1 a Federated campaigns .....	1a				
b Membership dues .....	1b				
c Fundraising events .....	1c	182,728.			
d Related organizations .....	1d				
e Government grants (contributions) .....	1e				
f All other contributions, gifts, grants, and similar amounts not included above .....	1f	9,738,840.			
g Noncash contributions included in lines 1a-1f: \$		380,785.			
h <b>Total. Add lines 1a-1f</b> .....		► 9,921,568.			
<b>Program Service Revenue</b>		Business Code			
2 a .....					
b .....					
c .....					
d .....					
e .....					
f All other program service revenue .....		►			
g <b>Total. Add lines 2a-2f</b> .....		►			
3 Investment income (including dividends, interest, and other similar amounts) .....		► 2,987,186.			2987186.
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	(ii) Other			
b Less: cost or other basis and sales expenses .....	54418563	1182707.			
c Gain or (loss) .....	54718388	769,298.			
d Net gain or (loss) .....	-299825.	413,409.			
8 a Gross income from fundraising events (not including \$ 182,728. of contributions reported on line 1c). See Part IV, line 18 .....	a	80,996.			
b Less: direct expenses .....	b	115,232.			
c Net income or (loss) from fundraising events .....		►	-34,236.		-34,236.
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 .....		►			
<b>Miscellaneous Revenue</b>		Business Code			
11 a .....					
b .....					
c .....					
d All other revenue .....		►			
e <b>Total. Add lines 11a-11d</b> .....		►			
<b>12 Total revenue. See instructions.</b> .....		► 12988102.	0.	0.	3066534.

**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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	5,983,252.	5,983,252.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	347,141.	115,394.	125,106.	106,641.
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	634,957.	301,695.	132,458.	200,804.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	193,203.	86,854.	44,702.	61,647.
10 Payroll taxes	69,975.	30,004.	17,996.	21,975.
11 Fees for services (non-employees):				
a Management				
b Legal	2,400.	975.	585.	840.
c Accounting	26,805.	10,892.	6,533.	9,380.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	533,022.		533,022.	
g Other	40.	16.	10.	14.
12 Advertising and promotion				
13 Office expenses	116,323.	41,500.	24,891.	49,932.
14 Information technology				
15 Royalties				
16 Occupancy	36,107.	15,482.	9,286.	11,339.
17 Travel	12,725.	5,456.	3,273.	3,996.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,316.	3,994.	2,396.	2,926.
20 Interest	15,181.	6,169.	3,700.	5,312.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	55,151.	22,410.	13,441.	19,300.
23 Insurance	20,843.	8,469.	5,080.	7,294.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ENDOWMENT EXPENSES	183,823.	62,896.	76,912.	44,015.
b MISCELLANEOUS	79,434.	26,885.	34,034.	18,515.
c DEVELOPMENT	57,800.			57,800.
d DUES AND SUBSCRIPTIONS	31,071.	12,625.	7,573.	10,873.
e All other expenses	17,328.	7,041.	4,223.	6,064.
25 Total functional expenses. Add lines 1 through 24e	8,425,897.	6,742,009.	1,045,221.	638,667.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ➤  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing .....	1		
	2 Savings and temporary cash investments .....	3,793,697.	2	4,771,080.
	3 Pledges and grants receivable, net .....	736,388.	3	899,753.
	4 Accounts receivable, net .....		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	24,216.	9	62,855.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 2,622,586.		
	b Less: accumulated depreciation .....	10b 592,647.	10c 2,694,440.	10c 2,029,939.
	11 Investments - publicly traded securities .....	117,794,338.	11	122,508,638.
	12 Investments - other securities. See Part IV, line 11 .....	0.	12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	10,363,299.	15	10,447,674.
	16 Total assets. Add lines 1 through 15 (must equal line 34) .....	135,406,378.	16	140,719,939.
Liabilities	17 Accounts payable and accrued expenses .....	475,064.	17	498,555.
	18 Grants payable .....	469,810.	18	870,282.
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	5,293,099.	25	5,438,835.
	26 Total liabilities. Add lines 17 through 25 .....	6,237,973.	26	6,807,672.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets .....	39,876,405.	27	37,469,267.
	28 Temporarily restricted net assets .....	49,580,000.	28	56,490,000.
	29 Permanently restricted net assets .....	39,712,000.	29	39,953,000.
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 Total net assets or fund balances .....	129,168,405.	33	133,912,267.
	34 Total liabilities and net assets/fund balances .....	135,406,378.	34	140,719,939.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12) .....	1	12,988,102.
2 Total expenses (must equal Part IX, column (A), line 25) .....	2	8,425,897.
3 Revenue less expenses. Subtract line 2 from line 1 .....	3	4,562,205.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	4	129,168,405.
5 Other changes in net assets or fund balances (explain in Schedule O) .....	5	181,657.
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	133,912,267.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a	X
b Were the organization's financial statements audited by an independent accountant? .....	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....	3b	

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

**AKRON COMMUNITY FOUNDATION**

Employer identification number  
**34-1087615**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box .....
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
    - (ii) A family member of a person described in (i) above? .....
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....
  - h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?	(vii) Amount of support
			Yes	No	Yes	No		
Total								

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

Schedule A (Form 990 or 990-EZ) 2011

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
	6110806.	7075172.	5006642.	2579720.	9921568.	30693908.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 Total. Add lines 1 through 3 .....	6110806.	7075172.	5006642.	2579720.	9921568.	30693908.
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) .....						10419129.
6 Public support. Subtract line 5 from line 4.						20274779.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4 .....	6110806.	7075172.	5006642.	2579720.	9921568.	30693908.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
	4169488.	3629388.	3813650.	2916122.	2987186.	17515834.
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 IV.) .....						
11 Total support. Add lines 7 through 10						48209742.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

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

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....	14	42.06	%
15 Public support percentage from 2010 Schedule A, Part II, line 14 .....	15	43.21	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....			► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....			► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			► <input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

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

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

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17 .....	18	%

**19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2010.** 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 D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2011**  
Open to Public  
Inspection

Name of the organization

**AKRON COMMUNITY FOUNDATION**

Employer identification number  
**34-1087615**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	114	
2 Aggregate contributions to (during year) .....	6,981,276.	
3 Aggregate grants from (during year) .....	2,088,300.	
4 Aggregate value at end of year .....	27,880,548.	

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  Yes  No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....  Yes  No

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

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

- Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

- a Total number of conservation easements .....
- b Total acreage restricted by conservation easements .....
- c Number of conservation easements on a certified historic structure included in (a) .....
- d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....  Yes  No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ..... ► \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ..... ► \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ..... ► \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ..... ► \$ \_\_\_\_\_

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items  
(check all that apply):

- |  |  |
|--|--|
| a <input type="checkbox"/> Public exhibition                   | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research                  | e <input type="checkbox"/> Other _____               |
| c <input type="checkbox"/> Preservation for future generations |  |

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets  
to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....	117,594,000.	109,163,000.	84,109,000.	119,494,000.	
<b>b</b> Contributions .....	9,654,000.	2,522,000.	4,906,000.	4,682,000.	
<b>c</b> Net investment earnings, gains, and losses .....	2,931,000.	13,755,000.	27,596,000.	-31,365,000.	
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....	7,744,000.	7,846,000.	7,446,000.	8,665,000.	
<b>f</b> Administrative expenses .....			2,000.	37,000.	
<b>g</b> End of year balance .....	122,435,000.	117,594,000.	109,163,000.	84,109,000.	

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment ► 21.23 %

**b** Permanent endowment ► 32.63 %

**c** Temporarily restricted endowment ► 46.14 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization

by:

**(i)** unrelated organizations .....

Yes  No

3a(i)  3a(ii)

3b

**(ii)** related organizations .....

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		344,259.		344,259.
<b>b</b> Buildings .....	667,000.	1,316,734.	388,918.	1,594,816.
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> Other .....		294,593.	203,729.	90,864.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 2,029,939.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
(I) .....		

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
(10) .....		

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CASH VALUE OF LIFE INSURANCE	23,966.
(2) TRUST ACCOUNTS	10,244,735.
(3) ACCRUED INVESTMENT INCOME	177,406.
(4) STAFF COMPUTER	1,567.
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ► 10,447,674.

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes .....	
(2) FUNDS HELD FOR AGENCY ENDOWMENTS	5,438,835.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
(11) .....	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ► 5,438,835.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,988,102.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	8,425,897.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	4,562,205.
4 Net unrealized gains (losses) on investments	4	321,116.
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV.)	8	-139,459.
9 Total adjustments (net). Add lines 4 through 8	9	181,657.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	4,743,862.

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

1 Total revenue, gains, and other support per audited financial statements	1	12,981,686.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	321,116.
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV.)	2d	121,509.
e Add lines 2a through 2d	2e	442,625.
3 Subtract line 2e from line 1	3	12,539,061.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	449,041.
c Add lines 4a and 4b	4c	449,041.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	12,988,102.

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

1 Total expenses and losses per audited financial statements	1	8,237,824.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV.)	2d	115,232.
e Add lines 2a through 2d	2e	115,232.
3 Subtract line 2e from line 1	3	8,122,592.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	303,305.
c Add lines 4a and 4b	4c	303,305.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,425,897.

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: THE FOUNDATION IS A NOT-FOR-PROFIT CORPORATION AS**

DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND,  
ACCORDINGLY, IS EXEMPT FROM INCOME TAXES. ACF PROPERTIES, LLC AND AKRON  
DIGITAL MEDIA CENTER/AKRONIST.COM, LLC ARE LIMITED LIABILITY COMPANIES AND  
ARE NOT TAX PAYING ENTITIES FOR FEDERAL OR STATE INCOME TAX PURPOSES.  
THEREFORE, NO PROVISIONS FOR FEDERAL AND STATE INCOME TAXES HAVE BEEN  
RECORDED IN THE CONSOLIDATED STATEMENTS.

Part XIV Supplemental Information (continued)

THE FOUNDATION ACCOUNTS FOR UNCERTAINTIES IN INCOME TAXES IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, WHICH PROVIDES FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THAT HAS A GREATER THAN 50% CHANCE OF NOT BEING ALLOWED UNDER EXAMINATION. NO SUCH POSITIONS HAVE BEEN RECORDED IN THE MARCH 31, 2012 AND 2011 CONSOLIDATED FINANCIAL STATEMENTS. IF SUCH POSITIONS WERE TAKEN, THE RESULTING INTEREST AND PENALTIES WOULD BE RECOGNIZED AS INCOME TAX EXPENSE.

AS OF MARCH 31, 2012, THE FOUNDATION'S FEDERAL INFORMATIONAL RETURNS ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR THE FISCAL YEARS 2009 AND THEREAFTER.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

<u>CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT</u>	<u>6,277.</u>
<u>AGENCY ENDOWMENT REVENUE</u>	<u>-449,041.</u>
<u>AGENCY ENDOWMENT EXPENSES</u>	<u>303,305.</u>
<u>TOTAL TO SCHEDULE D, PART XI, LINE 8</u>	<u>-139,459.</u>

PART XII, LINE 2D - OTHER ADJUSTMENTS:

<u>FORM 990, PART VIII, LINE 8B</u>	<u>115,232.</u>
<u>CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT</u>	<u>6,277.</u>
<u>TOTAL TO SCHEDULE D, PART XII, LINE 2D</u>	<u>121,509.</u>

PART XII, LINE 4B - OTHER ADJUSTMENTS:

<u>AGENCY ENDOWMENT REVENUE</u>	<u>449,041.</u>
---------------------------------	-----------------

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

**Part XIV Supplemental Information (continued)**FORM 990, PART VIII, LINE 8B115,232.PART XIII, LINE 4B - OTHER ADJUSTMENTS:AGENCY ENDOWMENT EXPENSES303,305.

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

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

2011

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

---

**Name of the organization**

**Employer identification number**

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

## **Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

  - a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 POLSKY AWARD DINNER	(b) Event #2 GCEF SUGAR PLUM	(c) Other events 14 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts .....	97,575.	60,260.	105,889.	263,724.
2 Less: Charitable contributions .....	71,079.	52,290.	59,359.	182,728.
3 Gross income (line 1 minus line 2) .....	26,496.	7,970.	46,530.	80,996.
Direct Expenses				
4 Cash prizes .....				
5 Noncash prizes .....				
6 Rent/facility costs .....	35,051.	6,282.	31,500.	72,833.
7 Food and beverages .....				
8 Entertainment .....				
9 Other direct expenses .....	20,671.	8,760.	12,968.	42,399.
10 Direct expense summary. Add lines 4 through 9 in column (d) .....				► ( 115,232 )
11 Net income summary. Combine line 3, column (d), and line 10 .....				► -34,236.

**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? .....  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....  Yes  No

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? .....

**13** Indicate the percentage of gaming activity operated in:

<b>a</b> The organization's facility .....	<b>13a</b>	<b>%</b>
<b>b</b> An outside facility .....	<b>13b</b>	<b>%</b>

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

**Address ►** \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

**Address** ► \_\_\_\_\_

## **16 Gaming manager information:**

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

**Description of services provided** ► \_\_\_\_\_

Director/officer       Employee       Independent contractor

## 17 Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV

**Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

► Attach to Form 990.

**2011**

Open to Public  
Inspection

Name of the organization

**AKRON COMMUNITY FOUNDATION**

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

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

- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed .....  ▲

**Part II Grants and Other Assistance to Governments and Organizations in the United States** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed .....  ▲

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					(f)	(g)		
ACCESS INC. P.O. BOX 1007 AKRON, OH 44309	34-1395246	501(C)(3)	2,500.	0.				FOR GENERAL OPERATING SUPPORT
ACCESS INC. P.O. BOX 1007 AKRON, OH 44309	34-1395246	501(C)(3)	10,000.	0.				FOR PROGRAM SUPPORT CHILDREN IN CRISIS PROGRAM, BIRTHDAY/HOLIDAY PARTIES AND ACTIVITIES FOR HOMELESS CHILDREN
ACCESS INC. P.O. BOX 1007 AKRON, OH 44309	34-1395246	501(C)(3)	2,000.	0.				TO SHELTER HOMELESS WOMEN AND CHILDREN
ACT II PRODUCTIONS ILLUSION FACTORY - 1319 SHANABROOK DRIVE - AKRON, OH 44313	34-1684501	501(C)(3)	10,000.	0.				FOR THEATER PRODUCTIONS IN AREA SCHOOLS DURING THE 2011-2012 ACADEMIC YEAR
ACT II PRODUCTIONS ILLUSION FACTORY - 1319 SHANABROOK DRIVE - AKRON, OH 44313	34-1684501	501(C)(3)	2,000.	0.				TO PROVIDE FREE PERFORMANCES FOR UNDERSERVED CHILDREN AND THEIR FAMILIES

- 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 .....  ▲

**Schedule I (Form 990) (2011)**

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACTORS' SUMMIT 103 SOUTH HIGH STREET, SIXTH FLOOR AKRON, OH 44308	34-1878529	501(C)(3)	100.	0.			FOR GENERAL OPERATING SUPPORT
ACTORS' SUMMIT 103 SOUTH HIGH STREET, SIXTH FLOOR AKRON, OH 44308	34-1878529	501(C)(3)	5,000.	0.			FOR PRODUCTION EXPENSES
ADENOID CYSTIC CARCINOMA RESEARCH FOUNDATION - P.O. BOX 442 - NEEDHAM, MA 02494	20-6745475	501(C)(3)	2,500.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON AREA ARTS ALLIANCE SUMMIT CENTER BUILDING, 140 E. MARK AKRON, OH 44308	34-1841587	501(C)(3)	17,500.	0.			FOR SUMMIT ARTSPACE GALLERY EXHIBITIONS, PROGRAMMING, ARTIST RECEPTIONS AND
AKRON AREA PRIDE COLLECTIVE 895 NORTH MAIN STREET AKRON, OH 44310-2123	34-1871233	501(C)(3)	1,700.	0.			FOR TEEN PRIDE, A GLBTQ YOUTH SUPPORT GROUP
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-2084	34-0813426	501(C)(3)	306.	0.			ANNUAL FUNDS
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-2084	34-0813426	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-2084	34-0813426	501(C)(3)	500.	0.			FOR GENERAL OPERATING SUPPORT
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-2084	34-0813426	501(C)(3)	2,500.	0.			FOR GENERAL OPERATING SUPPORT

**Schedule I (Form 990)**

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-2084	34-0813426	501(C)(3)	500.	0.			FOR GENERAL ORGANIZATIONAL SUPPORT
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-2084	34-0813426	501(C)(3)	1,000.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-2084	34-0813426	501(C)(3)	4,000.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-2084	34-0813426	501(C)(3)	1,500.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-2084	34-0813426	501(C)(3)	100.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-2084	34-0813426	501(C)(3)	5,000.	0.			FOR THE FIRSTMERIT BANK, FIRSTFAMILY EVENT
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-2084	34-0813426	501(C)(3)	3,946.	0.			SPENDABLE INCOME
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-2084	34-0813426	501(C)(3)	334.	0.			SPENDABLE INCOME
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-2084	34-0813426	501(C)(3)	1,299.	0.			SPENDABLE INCOME

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-2084	34-0813426	501(c)(3)	10,000.	0.	TO PRODUCE A DOCUMENTARY ABOUT THE PAUL STANKARD COLLECTION IN COLLABORATION WITH		
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-2084	34-0813426	501(c)(3)	10,000.	0.	TO SPONSOR THE 2012 DOCENT PROGRAM		
AKRON BAR ASSOCIATION FOUNDATION 57 SOUTH BROADWAY STREET AKRON, OH 44308-1722	34-1503646	501(c)(3)	200.	0.	FOR GENERAL PROGRAM SUPPORT		
AKRON BLIND CENTER & WORKSHOP INC. 325 EAST MARKET STREET AKRON, OH 44304	34-0742708	501(c)(3)	240.	0.	FOR THE FELLOWS FUND SUPPORT		
AKRON CHILDREN'S HOSPITAL FOUNDATION - ONE PERKINS SQUARE - AKRON, OH 44308-1062	23-7114013	501(c)(3)	500.	0.	FOR GENERAL OPERATING SUPPORT		
AKRON CHILDREN'S HOSPITAL FOUNDATION - ONE PERKINS SQUARE - AKRON, OH 44308-1062	23-7114013	501(c)(3)	1,000.	0.	FOR THE ANNUAL FUND		
AKRON CHILDREN'S HOSPITAL FOUNDATION - ONE PERKINS SQUARE - AKRON, OH 44308-1062	23-7114013	501(c)(3)	15,000.	0.	FOR THE ANNUAL FUND		
AKRON CHILDREN'S HOSPITAL FOUNDATION - ONE PERKINS SQUARE - AKRON, OH 44308-1062	23-7114013	501(c)(3)	10,000.	0.	FOR THE WORK OF THE REBECCA D. CONSTITUTE RESEARCH INSTITUTE, IN HONOR OF BILL CONSIDINE		

**Schedule I (Form 990)**

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AKRON CHILDREN'S HOSPITAL FOUNDATION - ONE PERKINS SQUARE - AKRON, OH 44308-1062	23-7114013	501(C)(3)	3,500.	0.			FUNDS TO BE USED AT THE DISCRETION OF FOUNDATION BOARD CHAIRMAN PHILIP H. MAYNARD
AKRON COMMUNITY SERVICE CENTER & URBAN LEAGUE - 440 VERNON ODOM BLVD. - AKRON, OH 44307	34-0714520	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT
AKRON COUNCIL OF PTAS 1107 SOUTH MAIN STREET AKRON, OH 44301	23-7253615	501(C)(3)	15,000.	0.			TO SUPPORT A LEADERSHIP TRAINING PROGRAM FOR ENGAGED PARENTS OF APS STUDENTS
AKRON COUNCIL ON WORLD AFFAIRS INC. - P.O. BOX 5300 - AKRON, OH 44334	30-0086466	501(C)(3)	5,000.	0.			FOR THE GLOBAL SCHOLARS PROGRAM
AKRON GARDEN CLUB 11227 WOODSVIEW DRIVE AKRON, OH 44313	34-6542204	501(C)(3)	750.	0.			FOR THE ART BLOOMS GALA
AKRON GARDEN CLUB 11227 WOODSVIEW DRIVE AKRON, OH 44313	34-6542204	501(C)(3)	222.	0.			FOR THE COST AND ENGRAVING OF SEWELL BOWL AWARDS
AKRON GARDEN CLUB 11227 WOODSVIEW DRIVE AKRON, OH 44313	34-6542204	501(C)(3)	18,000.	0.			FOR THE RAIN GARDEN AT THE NEW CASCADE LOCKS PARK IN DOWNTOWN AKRON
AKRON GENERAL DEVELOPMENT FOUNDATION - 400 WABASH AVENUE - AKRON, OH 44307	34-1127047	501(C)(3)	250.	0.			FOR GENERAL OPERATING SUPPORT
AKRON GENERAL DEVELOPMENT FOUNDATION - 400 WABASH AVENUE - AKRON, OH 44307	34-1127047	501(C)(3)	1,000.	0.			FOR GENERAL ORGANIZATIONAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AKRON GENERAL DEVELOPMENT FOUNDATION - 400 WABASH AVENUE - AKRON, OH 44307	34-1127047	501(c)(3)	2,000.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON GENERAL DEVELOPMENT FOUNDATION - 400 WABASH AVENUE - AKRON, OH 44307	34-1127047	501(c)(3)	100.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON INDEPENDENT FILM FESTIVAL INC. - 140 EAST MARKET STREET, 2ND FLOOR - AKRON, OH 44308	26-0855272	501(c)(3)	5,000.	0.			FOR THE PREMIERE OF THE ROCK DOCUMENTARY HIT SO HARD AT THE 2011 AKRON FILM+PIXEL FESTIVAL
AKRON INDEPENDENT FILM FESTIVAL INC. - 140 EAST MARKET STREET, 2ND FLOOR - AKRON, OH 44308	26-0855272	501(c)(3)	1,218.	0.			FOR THE SOCCER PROGRAM FOR AKRON INNER-CITY YOUTH
AKRON INNER CITY SOCCER CLUB 865 ROSLYN AVENUE AKRON, OH 44320	34-1875816	501(c)(3)	1,000.	0.			FOR YEAR-ROUND SOCCER PROGRAM AND FREE SUMMER CAMP
AKRON INNER CITY SOCCER CLUB 865 ROSLYN AVENUE AKRON, OH 44320	34-1875816	501(c)(3)	10,000.	0.			FOR ENHANCING AND EXPANDING MARATHON PROGRAMS
AKRON MARATHON CHARITABLE CORPORATION - 453 SOUTH HIGH STREET, SUITE 301 - AKRON, OH 44311	42-1531773	501(c)(3)	15,000.	0.			FOR THE DESTINATION COLLEGE SUMMER EXPERIENCE
SUMMIT EDUCATION INITIATIVE 520 SOUTH MAIN STREET, SUITE 2455 AKRON, OH 44311-1095	34-1843220	501(c)(3)	20,000.	0.			FOR THE FOREST HILL CLC PRINCIPAL'S LEADERSHIP TEAM, A BASKETBALL AND CHEERLEADING PROGRAM
AKRON PUBLIC SCHOOLS 70 NORTH BROADWAY AKRON, OH 44308-1991	34-6000033	501(c)(3)	2,000.	0.			

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AKRON PUBLIC SCHOOLS-SEIBERLING ELEMENTARY SCHOOL - 49 NORTH MARTHA AVENUE - AKRON, OH 44305	34-6000033	501(c)(3)	2,000.	0.			FOR THE 2011 THANKSGIVING DINNER
AKRON REGIONAL DEVELOPMENT BOARD EDUCATIONAL FUND - ONE CASCADE PLAZA, 17TH FLOOR - AKRON, OH 44308	34-1202413	501(c)(3)	10,000.	0.			FOR A YOUNG PROFESSIONALS INITIATIVE
AKRON ROTARY CAMP FOR SPECIAL CHILDREN INC. - 4460 REX LAKE DRIVE - AKRON, OH 44319	34-6557819	501(c)(3)	272.	0.			FOR AUTISM PROGRAMS
AKRON ROTARY CAMP FOR SPECIAL CHILDREN INC. - 4460 REX LAKE DRIVE - AKRON, OH 44319	34-6557819	501(c)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT
AKRON ROTARY CAMP FOR SPECIAL CHILDREN INC. - 4460 REX LAKE DRIVE - AKRON, OH 44319	34-6557819	501(c)(3)	250.	0.			FOR GENERAL OPERATING SUPPORT
AKRON ROTARY CAMP FOR SPECIAL CHILDREN INC. - 4460 REX LAKE DRIVE - AKRON, OH 44319	34-6557819	501(c)(3)	500.	0.			FOR GENERAL ORGANIZATIONAL SUPPORT
AKRON ROTARY CAMP FOR SPECIAL CHILDREN INC. - 4460 REX LAKE DRIVE - AKRON, OH 44319	34-6557819	501(c)(3)	10,000.	0.			FOR OPERATING SUPPORT
AKRON ROTARY CAMP FOR SPECIAL CHILDREN INC. - 4460 REX LAKE DRIVE - AKRON, OH 44319	34-6557819	501(c)(3)	10,000.	0.			FOR THE CAPITAL CAMPAIGN (HILTON-FOR-KIDS CABINS)
AKRON ROTARY CAMP FOR SPECIAL CHILDREN INC. - 4460 REX LAKE DRIVE - AKRON, OH 44319	34-6557819	501(c)(3)	50,000.	0.			FOR THE CAPITAL CAMPAIGN AND TO NAME A CABIN THE ROBERT A. & JEAN C. MEYERS FAMILY RETREAT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c)IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AKRON ROTARY CAMP FOR SPECIAL CHILDREN INC. - 4460 REX LAKE DRIVE - AKRON, OH 44319	34-6557819	501(C)(3)	500.	0.			TO SUPPORT CAMPERSHIPS
AKRON ROTARY CAMP FOR SPECIAL CHILDREN INC. - 4460 REX LAKE DRIVE - AKRON, OH 44319	34-6557819	501(C)(3)	300.	0.			TO SUPPORT CAMPERSHIPS THAT HELP SEND CHILDREN AND ADULTS WITH DISABILITIES TO CAMP
AKRON ROTARY CAMP FOR SPECIAL CHILDREN INC. - 4460 REX LAKE DRIVE - AKRON, OH 44319	34-6557819	501(C)(3)	180.	0.			TO SUPPORT THE CHILI OPEN
AKRON ROTARY FOUNDATION SUMNER ON RIDGEWOOD, 983-3 EDGEWEME COPLEY, OH 44321	34-1698713	501(C)(3)	100.	0.			GENERAL SUPPORT
AKRON WOMAN'S CITY CLUB 732 WEST EXCHANGE STREET AKRON, OH 44302	20-4291648	501(C)(3)	5,000.	0.			FOR THE COACH HOUSE THEATRE CAPITAL CAMPAIGN FOR RENOVATIONS TO THE THEATRE
AKRON ZOOLOGICAL PARK 500 EDGEMOOG AVENUE AKRON, OH 44307	34-6003866	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
AKRON ZOOLOGICAL PARK 500 EDGEMOOG AVENUE AKRON, OH 44307	34-6003866	501(C)(3)	10,000.	0.			TO SUPPORT THE CREATION OF THE NEW MIKE & MARY STARK GRIZZLY RIDGE EXHIBIT
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)(3)	10,000.	0.			FOR 2011 GENERAL OPERATING SUPPORT
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)(3)	1,000.	0.			FOR GENERAL OPERATING SUPPORT

**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990, Part II))**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)(3)	1,000.	0.			FOR GENERAL OPERATING SUPPORT
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)(3)	150.	0.			FOR GENERAL ORGANIZATIONAL SUPPORT
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)(3)	100.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)(3)	200.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)(3)	150.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)(3)	1,000.	0.			FOR GENERAL PROGRAM SUPPORT & FOOD PURCHASING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)(3)	25,000.	0.			FOR THE 2012 DIRECT DISTRIBUTION PROGRAM
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)(3)	2,000.	0.			FOR THE CHILDHOOD NUTRITION BAGGED MEAL PROGRAM
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)(3)	4,640.	0.			FOR THE TASTE OF THE NFL EVENT
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)(3)	500.	0.			FOR THE THANKSGIVING FOOD DRIVE
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)(3)	500.	0.			TO PURCHASE FOOD
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)(3)	500.	0.			TO PURCHASE FOOD
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)(3)	750.	0.			TO PURCHASE FOOD
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)(3)	1,000.	0.			TO PURCHASE FOOD
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)(3)	3,500.	0.			TO PURCHASE TURKEYS FOR THANKSGIVING

Schedule I (Form 990)

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)(3)	800.	0.			TO REPLACE THE LETTER "K" ON THE FOODBANK SIGN
ALDEA INC. P.O. BOX 841 NAPA, CA 94559	94-2159248	501(C)(3)	100.	0.			FOR GENERAL OPERATING SUPPORT
ALL STAR TRAINING CLUB 3108 SPARROWS CREST AKRON, OH 44319	34-1608210	501(C)(3)	10,000.	0.			FOR THE SUMMER ACADEMIC / SPORTS CAMP FOR DISABLED CHILDREN AND YOUNG ADULTS
ALTRUSA INTERNATIONAL OF AKRON FOUNDATION INC. - 327 CORDUNA AVENUE - AKRON, OH 44333	30-0237982	501(C)(3)	7,221.	0.			TO PROVIDE STARTER KITS TO WOMEN TRANSITIONING OUT OF HOMELESSNESS AND EMANCIPATING YOUTH
ALZHEIMER'S ASSOCIATION GREATER EAST OHIO CHAPTER - 70 WEST STREETSBORO STREET, SUITE 201 - HUDSON, OH 44236-5111	34-1454446	501(C)(3)	100.	0.			FOR GENERAL PROGRAM SUPPORT
ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION - 225 NORTH MICHIGAN AVENUE, FLOOR 17 - CHICAGO, IL 60601-7633	34-1454446	501(C)(3)	375.	0.			TO SUPPORT THE 2012 FORGET ME NOT GALA
AMERICAN ASSOCIATION OF ORTHODONTISTS FOUNDATION - 401 NORTH LINDBERGH BLVD. - ST. LOUIS, MO 63141	13-3039601	501(C)(3)	2,750.	0.			FOR GENERAL PROGRAM SUPPORT
AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, MEDINA COUNTY OHIO BRANCH - 251 JASPER LANE - MEDINA, OH 44256	43-6056320	501(C)(3)	350.	0.			SCHOLARSHIPS

**Schedule I (Form 990)**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY INC. 5555 FRANTZ ROAD DUBLIN, OH 43017	13-1788491	501(C)(3)	2,750.	0.			FOR GENERAL PROGRAM SUPPORT
AMERICAN CANCER SOCIETY INC. 2202 WRIGHTSVILLE AVENUE, SUITE 111 WILMINGTON, NC 28403	13-1788491	501(C)(3)	1,000.	0.			FOR RELAY FOR LIFE BRUNSWICK COUNTY
AMERICAN CANCER SOCIETY INC. 2202 WRIGHTSVILLE AVENUE, SUITE 111 WILMINGTON, NC 28403	13-1788491	501(C)(3)	1,000.	0.			FOR THE 2012 RELAY FOR LIFE OF BRUNSWICK COUNTY, NC
AMERICAN CANCER SOCIETY, INC. 250 WILLIAMS STREET NW, SUITE 600 ATLANTA, GA 30303	13-1788491	501(C)(3)	100.	0.			FOR THE 2011 DONOR RENEWAL DRIVE
AMERICAN CANCER SOCIETY, INC. 250 WILLIAMS STREET NW, SUITE 600 ATLANTA, GA 30303	13-1788491	501(C)(3)	100.	0.			FOR THE 2012 MAKING STRIDES AGAINST BREAST CANCER EVENT
AMERICAN CANCER SOCIETY, INC. 250 WILLIAMS STREET NW, SUITE 600 ATLANTA, GA 30303	13-1788491	501(C)(3)	25.	0.			FOR THE 2012 RELAY FOR LIFE OF BARBERTON OHIO EVENT IN MEMORY OF LARRY DAVIS
AMERICAN DIABETES ASSOCIATION INC. 4500 ROCKSIDE ROAD, SUITE 440 INDEPENDENCE, OH 44131	13-1623888	501(C)(3)	100.	0.			FOR GENERAL OPERATING SUPPORT
AMERICAN DIABETES ASSOCIATION INC. 4500 ROCKSIDE ROAD, SUITE 440 INDEPENDENCE, OH 44131	13-1623888	501(C)(3)	175.	0.			FOR THE TOUR DE CURE EVENT
AMERICAN FOUNDATION FOR EQUAL RIGHTS - P.O. BOX 71498 - LOS ANGELES, CA 90071	94-3478012	501(C)(3)	250.	0.			IN HONOR OF THE MARRIAGE OF JEFF KLEIN & JOHN GOLDWIN

**Schedule I (Form 990)**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN FRIENDS SERVICE COMMITTEE 2101 FRONT STREET, SUITE 111 CUYAHOGA FALLS, OH 44221	23-1352010	501(c)(3)	650.	0.			FOR GENERAL ORGANIZATIONAL SUPPORT
AMERICAN HEART ASSOCIATION - AKRON DISTRICT AREA - 3505 EMBASSY PARKWAY, SUITE 100 - AKRON, OH 44333-8358	13-5613797	501(c)(3)	5,000.	0.			FOR THE COEDS GO RED PROGRAM
AMERICAN HEART ASSOCIATION INC. 722 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(c)(3)	3,000.	0.			FOR GENERAL OPERATING
AMERICAN RED CROSS P.O. BOX 37243 WASHINGTON, DC 20013	53-0196605	501(c)(3)	5,000.	0.			FOR JAPAN EARTHQUAKE AND PACIFIC TSUNAMI RELIEF
AMERICAN RED CROSS OF SUMMIT & PORTAGE COUNTIES - 501 WEST MARKET STREET - AKRON, OH 44303-1898	53-0196605	501(c)(3)	300.	0.			FOR DISASTER RELIEF
AMERICAN RED CROSS OF SUMMIT & PORTAGE COUNTIES - 501 WEST MARKET STREET - AKRON, OH 44303-1898	53-0196605	501(c)(3)	1,000.	0.			FOR GENERAL PROGRAM SUPPORT
AMERICAN RED CROSS OF SUMMIT & PORTAGE COUNTIES - 501 WEST MARKET STREET - AKRON, OH 44303-1898	53-0196605	501(c)(3)	10,000.	0.			FOR MEDICAL APPOINTMENT TRANSPORTATION SERVICES
AMERICAN RED CROSS OF SUMMIT & PORTAGE COUNTIES - 501 WEST MARKET STREET - AKRON, OH 44303-1898	53-0196605	501(c)(3)	1,000.	0.			FOR THE ANNUAL FUND
AMERICAN RED CROSS OF SUMMIT & PORTAGE COUNTIES - 501 WEST MARKET STREET - AKRON, OH 44303-1898	53-0196605	501(c)(3)	1,000.	0.			FOR THE BREAKFAST OF CHAMPIONS EVENT

**Schedule I (Form 990)**

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - P.O. BOX 96929 - WASHINGTON, DC 20090-6929	13-1623829	501(c)(3)	250.	0.			IN HONOR OF JAMES NEDERLANDER'S BIRTHDAY
AMHERST COLLEGE P.O. BOX 5000 AMHERST, MA 01002-5000	04-2103542	501(c)(3)	3,800.	0.			FOR THE ALUMNI FUND
APOLLO'S FIRE THE CLEVELAND BAROQUE ORCHESTRA - 3091 MAYFIELD ROAD, SUITE 217 - CLEVELAND HEIGHTS, OH 44118	34-1696842	501(c)(3)	500.	0.			FOR GENERAL PROGRAM SUPPORT
APOLLO'S FIRE THE CLEVELAND BAROQUE ORCHESTRA - 3091 MAYFIELD ROAD, SUITE 217 - CLEVELAND HEIGHTS, OH 44118	34-1696842	501(c)(3)	12,000.	0.			TO SUPPORT THE ARTISTIC EXPENSES OF THE 2011-12 CONCERT SEASON
ARCHBISHOP HOBAN HIGH SCHOOL ONE HOLY CROSS BLVD. AKRON, OH 44306	34-0770684	501(c)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
ARCHBISHOP HOBAN HIGH SCHOOL ONE HOLY CROSS BLVD. AKRON, OH 44306	34-0770684	501(c)(3)	6,171.	0.			FOR TECHNOLOGY, PROFESSIONAL DEVELOPMENT OF FACULTY MEMBERS AND SUPPORT OF CHRISTIAN
ARLINGTON CHURCH OF GOD INC. 539 SOUTH ARLINGTON STREET AKRON, OH 44306-1797	34-1118775	501(c)(3)	1,395.	0.			TO SUPPORT THE ARLINGTON WOMEN OF THE CHURCH OF GOD OUTREACH PROGRAM
ASHLAND UNIVERSITY 401 COLLEGE AVENUE ASHLAND, OH 44805	34-0714626	501(c)(3)	500.	0.			SCHOLARSHIP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASHLAND UNIVERSITY 401 COLLEGE AVENUE ASHLAND, OH 44805	34-0714626	501(C)(3)	500.	0.		SCHOLARSHIP	FOR AN INTERNATIONAL COMMUNITY EMPOWERMENT PROJECT FOR IMMIGRANT YOUTH IN INNER CITY
ASIAN SERVICES IN ACTION INC. 730 CARROLL STREET AKRON, OH 44304	34-1798850	501(C)(3)	1,000.	0.	FOR THE READY PROGRAM, AN EARLY CHILDHOOD LEARNING/DEVELOPMENT PROGRAM FOR CHILDREN IN	TO SUPPORT ACUTI FOR THE PURPOSE OF EDUCATION, ADVOCACY AND PROFESSIONAL DEVELOPMENT	
ASSOCIATION OF COLLEGE UNIONS INTERNATIONAL - ACUTI, ONE CITY CENTER, SUITE 200 - BLOOMINGTON, IN 47404	35-1816510	501(C)(3)	500.	0.			
BABSON COLLEGE 231 FOREST STREET BABSON PARK, MA 02457-0310	04-2103544	501(C)(3)	250.	0.	FOR THE ISRAELI PALESTINIAN INITIATIVE FOR A LITERATURE AND MUSIC-BASED ENRICHMENT PROGRAM FOR UNDERPRIVILEGED AFRON		
BALDWIN-WALLACE COLLEGE THE OFFICE OF FINANCIAL AID, 275 EASTLAND RD. - BEREA, OH 44017-2088	34-0714629	UNIVERSITY	4,600.	0.			
BALDWIN-WALLACE COLLEGE THE OFFICE OF FINANCIAL AID, 275 EASTLAND RD. - BEREA, OH 44017-2088	34-0714629	UNIVERSITY	1,000.	0.			
BALDWIN-WALLACE COLLEGE THE OFFICE OF FINANCIAL AID, 275 EASTLAND RD. - BEREA, OH 44017-2088	34-0714629	UNIVERSITY	1,000.	0.			
BALDWIN-WALLACE COLLEGE THE OFFICE OF FINANCIAL AID, 275 EASTLAND RD. - BEREA, OH 44017-2088	34-0714629	UNIVERSITY	750.	0.			

Schedule I (Form 990)

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALLET THEATRE OF OHIO 265 NORTH MAIN STREET, SUITE 13 MUNROE FALLS, OH 44262-1090	34-1772850	501(C)(3)	10,000.	0.			FOR THE "TAKE ME OUT TO THE BALLET" PROGRAM
BARBERTON COMMUNITY FOUNDATION 460 WEST PAIGE AVENUE BARBERTON, OH 44203	34-1846432	501(C)(3)	100.	0.			FOR GENERAL OPERATING SUPPORT
BARBERTON COMMUNITY FOUNDATION 460 WEST PAIGE AVENUE BARBERTON, OH 44203	34-1846432	501(C)(3)	100.	0.			FOR GENERAL OPERATING SUPPORT
BATH UNITED CHURCH OF CHRIST P.O. BOX 496 BATH, OH 44210	34-1927041	501(C)(3)	8,000.	0.			FOR GENERAL PROGRAM SUPPORT
BATH UNITED CHURCH OF CHRIST P.O. BOX 33 BATH, OH 44210	34-1927041	501(C)(3)	3,500.	0.			OF WHICH \$2,500 IS FOR THE GENERAL FUND AND \$1,000 IS FOR THE BUILDING FUND
BATH VOLUNTEERS FOR SERVICE P.O. BOX 33 BATH, OH 44210	34-6536179	501(C)(3)	500.	0.			TO SUPPORT FUNDRAISING GOALS
BATTERED WOMEN'S SHELTER 759 WEST MARKET STREET AKRON, OH 44303	34-1249342	501(C)(3)	4,361.	0.			SPENDABLE INCOME
BATTERED WOMEN'S SHELTER 759 WEST MARKET STREET AKRON, OH 44303	34-1249342	501(C)(3)	1,500.	0.			FOR A DOMESTIC VIOLENCE AND SEXUAL ASSAULT COMMUNITY OUTREACH PROGRAM
BATTERED WOMEN'S SHELTER 759 WEST MARKET STREET AKRON, OH 44303	34-1249342	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BATTERED WOMEN'S SHELTER 759 WEST MARKET STREET AKRON, OH 44303	34-1249342	501(C)(3)	650.	0.			FOR GENERAL ORGANIZATIONAL SUPPORT
BATTERED WOMEN'S SHELTER 759 WEST MARKET STREET AKRON, OH 44303	34-1249342	501(C)(3)	1,000.	0.			FOR THE 2011 WALK & WAG AGAINST ABUSE EVENT
BATTERED WOMEN'S SHELTER 759 WEST MARKET STREET AKRON, OH 44303	34-1249342	501(C)(3)	5,000.	0.			FOR THE TINA PROJECT, A DOMESTIC VIOLENCE PREVENTION PROGRAM
BATTERED WOMEN'S SHELTER 759 WEST MARKET STREET AKRON, OH 44303	34-1249342	501(C)(3)	4,642.	0.			SPENDABLE INCOME
BATTERED WOMEN'S SHELTER 759 WEST MARKET STREET AKRON, OH 44303	34-1249342	501(C)(3)	2,341.	0.			SPENDABLE INCOME
BATTERED WOMEN'S SHELTER 759 WEST MARKET STREET AKRON, OH 44303	34-1249342	501(C)(3)	1,000.	0.			TO SPONSOR THE MOTHER'S DAY BRUNCH AT THE MEDINA SHELTER
BEACON JOURNAL CHARITY FUND INC. 333 SOUTH MAIN STREET, SUITE 319 AKRON, OH 44308	34-6543299	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
BEACON JOURNAL CHARITY FUND INC. 333 SOUTH MAIN STREET, SUITE 319 AKRON, OH 44308	34-6543299	501(C)(3)	7,500.	0.			FOR ORAL HEALTH EDUCATION FOR THIRD GRADE CHILDREN
BEACON JOURNAL CHARITY FUND INC. 333 SOUTH MAIN STREET, SUITE 319 AKRON, OH 44308	34-6543299	501(C)(3)	1,277.	0.			SPENDABLE INCOME

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKLEE COLLEGE OF MUSIC 1140 BOYLSTON STREET BOSTON, MA 02215-3693	04-2300472	UNIVERSITY	500.	0.			
BETHEL LUTHERAN CHURCH, ELCAC 3852 EVERETT ROAD, P.O. BOX 207 BATH, OH 44210	34-1255375	501(C)(3)	150.	0.			
BIG BROTHERS & SISTERS OF SUMMIT & MEDINA COUNTIES INC. - 780 EAST EXCHANGE STREET - AKRON, OH 44306	34-1104356	501(C)(3)	10,000.	0.			
BIG BROTHERS & SISTERS OF SUMMIT & MEDINA COUNTIES INC. - 780 EAST EXCHANGE STREET - AKRON, OH 44306	34-1104356	501(C)(3)	1,500.	0.			
BIG BROTHERS & SISTERS OF SUMMIT & MEDINA COUNTIES INC. - 780 EAST EXCHANGE STREET - AKRON, OH 44306	34-1104356	501(C)(3)	650.	0.			
BIG BROTHERS & SISTERS OF SUMMIT & MEDINA COUNTIES INC. - 780 EAST EXCHANGE STREET - AKRON, OH 44306	34-1104356	501(C)(3)	3,624.	0.			
BIG BROTHERS & SISTERS OF SUMMIT & MEDINA COUNTIES INC. - 780 EAST EXCHANGE STREET - AKRON, OH 44306	34-1104356	501(C)(3)	3,444.	0.			
BIG BROTHERS & SISTERS OF SUMMIT & MEDINA COUNTIES INC. - 780 EAST EXCHANGE STREET - AKRON, OH 44306	34-1104356	501(C)(3)	3,475.	0.			
BIG BROTHERS & SISTERS OF SUMMIT & MEDINA COUNTIES INC. - 780 EAST EXCHANGE STREET - AKRON, OH 44306	34-1104356	501(C)(3)	3,471.	0.			

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIOINNOVATION INSTITUTE IN AKRON 1 SOUTH MAIN STREET, SUITE 401 AKRON, OH 44308	38-3793003	501(C)(3)	10,000.	0.			FOR THE BEST MEDICINE ENGINEERING FAIR
BLESSINGS IN A BACKPACK 3454 AEGEAN ROAD AKRON, OH 44333	26-1964620	501(C)(3)	8,000.	0.			FOR FOOD TO FEED LOW-INCOME CHILDREN ON THE WEEKEND FOR THE ENTIRE SCHOOL YEAR
BLESSINGS IN A BACKPACK 3454 AEGEAN ROAD AKRON, OH 44333	26-1964620	501(C)(3)	1,000.	0.			TO PROVIDE BACKPACKS CONTAINING FOOD FOR THE WEEKEND TO AT-RISK STUDENTS AT HELEN ARNOLD
BLICK CLINIC INC. 640 WEST MARKET STREET AKRON, OH 44303-1413	23-7176525	501(C)(3)	8,100.	0.			TO PROVIDE HEALTH AND WELLNESS SERVICES TO INDIVIDUALS WITH DISABILITIES
BLUECOATS INC. 2060 WEST NIMISILLA ROAD CLINTON, OH 44216	34-6560968	501(C)(3)	250.	0.			FOR GENERAL OPERATING SUPPORT
BLUECOATS INC. 2060 WEST NIMISILLA ROAD CLINTON, OH 44216	34-6560968	501(C)(3)	100.	0.			FOR GENERAL PROGRAM SUPPORT
BLUECOATS INC. 2060 WEST NIMISILLA ROAD CLINTON, OH 44216	34-6560968	501(C)(3)	250.	0.			FOR GENERAL SUPPORT
BLUECOATS OF MEDINA COUNTY INC. 39 PUBLIC SQUARE MEDINA, OH 44256	57-1158857	501(C)(3)	1,000.	0.			TO ASSIST CHILDREN OF SAFETY FORCES OFFICERS IN THE EVENT OF A FATALITY

**Schedule I (Form 990)**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOWLING GREEN STATE UNIVERSITY 1001 E. WOOSTER STREET BOWLING GREEN, OH 43403-0100	34-6007199	501(C)(3)	5,000.	0.			SCHOLARSHIP
BOWLING GREEN STATE UNIVERSITY 1001 E. WOOSTER STREET BOWLING GREEN, OH 43403-0100	34-6007199	501(C)(3)	1,000.	0.			FOR THE 2012 ANNUAL MEETING AND AWARDS PRESENTATION (TAX DEDUCTIBLE PORTION)
BOY SCOUTS OF AMERICA GREATER CLEVELAND COUNCIL - 2241 WOODLAND AVENUE - CLEVELAND, OH 44115	34-0714322	501(C)(3)	1,250.	0.			
BOY SCOUTS OF AMERICA, GREAT TRAIL COUNCIL - 1601 SOUTH MAIN ST., P.O. BOX 68 - AKRON, OH 44309-0068	34-0737790	501(C)(3)	21,415.	0.			SPENDABLE INCOME
BOY SCOUTS OF AMERICA, GREAT TRAIL COUNCIL - 1601 SOUTH MAIN ST., P.O. BOX 68 - AKRON, OH 44309-0068	34-0737790	501(C)(3)	2,500.	0.			FOR GENERAL OPERATING SUPPORT
BOY SCOUTS OF AMERICA, GREAT TRAIL COUNCIL - 1601 SOUTH MAIN ST., P.O. BOX 68 - AKRON, OH 44309-0068	34-0737790	501(C)(3)	1,000.	0.			FOR GENERAL PROGRAM SUPPORT
BOY SCOUTS OF AMERICA, GREAT TRAIL COUNCIL - 1601 SOUTH MAIN ST., P.O. BOX 68 - AKRON, OH 44309-0068	34-0737790	501(C)(3)	500.	0.			FOR GENERAL PROGRAM SUPPORT
BOY SCOUTS OF AMERICA, GREAT TRAIL COUNCIL - 1601 SOUTH MAIN ST., P.O. BOX 68 - AKRON, OH 44309-0068	34-0737790	501(C)(3)	15,000.	0.			FOR THE CAMP MANATOC FITNESS & AQUATIC CENTER
BOY SCOUTS OF AMERICA, GREAT TRAIL COUNCIL - 1601 SOUTH MAIN ST., P.O. BOX 68 - AKRON, OH 44309-0068	34-0737790	501(C)(3)	10,000.	0.			FOR THE CAMP MANATOC FITNESS AND AQUATIC CENTER

**Schedule I (Form 990)**

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA, GREAT TRAIL COUNCIL - 1601 SOUTH MAIN ST., P.O. BOX 68 - AKRON, OH 44309-0068	34-0737790	501(C)(3)	3,000.	0.			FOR TRI-FIRES FOS TO SUPPORT THE INNER CITY SCOUTING PATHFINDER DISTRICT INITIATIVE WITHIN THE CITY OF AKRON
BOY SCOUTS OF AMERICA, GREAT TRAIL COUNCIL - 1601 SOUTH MAIN ST., P.O. BOX 68 - AKRON, OH 44309-0068	34-0737790	501(C)(3)	5,000.	0.			
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE - 889 JONATHAN AVENUE - AKRON, OH 44306	34-1351557	501(C)(3)	37,429.	0.			SPENDABLE INCOME
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE - 889 JONATHAN AVENUE - AKRON, OH 44306	34-1351557	501(C)(3)	70,000.	0.			FOR AFTER-SCHOOL AND SUMMER PROGRAMMING AT THE ELLER CLUB AND I STRIVE OUTREACH PROGRAM
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE - 889 JONATHAN AVENUE - AKRON, OH 44306	34-1351557	501(C)(3)	10,000.	0.			FOR EXPANSION OF THE AFTER-SCHOOL PROGRAM TO JOY PARK COMMUNITY CENTER
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE - 889 JONATHAN AVENUE - AKRON, OH 44306	34-1351557	501(C)(3)	500.	0.			FOR GENERAL OPERATING SUPPORT
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE - 889 JONATHAN AVENUE - AKRON, OH 44306	34-1351557	501(C)(3)	100.	0.			FOR GENERAL OPERATING SUPPORT
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE - 889 JONATHAN AVENUE - AKRON, OH 44306	34-1351557	501(C)(3)	1,250.	0.			FOR GENERAL PROGRAM SUPPORT
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE - 889 JONATHAN AVENUE - AKRON, OH 44306	34-1351557	501(C)(3)	200,000.	0.			FOR GENERAL PROGRAM SUPPORT

**Schedule I (Form 990)**

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE - 889 JONATHAN AVENUE - AKRON, OH 44306	34-1351557	501(C)(3)	500.	0.			FOR ISTRIVE OUTREACH, AN AFTER-SCHOOL PROGRAM IN NW AKRON
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE - 889 JONATHAN AVENUE - AKRON, OH 44306	34-1351557	501(C)(3)	2,250.	0.			FOR THE "BE GREAT EXTRAVAGANZA 2011"
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE - 889 JONATHAN AVENUE - AKRON, OH 44306	34-1351557	501(C)(3)	6,250.	0.			FOR THE "BE GREAT EXTRAVAGANZA 2011"
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE - 889 JONATHAN AVENUE - AKRON, OH 44306	34-1351557	501(C)(3)	1,000.	0.			FOR THE "BE GREAT EXTRAVAGANZA 2012" (FUND AN ITEM)
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE - 889 JONATHAN AVENUE - AKRON, OH 44306	34-1351557	501(C)(3)	55,000.	0.			FOR THE CAPACITY BUILDING INITIATIVE
BRADFORD SCHOOL 2469 STELZER ROAD COLUMBUS, OH 43219	25-1482719	UNIVERSITY	1,000.	0.			SCHOLARSHIP
BRADFORD SCHOOL 2469 STELZER ROAD COLUMBUS, OH 43219	25-1482719	UNIVERSITY	1,000.	0.			SCHOLARSHIP
BRIDGES OUT OF POVERTY SUMMIT COUNTY COLLABORATIVE - 941 PRINCETON STREET - AKRON, OH 44311	34-1169257	FISCAL AGENT	25,000.	0.			FOR CIRCLES, THE FINAL STAGE OF THE BRIDGES OUT OF POVERTY PROGRAM
BRIMFIELD HISTORICAL SOCIETY 4158 STATE ROUTE 43 KENT, OH 44240-6916	34-6596932	501(C)(3)	24,400.	0.			FOR THE FINAL PAYMENT OF THE RECONSTRUCTION OF THE BRIMFIELD SCHOOL ARCH

**Schedule I (Form 990)**

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIMFIELD HISTORICAL SOCIETY 4158 STATE ROUTE 43 KENT, OH 44240-6916	34-6596932	501(C)(3)	48,600.	0.			FOR THE RECONSTRUCTION OF THE BRIMFIELD SCHOOL ARCH
BRIMFIELD HISTORICAL SOCIETY 4158 STATE ROUTE 43 KENT, OH 44240-6916	34-6596932	501(C)(3)	6,000.	0.			PORTION OF THE SPENDABLE INCOME
BROADWAY EDUCATION ALLIANCE INC. 226 WEST 47TH STREET, 9TH FLOOR NEW YORK, NY 10036	32-0178901	501(C)(3)	500.	0.			FOR THE NHS MUSICAL THEATRE AWARDS EDUCATION FUND, THE JIMMY AWARDS, IN HONOR OF JAMES M.
BUILDING FOR TOMORROW 100 WEST CEDAR STREET AKRON, OH 44307	27-4254089	501(C)(3)	95,000.	0.			FOR THE EARLY CHILDHOOD INITIATIVE
BUILDING FOR TOMORROW 100 WEST CEDAR STREET AKRON, OH 44307	27-4254089	501(C)(3)	6,010.	0.			FOR THE EARLY CHILDHOOD INITIATIVE
BUILDING FOR TOMORROW 100 WEST CEDAR STREET AKRON, OH 44307	27-4254089	501(C)(3)	1,000.	0.			FOR THE HOTEL MATTHEWS MONUMENT ON THE HOWARD STREET CORRIDOR
BUSINESS VOLUNTEERS UNLIMITED 1300 EAST 9TH STREET, SUITE 1805 CLEVELAND, OH 44114	34-1724581	501(C)(3)	1,000.	0.			FOR A NON-PROFIT MEMBERSHIP
BUSINESS VOLUNTEERS UNLIMITED 1300 EAST 9TH STREET, SUITE 1805 CLEVELAND, OH 44114	34-1724581	501(C)(3)	9,000.	0.			FOR A RESOURCE CENTER INTERN
BUSINESS VOLUNTEERS UNLIMITED 1300 EAST 9TH STREET, SUITE 1805 CLEVELAND, OH 44114	34-1724581	501(C)(3)	4,999.	0.			FOR CONSULTING SERVICES TO TUESDAY MUSICAL ASSOCIATION AND STEWART'S CARING PLACE INC.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUSINESS VOLUNTEERS UNLIMITED 1300 EAST 9TH STREET, SUITE 1805 CLEVELAND, OH 44114	34-1724581	501(C)(3)	766.	0.			FOR PROFESSIONAL DEVELOPMENT TRAINING AND CONSULTING SERVICE SUBSIDIES FOR
BUSINESS VOLUNTEERS UNLIMITED 1300 EAST 9TH STREET, SUITE 1805 CLEVELAND, OH 44114	34-1724581	501(C)(3)	162,056.	0.			SPENDABLE INCOME
CALVARY LUTHERAN CHURCH 424 VIA DE LA VALLE SOLANA BEACH, CA 92075	91-1758010	501(C)(3)	250.	0.			FOR GENERAL OPERATING SUPPORT
CAMP QUALITY USA INCORPORATED - OHIO - P.O. BOX 2462 - AKRON, OH 44309	38-2208796	501(C)(3)	100.	0.			FOR THE SENDOFF CEREMONY TO REMEMBER PREVIOUS CAMPERS WHO HAVE PASSED
CANTON LEHMAN HIGH SCHOOL ALUMNI ASSOCIATION - P.O. BOX 8175 - CANTON, OH 44711	34-1743132	501(C)(3)	100.	0.			FOR GENERAL PROGRAM SUPPORT
CANTON SYMPHONY ORCHESTRA ASSOCIATION - 1001 MARKET AVENUE NORTH - CANTON, OH 44702-1024	34-6533119	501(C)(3)	100.	0.			FOR GENERAL OPERATING SUPPORT (2012-2013 PERFORMANCE PARTNER SPONSORSHIP)
CANTON SYMPHONY ORCHESTRA ASSOCIATION - 1001 MARKET AVENUE NORTH - CANTON, OH 44702-1024	34-6533119	501(C)(3)	100.	0.			FOR PERFORMANCE PARTNER SUPPORT 2011-2012 LEVEL OPERATING
CARING FOR KIDS INC. 650 GRAHAM ROAD, SUITE 101 CUYAHOGA FALLS, OH 44221	34-1796454	501(C)(3)	2,000.	0.			FOR STARS: SPECIAL THANKS, ACCOLADES AND RECOGNITIONS FOR CHILDREN BEING TAKEN INTO FOSTER
CASA BOARD VOLUNTEER ASSOCIATION INC. - 650 DAN STREET - AKRON, OH 44310	34-1856268	501(C)(3)	2,000.	0.			FOR THE 2011 CASA HOLIDAY TOY SHOP WHICH PROVIDES HOLIDAY GIFTS TO NEGLECTED/ABUSED CHILDREN

**Schedule I (Form 990)**

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA BOARD VOLUNTEER ASSOCIATION INC. - 650 DAN STREET - AKRON, OH 44310	34-1856268	501(C)(3)	12,500.	0.			FOR THE MOBILIZING AKRON AGAINST ABUSE INITIATIVE
CASCADE LOCKS PARK ASSOCIATION 248 FERNDALE STREET AKRON, OH 44304	34-1621024	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
CASCADE LOCKS PARK ASSOCIATION 248 FERNDALE STREET AKRON, OH 44304	34-1621024	501(C)(3)	100.	0.			FOR GENERAL PROGRAM
CASE WESTERN RESERVE UNIVERSITY ADELBERT HALL 216, 10900 EUCLID AVE CLEVELAND, OH 44106-7001	34-1018992	501(C)(3)	10,000.	0.			FOR LAW SCHOOL SCHOLARSHIPS
CASE WESTERN RESERVE UNIVERSITY ADELBERT HALL 216, 10900 EUCLID AVE CLEVELAND, OH 44106-7001	34-1018992	501(C)(3)	1,000.	0.			FOR THE SCHOOL OF ACCOUNTANCY STUDENT SCHOLARSHIPS
CATHOLIC CHARITIES BUREAU INC. P.O. BOX 543 ST. AUGUSTINE, FL 32085	13-3318551	501(C)(3)	5,000.	0.			FOR THE ANNUAL APPEAL
CATHOLIC CHARITIES COMMUNITY SERVICES CORPORATION - 812 BIRUTA STREET - AKRON, OH 44307	34-1318541	501(C)(3)	240.	0.			FOR GENERAL PROGRAM SUPPORT
CATHOLIC CHARITIES COMMUNITY SERVICES CORPORATION - 812 BIRUTA STREET - AKRON, OH 44307	34-1318541	501(C)(3)	10,000.	0.			FOR NURSING SERVICES AT THE SUMMER RECREATION DAY CAMP PROGRAM FOR CHILDREN WITH MENTAL AND PHYSICAL
CATHOLIC COMMUNITY FOUNDATION 1404 EAST 9TH STREET, 8TH FLOOR CLEVELAND, OH 44114-1722	34-1908579	501(C)(3)	4,000.	0.			FOR THE ROOTED IN FAITH - FORWARD IN HOPE PROJECT

Schedule I (Form 990)

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATO INSTITUTE 1000 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20001-5403	23-7432162	501(c)(3)	100.	0.			FOR GENERAL PROGRAM SUPPORT
CENTRAL FUND OF ISRAEL - AMITZ 564 MATTLAND AVENUE TEANECK, NJ 07666	13-2992985	501(c)(3)	1,800.	0.			IN HONOR OF DAVID FEINBERG'S 70TH BIRTHDAY
CENTRAL SUMMIT COUNTY CHORAL SOCIETY - 715 EAST BUCHTEL AVENUE - AKRON, OH 44305	34-1658034	501(c)(3)	200.	0.			FOR GENERAL PROGRAM SUPPORT
CENTRAL SUMMIT COUNTY CHORAL SOCIETY - 715 EAST BUCHTEL AVENUE - AKRON, OH 44305	34-1658034	501(c)(3)	8,000.	0.			FOR THE SUMMIT CHILDREN'S CHOIR PROGRAM
CHAMBER MUSIC SOCIETY OF OHIO 518 DORCHESTER ROAD AKRON, OH 44320	20-1841282	501(c)(3)	600.	0.			FOR GENERAL ORGANIZATIONAL SUPPORT
CHARISMA COMMUNITY CONNECTIONS 970 CORDOVA AVENUE AKRON, OH 44320	03-0434713	501(c)(3)	12,500.	0.			FOR CHILD SUPPORT, SOCIAL SERVICE AND CUSTODY MEDIATION SERVICES FOR FATHERS
CHILD GUIDANCE & FAMILY SOLUTIONS INC. - 312 LOCUST STREET - AKRON, OH 44302	34-0726083	501(c)(3)	2,500.	0.			FOR GENERAL OPERATING
CHILD GUIDANCE & FAMILY SOLUTIONS INC. - 312 LOCUST STREET - AKRON, OH 44302	34-0726083	501(c)(3)	250.	0.			FOR THE GROWING UP ACRON EVENT
CHILD GUIDANCE & FAMILY SOLUTIONS INC. - 312 LOCUST STREET - AKRON, OH 44302	34-0726083	501(c)(3)	65,000.	0.			FOR THE TODDLERS AND PRESCHOOLERS SUCCEEDING PROGRAM WHICH EVALUATES, SUPPORTS AND ENHANCES

**Schedule I (Form 990)**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S CONCERT SOCIETY OF AKRON - E.J. THOMAS PERFORMING ARTS HALL, 198 HILL ST. - AKRON, OH 44325-0501	34-0923479	501(c)(3)	100.	0.			FOR GENERAL PROGRAM SUPPORT
CHILDREN'S CONCERT SOCIETY OF AKRON - E.J. THOMAS PERFORMING ARTS HALL, 198 HILL ST. - AKRON, OH 44325-0501	34-0923479	501(c)(3)	1,000.	0.			FOR SCHOLARSHIPS FOR THE CONCERT HALL SERIES
CHILDREN'S CONCERT SOCIETY OF AKRON - E.J. THOMAS PERFORMING ARTS HALL, 198 HILL ST. - AKRON, OH 44325-0501	34-0923479	501(c)(3)	10,000.	0.			FOR THE 2011-12 IN-SCHOOL CONCERT SERIES
CHILDREN'S CONCERT SOCIETY OF AKRON - E.J. THOMAS PERFORMING ARTS HALL, 198 HILL ST. - AKRON, OH 44325-0501	34-0923479	501(c)(3)	100.	0.			FOR UNRESTRICTED USE
CHILDREN'S CONCERT SOCIETY OF AKRON - E.J. THOMAS PERFORMING ARTS HALL, 198 HILL ST. - AKRON, OH 44325-0501	34-0923479	501(c)(3)	6,365.	0.			SPENDABLE INCOME
CHILDREN'S CONCERT SOCIETY OF AKRON - E.J. THOMAS PERFORMING ARTS HALL, 198 HILL ST. - AKRON, OH 44325-0501	34-0923479	501(c)(3)	7,216.	0.			SPENDABLE INCOME
CHILDREN'S CONCERT SOCIETY OF AKRON - E.J. THOMAS PERFORMING ARTS HALL, 198 HILL ST. - AKRON, OH 44325-0501	34-0923479	501(c)(3)	2,343.	0.			TO BALANCE THE 2010-11 BUDGET
CHILDREN'S CONCERT SOCIETY OF AKRON - E.J. THOMAS PERFORMING ARTS HALL, 198 HILL ST. - AKRON, OH 44325-0501	34-0923479	501(c)(3)	2,657.	0.			TO BALANCE THE 2010-11 BUDGET
CHILDREN'S CONCERT SOCIETY OF AKRON - E.J. THOMAS PERFORMING ARTS HALL, 198 HILL ST. - AKRON, OH 44325-0501	34-0923479	501(c)(3)	3,000.	0.			TO SUPPORT THE IN-SCHOOL PROGRAMS DURING THE 2011-12 SEASON

**Schedule I (Form 990)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CILDREN'S HOSPITAL MEDICAL CENTER OF AKRON - ONE PERKINS SQUARE - AKRON, OH 44308-1062	34-0714357	501(C)(3)		765.	0.		ANNUAL FUNDS
CILDREN'S HOSPITAL MEDICAL CENTER OF AKRON - ONE PERKINS SQUARE - AKRON, OH 44308-1062	34-0714357	501(C)(3)		1,000.	0.		FOR GENERAL ORGANIZATIONAL SUPPORT
CILDREN'S HOSPITAL MEDICAL CENTER OF AKRON - ONE PERKINS SQUARE - AKRON, OH 44308-1062	34-0714357	501(C)(3)		10,000.	0.		FOR ONE VEINVIEWER VISION IMAGING SYSTEM FOR THE BURN CENTER
CILDREN'S HOSPITAL MEDICAL CENTER OF AKRON - ONE PERKINS SQUARE - AKRON, OH 44308-1062	34-0714357	501(C)(3)		1,000.	0.		FOR PROFESSIONAL DEVELOPMENT
CILDREN'S HOSPITAL MEDICAL CENTER OF AKRON - ONE PERKINS SQUARE - AKRON, OH 44308-1062	34-0714357	501(C)(3)		794.	0.		SPENDABLE INCOME TO SUPPORT THE MAXILLOFACIAL DEPARTMENT
CILDREN'S HOSPITAL MEDICAL CENTER OF AKRON - ONE PERKINS SQUARE - AKRON, OH 44308-1062	34-0714357	501(C)(3)		15,000.	0.		TO SUPPORT THE REGIONAL INFANT HEARING PROGRAM
CHRIST CHILD SOCIETY OF AKRON P.O. BOX 13411 AKRON, OH 44334-8811	34-1225803	501(C)(3)		383.	0.		ANNUAL FUNDS
CHRIST CHILD SOCIETY OF AKRON P.O. BOX 13411 AKRON, OH 44334-8811	34-1225803	501(C)(3)		2,000.	0.		TO PURCHASE LAYETTE ITEMS FOR AT-RISK NEWBORNS
CHRIST CHILD SOCIETY OF AKRON P.O. BOX 13411 AKRON, OH 44334-8811	34-1225803	501(C)(3)		5,500.	0.		TO PURCHASE NEW SCHOOL CLOTHING FOR LOW-INCOME CHILDREN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST CHILD SOCIETY OF AKRON P.O. BOX 13411 AKRON, OH 44334-8811	34-1225803	501(C)(3)	10,000.	0.			TO PURCHASE NEW SCHOOL CLOTHING FOR LOW-INCOME SCHOOL CHILDREN
CHRIST CHILD SOCIETY OF AKRON P.O. BOX 13411 AKRON, OH 44334-8811	34-1225803	501(C)(3)	5,000.	0.			TO PURCHASE NEW SCHOOL CLOTHING FOR LOW-INCOME SCHOOL CHILDREN
CINCINNATI BALLET COMPANY INC. 1555 CENTRAL PARKWAY CINCINNATI, OH 45214	31-6050354	501(C)(3)	3,000.	0.			FOR GENERAL PROGRAM
CITY OF AKRON 166 SOUTH HIGH STREET, 4TH FLOOR AKRON, OH 44308	34-6000020	501(C)(3)	25,000.	0.			FOR THE 2011 HEINZ POLL SUMMER DANCE FESTIVAL
CITY OF AKRON 166 SOUTH HIGH STREET, 4TH FLOOR AKRON, OH 44308	34-6000020	501(C)(3)	25,000.	0.			FOR THE 2011 HEINZ POLL SUMMER DANCE FESTIVAL
CITY OF AKRON 166 SOUTH HIGH STREET, 4TH FLOOR AKRON, OH 44308	34-6000020	501(C)(3)	65,000.	0.			FOR THE 2012 NEIGHBORHOOD PARTNERSHIP PROGRAM
CITY OF AKRON 166 SOUTH HIGH STREET, 4TH FLOOR AKRON, OH 44308	34-6000020	501(C)(3)	20,000.	0.			FOR THE 4TH ANNUAL HEINZ POLL SUMMER DANCE FESTIVAL
CITY OF AKRON 166 SOUTH HIGH STREET, 4TH FLOOR AKRON, OH 44308	34-6000020	501(C)(3)	5,000.	0.			TO SUPPORT THE 2011 AKRON SYMPHONY ORCHESTRA SUMMER CONCERT SERIES
CLEVELAND CLINIC FOUNDATION P.O. BOX 931517 CLEVELAND, OH 44193-1655	34-0714585	501(C)(3)	7,500.	0.			FOR GENERAL PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND CLINIC FOUNDATION P.O. BOX 931517 CLEVELAND, OH 44193-1655	34-0714585	501(C)(3)	100.	0.			FOR THE CLEVELAND CLINIC CENTER FOR AUTISM CAMP CHRISTOPHER FUND
CLEVELAND MODERN DANCE ASSOCIATION 13110 SHAKER SQUARE , SUITE 106 CLEVELAND , OH 44120	34-6561006	501(C)(3)	10,000.	0.			TO SUPPORT THE PERFORMANCE AND OUTREACH OF INTERNATIONALLY ACCLAIMED MOMIX
CLEVELAND MUSEUM OF NATURAL HISTORY - 1 WADE OVAL DRIVE, UNIVERSITY CIRCLE - CLEVELAND, OH 44106-1767	34-0714338	501(C)(3)		5,000.			TO PROVIDE SCIENCE AND HEALTH PROGRAMMING TO AKRON PUBLIC SCHOOL STUDENTS
CLEVELAND MUSIC SCHOOL SETTLEMENT 11125 MAGNOLIA DRIVE CLEVELAND, OH 44106	34-0714339	501(C)(3)		100.			FOR GENERAL OPERATING SUPPORT
CLEVELAND RESTORATION SOCIETY INC. 3751 PROSPECT AVENUE CLEVELAND, OH 44115-2705	23-7218767	501(C)(3)		10,000.			TO SUPPORT THE HERITAGE HOME PROGRAM
CLINTON PRESBYTERIAN CHURCH 402 NORTH CENTER STREET CLINTON, IL 61727	22-1863674	501(C)(3)		3,226.			SPENDABLE INCOME
CLINTON PRESBYTERIAN CHURCH 402 NORTH CENTER STREET CLINTON, IL 61727	22-1863674	501(C)(3)		3,112.			SPENDABLE INCOME
COMMUNITIES IN SCHOOLS OF BRUNSWICK COUNTY INC. - P.O. BOX 10087 - SOUTHPORT, NC 28461	56-1921263	501(C)(3)		1,000.			FOR 2012 COLLEGE SCHOLARSHIPS
COMMUNITIES IN SCHOOLS OF BRUNSWICK COUNTY INC. - P.O. BOX 10087 - SOUTHPORT, NC 28461	56-1921263	501(C)(3)		1,000.			FOR GENERAL PROGRAM SUPPORT

**Schedule I (Form 990)**

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HALL FOUNDATION INC-AKRON CIVIC THEATRE - 182 SOUTH MAIN STREET - AKRON, OH <u>44308</u>							
COMMUNITY HALL FOUNDATION INC-AKRON CIVIC THEATRE - 182 SOUTH MAIN STREET - AKRON, OH <u>44308</u>	34-1015948	501(C)(3)	22,000.	0.			FOR 2011-2012 IN-HOUSE PROGRAMMING
COMMUNITY HALL FOUNDATION INC-AKRON CIVIC THEATRE - 182 SOUTH MAIN STREET - AKRON, OH <u>44308</u>	34-1015948	501(C)(3)	500.	0.			FOR GENERAL OPERATING SUPPORT
COMMUNITY HALL FOUNDATION INC-AKRON CIVIC THEATRE - 182 SOUTH MAIN STREET - AKRON, OH <u>44308</u>	34-1015948	501(C)(3)	300.	0.			FOR GENERAL PROGRAM SUPPORT
COMMUNITY HALL FOUNDATION INC-AKRON CIVIC THEATRE - 182 SOUTH MAIN STREET - AKRON, OH <u>44308</u>	34-1015948	501(C)(3)		5,157.	0.		SPENDABLE INCOME
COMMUNITY HALL FOUNDATION INC-AKRON CIVIC THEATRE - 182 SOUTH MAIN STREET - AKRON, OH <u>44308</u>	34-1015948	501(C)(3)	11,295.	0.			SPENDABLE INCOME
COMMUNITY HALL FOUNDATION INC-AKRON CIVIC THEATRE - 182 SOUTH MAIN STREET - AKRON, OH <u>44308</u>	34-1015948	501(C)(3)	6,020.	0.			SPENDABLE INCOME
COMMUNITY HALL FOUNDATION INC-AKRON CIVIC THEATRE - 182 SOUTH MAIN STREET - AKRON, OH <u>44308</u>	34-1015948	501(C)(3)	5,326.	0.			SPENDABLE INCOME
COMMUNITY HALL FOUNDATION INC-AKRON CIVIC THEATRE - 182 SOUTH MAIN STREET - AKRON, OH <u>44308</u>	34-1015948	501(C)(3)	11,675.	0.			SPENDABLE INCOME
COMMUNITY HALL FOUNDATION INC-AKRON CIVIC THEATRE - 182 SOUTH MAIN STREET - AKRON, OH <u>44308</u>	34-1015948	501(C)(3)	5,368.	0.			SPENDABLE INCOME

**Schedule I (Form 990)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HALL FOUNDATION INC-AKRON CIVIC THEATRE - 182 SOUTH MAIN STREET - AKRON, OH 44308	34-1015948	501(c)(3)	11,767.	0.			
COMMUNITY HALL FOUNDATION INC-AKRON CIVIC THEATRE - 182 SOUTH MAIN STREET - AKRON, OH 44308	34-1015948	501(c)(3)	5,911.	0.			SPENDABLE INCOME
COMMUNITY HALL FOUNDATION INC-AKRON CIVIC THEATRE - 182 SOUTH MAIN STREET - AKRON, OH 44308	34-1015948	501(c)(3)	5,865.	0.			SPENDABLE INCOME
COMMUNITY HALL FOUNDATION INC-AKRON CIVIC THEATRE - 182 SOUTH MAIN STREET - AKRON, OH 44308	34-1015948	501(c)(3)	5,294.	0.			SPENDABLE INCOME
COMMUNITY HALL FOUNDATION INC-AKRON CIVIC THEATRE - 182 SOUTH MAIN STREET - AKRON, OH 44308	34-1015948	501(c)(3)	11,606.	0.			SPENDABLE INCOME
COMMUNITY HALL FOUNDATION INC-AKRON CIVIC THEATRE - 182 SOUTH MAIN STREET - AKRON, OH 44308	34-1015948	501(c)(3)	5,830.	0.			SPENDABLE INCOME
COMMUNITY HALL FOUNDATION INC-AKRON CIVIC THEATRE - 182 SOUTH MAIN STREET - AKRON, OH 44308	34-1015948	501(c)(3)	310.	0.			SPENDABLE INCOME
COMMUNITY HALL FOUNDATION INC-AKRON CIVIC THEATRE - 182 SOUTH MAIN STREET - AKRON, OH 44308	34-1015948	501(c)(3)	690.	0.			SPENDABLE INCOME
COMMUNITY HALL FOUNDATION INC-AKRON CIVIC THEATRE - 182 SOUTH MAIN STREET - AKRON, OH 44308	34-1015948	501(c)(3)	250.	0.			TO SPONSOR THE TRIBUTE TO CIVIC PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CENTER 702 EAST MARKET STREET AKRON, OH 44305	34-1171699	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
COMMUNITY HEALTH CENTER 702 EAST MARKET STREET AKRON, OH 44305	34-1171699	501(C)(3)	1,000.	0.			FOR HORIZON HOUSE RESIDENTS TO ESTABLISH A GARDEN OF THEIR OWN
COMMUNITY LEGAL AID SERVICES INC. 50 SOUTH MAIN STREET, SUITE 800 AKRON, OH 44308	34-0753560	501(C)(3)	250.	0.			FOR GENERAL OPERATING SUPPORT
COMMUNITY LEGAL AID SERVICES INC. 50 SOUTH MAIN STREET, SUITE 800 AKRON, OH 44308	34-0753560	501(C)(3)	100.	0.			FOR GENERAL PROGRAM SUPPORT
COMMUNITY LEGAL AID SERVICES INC. 50 SOUTH MAIN STREET, SUITE 800 AKRON, OH 44308	34-0753560	501(C)(3)	8,000.	0.			FOR HEAL, A HEALTH, EDUCATION, ADVOCACY AND LAW PROJECT AT SUMMA
COMMUNITY OUTREACH RESOURCES EXCHANGE - CORE FURNITURE BANK - 2900 STATE ROAD, UNIT 3 - CUYAHOGA FALLS, OH 44223	34-0753560	501(C)(3)	10,000.	0.			FOR THE JUSTICE FOR ALL CAMPAIGN FOR PURPOSE OF PROVIDING LEGAL SERVICES FOR THE POOR
COMMUNITY PREGNANCY CENTER INC. 1058 WOOSTER ROAD W BARTON, OH 44203	34-1645865	501(C)(3)	2,000.	0.			TO SUBSIDIZE THE TRANSPORT AND HANDLING OF DONATED FURNITURE
COMMUNITY SUPPORT SERVICES INC. 150 CROSS STREET AKRON, OH 44311	23-7029146	501(C)(3)	10,000.	0.			TO PURCHASE FORMULA FOR THE FEEDING HUNGRY CHILDREN PROGRAM
							TO TRAIN CASE MANAGERS OF INDIVIDUALS WITH SCHIZOPHRENIA

**Schedule I (Form 990)**

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK - 1403 WEST HINES HILL ROAD - PENINSULA, OH 44264	34-1917257	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK - 1403 WEST HINES HILL ROAD - PENINSULA, OH 44264	34-1917257	501(C)(3)	1,000.	0.			FOR GENERAL OPERATING SUPPORT
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK - 1403 WEST HINES HILL ROAD - PENINSULA, OH 44264	34-1917257	501(C)(3)	100.	0.			FOR THE ALL RIVERS RUN PROGRAM
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK - 1403 WEST HINES HILL ROAD - PENINSULA, OH 44264	34-1917257	501(C)(3)	2,000.	0.			SPENDABLE INCOME
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK - 1403 WEST HINES HILL ROAD - PENINSULA, OH 44264	34-1917257	501(C)(3)	5,923.	0.			SPENDABLE INCOME
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK - 1403 WEST HINES HILL ROAD - PENINSULA, OH 44264	34-1917257	501(C)(3)	3,532.	0.			SPENDABLE INCOME
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK - 1403 WEST HINES HILL ROAD - PENINSULA, OH 44264	34-1917257	501(C)(3)	1,783.	0.			SPENDABLE INCOME
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK - 1403 WEST HINES HILL ROAD - PENINSULA, OH 44264	34-1917257	501(C)(3)	1,000.	0.			TO SUPPORT TRAILS FOREVER TOPOGRAPHY EVENT
CONSERVANCY OF SOUTHWEST FLORIDA INC. - 1450 MERRIHUE DRIVE - NAPLES, FL 34102	59-1157084	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNELL UNIVERSITY BOX 223623 PITTSBURGH, PA 15251-2623	15-0532082	501(C)(3)	100.	0.			FOR FRIENDS OF CAU
CORNELL UNIVERSITY BOX 223623 PITTSBURGH, PA 15251-2623	15-0532082	501(C)(3)	500.	0.			SCHOLARSHIP
CORNERSTONE WELLNESS CENTER INC. 120 WEST WASHINGTON STREET, SUITE 3 MEDINA, OH 44256	34-1939141	501(C)(3)	5,810.	0.			TO PROVIDE HEALTHY FOOD TO NEEDY YOUTH DURING WEEKENDS AND HOLIDAY BREAKS FROM SCHOOL
CREDITZFELDT-JAKOB DISEASE FOUNDATION INC. - 3632 WEST MARKET STREET, SUITE 105N - AKRON, OH 44333	65-0404623	501(C)(3)	100.	0.			FOR GENERAL OPERATING SUPPORT
CROWN POINT ECOLOGY CENTER 3220 IRA ROAD BATH, OH 44210	27-2817313	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
CROWN POINT ECOLOGY CENTER 3220 IRA ROAD BATH, OH 44210	27-2817313	501(C)(3)	100.	0.			FOR GENERAL OPERATING SUPPORT
CROWN POINT ECOLOGY CENTER 3220 IRA ROAD BATH, OH 44210	27-2817313	501(C)(3)	10,000.	0.			FOR SEEDS, SUPPLIES, FERTILIZER AND SOIL AMENDMENTS FOR THE 2011-2012 GROWING SEASON
CUYAHOGA VALLEY PRESERVATION AND SCENIC RAILWAY ASSOCIATION - P.O. BOX 158 - PENINSULA, OH 44264-0158	23-7198801	501(C)(3)	10,000.	0.			FOR MAINTENANCE OF THE RAILROAD
CUYAHOGA VALLEY PRESERVATION AND SCENIC RAILWAY ASSOCIATION - P.O. BOX 158 - PENINSULA, OH 44264-0158	23-7198801	501(C)(3)	5,000.	0.			FOR SAFETY EQUIPMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CUYAHOGA VALLEY PRESERVATION AND SCENIC RAILWAY ASSOCIATION - P.O. BOX 158 - PENINSULA, OH 44264-0158	23-7198801	501(C)(3)	3,760.	0.			SPENDABLE INCOME
CUYAHOGA VALLEY PRESERVATION AND SCENIC RAILWAY ASSOCIATION - P.O. BOX 158 - PENINSULA, OH 44264-0158	23-7198801	501(C)(3)	1,243.	0.			SPENDABLE INCOME
CUYAHOGA VALLEY YOUTH BALLET P.O. BOX 3131 CUYAHOGA FALLS, OH 44223	34-1318396	501(C)(3)	5,000.	0.			FOR THE REACH OUT AND DANCE PROGRAM IN AKRON AND CUYAHOGA FALLS PUBLIC SCHOOLS FOR THE 2011-2011
CUYAHOGA VALLEY YOUTH BALLET P.O. BOX 3131 CUYAHOGA FALLS, OH 44223	34-1318396	501(C)(3)	421.	0.			SPENDABLE INCOME
CUYAHOGA VALLEY YOUTH BALLET P.O. BOX 3131 CUYAHOGA FALLS, OH 44223	34-1318396	501(C)(3)	8,000.	0.			TO SUPPORT THE 2011-2012 PERFORMANCE SEASON
CYSTIC FIBROSIS FOUNDATION 5410 TRANSPORTATION BLVD., SUITE 5 GARFIELD HEIGHTS, OH 44125	13-1930701	501(C)(3)	245.	0.			FOR THE AKRON WINE OPENER EVENT (TAX DEDUCTIBLE PORTION)
DANCING CLASSROOMS NORTHEAST OHIO P. O. BOX 304 HINCKLEY, OH 44233	26-2300532	501(C)(3)	4,500.	0.			TO SUPPORT FIVE CLASSROOMS IN AKRON PUBLIC SCHOOLS
DEETTE HOLDEN CUMMER MUSEUM FOUNDATION INC. - 829 RIVERSIDE AVENUE - JACKSONVILLE, FL 32204	59-2191587	501(C)(3)	1,500.	0.			FOR GENERAL PROGRAM SUPPORT
DIOCESE OF ST. AUGUSTINE 11625 OLD ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258	59-0637829	501(C)(3)	2,000.	0.			TO SUPPORT THE DIOCESAN LENTEN APPEAL FOR VOCATIONS

**Schedule I (Form 990)**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOOR COUNTY LAND TRUST, INC. P.O. BOX 65 STURGEON BAY, WI 54235	39-1561423	501(C)(3)	1,000.	0.			FOR GENERAL PROGRAM SUPPORT
DOWNTOWN AKRON PARTNERSHIP INC. 103 SOUTH HIGH STREET, 4TH FLOOR AKRON, OH 44308	34-18223835	501(C)(3)	10,000.	0.			FOR LOCAL ARTISTS AND PERFORMERS FOR FIRST NIGHT AKRON
DUBLIN SCHOOL INC. P.O. BOX 522 DUBLIN, NH 03444	02-0229869	501(C)(3)	100.	0.			FOR GENERAL OPERATING SUPPORT
DUNSTAN WAI MEMORIAL CHARITABLE FOUNDATION INC. - 1005 SHERMAN COURT - GREAT FALLS, VA 22066	20-2949247	501(C)(3)	100.	0.			FOR THE EMERGENCY HOME REPAIR PROGRAM FOR LOW-INCOME ELDERLY, DISABLED, AND WORKING CHILDREN WITH DISABILITIES
EAST AKRON NEIGHBORHOOD DEVELOPMENT CORPORATION - 1035 ROSEMARY BLVD., SUITE J - AKRON, OH 44306	34-1365690	501(C)(3)	20,000.	0.			TO EXPAND SPEECH AND LANGUAGE SERVICES TO CHILDREN WITH DISABILITIES
EASTER SEALS NORTHERN OHIO 2524 MEDINA ROAD #600 MEDINA, OH 44256	31-4380051	501(C)(3)	2,000.	0.			
ELLA SHARP MUSEUM OF ART AND HISTORY - 3225 4TH STREET - JACKSON, MI 49203	38-1785309	501(C)(3)	500.	0.			FOR GENERAL PROGRAM SUPPORT
ELVES & MORE OF NORTHEAST OHIO P.O. BOX 95 CUYAHOGA FALLS, OH 44222	20-8645169	501(C)(3)	1,100.	0.			TO PROVIDE 20 NEW BICYCLES TO CHILDREN IN SELECT UNDER-PRIVILEGED NEIGHBORHOODS IN AKRON
EMERGE MINISTRIES INC. 900 MULL AVENUE AKRON, OH 44313-7597	34-1213335	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT

**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990, Part II))**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMERSON COLLEGE 120 BOYLSTON STREET, 7TH FLOOR BOSTON, MA 02116	04-1286950	501(C)(3)	100.	0.			FOR GENERAL PROGRAM SUPPORT
ENTREPRENEURS EDGE INC. 6801 BRECKSVILLE ROAD, SUITE 160 INDEPENDENCE, OH 44131	56-2485594	501(C)(3)	20,000.	0.			TO SUPPORT THE EDGE FELLOWS SUMMER INTERN PROGRAM
EVANT INC. 2251 FRONT STREET, SUITE 200 CUYAHOGA FALLS, OH 44221	34-1223955	501(C)(3)	5,000.	0.			TO SUPPORT A STRATEGIC PLAN
FACES OF ANGELS, INC., 14311 KAUFFMAN AVENUE STERLING, OH 44276	27-4535702	501(C)(3)	1,000.	0.			FOR ART SUPPLIES TO PAINT PORTRAITS OF TERMINALLY ILL CHILDREN
FAIR TRIAL INITIATIVE 201 WEST MAIN STREET, SUITE 300 DURHAM, NC 27701	56-2215991	501(C)(3)	100.	0.			FOR GENERAL OPERATING SUPPORT
FAIRLAWN COMMUNITY FOUNDATION P.O. BOX 5304 FAIRLAWN, OH 44334	27-4237687	501(C)(3)	250.	0.			FOR THE FAIRLAWN JULY 4TH FIREWORKS AND CONCERT
FAIRLAWN COUNTRY CLUB FOUNDATION A NON PROFIT CORPORATION - 200 NORTH WHEATON ROAD - AKRON, OH 44313-3963	26-2933873	501(C)(3)	250.	0.			FOR A GOLF HOLE SPONSORSHIP
FAIRLAWN LUTHERAN CHURCH 3415 WEST MARKET STREET AKRON, OH 44333	34-0858919	501(C)(3)	200.	0.			FOR PARISH ARTS
FAMILY AND COMMUNITY SERVICES OF PORTAGE COUNTY INC. - 705 OAKWOOD STREET - RAVENNA, OH 44266	34-1902451	501(C)(3)	10,000.	0.			FOR THE SENIOR COMPANION PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
FIRST BOOK 691 SHOOK ROAD AKRON, OH 44319	52-1779606	501(c)(3)	1,000.	0.		
FIRST BOOK 691 SHOOK ROAD AKRON, OH 44319	52-1779606	501(c)(3)	10,000.	0.		
FIRST BOOK 691 SHOOK ROAD AKRON, OH 44319	52-1779606	501(c)(3)	1,249.	0.		
FIRST CONGREGATIONAL CHURCH OF HUDSON - 47 AURORA STREET - HUDSON, OH 44236	34-0762813	501(c)(3)	4,000.	0.		
FIRST GLANCE STUDENT CENTER INC. 943 KENMORE BLVD. AKRON, OH 44314	20-2610539	501(c)(3)	15,000.	0.		
FIRST PRESBYTERIAN CHURCH 647 EAST MARKET STREET AKRON, OH 44304	34-6001111	501(c)(3)	5,000.	0.		
FIRST PRESBYTERIAN CHURCH OF BONITA SPRINGS - 9751 BONITA BEACH ROAD - BONITA SPRINGS, FL 34135	59-1622501	501(c)(3)	4,000.	0.		
FIRST UNITED METHODIST CHURCH - CUYAHOGA FALLS - 245 PORTAGE TRAIL - CUYAHOGA FALLS, OH 44221-3274	34-0805301	501(c)(3)	8,000.	0.		
FIRST UNITED METHODIST CHURCH - CUYAHOGA FALLS - 245 PORTAGE TRAIL - CUYAHOGA FALLS, OH 44221-3274	34-0805301	501(c)(3)	750.	0.		

Schedule I (Form 990)

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANCISCAN UNIVERSITY OF STEUBENVILLE - FINANCIAL AID OFFICE , 1235 UNIVERSITY BLVD. - STEUBENVILLE , OH 43952	34-0714818	UNIVERSITY	1,000.	0.			SCHOLARSHIP
FREEDOM HOUSE FOR WOMEN INC. 1101 7TH AVENUE AKRON , OH 44306	02-0691301	501(C)(3)	15,000.	0.			FOR PROGRAMMING TO PREVENT HOMELESSNESS AND PRESERVE THE FAMILY UNIT
FRIENDS OF 91.3 65 STEINER AVENUE AKRON , OH 44301	26-4312124	501(C)(3)	100.	0.			FOR GENERAL OPERATING SUPPORT
FRIENDS OF 91.3 65 STEINER AVENUE AKRON , OH 44301	26-4312124	501(C)(3)	3,500.	0.			FOR PRODUCTION OF ANTI-BULLYING MESSAGE SEGMENTS FOR KIDJAM! , A RADIO LISTENING PROGRAM
FRIENDS OF FLORENCE 4545 WEST WASHINGTON STREET , NW WASHINGTON , DC 20007	91-1878427	501(C)(3)	250.	0.			FOR GENERAL PROGRAM SUPPORT
FRIENDS OF METRO PARKS 975 TREATY LINE ROAD AKRON , OH 44313	34-1681376	501(C)(3)	2,500.	0.			FOR GENERAL OPERATING SUPPORT
FRIENDS OF METRO PARKS 975 TREATY LINE ROAD AKRON , OH 44313	34-1681376	501(C)(3)	10,000.	0.			FOR THE OUTSIDE IS IN PROGRAM , AN OVERNIGHT EXPERIENCE IN THE PARK FOR URBAN CHILDREN
FRIENDS OF THE LIBRARY - PONTE VEDRA BEACH INC. - P.O. BOX 744 - PONTE VEDRA BEACH , FL 32004	59-2998576	501(C)(3)	500.	0.			FOR THE OPERATING FUND
FRIENDS OF THE LIBRARY - PONTE VEDRA BEACH INC. - P.O. BOX 744 - PONTE VEDRA BEACH , FL 32004	59-2998576	501(C)(3)	500.	0.			FOR THE OPERATING FUND

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRINEDS OF THE NC MARITIME MUSEUM AT SOUTHPORT - P.O. BOX 10412 - SOUTHPORT, NC 28461	56-1699793	501(C)(3)	500.	0.			TO SUPPORT THE PERISCOPE RENOVATION AND EXHIBITION
FURNACE STREET MISSION 150 FURNACE STREET AKRON, OH 44304	34-6001192	501(C)(3)	10,000.	0.			FOR PROGRAM SUPPORT
FUSION MAGAZINE 205 FRANKLIN HALL, P.O. BOX 5190 KENT, OH 44242-0001	31-6402079	GOVERNMENT	1,300.	0.			TO SUPPORT PRODUCTION OF THE MAGAZINE WHICH STRIVES TO UNIFY PEOPLE OF DIFFERENT BACKGROUNDS
GANNON UNIVERSITY 109 UNIVERSITY SQUARE ERIE, PA 16541	25-0496976	UNIVERSITY	375.	0.			SCHOLARSHIP
GIRL SCOUTS OF NORTH EAST OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 44056-2156	34-0726034	501(C)(3)	200.	0.			FOR GENERAL PROGRAM SUPPORT
GIRL SCOUTS OF NORTH EAST OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 44056-2156	34-0726094	501(C)(3)	20,000.	0.			FOR LEADERSHIP PROGRAMMING IN SELECT AMHA HOUSING SITES
GIRL SCOUTS OF NORTH EAST OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 44056-2156	34-0726094	501(C)(3)	50,175.	0.			TO SUPPORT GIRLTOPIA: AKRON
GIRLS WITH SOLE 19885 DETROIT ROAD, #233 ROCKY RIVER, OH 44116	27-0748028	501(C)(3)	2,500.	0.			FOR GENERAL PROGRAM SUPPORT
GIVE THE GIFT OF SIGHT FOUNDATION DBA: ONE SIGHT - 4000 LUXOTTICA PLACE - MASON, OH 45040	31-1385607	501(C)(3)	1,500.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOLDEN TREASURES GOLDEN RETRIEVER RESCUE - P.O. BOX 434 - BATH, OH 44210	20-1328129	501(C)(3)	500.	0.			FOR GENERAL OPERATING SUPPORT
GOOD NEIGHBORS INC. 1453 GOODYEAR BLVD. AKRON, OH 44305-4170	34-6560957	501(C)(3)	300.	0.			FOR FOOD BASKETS
GOOD NEIGHBORS INC. 1453 GOODYEAR BLVD. AKRON, OH 44305-4170	34-6560957	501(C)(3)	200.	0.			FOR THE FOOD CENTER
GOOD NEIGHBORS INC. 1453 GOODYEAR BLVD. AKRON, OH 44305-4170	34-6560957	501(C)(3)	200.	0.			FOR THE FOOD PANTRY
GOOD NEIGHBORS INC. 1453 GOODYEAR BLVD. AKRON, OH 44305-4170	34-6560957	501(C)(3)	15,000.	0.			TO PURCHASE FOOD
GOOD NEIGHBORS INC. 1453 GOODYEAR BLVD. AKRON, OH 44305-4170	34-6560957	501(C)(3)	5,000.	0.			TO PURCHASE FOOD AND PROVIDE FORMULA AND BABY FOOD FOR INFANTS AND TODDLERS
GOOD NEIGHBORS INC. 1453 GOODYEAR BLVD. AKRON, OH 44305-4170	34-6560957	501(C)(3)	2,000.	0.			TO PURCHASE TOOTHPASTE AND TOOTHBRUSHES FOR NEEDY CHILDREN
GOOD SAMARITAN HUNGER CENTER INC. P.O. BOX 5753 AKRON, OH 44372	34-1374539	501(C)(3)	500.	0.			FOR GENERAL OPERATING SUPPORT
GOOD SAMARITAN HUNGER CENTER INC. P.O. BOX 5753 AKRON, OH 44372	34-1374539	501(C)(3)	2,000.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD SAMARITAN HUNGER CENTER INC. P.O. BOX 5753 AKRON, OH 44372	34-1374539	501(C)(3)	2,000.	0.			FOR THE BAGS FOR KIDS PROGRAM THAT SUPPLIES GROCERIES FOR CHILDREN
GOOD SAMARITAN HUNGER CENTER INC. P.O. BOX 5753 AKRON, OH 44372	34-1374539	501(C)(3)	200.	0.			TO PURCHASE FOOD
GOOD SAMARITAN HUNGER CENTER INC. P.O. BOX 5753 AKRON, OH 44372	34-1374539	501(C)(3)	300.	0.			TO PURCHASE FOOD
GOOD SAMARITAN HUNGER CENTER INC. P.O. BOX 5753 AKRON, OH 44372	34-1374539	501(C)(3)	200.	0.			TO PURCHASE FOOD
GOOD SHEPHERD ATHLETIC CLUB 940 NORTH HOWARD STREET AKRON, OH 44310	34-1838013	501(C)(3)	300.	0.			FOR A HOLIDAY PROGRAM TO SUPPLY STUDENTS WITH ATHLETIC UNIFORMS
GOOD SHEPHERD ATHLETIC CLUB 940 NORTH HOWARD STREET AKRON, OH 44310	34-1838013	501(C)(3)	2,000.	0.			TO PURCHASE FOOD
GOOD SHEPHERD ATHLETIC CLUB 940 NORTH HOWARD STREET AKRON, OH 44310	34-1838013	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
GOODWILL INDUSTRIES OF AKRON INC. 570 EAST WATERLOO ROAD AKRON, OH 44319	34-0252230	501(C)(3)	2,000.	0.			FOR GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c)IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOODWILL INDUSTRIES OF AKRON INC. 570 EAST WATERLOO ROAD AKRON, OH 44319	34-0252230	501(c)(3)	2,500.	0.			FOR GENERAL OPERATING SUPPORT
GOODWILL INDUSTRIES OF AKRON INC. 570 EAST WATERLOO ROAD AKRON, OH 44319	34-0252230	501(c)(3)	1,000.	0.			FOR GENERAL ORGANIZATIONAL SUPPORT
GOSPEL OF CHRIST MINISTRIES 732 RUSSELL AVENUE AKRON, OH 44307-1273	26-0730470	501(c)(3)	1,000.	0.			FOR A YOUTH AND YOUNG ADULT TUTORING AND MENTORING PROGRAM
GREATER AKRON MUSICAL ASSOCIATION INC. - 92 NORTH MAIN STREET - AKRON, OH 44308-1932	34-6003828	501(c)(3)	6,000.	0.			FOR A RED CHAIR SOCIETY SPONSORSHIP
GREATER AKRON MUSICAL ASSOCIATION INC. - 92 NORTH MAIN STREET - AKRON, OH 44308-1932	34-6003828	501(c)(3)	750.	0.			FOR GENERAL OPERATING SUPPORT
GREATER AKRON MUSICAL ASSOCIATION INC. - 92 NORTH MAIN STREET - AKRON, OH 44308-1932	34-6003828	501(c)(3)	500.	0.			FOR GENERAL PROGRAM SUPPORT
GREATER AKRON MUSICAL ASSOCIATION INC. - 92 NORTH MAIN STREET - AKRON, OH 44308-1932	34-6003828	501(c)(3)	1,000.	0.			FOR GENERAL PROGRAM SUPPORT
GREATER AKRON MUSICAL ASSOCIATION INC. - 92 NORTH MAIN STREET - AKRON, OH 44308-1932	34-6003828	501(c)(3)	35,000.	0.			FOR THE 2012 CONCERTS FOR KIDS PROGRAM AND CAPACITY BUILDING SUPPORT FOR OTHER EDUCATIONAL
GREATER AKRON MUSICAL ASSOCIATION INC. - 92 NORTH MAIN STREET - AKRON, OH 44308-1932	34-6003828	501(c)(3)	100.	0.			FOR THE ANNUAL FUND

**Schedule I (Form 990)**

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER AKRON MUSICAL ASSOCIATION INC. - 92 NORTH MAIN STREET - AKRON, OH 44308-1932	34-6003828	501(C)(3)	10,000.	0.			TO SUPPORT THE 2010-2011 SEASON PERFORMANCES, EDUCATION AND OUTREACH OPPORTUNITIES
GREATER AKRON MUSICAL ASSOCIATION INC. - 92 NORTH MAIN STREET - AKRON, OH 44308-1932	34-6003828	501(C)(3)	9,000.	0.			TO SUPPORT THE AKRON SYMPHONY ORCHESTRA PRODUCTION OF PORGY & BESS
GREATER AKRON MUSICAL ASSOCIATION INC. - 92 NORTH MAIN STREET - AKRON, OH 44308-1932	34-6003828	501(C)(3)	5,000.	0.			TO SUPPORT THE PROGRAMMING AND PERFORMANCES OF THE AKRON YOUTH SYMPHONY DURING THE
GREEN INTERMEDIATE SCHOOL 1737 STEESE ROAD UNIONTOWN, OH 44685	34-6001296	501(C)(3)	724.	0.			SPENDABLE INCOME
GREENLEAF FAMILY CENTER 580 GRANT STREET AKRON, OH 44311	34-0714398	501(C)(3)	100.	0.			FOR GENERAL PROGRAM SUPPORT
GREENLEAF FAMILY CENTER 580 GRANT STREET AKRON, OH 44311	34-0714398	501(C)(3)	10,000.	0.			FOR MENTAL HEALTH COUNSELING, TEEN ANGER MANAGEMENT AND STAFF DEVELOPMENT TRAINING AT
GREENLEAF FAMILY CENTER 580 GRANT STREET AKRON, OH 44311	34-0714398	501(C)(3)	5,000.	0.			IN SUPPORT OF THE ANTI-BULLYING PROGRAM
GREENLEAF FAMILY CENTER 580 GRANT STREET AKRON, OH 44311	34-0714398	501(C)(3)	2,000.	0.			TO EXPAND THE YOUNG PARENTS CLUB FOR AT-RISK PARENTS AND THEIR CHILDREN
GROUNDWORKS DANCETHEATER P.O. BOX 18191 CLEVELAND HEIGHTS, OH 44118	34-1856594	501(C)(3)	100.	0.			FOR GENERAL PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GROUNDWORKS DANCETHEATER P.O. BOX 18191 CLEVELAND HEIGHTS, OH 44118	34-1856594	501(C)(3)	10,000.	0.			FOR SUMMIT COUNTY PROGRAMMING DURING THE 2011-2012 SEASON
GUADALUPE CENTER INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	2,500.	0.			TO SUPPORT THE PELICAN LANDING EVENT TO BENEFIT THE EDUCATIONAL PROGRAMS OF THE GUADALUPE CENTER
GUARDIANS AGAINST SEX PREDATORS DBA: GASP - 53 UNIVERSITY AVENUE, 4TH FLOOR - AKRON, OH 44308	06-1778396	501(C)(3)	500.	0.			FOR GENERAL PROGRAM SUPPORT
GUS JOHNSON COMMUNITY CENTER INC. 1015 SOUTH HAWKINS AVENUE AKRON, OH 44320	34-1243701	501(C)(3)	1,200.	0.			FOR THE READY TO WORK (R2W) PROGRAM WHICH PREPARES YOUTH TO SUCCEED IN THE WORKPLACE
H.M. LIFE OPPORTUNITY SERVICES 1815 WEST MARKET STREET, SUITE 102 AKRON, OH 44313	34-1539399	501(C)(3)	20,000.	0.			TO SUPPORT THE YOUTH SERVICES PROGRAM FOR CHILDREN TRANSITIONING FROM HOMELESSNESS
HABITAT FOR HUMANITY INTERNATIONAL, INC. - 121 HABITAT STREET - AMERICUS, GA 31709-3498	91-1914868	501(C)(3)	2,750.	0.			FOR GENERAL PROGRAM SUPPORT
HABITAT FOR HUMANITY LEE COUNTY 1288 NORTH TAMMIAMI TRAIL FORT MYERS, FL 33903	59-2236174	501(C)(3)	1,000.	0.			FOR THE PELICAN LANDING HOME
HABITAT FOR HUMANITY OF COLLIER COUNTY INC. - 11145 TAMMIAMI TRAIL E - NAPLES, FL 34113	59-1834379	501(C)(3)	2,000.	0.			FOR HOPE HOUSE #13
HABITAT FOR HUMANITY OF SUMMIT COUNTY INC. - 2301 ROMIG ROAD - AKRON, OH 44320	34-1518873	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING

Schedule I (Form 990)

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY OF SUMMIT COUNTY INC. - 2301 ROMIG ROAD - AKRON, OH 44320	34-1518873	501(C)(3)	10,000.	0.			FOR THE "A HOME OF OUR OWN" CAPITAL CAMPAIGN
HABITAT FOR HUMANITY OF SUMMIT COUNTY INC. - 2301 ROMIG ROAD - AKRON, OH 44320	34-1518873	501(C)(3)	1,200.	0.			FOR THE CAPITAL CAMPAIGN
HABITAT FOR HUMANITY OF SUMMIT COUNTY INC. - 2301 ROMIG ROAD - AKRON, OH 44320	34-1518873	501(C)(3)	10,000.	0.			TO SUPPORT A HOME BEING BUILT IN THE AKRON AREA
HANDS ACROSS MEDINA COUNTY FOUNDATION (DBA: HANDS FOUNDATION) - P.O. BOX 868 - BRUNSWICK, OH 44212	34-1814221	501(C)(3)	1,300.	0.			TO PURCHASE SHELF-STAPLE FOOD FOR OLDER ADULT WOMEN LIVING IN POVERTY
HARVARD UNIVERSITY 953 HOLYOKE CENTER, 1350 MASSACHUSETTS AVE. - CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	500.	0.	SCHOLARSHIP		TO PILOT A HOUSEKEEPING VOCATIONAL PROGRAM FOR ADULTS WITH DEVELOPMENTAL DISABILITIES
HATTIE LARLHAM FOUNDATION 7996 DARROW ROAD, SUITE 10 TWINSBURG, OH 44087	34-1696794	501(C)(3)	20,000.	0.			TO PURCHASE SUPPLIES FOR WEEKLY ACTIVITIES FOR YOUTH VOLUNTEER CORPS
HATTIE LARLHAM FOUNDATION 7996 DARROW ROAD, SUITE 10 TWINSBURG, OH 44087	34-1696794	501(C)(3)	650.	0.			
HAVEN OF REST MINISTRIES INC. 175 EAST MARKET STREET, P.O. BOX 54 AKRON, OH 44309-0547	34-0750345	501(C)(3)	100.	0.			FOR GENERAL OPERATING SUPPORT
HAVEN OF REST MINISTRIES INC. 175 EAST MARKET STREET, P.O. BOX 54 AKRON, OH 44309-0547	34-0750345	501(C)(3)	360.	0.			FOR GENERAL PROGRAM SUPPORT

Schedule I (Form 990)

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAVEN OF REST MINISTRIES INC. 175 EAST MARKET STREET, P.O. BOX 54 AKRON, OH 44309-0547	34-0750345	501(C)(3)	10,000.	0.			FOR GENERAL PROGRAM SUPPORT
HAVEN OF REST MINISTRIES INC. 175 EAST MARKET STREET, P.O. BOX 54 AKRON, OH 44309-0547	34-0750345	501(C)(3)	3,000.	0.			TO SUPPORT THE PURCHASE OF A VEHICLE
HE BROUGHT US OUT MINISTRY P.O. BOX 1183 AKRON, OH 44309-1183	34-1950491	501(C)(3)	5,000.	0.			FOR THE 2011 BUILDING BLOCKS SUMMER ENRICHMENT PROGRAM
HEALTH EDUCATION CENTER OF AKRON INC. - 177 SOUTH BROADWAY STREET AKRON, OH 44308	23-7152794	501(C)(3)	10,000.	0.			FOR GENERAL PROGRAM SUPPORT
HEALTH EDUCATION CENTER OF AKRON INC. - 177 SOUTH BROADWAY STREET AKRON, OH 44308	23-7152794	501(C)(3)	10,000.	0.			FOR HEALTH EDUCATION PROGRAMS
HEALTH EDUCATION CENTER OF AKRON INC. - 177 SOUTH BROADWAY STREET AKRON, OH 44308	23-7152794	501(C)(3)	25,000.	0.			FOR HEALTH EDUCATION PROGRAMS
HEART TO HEART COMMUNICATIONS INC. 40 UNIVERSITY AVENUE AKRON, OH 44308	34-1630357	501(C)(3)	10,000.	0.			FOR UNRESTRICTED USE
HERE'S HOPE HORSE FARM 2545 NORTHAMPTON ROAD CUYAHOGA FALLS, OH 44223	43-2044673	501(C)(3)	2,000.	0.			FOR THE 2012 SUMMER TRAINING PROGRAM FOR SPECIAL NEEDS CHILDREN
HILLEL: THE FOUNDATION FOR JEWISH CAMPUS LIFE - 613 EAST SUMMIT STREET - KENT, OH 44240	34-6557290	501(C)(3)	2,500.	0.			FOR THE BUILDING FUND

**Schedule I (Form 990)**

## Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLSDALE COLLEGE 33 EAST COLLEGE STREET HILLSDALE, MI 49242-9989	38-1374230	501(C)(3)	1,000.	0.			FOR THE ALLAN P. KIRBY, JR. CENTER FOR CONSTITUTIONAL STUDIES AND CITIZENSHIP
HOPE HOMES INC. 2300 CALL ROAD STOW, OH 44224	23-7222316	501(C)(3)	300.	0.			FOR GENERAL PROGRAM SUPPORT
HOSPICE CARE OHIO DBA: HOSPICE OF VISITING NURSE SERVICE - 3358 RIDGEWOOD ROAD - FAIRLAWN, OH 44333	34-1771508	501(C)(3)	500.	0.			FOR GENERAL OPERATING SUPPORT
HOSPICE CARE OHIO DBA: HOSPICE OF VISITING NURSE SERVICE - 3358 RIDGEWOOD ROAD - FAIRLAWN, OH 44333	34-1771508	501(C)(3)	100.	0.			FOR GENERAL PROGRAM SUPPORT
HOSPICE CARE OHIO DBA: HOSPICE OF VISITING NURSE SERVICE - 3358 RIDGEWOOD ROAD - FAIRLAWN, OH 44333	34-1771508	501(C)(3)	10,000.	0.			FOR THE PATIENT ROOM RENOVATION PROJECT AT THE JUSTIN T. ROGERS HOSPICE CARE CENTER
HOSPICE OF MEDINA COUNTY 797 NORTH COURT STREET MEDINA, OH 44256	34-1363926	501(C)(3)	2,500.	0.			FOR THE BUILDING FUND
HUDSON CITY SCHOOL DISTRICT 2386 HUDSON-AURORA ROAD HUDSON, OH 44236-2320	34-6001451	GOVERNMENT	1,100.	0.			SCHOLARSHIPS
HUDSON CITY SCHOOL DISTRICT 2386 HUDSON-AURORA ROAD HUDSON, OH 44236-2320	34-6001451	GOVERNMENT	70,400.	0.			SCHOLARSHIPS
HUDSON CITY SCHOOL DISTRICT 2386 HUDSON-AURORA ROAD HUDSON, OH 44236-2320	34-6001451	GOVERNMENT	400.	0.			SCHOLARSHIPS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUDSON CITY SCHOOL DISTRICT 2386 HUDSON-AURORA ROAD HUDSON, OH 44236-2320	34-6001451	GOVERNMENT	1,200.	0.			
HUDSON CITY SCHOOL DISTRICT 2386 HUDSON-AURORA ROAD HUDSON, OH 44236-2320	34-6001451	GOVERNMENT	1,800.	0.			SCHOLARSHIPS
HUDSON CITY SCHOOL DISTRICT 2386 HUDSON-AURORA ROAD HUDSON, OH 44236-2320	34-6001451	GOVERNMENT	1,700.	0.			SCHOLARSHIPS
HUDSON CITY SCHOOL DISTRICT 2386 HUDSON-AURORA ROAD HUDSON, OH 44236-2320	34-6001451	GOVERNMENT	800.	0.			SCHOLARSHIPS
HUDSON CITY SCHOOL DISTRICT 2386 HUDSON-AURORA ROAD HUDSON, OH 44236-2320	34-6001451	GOVERNMENT	1,000.	0.			SCHOLARSHIPS
HUDSON CITY SCHOOL DISTRICT 2386 HUDSON-AURORA ROAD HUDSON, OH 44236-2320	34-6001451	GOVERNMENT	300.	0.			SCHOLARSHIPS
HUDSON CITY SCHOOL DISTRICT 2386 HUDSON-AURORA ROAD HUDSON, OH 44236-2320	34-6001451	GOVERNMENT	700.	0.			SCHOLARSHIPS
HUDSON CITY SCHOOL DISTRICT 2386 HUDSON-AURORA ROAD HUDSON, OH 44236-2320	34-6001451	GOVERNMENT	1,700.	0.			SCHOLARSHIPS
HUDSON CITY SCHOOL DISTRICT 2386 HUDSON-AURORA ROAD HUDSON, OH 44236-2320	34-6001451	GOVERNMENT	2,300.	0.			SCHOLARSHIPS

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUDSON CITY SCHOOL DISTRICT 2386 HUDSON-AURORA ROAD <u>HUDSON, OH 44236-2320</u>	34-6001451	GOVERNMENT	2,600.	0.			SCHOLARSHIPS
HUDSON CITY SCHOOL DISTRICT 2386 HUDSON-AURORA ROAD <u>HUDSON, OH 44236-2320</u>	34-6001451	GOVERNMENT	1,000.	0.			SCHOLARSHIPS
HUDSON CITY SCHOOL DISTRICT 2386 HUDSON-AURORA ROAD <u>HUDSON, OH 44236-2320</u>	34-6001451	GOVERNMENT	750.	0.			2012 NEW DIMENSIONS NEW YORK TRIP
HUDSON CITY SCHOOL DISTRICT 2386 HUDSON-AURORA ROAD <u>HUDSON, OH 44236-2320</u>	34-6001451	501(c)(3)	3,000.	0.			DISTRIBUTION TO FURTHER THE INNOVATIVE THINK TANK TASK FORCE
HUDSON CITY SCHOOL DISTRICT 2386 HUDSON-AURORA ROAD <u>HUDSON, OH 44236-2320</u>	34-6001451	GOVERNMENT	2,400.	0.			FOR STUDENTS TO PARTICIPATE IN THE 2012 NEW DIMENSIONS NEW YORK TRIP
HUDSON CITY SCHOOL DISTRICT 2386 HUDSON-AURORA ROAD <u>HUDSON, OH 44236-2320</u>	34-6001451	GOVERNMENT	5,780.	0.			FOR SUPPORT OF THE A NOOK FOR A LOOK PROJECT
HUDSON CITY SCHOOL DISTRICT 2386 HUDSON-AURORA ROAD <u>HUDSON, OH 44236-2320</u>	34-6001451	GOVERNMENT	4,045.	0.			FOR THE STUDY ISLAND MASTERY PROGRAM AT EAST WOODS SCHOOL
HUDSON CITY SCHOOL DISTRICT 2386 HUDSON-AURORA ROAD <u>HUDSON, OH 44236-2320</u>	34-6001451	501(c)(3)	800.	0.			SCHOLARSHIPS
HUDSON CITY SCHOOL DISTRICT 2386 HUDSON-AURORA ROAD <u>HUDSON, OH 44236-2320</u>	34-6001451	GOVERNMENT	500.	0.			SUPPORT HUDSON MIDDLE SCHOOL STUDENTS TO PARTICIPATE IN THE GREAT LAKES THEATRE FESTIVAL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c)IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUDSON CITY SCHOOL DISTRICT 2386 HUDSON-AURORA ROAD HUDSON, OH 44236-2320	34-6001451	GOVERNMENT	934.	0.		SUPPORT HUDSON MIDDLE SCHOOL STUDENTS TO UTILIZE THE STUDY ISLAND PROGRAM	
HUDSON COMMUNITY FIRST P.O. BOX 515 HUDSON, OH 44236	20-5505327	501(c)(3)	1,000.	0.		CHARACTER BUILDING/COMMUNITY SPEAKER SERIES	
HUMANE SOCIETY OF GREATER AKRON 7996 DARROW ROAD, SUITE 30 TWINSBURG, OH 44087	23-7060744	501(c)(3)	3,500.	0.		FOR BARK IN THE PARK 2012	
HUMANE SOCIETY OF GREATER AKRON 7996 DARROW ROAD, SUITE 30 TWINSBURG, OH 44087	23-7060744	501(c)(3)	5,000.	0.		FOR GENERAL OPERATING SUPPORT	
HUMANE SOCIETY OF GREATER AKRON 7996 DARROW ROAD, SUITE 30 TWINSBURG, OH 44087	23-7060744	501(c)(3)	1,000.	0.		FOR GENERAL PROGRAM SUPPORT	
HUMANE SOCIETY OF GREATER AKRON 7996 DARROW ROAD, SUITE 30 TWINSBURG, OH 44087	23-7060744	501(c)(3)	35,000.	0.		FOR PLANNED DEVELOPMENT INITIATIVES	
HUMANE SOCIETY OF GREATER AKRON 7996 DARROW ROAD, SUITE 30 TWINSBURG, OH 44087	23-7060744	501(c)(3)	25,000.	0.		FOR PLANNED DEVELOPMENT INITIATIVES	
HUMANE SOCIETY OF GREATER AKRON 7996 DARROW ROAD, SUITE 30 TWINSBURG, OH 44087	23-7060744	501(c)(3)	100.	0.		FOR THE ANNUAL FUND	
HUMANE SOCIETY OF GREATER AKRON 7996 DARROW ROAD, SUITE 30 TWINSBURG, OH 44087	23-7060744	501(c)(3)	7,500.	0.		TO SUPPORT AN EXERCISE AREA FOR ABUSED AND NEGLECTED ANIMALS	

Schedule I (Form 990)

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA UNIVERSITY OF PENNSYLVANIA 1011 SOUTH DRIVE INDIANA, PA 15705	25-1470695	UNIVERSITY	1,000.	0.			SCHOLARSHIP
INDIANA UNIVERSITY-BLOOMINGTON 601 E. KIRKWOOD AVENUE BLOOMINGTON, IN 47405-1223	35-6001673	UNIVERSITY	1,000.	0.			SCHOLARSHIP
INFO LINE INCORPORATED 703 SOUTH MAIN STREET, SUITE 211 AKRON, OH 44311	34-1170391	501(c)(3)	1,000.	0.			FOR BIRTH RECORDS AND I.D.'S FOR PROJECT HOMELESS CONNECT CLIENTS
INTERMUSEUM CONSERVATION ASSOCIATION - 2915 DETROIT AVENUE - CLEVELAND, OH 44113-2709	34-0753538	501(c)(3)	20,000.	0.			FOR THE SUMMIT COUNTY FOOD PANTRY CLEARINGHOUSE
INTERNATIONAL INSTITUTE OF AKRON INC. - 207 EAST TALLMADGE AVENUE - AKRON, OH 44310-3298	34-0733161	501(c)(3)	130.	0.			SUPPORT
INTERNATIONAL INSTITUTE OF AKRON INC. - 207 EAST TALLMADGE AVENUE - AKRON, OH 44310-3298	34-0733161	501(c)(3)	18,000.	0.			FOR A REFUGEE VOLUNTEER COORDINATOR
INTERNATIONAL INSTITUTE OF AKRON INC. - 207 EAST TALLMADGE AVENUE - AKRON, OH 44310-3298	34-0733161	501(c)(3)	2,500.	0.			FOR GENERAL OPERATING SUPPORT
INTERNATIONAL SOAP BOX DERBY INC. 789 DERBY DOWNS DRIVE AKRON, OH 44306	34-1141558	501(c)(3)	10,000.	0.			FOR THE FEMALE REFUGEE HEALTH AND WELLNESS PROGRAM
INTERNATIONAL SOAP BOX DERBY INC. 789 DERBY DOWNS DRIVE AKRON, OH 44306	34-1141558	501(c)(3)	10,000.	0.			FOR GENERAL OPERATING AND THE 2011 RACE

Schedule I (Form 990)

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL SOAP BOX DERBY INC. 789 DERBY DOWNS DRIVE <u>AKRON, OH 44306</u>	34-1141558	501(c)(3)					
INTERNATIONAL SOAP BOX DERBY INC. 789 DERBY DOWNS DRIVE <u>AKRON, OH 44306</u>	34-1141558	501(c)(3)	1,000.	0.			FOR THE MOVIE PREMIERE OF 25 HILL IN AKRON
INTERNATIONAL WOMEN'S AIR AND SPACE MUSEUM INC. - 1501 NORTH MARGINAL ROAD, ROOM 165 - CLEVELAND, OH 44114-3726							TO SUPPORT THE RESTRUCTURE OF OPERATIONS
INTERVAL BROTHERHOOD HOMES CORPORATION - 3445 SOUTH MAIN STREET - AKRON, OH 44319	31-0889469	501(c)(3)					FOR GENERAL OPERATING SUPPORT
INTERVAL BROTHERHOOD HOMES CORPORATION - 3445 SOUTH MAIN STREET - AKRON, OH 44319	23-7090131	501(c)(3)					FOR GENERAL OPERATING SUPPORT
INVENT NOW INC. 3701 HIGHLAND PARK STREET NW NORTH CANTON, OH 44720	34-1580038	501(c)(3)					50% GAR POLICY AMOUNT 3/31/11
INVENT NOW INC. 3701 HIGHLAND PARK STREET NW NORTH CANTON, OH 44720	34-1580038	501(c)(3)					FOR CAMP INVENTION SCHOLARSHIPS
INVENT NOW INC. 3701 HIGHLAND PARK STREET NW NORTH CANTON, OH 44720	34-1580038	501(c)(3)					FOR GENERAL PROGRAM SUPPORT
INVENT NOW INC. 3701 HIGHLAND PARK STREET NW NORTH CANTON, OH 44720	34-1580038	501(c)(3)					FOR THE NATIONAL INVENTORS HALL OF FAME 2012 INDUCTION CEREMONY

**Schedule I (Form 990)**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INVENT NOW INC. 3701 HIGHLAND PARK STREET NW NORTH CANTON OH 44720	34-1580038	501(C)(3)	8,814.	0.			
INVENT NOW INC. 3701 HIGHLAND PARK STREET NW NORTH CANTON OH 44720	34-1580038	501(C)(3)	2,589.	0.			SPENDABLE INCOME
INVENT NOW INC. 3701 HIGHLAND PARK STREET NW NORTH CANTON OH 44720	34-1580038	501(C)(3)	2,224.	0.			SPENDABLE INCOME
INVENT NOW INC. 3701 HIGHLAND PARK STREET NW NORTH CANTON OH 44720	34-1580038	501(C)(3)	2,539.	0.			SPENDABLE INCOME
JACKSON SYMPHONY ORCHESTRA ASSOCIATION - 215 WEST MICHIGAN AVENUE - JACKSON MI 49201	38-2146747	501(C)(3)	5,000.	0.			TO SUPPORT THE 2012 CAMP INVENTION PROGRAM IN THE GREATER AKRON & SUMMIT COUNTY AREA
JEWISH FAMILY SERVICE OF AKRON OHIO - 750 WHITE POND DRIVE - AKRON OH 44320	34-0714444	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
JUMPSTART FOR YOUNG CHILDREN, INC. 505 EIGHTH AVENUE, SUITE 1100 NEW YORK, NY 10018	04-3262046	501(C)(3)	250.	0.			FOR GENERAL PROGRAM SUPPORT

Schedule I (Form 990)

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO INC. - P.O. BOX 26006 - AKRON, OH 44319	84-1267604	501(C)(3)		500.	0.		
JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO INC. - P.O. BOX 26006 - AKRON, OH 44319	84-1267604	501(C)(3)		6,748.	0.		
JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO INC. - P.O. BOX 26006 - AKRON, OH 44319	84-1267604	501(C)(3)		10,000.	0.		
JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO INC. - P.O. BOX 26006 - AKRON, OH 44319	84-1267604	501(C)(3)		10,000.	0.		
KEEP AKRON BEAUTIFUL 850 EAST MARKET STREET AKRON, OH 44305	34-1341298	501(C)(3)		1,000.	0.		
KEEP AKRON BEAUTIFUL 850 EAST MARKET STREET AKRON, OH 44305	34-1341298	501(C)(3)		250.	0.		
KEEP AKRON BEAUTIFUL 850 EAST MARKET STREET AKRON, OH 44305	34-1341298	501(C)(3)		10,000.	0.		
KEEP AKRON BEAUTIFUL 850 EAST MARKET STREET AKRON, OH 44305	34-1341298	501(C)(3)		2,500.	0.		
KEEP AKRON BEAUTIFUL 850 EAST MARKET STREET AKRON, OH 44305	34-1341298	501(C)(3)		10,000.	0.		

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEEPERS OF THE ART INC. 639 CRESTVIEW DRIVE AKRON, OH 44320	34-1950491	501(C)(3)	10,000.	0.			FOR THE 4TH ANNUAL AKRON HIP-HOP SHOWCASE
KENMORE HIGH SCHOOL, AKRON PUBLIC SCHOOLS - 2140 13TH STREET SW - AKRON, OH 44314	34-6000033	501(C)(3)	900.	0.			FOR THE HARMONY MULTICULTURAL ORGANIZATION HUMAN RELATIONS WORKSHOPS
KENT STATE UNIVERSITY BURSAR'S OFFICE, P.O. BOX 5190 KENT, OH 44242	31-6402079	UNIVERSITY	1,000.	0.			SCHOLARSHIP
KENT STATE UNIVERSITY BURSAR'S OFFICE, P.O. BOX 5190 KENT, OH 44242	31-6402079	UNIVERSITY	500.	0.			SCHOLARSHIP
KENT STATE UNIVERSITY BURSAR'S OFFICE, P.O. BOX 5190 KENT, OH 44242	31-6402079	UNIVERSITY	1,000.	0.			SCHOLARSHIP
KENT STATE UNIVERSITY BURSAR'S OFFICE, P.O. BOX 5190 KENT, OH 44242	31-6402079	UNIVERSITY	1,000.	0.			SCHOLARSHIP
KENT STATE UNIVERSITY BURSAR'S OFFICE, P.O. BOX 5190 KENT, OH 44242	31-6402079	UNIVERSITY	1,000.	0.			SCHOLARSHIP
KENT STATE UNIVERSITY BURSAR'S OFFICE, P.O. BOX 5190 KENT, OH 44242	31-6402079	UNIVERSITY	500.	0.			SCHOLARSHIP
KENT STATE UNIVERSITY (STARK CAMPUS) - 6000 FRANK AVENUE, N.W. - NORTH CANTON, OH 44720	31-6402079	501(C)(3)	2,000.	0.			SCHOLARSHIP

**Schedule I (Form 990)**

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENT STATE UNIVERSITY FOUNDATION 1061 FRATERNITY CIRCLE KENT, OH 44242	34-6576307	501(C)(3)	150.	0.			FOR SUPPORT OF THE WKSU-FM 89.7 SOUND OF THE FUTURE CAMPAIGN
KENT STATE UNIVERSITY FOUNDATION 1061 FRATERNITY CIRCLE KENT, OH 44242	34-6576307	501(C)(3)	3,000.	0.			FOR THE CERAMICS GRADUATE FELLOWSHIP 19342/39342
KENT STATE UNIVERSITY FOUNDATION 1061 FRATERNITY CIRCLE KENT, OH 44242	34-6576307	501(C)(3)	1,000.	0.			FOR WKSU-FM 89.7 FOR GENERAL PROGRAM SUPPORT
KENT STATE UNIVERSITY FOUNDATION 1061 FRATERNITY CIRCLE KENT, OH 44242	34-6576307	501(C)(3)	500.	0.			FOR WKSU-FM 89.7 FOR GENERAL PROGRAM SUPPORT
KENT STATE UNIVERSITY FOUNDATION 1061 FRATERNITY CIRCLE KENT, OH 44242	34-6576307	501(C)(3)	100.	0.			FOR WKSU-FM 89.7 FOR GENERAL PROGRAM SUPPORT
KENT STATE UNIVERSITY FOUNDATION 1061 FRATERNITY CIRCLE KENT, OH 44242	34-6576307	501(C)(3)	10,000.	0.			FOR WKSU-FM 89.7 IN SUPPORT OF THE CAPITAL CAMPAIGN TO CONVERT DIGITAL SIGNAL
KENT STATE UNIVERSITY FOUNDATION 1061 FRATERNITY CIRCLE KENT, OH 44242	34-6576307	501(C)(3)	5,000.	0.			TO SUPPORT THE 2012 SEASON OF THE PORTHOUSE THEATRE
KIDNEY FOUNDATION OF MEDINA COUNTY INC. - 232 NORTHLAND DRIVE - MEDINA, OH 44256-1533	34-1943558	501(C)(3)	3,000.	0.			TO PROVIDE SERVICES TO RENAL PATIENTS
LEADERSHIP AAKRON 54 EAST MILL STREET, SUITE 201 AAKRON, OH 44308	31-1655877	501(C)(3)	40,000.	0.			FOR EDUCATION AND TRAINING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c)IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEADERSHIP AKRON 54 EAST MILL STREET, SUITE 201 AKRON, OH 44308	31-1655877	501(C)(3)	5,000.	0.			FOR EDUCATION AND TRAINING
LEADERSHIP AKRON 54 EAST MILL STREET, SUITE 201 AKRON, OH 44308	31-1655877	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
LEADERSHIP AKRON 54 EAST MILL STREET, SUITE 201 AKRON, OH 44308	31-1655877	501(C)(3)	500.	0.			FOR GENERAL PROGRAM SUPPORT
LEADERSHIP AKRON 54 EAST MILL STREET, SUITE 201 AKRON, OH 44308	31-1655877	501(C)(3)	12,500.	0.			FOR THE LA ANNUAL ORIENTATION RETREAT AND THE TORCHBEARERS COLLEGE
LEADERSHIP MEDINA COUNTY 39 PUBLIC SQUARE, SUITE 202 MEDINA, OH 44256	34-1680195	501(C)(3)	500.	0.			FOR JUNIOR LEADERSHIP MEDINA COUNTY PROGRAMMING ONLY
LEADERSHIP MEDINA COUNTY 39 PUBLIC SQUARE, SUITE 202 MEDINA, OH 44256	34-1680195	501(C)(3)	330.	0.			SPENDABLE INCOME
LEADERSHIP MEDINA COUNTY 39 PUBLIC SQUARE, SUITE 202 MEDINA, OH 44256	34-1680195	501(C)(3)	304.	0.			SPENDABLE INCOME
LEADERSHIP MEDINA COUNTY 39 PUBLIC SQUARE, SUITE 202 MEDINA, OH 44256	34-1680195	501(C)(3)	307.	0.			SPENDABLE INCOME
LEADERSHIP MEDINA COUNTY 39 PUBLIC SQUARE, SUITE 202 MEDINA, OH 44256	34-1680195	501(C)(3)	317.	0.			SPENDABLE INCOME

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEAGUE OF WOMEN VOTERS OF THE AKRON AREA EDUCATION FUND - P.O. BOX 26 - CUYAHOGA FALLS , OH 44222-0026	34-1499181	501(C)(3)	500.	0.			FOR GENERAL OPERATING SUPPORT
LEAVE A LEGACY, SUMMIT, PORTAGE, MEDINA - P.O. BOX 250 - TALLIMADGE, OH 44278	34-1958993	501(C)(3)		1,100.	0.		FOR THE 2011 VOICES OF GIVING EVENT
LEGACY III INC . 733 WEST MARKET STREET, #B5A AKRON, OH 44303	34-1824527	501(C)(3)		7,500.	0.		FOR THE EMERGING WOMEN PROGRAM, A TRANSITIONAL HOUSING PROGRAM FOR WOMEN RECOVERING FROM ADDICTION
LESBIAN, GAY, BISEXUAL, TRANSGENDER UNION - THE UNIVERSITY OF AKRON-STUDENT UNION - AKRON, OH 44325	34-6002924	UNIVERSITY		5,608.	0.		FOR SIXTEEN LGBTQ UNIVERSITY OF AKRON STUDENTS TO ATTEND THE 2012 NATIONAL GAY AND
LET'S GROW AKRON INC. P.O. BOX 3975 AKRON, OH 44314	34-1632443	501(C)(3)		1,000.	0.		FOR EDUCATIONAL GARDEN PROGRAMS HARVEST OF HOPE AND SESAME STREET
LET'S GROW AKRON INC. P.O. BOX 3975 AKRON, OH 44314	34-1632443	501(C)(3)		10,000.	0.		FOR OPERATING COSTS
LET'S GROW AKRON INC. P.O. BOX 3975 AKRON, OH 44314	34-1632443	501(C)(3)		100.	0.		FOR THE CHILDREN'S GARDEN SCHOLARSHIP
LIBERTY UNIVERSITY 1971 UNIVERSITY BLVD. LYNCHBURG, VA 24502	54-0946734	UNIVERSITY		500.	0.		FOR GENERAL PROGRAM SUPPORT
LIGHTHOUSE INTERNATIONAL 111 EAST 59TH STREET NEW YORK, NY 10022-1202	13-1096620	501(C)(3)		250.	0.		Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IFC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITERACY COUNCIL OF MEDINA COUNTY INC. (DBA PROJECT: LEARN OF MEDINA COUNTY - 105 WEST LIBERTY STREET, LOWER - MEDINA, OH 44256	34-1728940	501(C)(3)	2,000.	0.			TO EXPAND GED CLASSES INTO LODGE
LOYOLA OF THE LAKES JESUIT RETREAT HOUSE INC. - 700 KILLINGER ROAD - CLINTON, OH 44216	34-0960779	501(C)(3)	4,881.	0.			SPENDABLE INCOME
LUTHERAN WORLD RELIEF INC. P. O. BOX 17061 BALTIMORE, MD 21298-9832	13-2574963	501(C)(3)	2,750.	0.			FOR GENERAL PROGRAM SUPPORT
MAGICAL THEATRE COMPANY 565 WEST TUSCARAWAS AVENUE, P.O. BOX BARBERTON, OH 44203-2521	34-1196629	501(C)(3)	200.	0.			FOR GENERAL PROGRAM SUPPORT
MAGICAL THEATRE COMPANY 565 WEST TUSCARAWAS AVENUE, P.O. BOX BARBERTON, OH 44203-2521	34-1196629	501(C)(3)	10,000.	0.			FOR KIDSCKRIPTS, A WRITING PROGRAM THAT INTEGRATES THEATER INTO TRADITIONAL LANGUAGE ARTS LESSONS
MAGICAL THEATRE COMPANY 565 WEST TUSCARAWAS AVENUE, P.O. BOX BARBERTON, OH 44203-2521	34-1196629	501(C)(3)	10,000.	0.			FOR SUPPORT OF PERFORMANCES AND EDUCATIONAL PROGRAMMING
MANSFIELD UNIVERSITY 224 SOUTH HALL MANSFIELD, PA 16933	25-1538424	UNIVERSITY	4,000.	0.			SCHOLARSHIP
MARIAN'S CLOSET P. O. BOX 841 WADSWORTH, OH 44282	90-0455110	501(C)(3)	2,500.	0.			FOR DIAPERS, WIPES, FORMULA, CHILDREN'S SOCKS AND CHILDREN'S UNDERWEAR
MARIAN'S CLOSET P. O. BOX 841 WADSWORTH, OH 44282	90-0455110	501(C)(3)	2,500.	0.			FOR OPERATING SUPPORT

**Schedule I (Form 990)**

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

(a) Name and address of organization or government	(b) EIN	(c)IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARYMOUNT MANHATTAN COLLEGE 221 EAST 71ST STREET NEW YORK, NY 10021	13-1628206	UNIVERSITY	1,000.	0.			
MASSACHUSETTS GENERAL HOSPITAL 165 CAMBRIDGE STREET, SUITE 600 BOSTON, MA 02114	04-1564655	501(c)(3)	200.	0.			FOR THE MGH FUND
MASTER SINGERS INC. 844 SUTTON PLACE AKRON, OH 44313-4788	56-2291413	501(c)(3)	10,000.	0.			FOR THE 2012 CONCERT SEASON AND A HIGH SCHOOL CHORAL COMPOSITION CONTEST
MATURE SERVICES INCORPORATED 4115 SOUTH PORTAGE PATH AKRON, OH 44320	51-0148544	501(c)(3)	1,250.	0.			FOR THE EMERGENCY FOOD PANTRY
MATURE SERVICES INCORPORATED 4115 SOUTH PORTAGE PATH AKRON, OH 44320	51-0148544	501(c)(3)	1,200.	0.			FOR THE GRAND PALS MENTORING PROGRAM
MATURE SERVICES INCORPORATED 4115 SOUTH PORTAGE PATH AKRON, OH 44320	51-0148544	501(c)(3)	10,000.	0.			FOR THE SENIORS FARMERS' MARKET NUTRITION PROGRAM
MEDINA CARES INC. 1114 NORTH COURT STREET #122 MEDINA, OH 44256	26-3176866	501(c)(3)	3,500.	0.			TO PROVIDE FINANCIAL ASSISTANCE FOR THOSE EXPERIENCING A MEDICAL CRISIS
MEDINA COUNTY ARTS COUNCIL INC. P.O. BOX 532 MEDINA, OH 44258	31-4130010	501(c)(3)	1,000.	0.			TO SUPPORT FREE CONCERTS BY MEDINA COUNTY PERFORMERS
MEDINA COUNTY PARK DISTRICT 6364 DEERVIEW LANE MEDINA, OH 44256-8008	34-6001851	GOVERNMENT	497,500.	0.			TO SUPPORT THE ALLARDALE PARK PROJECT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDINA COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 45 SOUTH MEDINA STREET - MEDINA, OH 44256	34-1507786	501(C)(3)	2,500.	0.			FOR GENERAL OPERATING SUPPORT
MEDINA COUNTY SOIL & WATER CONSERVATION DISTRICT - 6090 WEDGEWOOD ROAD - MEDINA, OH 44256	34-1399891	GOVERNMENT	1,330.	0.			TO SUPPORT AN OUTDOOR LEARNING CENTER AT CRESTVIEW ELEMENTARY SCHOOL
MENTAL HEALTH AMERICA OF SUMMIT COUNTY INC. - 20 OLIVE STREET, SUITE 404 - AKRON, OH 44310	34-0840366	501(C)(3)	2,500.	0.			FOR GENERAL OPERATING SUPPORT
MENTAL HEALTH AMERICA OF SUMMIT COUNTY INC. - 20 OLIVE STREET, SUITE 404 - AKRON, OH 44310	34-0840366	501(C)(3)	12,000.	0.			FOR THE PEERS PROJECT TO HELP PARENTS AND CAREGIVERS OF CHILDREN WITH MENTAL HEALTH
MENTAL HEALTH AMERICA OF SUMMIT COUNTY INC. - 20 OLIVE STREET, SUITE 404 - AKRON, OH 44310	34-0840366	501(C)(3)	5,000.	0.			FOR THE REAL DEAL ABOUT STRESS, A SERIES OF WORKSHOPS ABOUT MENTAL HEALTH FOR GIRLS RESIDING
METRO CATHOLIC PARISH SCHOOL 1910 WEST 54TH STREET CLEVELAND, OH 44102	34-1574746	501(C)(3)	682.	0.			SPENDABLE INCOME
METRO PARKS, SERVING SUMMIT COUNTY 975 TREATY LINE ROAD AKRON, OH 44313-5837	34-6553677	501(C)(3)	21,179.	0.			SPENDABLE INCOME
MIAMI UNIVERSITY 301 SOUTH CAMPUS AVENUE OXFORD, OH 45056-3427	31-6402089	UNIVERSITY	10,000.	0.			FOR INTERNATIONAL SCHOLARSHIPS
MIAMI UNIVERSITY 301 SOUTH CAMPUS AVENUE OXFORD, OH 45056-3427	31-6402089	UNIVERSITY	500.	0.			SCHOLARSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHIGAN STATE UNIVERSITY 252 STUDENT SERVICES BUILDING EAST LANSING, MI 48824-1113	38-6005984	501(C)(3)	250.	0.			FOR THE WKAR FALL FUND DRIVE
MILLWORKS GALLERY INC. 106 NORTH MAIN STREET AKRON, OH 44308	34-1756117	501(C)(3)	10,000.	0.			FOR PROGRAM SUPPORT
MILTON ACADEMY ALUMNI & DEVELOPMENT OFFICE, 170 CE MILTON, MA 02186	04-2103603	501(C)(3)	100.	0.			FOR GENERAL PROGRAM SUPPORT
MOBILE MEALS INC. 1063 SOUTH BROADWAY STREET AKRON, OH 44311	34-1109890	501(C)(3)	35,000.	0.			FOR FREE AND SUBSIDIZED MEALS AND MEDICALLY PRESCRIBED SUPPLEMENTS FOR CHILDREN, DISABLED
MOBILE MEALS INC. 1063 SOUTH BROADWAY STREET AKRON, OH 44311	34-1109890	501(C)(3)	1,500.	0.			FOR GENERAL OPERATING SUPPORT
MOBILE MEALS INC. 1063 SOUTH BROADWAY STREET AKRON, OH 44311	34-1109890	501(C)(3)	100.	0.			FOR GENERAL PROGRAM SUPPORT
MOBILE MEALS INC. 1063 SOUTH BROADWAY STREET AKRON, OH 44311	34-1109890	501(C)(3)	1,250.	0.			FOR MEALS AND SUPPLEMENTS FOR THE GLBT COMMUNITY IN GREATER AKRON
MOBILE MEALS INC. 1063 SOUTH BROADWAY STREET AKRON, OH 44311	34-1109890	501(C)(3)	1,000.	0.			FOR MEDICALLY PRESCRIBED SUPPLEMENTS TO BE DELIVERED TO RESIDENTS UNABLE TO PAY IN MEDINA
MOBILE MEALS INC. 1063 SOUTH BROADWAY STREET AKRON, OH 44311	34-1109890	501(C)(3)	1,500.	0.			FOR PRESCRIBED SUPPLEMENTS MEALS FOR RESIDENTS IN MEDINA COUNTY WHO ARE UNABLE TO

**Schedule I (Form 990)**

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOBILE MEALS INC. 1063 SOUTH BROADWAY STREET AKRON, OH 44311	34-1109890	501(C)(3)	2,000.	0.			TO PROVIDE MEDICALLY PRESCRIBED SUPPLEMENTS TO CHILDREN WHOSE FAMILIES ARE UNABLE TO AFFORD THEM
MOBILE MEALS INC. 1063 SOUTH BROADWAY STREET AKRON, OH 44311	34-1109890	501(C)(3)	10,000.	0.			TO UPGRADE AND ENHANCE THE COMPUTER HARDWARE AND SOFTWARE CAPACITY
MONROSE ZION UNITED METHODIST CHURCH - 565 NORTH CLEVELAND-MASSILLON ROAD - AKRON, OH 44333-2299	34-1415202	501(C)(3)	7,700.	0.			FOR GENERAL OPERATING SUPPORT
MONROSE ZION UNITED METHODIST CHURCH - 565 NORTH CLEVELAND-MASSILLON ROAD - AKRON, OH 44333-2299	34-1415202	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
MOUND HILL CEMETERY 4097 BLAKE ROAD STEVILLE, OH 44213	34-0773601	501(C)(3)	589.	0.			FOR THE MAINTENANCE AND BEAUTIFICATION OF HISTORIC GRAVESITES
MOUNT HOLYOKE COLLEGE OFFICE OF DEVELOPMENT, 50 COLLEGE \$ SOUTH HADLEY, MA 01075-1485	04-2103578	501(C)(3)	100.	0.			FOR GENERAL PROGRAM SUPPORT
MOVEMBER INC. P.O. BOX 2726 VICENICE, CA 90294-2726	77-0714052	501(C)(3)	100.	0.			TO RAISE AWARENESS AND FUNDS FOR MEN'S HEALTH SPECIFICALLY CANCERS AFFECTING MEN
MULTIPLE SCLEROSIS FOUNDATION INC. 6350 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 33309	59-2792934	501(C)(3)	200.	0.			FOR GENERAL PROGRAM SUPPORT
MUSIC FROM THE WESTERN RESERVE P.O. BOX 998 HUDSON, OH 44236	34-1404541	501(C)(3)	2,572.	0.			SPENDABLE INCOME

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSICAL ARTS ASSOCIATION DBA: THE CLEVELAND ORCHESTRA - SEVERANCE HALL, 11001 EUCLID AVENUE - CLEVELAND, OH 44106-9822	34-0714468	501(C)(3)		306.	0.		ANNUAL FUNDS FOR BLOSSOM MUSIC CENTER
MUSICAL ARTS ASSOCIATION DBA: THE CLEVELAND ORCHESTRA - SEVERANCE HALL, 11001 EUCLID AVENUE - CLEVELAND, OH 44106-9822	34-0714468	501(C)(3)		5,000.	0.		FOR ORCHESTRA SUPPORT/BUILDING FUTURE AUDIENCES
MUSICAL ARTS ASSOCIATION DBA: THE CLEVELAND ORCHESTRA - SEVERANCE HALL, 11001 EUCLID AVENUE - CLEVELAND, OH 44106-9822	34-0714468	501(C)(3)		740.	0.		FOR THE CLEVELAND ORCHESTRA'S CENTER FOR FUTURE AUDIENCES JULY 2ND BENEFIT EVENT
MUSKINGUM UNIVERSITY OFFICE OF STUDENT FINANCIAL AID, 163 STORMONT ST. - NEW CONCORD, OH 43762	34-0714468	501(C)(3)		30,000.	0.		TO SUPPORT AN AUDIENCE DEVELOPMENT INITIATIVE
NATIONAL MULTIPLE SCLEROSIS SOCIETY OHIO BUCKEYE CHAPTER - 6155 ROCKSIDE ROAD, SUITE 202 - INDEPENDENCE, OH 44131-2217	31-4379515	UNIVERSITY		1,000.	0.		SCHOLARSHIP
NATIONAL SOCIETY TO PREVENT BLINDNESS INC. - 1500 W. THIRD AVE., SUITE 200 - COLUMBUS, OH 43212	34-0801307	501(C)(3)		100.	0.		FOR GENERAL OPERATING SUPPORT
NAVAL WAR COLLEGE FOUNDATION, INC 686 CUSHING ROAD NEWPORT, RI 02841-1213	23-7053084	501(C)(3)		100.	0.		TO PROVIDE VISION CARE FOR UNINSURED CHILDREN AND ADULTS
NAZARETH HOUSING DEVELOPMENT CORPORATION - 795 RUSSELL AVENUE - AKRON, OH 44307	34-1908695	501(C)(3)		7,500.	0.		TO REHABILITATE ABANDONED PROPERTIES FOR LOW-INCOME HOMEOWNERSHIP

Schedule I (Form 990)

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEUCOM FOUNDATION DBA: NEOMED FOUNDATION - 4209 STATE ROUTE 44, P.O. BOX 95 - ROOTSTOWN, OH 44272	34-1264220	501(C)(3)	1,000.	0.			FOR THE BLUE FUND
NORFOLK STATE UNIVERSITY 700 PARK AVENUE NORFOLK, VA 23504	54-6002808	UNIVERSITY	1,000.	0.			SCHOLARSHIP
NORTH COAST COMMUNITY HOMES INC. 14221 BROADWAY AVENUE CLEVELAND, OH 44125-1953	34-1455487	501(C)(3)	7,500.	0.			TO SUPPORT CAPITAL IMPROVEMENTS ON HOUSING FOR INDIVIDUALS WITH SEVERE MENTAL ILLNESS
NORTH COAST COMMUNITY HOMES INC. 14221 BROADWAY AVENUE CLEVELAND, OH 44125-1953	34-1455487	501(C)(3)	4,500.	0.			TO SUPPORT CAPITAL IMPROVEMENTS ON HOUSING FOR INDIVIDUALS WITH SEVERE MENTAL ILLNESS
NORTHEASTERN EDUCATIONAL TELEVISION OF OHIO INC. - 1750 CAMPUS CENTER DRIVE, P.O. BOX 5191 - KENT, OH 44240-5191	34-1123819	501(C)(3)	3,000.	0.			FOR GENERAL OPERATING FOR WESTERN RESERVE PUBLIC MEDIA
NORTHEASTERN EDUCATIONAL TELEVISION OF OHIO INC. - 1750 CAMPUS CENTER DRIVE, P.O. BOX 5191 - KENT, OH 44240-5191	34-1123819	501(C)(3)	12,000.	0.			TO SUPPORT ARTS AND CULTURE PROGRAMMING
NORTHEASTERN EDUCATIONAL TELEVISION OF OHIO INC. - 1750 CAMPUS CENTER DRIVE, P.O. BOX 5191 - KENT, OH 44240-5191	34-1123819	501(C)(3)	45,000.	0.			TO SUPPORT THE WESTERN RESERVE PUBLIC MEDIA, NEOTROPOLIS TELEVISION PROGRAM
NORTHERN MICHIGAN HOSPITAL FOUNDATION - 360 CONNABLE AVENUE - PETOSKEY, MI 49770	38-2445611	501(C)(3)	5,000.	0.			FOR THE JOHN AND MARNIE DEMMER WELLNESS PAVILION AND DIALYSIS CENTER
NORTHERN SUMMIT COUNTY MULTI-SERVICE CENTER INC. - 10333 NORTHFIELD ROAD, UNIT 74E - NORTHFIELD, OH 44067	23-7353878	501(C)(3)	1,000.	0.			FOR THE TWINSBURG YOUTH FIELD DAY ON AUGUST 20, 2011

Schedule I (Form 990)

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OAK ASSOCIATES - OAK CLINIC FOR MULTIPLE SCLEROSIS - 3838 MASSILLON ROAD - UNIONTOWN, OH 44685	34-1930683	501(C)(3)	2,500.	0.			FOR AN EDUCATIONAL OUTREACH SEMINAR TO SUPPORT CAREGIVERS OF INDIVIDUALS WITH
OAK ASSOCIATES - OAK CLINIC FOR MULTIPLE SCLEROSIS - 3838 MASSILLON ROAD - UNIONTOWN, OH 44685	34-1930683	501(C)(3)	2,500.	0.			FOR AN EDUCATIONAL OUTREACH SEMINAR TO SUPPORT CAREGIVERS OF INDIVIDUALS WITH
OHIO & ERIE CANAL CORRIDOR COALITION INC. - 47 WEST EXCHANGE STREET - AKRON, OH 44308	34-1636766	501(C)(3)	14,750.	0.			FOR GENERAL ORGANIZATIONAL SUPPORT
OHIO & ERIE CANAL CORRIDOR COALITION INC. - 47 WEST EXCHANGE STREET - AKRON, OH 44308	34-1636766	501(C)(3)	100.	0.			FOR THE TOWPATH TRAIL CENTURY BICYCLE RIDE
OHIO & ERIE CANAL CORRIDOR COALITION INC. - 47 WEST EXCHANGE STREET - AKRON, OH 44308	34-1636766	501(C)(3)	100.	0.			TO SUPPORT THE DEVELOPMENT OF THE TOWPATH TRAIL
OHIO GRANTMAKERS FORUM 37 WEST BROAD STREET, SUITE 800 COLUMBUS, OH 43215-4198	31-1111842	501(C)(3)	4,750.	0.			FOR GENERAL OPERATING SUPPORT
OHIO NORTHERN UNIVERSITY OFFICE OF THE CONTROLLER, 525 S. ADA, OH 45810	34-4429091	501(C)(3)	2,000.	0.			SCHOLARSHIP
OHIO PRESBYTERIAN RETIREMENT SERVICES - 1815 WEST MARKET STREET, SUITE 303 - AKRON, OH 44313	34-4429863	501(C)(3)	1,000.	0.			FOR THE ROCKYNOL RETIREMENT COMMUNITY
OHIO REGIONAL MUSIC ARTS CULTURAL OUTREACH - 4403 BELMONT COURT - MEDINA, OH 44256	27-3240979	501(C)(3)	2,500.	0.			FOR A FOUR CONCERT SERIES, JAZZ UNDER THE STARS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c)IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO REGIONAL MUSIC ARTS CULTURAL OUTREACH - 4403 BELMONT COURT - MEDINA, OH 44256	27-3240979	501(C)(3)	1,000.	0.			FOR A ONE DAY WORKSHOP WITH CAVANI STRING QUARTET FOR UNDER-PRIVILEGED CHILDREN
OHIO SHAKESPEARE FESTIVAL 507 EAST CRAIN AVENUE KENT, OH 44240	02-0611246	501(C)(3)	8,000.	0.			FOR PERFORMANCES AT STAN HYWET HALL & GARDENS
OHIO STATE UNIVERSITY FOUNDATION 1480 WEST LANE AVENUE COLUMBUS, OH 43221	31-1145986	501(C)(3)	1,000.	0.			FOR THE SECRETARIAL, FOR ARBORETUM, FOR RESTORATION OF THE ARBORETUM
OHIO UNIVERSITY 020 CHUBB HALL ATHENS, OH 45701	31-6402113	UNIVERSITY	1,000.	0.			SCHOLARSHIP
OHIO UNIVERSITY 020 CHUBB HALL ATHENS, OH 45701	31-6402113	UNIVERSITY	1,000.	0.			SCHOLARSHIP
OHIO UNIVERSITY FOUNDATION P.O. BOX 869 ATHENS, OH 45701-0869	31-6402269	501(C)(3)	1,000.	0.			FOR THE SCHOOL OF ACCOUNTANCY STUDENT SCHOLARSHIPS
OHIO VIETNAM VETERANS MEMORIAL PARK - 8005 CLEVELAND-MASSILLON ROAD, P.O. BOX 3 - CLINTON, OH 44216-0003	20-3904984	501(C)(3)	1,828.	0.			SPENDABLE INCOME
OLD TRAIL SCHOOL P.O. BOX 827 BATH, OH 44210	34-0737805	501(C)(3)	306.	0.			ANNUAL FUNDS
OLD TRAIL SCHOOL P.O. BOX 827 BATH, OH 44210	34-0737805	501(C)(3)	250.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OLD TRAIL SCHOOL P.O. BOX 827 BATH, OH 44210	34-0737805	501(C)(3)	1,500.	0.			FOR GENERAL PROGRAM SUPPORT
OLD TRAIL SCHOOL P.O. BOX 827 BATH, OH 44210	34-0737805	501(C)(3)	1,000.	0.			FOR THE ANNUAL FUND
OLD TRAIL SCHOOL P.O. BOX 827 BATH, OH 44210	34-0737805	501(C)(3)	1,000.	0.			FOR THE ANNUAL FUND
ONE FAMILY FUND 1029 TEANECK ROAD, SUITE 3B TEANECK, NJ 07666	11-3585917	501(C)(3)	250.	0.			FOR GENERAL PROGRAM SUPPORT
ONE OF A KIND PET RESCUE INC. 1100 WEST EXCHANGE STREET AKRON, OH 44313	20-4631002	501(C)(3)	42,000.	0.			FOR GENERAL PROGRAM SUPPORT
ONE OF A KIND PET RESCUE INC. 1100 WEST EXCHANGE STREET AKRON, OH 44313	20-4631002	501(C)(3)	8,000.	0.			TO SUPPORT SPAY AND NEUTERING OF CATS IN SUMMIT COUNTY
OPERATION OPEN DOORS 2181 AKRON PENINSULA ROAD AKRON, OH 44313	20-5603583	501(C)(3)	200.	0.			FOR GENERAL PROGRAM SUPPORT

**Schedule I (Form 990)**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPPORTUNITY PARISH ECUMENICAL NEIGHBORHOOD MINISTRY - 941 PRINCETON STREET - AKRON, OH 44311	34-1046107	501(C)(3)	4,000.	0.			FOR DIAMOND LADIES, A YOUTH DEVELOPMENT PROGRAM FOR YOUNG GIRLS
OPPORTUNITY PARISH ECUMENICAL NEIGHBORHOOD MINISTRY - 941 PRINCETON STREET - AKRON, OH 44311	34-1046107	501(C)(3)	500.	0.			FOR GENERAL OPERATING SUPPORT
OPPORTUNITY PARISH ECUMENICAL NEIGHBORHOOD MINISTRY - 941 PRINCETON STREET - AKRON, OH 44311	34-1046107	501(C)(3)	500.	0.			FOR GENERAL OPERATING SUPPORT
OPPORTUNITY PARISH ECUMENICAL NEIGHBORHOOD MINISTRY - 941 PRINCETON STREET - AKRON, OH 44311	34-1046107	501(C)(3)	500.	0.			FOR GENERAL OPERATING SUPPORT
OPPORTUNITY PARISH ECUMENICAL NEIGHBORHOOD MINISTRY - 941 PRINCETON STREET - AKRON, OH 44311	34-1046107	501(C)(3)	750.	0.			FOR GENERAL PROGRAM SUPPORT
OPPORTUNITY PARISH ECUMENICAL NEIGHBORHOOD MINISTRY - 941 PRINCETON STREET - AKRON, OH 44311	34-1046107	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
OPPORTUNITY PARISH ECUMENICAL NEIGHBORHOOD MINISTRY - 941 PRINCETON STREET - AKRON, OH 44311	34-1046107	501(C)(3)	500.	0.			FOR YOUNG MEN OF EMPOWERMENT, A LEADERSHIP PROGRAM
OPPORTUNITY PARISH ECUMENICAL NEIGHBORHOOD MINISTRY - 941 PRINCETON STREET - AKRON, OH 44311	34-1046107	501(C)(3)	1,000.	0.			SPENDABLE INCOME
OPPORTUNITY PARISH ECUMENICAL NEIGHBORHOOD MINISTRY - 941 PRINCETON STREET - AKRON, OH 44311	34-1046107	501(C)(3)	16,144.	0.			TO PROVIDE FREE MEDICAL TREATMENT TO THE UNINSURED WORKING POOR

**Schedule I (Form 990)**

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990, Part II))**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPPORTUNITY PARISH ECUMENICAL NEIGHBORHOOD MINISTRY - 941 PRINCETON STREET - AKRON, OH 44311	34-1046107	501(C)(3)	10,000.	0.			TO PROVIDE FREE MEDICAL TREATMENT TO THE UNINSURED WORKING POOR
OPPORTUNITY PARISH ECUMENICAL NEIGHBORHOOD MINISTRY - 941 PRINCETON STREET - AKRON, OH 44311	34-1046107	501(C)(3)	1,000.	0.			TO SUPPORT THE FEINSTEIN CHALLENGE
ORIANA HOUSE INC. P.O. BOX 1501 AKRON, OH 44309-1501	34-1334919	501(C)(3)	15,000.	0.			FOR A REENTRY COORDINATOR FOR SUMMIT COUNTY
OUR LADY OF THE ELM'S SCHOOL - HIGH SCHOOL - 1375 WEST EXCHANGE STREET - AKRON, OH 44313	34-1910169	501(C)(3)	6,171.	0.			FOR PROFESSIONAL DEVELOPMENT AND TECHNOLOGY PURPOSES
OUR LADY OF THE ELM'S SCHOOL - HIGH SCHOOL - 1375 WEST EXCHANGE STREET - AKRON, OH 44313	34-1910169	501(C)(3)	2,000.	0.			FOR THE PRINCIPAL'S DISCRETIONARY TUITION ASSISTANCE FUND
OUR LADY OF THE ELM'S SCHOOL - HIGH SCHOOL - 1375 WEST EXCHANGE STREET - AKRON, OH 44313	34-1910169	501(C)(3)	5,000.	0.			FOR THE RALPH L. AND FLORENCE A. BERNARD SCHOLARSHIP CHALLENGE
OUR LADY STAR OF THE SEA CATHOLIC CHURCH - 545 ALA NORTH - PONTE VEDRA BEACH, FL 32082	59-1430331	501(C)(3)	15,000.	0.			FOR THE OFFERTORY FUND
PAJAMA PROGRAM, EASTERN OHIO CHAPTER - 292 E. MARKET STREET - AKRON, OH 44308-2016	02-0588068	501(C)(3)	500.	0.			FOR A PAJAMA AND BOOK DRIVE
PARTNERSHIP FOR THE MINORITY BUSINESS ACCELERATOR - 440 VERNON ODOM BLVD. - AKRON, OH 44307	34-6576307	FISCAL AGENT	20,000.	0.			FOR MENTORING MINORITY BUSINESS OWNERS

**Schedule I (Form 990)**

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PASTORAL COUNSELLING SERVICE OF SUMMIT COUNTY - 282 WEST BOWERY STREET - AKRON, OH 44307	34-1282145	501(C)(3)	10,000.	0.			TO PROVIDE THERAPEUTIC SERVICES TO ELEMENTARY STUDENTS SERVING AN OUT-OF-SCHOOL SUSPENSION
PENINSULA VALLEY HISTORIC & EDUCATION FOUNDATION INC. - 6138 RIVERVIEW ROAD, SUITE F - PENINSULA, OH 44264-9651	31-1534973	501(C)(3)	300.	0.			FOR GENERAL PROGRAM SUPPORT
PHI DELTA THETA FOUNDATION 2 SOUTH CAMPUS AVENUE OXFORD, OH 45056	34-6539803	501(C)(3)	250.	0.			FOR GENERAL PROGRAM SUPPORT
PHI DELTA THETA FOUNDATION 2 SOUTH CAMPUS AVENUE OXFORD, OH 45056	34-6539803	501(C)(3)	250.	0.			FOR THE ANNUAL FUND
PHILHARMONIC CENTER FOR THE ARTS INC. - 5833 PELICAN BAY BLVD. - NAPLES, FL 34108-3740	59-2322926	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
PLANNED PARENTHOOD OF NORTHEAST OHIO - 444 WEST EXCHANGE STREET - AKRON, OH 44302-1711	34-1015976	501(C)(3)	650.	0.			FOR GENERAL ORGANIZATIONAL SUPPORT
PLANNED PARENTHOOD OF NORTHEAST OHIO - 444 WEST EXCHANGE STREET - AKRON, OH 44302-1711	34-1015976	501(C)(3)	300.	0.			FOR GENERAL PROGRAM SUPPORT
PLANNED PARENTHOOD OF NORTHEAST OHIO - 444 WEST EXCHANGE STREET - AKRON, OH 44302-1711	34-1015976	501(C)(3)	2,500.	0.			FOR GENERAL PROGRAM SUPPORT
PLANNED PARENTHOOD OF NORTHEAST OHIO - 444 WEST EXCHANGE STREET - AKRON, OH 44302-1711	34-1015976	501(C)(3)	1,000.	0.			FOR GENERAL PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD OF NORTHEAST OHIO - 444 WEST EXCHANGE STREET - AKRON, OH 44302-1711	34-1015976	501(C)(3)		1,020.			FOR THE PREMIERE GALA EVENT
PLANNED PARENTHOOD OF NORTHEAST OHIO - 444 WEST EXCHANGE STREET - AKRON, OH 44302-1711	34-1015976	501(C)(3)		1,555.			SPENDABLE INCOME
PORTAGE ANIMAL PROTECTIVE LEAGUE 8122 INFIRMARY ROAD RAVENNA, OH 44266	34-1091915	501(C)(3)		300.			FOR GENERAL PROGRAM SUPPORT
PORTAGE PATH COMMUNITY LEARNING CENTER - 55 SOUTH PORTAGE PATH - AKRON, OH 44303	34-6000033	501(C)(3)		1,000.			FOR ROLLING DOWN HILL, A PROGRAM TO TEACH STUDENTS ABOUT ENGINEERING AND SCIENCE
PORTAGE PATH COMMUNITY LEARNING CENTER - 55 SOUTH PORTAGE PATH - AKRON, OH 44303	34-6000033	501(C)(3)		300.			TO SUPPLY REFRESHMENTS FOR THE GARAGEBAND EXHIBIT AT THE AKRON ART MUSEUM
PORTAGE PATH COMMUNITY MENTAL HEALTH CENTER - 340 SOUTH BROADWAY STREET - AKRON, OH 44308	34-1096055	501(C)(3)		20,000.			FOR A ROOF REPLACEMENT
PORTAGE PATH COMMUNITY MENTAL HEALTH CENTER - 340 SOUTH BROADWAY STREET - AKRON, OH 44308	34-1096055	501(C)(3)		2,500.			
PREGNANCY CARE OF SUMMIT COUNTY INC. - 195 EAST TALLMADGE AVENUE - AKRON, OH 44310	23-7176524	501(C)(3)		1,000.			FOR GENERAL OPERATING SUPPORT
PREGNANCY CARE OF SUMMIT COUNTY INC. - 195 EAST TALLMADGE AVENUE - AKRON, OH 44310	23-7176524	501(C)(3)		2,000.			TO PURCHASE FORMULA AND BABY FOOD FOR INFANTS OF LOW INCOME FAMILIES

**Schedule I (Form 990)**

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROGRESS THROUGH PRESERVATION INC. 2074 WEST MARKET STREET AKRON, OH 44313	34-1472472	501(C)(3)	1,000.	0.		FOR SECURITY LIGHTING ON THE GROUNDS OF PRESERVATION HOUSE	
PROJECT GRAD AKRON 65 STEINER AVENUE, SUITE 211 AKRON, OH 44301	16-1639511	501(C)(3)	5,000.	0.		FOR GENERAL PROGRAM SUPPORT	
PROJECT LEARN OF SUMMIT COUNTY 60 SOUTH HIGH STREET AKRON, OH 44326	34-1491695	501(C)(3)	25,000.	0.		FOR THE BRIDGE TO KINDERGARTEN PROGRAM	
PROJECT LEARN OF SUMMIT COUNTY 60 SOUTH HIGH STREET AKRON, OH 44326	34-1491695	501(C)(3)	4,862.	0.		SPENDABLE INCOME	
PROJECT R.I.S.E., AKRON PUBLIC SCHOOLS - 70 NORTH BROADWAY STREET, ROOM 300 - AKRON, OH 44308-1911	34-1491695	501(C)(3)	20,000.	0.		TO ESTABLISH THREE NEW COMMUNITY PARTNERSHIP SITES FOR ADULT LITERACY AND GED PROGRAMS	
PROJECT R.I.S.E., AKRON PUBLIC SCHOOLS - 70 NORTH BROADWAY STREET, ROOM 300 - AKRON, OH 44308-1911	34-6000033	501(C)(3)	5,500.	0.		TO RECRUIT VOLUNTEERS AND TUTORS TO ASSIST STUDENTS IN STUDYING FOR THE GED EXAM, LEARNING ENGLISH,	
PROJECT SHINE P.O. BOX 3895 AKRON, OH 44314	55-0868524	501(C)(3)	3,500.	0.		FOR THE PACT (PERFORMING ARTS CAN TEACH) RISE PROGRAM FOR HOMELESS CHILDREN	
						FOR SCHOLARSHIPS FOR INDIVIDUALS TO PROVIDE COMMUNITY SERVICE IN THE KENMORE AREA	

Schedule I (Form 990)

## AKRON COMMUNITY FOUNDATION

## Part II

## Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990, Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT SHINE P. O. BOX 3895 AKRON, OH 44314	55-0868524	501(c)(3)	3,500.	0.			FOR SCHOLARSHIPS FOR INDIVIDUALS TO PROVIDE COMMUNITY SERVICE IN THE KENMORE AREA
PURDUE UNIVERSITY 6110 PURDUE MALL WEST LAFAYETTE, IN 47907-2040	35-6002041	UNIVERSITY	500.	0.			SCHOLARSHIP
QUEEN OF PEACE RADIO INC. P.O. BOX 51585 JACKSONVILLE BEACH, FL 32240	59-3397612	501(c)(3)	1,000.	0.			IN HONOR OF BISHOP CALEONE
REBUILDING TOGETHER SUMMIT COUNTY INC. - 788 DONALD AVENUE - AKRON, OH 44306	34-1814515	501(c)(3)	20,000.	0.			FOR SAFETY MODIFICATIONS AND MICRO HOME REPAIRS FOR LOW-INCOME ELDERLY AND DISABLED HOMEOWNERS
RENAISSANCE CHARITABLE FOUNDATION INC. - 6100 WEST 96TH STREET, SUITE 100 - INDIANAPOLIS, IN 46278	35-2129262	501(c)(3)	50.	0.			FOR THE JUDGE BRENDA BURNHAM UNRUTH CHARITABLE FUND
RESEARCH EDUCATION & CHARITABLE ASSOCIATION FOR THE BENEFIT OF CHEFS & FARM - 12304 STATE ROUTE 13 - MILAN, OH 44846	04-3712962	501(c)(3)	10,000.	0.			FOR THE EARTH TO TABLE SCIENCE KITS
RESEARCH EDUCATION & CHARITABLE ASSOCIATION FOR THE BENEFIT OF CHEFS & FARM - 12304 STATE ROUTE 13 - MILAN, OH 44846	04-3712962	501(c)(3)	1,249.	0.			FOR THE EARTH TO TABLE SCIENCE KITS
BRIGHT LEAD 3489 STYX HILL ROAD MEDINA, OH 44256	90-0423180	501(c)(3)	3,360.	0.			TO SPONSOR TWO CHILDREN RESIDING IN MEDINA COUNTY
RIVERWALK JAZZ P.O. BOX 831632 SAN ANTONIO, TX 78283-1632	52-2403460	501(c)(3)	12,000.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVERWALK JAZZ P.O. BOX 831632 SAN ANTONIO, TX 78283-1632	52-2403460	501(C)(3)	6,410.	0.			FOR GENERAL PROGRAM SUPPORT
RIVERWALK JAZZ P.O. BOX 831632 SAN ANTONIO, TX 78283-1632	52-2403460	501(C)(3)	3,090.	0.			FOR GENERAL PROGRAM SUPPORT
SAINT SEBASTIAN CATHOLIC CHURCH 476 MULL AVENUE AKRON, OH 44320	23-7115850	501(C)(3)	1,500.	0.			EASTER DONATION
SHELTER CARE INC. 32 SOUTH AVENUE TALLMADGE, OH 44278	34-1172458	501(C)(3)	1,370.	0.			1 / 3 SPENDABLE INCOME FOR THE HEAD AND HEART PROGRAM WHICH COMBINES WRAP FOR MENTAL HEALTH AND ZENTANGLE A
SHRINERS HOSPITALS FOR CHILDREN P.O. 31356 TAMPA, FL 33631-3356	04-2121377	501(C)(3)	827.	0.			THE PERIOD ENDING JUNE 30, 2011
SHRINERS HOSPITALS FOR CHILDREN P.O. 31356 TAMPA, FL 33631-3356	04-2121377	501(C)(3)	727.	0.			PORTION OF SPENDABLE INCOME
SIMMONS COLLEGE 300 THE FENWAY BOSTON, MA 02115	04-2103629	501(C)(3)	100.	0.			FOR GENERAL PROGRAM SUPPORT
SOCIETY OF ST. VINCENT DE PAUL, ST. HILARY CHURCH - 2750 WEST MARKET STREET - FAIRLAWN, OH 44333	53-0196617	501(C)(3)	5,000.	0.			TO PROVIDE COMPUTERS TO FAMILIES WITH YOUNG CHILDREN AND LOCAL NONPROFIT AGENCIES
SONOMA LAND TRUST 966 SONOMA AVENUE SANTA ROSA, CA 95404	51-0197006	501(C)(3)	100.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH STREET MINISTRIES 130 WEST SOUTH STREET AKRON, OH 44311	26-2660679	501(C)(3)	1,000.	0.			FOR GENERAL OPERATING SUPPORT
SOUTH STREET MINISTRIES 130 WEST SOUTH STREET AKRON, OH 44311	26-2660679	501(C)(3)	1,982.	0.			FOR GENERAL PROGRAM SUPPORT
SOUTHPORT OAK ISLAND INTERCHURCH FELLOWSHIP - P.O. BOX 711 - OAK ISLAND, NC 28465	56-2233260	501(C)(3)	500.	0.			TO SUPPORT THE FOOD PANTRY
SPELMAN COLLEGE CAMPUS BOX 1159, 350 SPELMAN LANE, ATLANTA, GA 30314-4399	58-0566243	501(C)(3)	2,000.	0.			SCHOLARSHIP
SPRING GARDEN WALDORF SCHOOL 1791 SOUTH JACOBY ROAD COPELEY, OH 44321	34-1512962	501(C)(3)	3,000.	0.			TO SUPPORT A PART TIME GARDENING COORDINATOR POSITION
ST. CLOUD STATE UNIVERSITY FOUNDATION INC. - 720 FOURTH AVENUE SOUTH - ST. CLOUD, MN 56301-4498	41-6019040	501(C)(3)	200.	0.			FOR GENERAL PROGRAM SUPPORT
ST. HILARY CHURCH 2750 WEST MARKET STREET FAIRLAWN, OH 44333	53-0196617	501(C)(3)	1,000.	0.			FOR THE SEEDS OF CHANGE AFTER-SCHOOL TUTORING PROGRAM AT HELEN ARNOLD COMMUNITY LEARNING CENTER
ST. MATTHEW EVANGELICAL LUTHERAN CHURCH - 400 NORTH BROADWAY STREET - MEDINA, OH 44256	34-1158557	501(C)(3)	8,000.	0.			QUARTERLY DISTRIBUTION
ST. MATTHEW EVANGELICAL LUTHERAN CHURCH - 400 NORTH BROADWAY STREET - MEDINA, OH 44256	34-1158557	501(C)(3)	8,000.	0.			QUARTERLY DISTRIBUTION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. MATTHEW EVANGELICAL LUTHERAN CHURCH - 400 NORTH BROADWAY STREET - MEDINA, OH 44256	34-1158557	501(c)(3)	8,000.	0.			QUARTERLY DISTRIBUTION
ST. MATTHEW EVANGELICAL LUTHERAN CHURCH - 400 NORTH BROADWAY STREET - MEDINA, OH 44256	34-1158557	501(c)(3)	8,000.	0.			QUARTERLY DISTRIBUTION
ST. PAUL'S EPISCOPAL CHURCH 1361 WEST MARKET STREET AKRON, OH 44313	34-0714708	501(c)(3)	500.	0.			FOR GENERAL PROGRAM SUPPORT
ST. PAUL'S EPISCOPAL CHURCH 1361 WEST MARKET STREET AKRON, OH 44313	34-0714708	501(c)(3)	500.	0.			FOR THE JOHN GRAVES FUND FOR ASSISTANCE FOR FRIENDS IN NEED
ST. PAUL'S EPISCOPAL CHURCH 317 EAST LIBERTY STREET MEDINA, OH 44256	34-1189192	501(c)(3)	4,000.	0.			TO PROVIDE FOOD AND HOUSEHOLD ITEMS TO THOSE IN NEED
ST. VICTOR PARISH 3435 EVERETT ROAD RICHFIELD, OH 44286	34-0960892	501(c)(3)	2,784.	0.			FOR THE BUILDING FUND
ST. VINCENT CATHOLIC CHURCH 164 WEST MARKET STREET AKRON, OH 44303	34-1908579	501(c)(3)	4,000.	0.			EASTER DONATION
ST. VINCENT ELEMENTARY SCHOOL 17 SOUTH MAPLE STREET AKRON, OH 44303	34-0718409	501(c)(3)	500.	0.			FOR CATHOLIC EDUCATION SUPPORT
ST. VINCENT-ST. MARY HIGH SCHOOL 15 NORTH MAPLE STREET AKRON, OH 44303	34-1686290	501(c)(3)	6,171.	0.			FOR TECHNOLOGY AND PROFESSIONAL DEVELOPMENT FOR TEACHERS

Schedule I (Form 990)

**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. VINCENT-ST. MARY HIGH SCHOOL 15 NORTH MAPLE STREET AKRON, OH 44303	34-1686290	501(C)(3)					
ST. VINCENT-ST. MARY HIGH SCHOOL 15 NORTH MAPLE STREET AKRON, OH 44303	34-1686290	501(C)(3)	1,000.	0.			SCHOLARSHIP
STAN HYWET HALL & GARDENS INC. 714 NORTH PORTAGE PATH AKRON, OH 44303-1399	34-0819149	501(C)(3)					
STAN HYWET HALL & GARDENS INC. 714 NORTH PORTAGE PATH AKRON, OH 44303-1399	34-0819149	501(C)(3)	306.	0.			ANNUAL FUNDS
STAN HYWET HALL & GARDENS INC. 714 NORTH PORTAGE PATH AKRON, OH 44303-1399	34-0819149	501(C)(3)					
STAN HYWET HALL & GARDENS INC. 714 NORTH PORTAGE PATH AKRON, OH 44303-1399	34-0819149	501(C)(3)	1,000.	0.			FOR EDUCATION PROGRAM SUPPORT
STAN HYWET HALL & GARDENS INC. 714 NORTH PORTAGE PATH AKRON, OH 44303-1399	34-0819149	501(C)(3)	40,000.	0.			FOR GENERAL OPERATING SUPPORT
STAN HYWET HALL & GARDENS INC. 714 NORTH PORTAGE PATH AKRON, OH 44303-1399	34-0819149	501(C)(3)	100.	0.			FOR GENERAL OPERATING SUPPORT
STAN HYWET HALL & GARDENS INC. 714 NORTH PORTAGE PATH AKRON, OH 44303-1399	34-0819149	501(C)(3)	3,500.	0.			FOR GENERAL OPERATING SUPPORT
STAN HYWET HALL & GARDENS INC. 714 NORTH PORTAGE PATH AKRON, OH 44303-1399	34-0819149	501(C)(3)	1,000.	0.			FOR GENERAL ORGANIZATIONAL SUPPORT
STAN HYWET HALL & GARDENS INC. 714 NORTH PORTAGE PATH AKRON, OH 44303-1399	34-0819149	501(C)(3)	1,000.	0.			FOR GENERAL PROGRAM SUPPORT

Schedule I (Form 990)

## Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STAN HYWET HALL & GARDENS INC. 714 NORTH PORTAGE PATH AKRON, OH 44303-1399	34-0819149	501(c)(3)	500.	0.			
STAN HYWET HALL & GARDENS INC. 714 NORTH PORTAGE PATH AKRON, OH 44303-1399	34-0819149	501(c)(3)	500.	0.			
STAN HYWET HALL & GARDENS INC. 714 NORTH PORTAGE PATH AKRON, OH 44303-1399	34-0819149	501(c)(3)	1,850.	0.			
STAN HYWET HALL & GARDENS INC. 714 NORTH PORTAGE PATH AKRON, OH 44303-1399	34-0819149	501(c)(3)	10,000.	0.			
STARK STATE COLLEGE 6200 FRANK AVENUE NW NORTH CANTON, OH 44720-7299	34-1055865	501(c)(3)	1,000.	0.			
STARK STATE COLLEGE 6200 FRANK AVENUE NW NORTH CANTON, OH 44720-7299	34-1055865	501(c)(3)	1,700.	0.			
STEPHENS COLLEGE 1200 EAST BROADWAY COLUMBIA, MO 65215	43-0670936	501(c)(3)	100.	0.			
STEWART'S CARING PLACE INC. 2955 WEST MARKET STREET, SUITE R AKRON, OH 44334	20-0181338	501(c)(3)	100.	0.			
STEWART'S CARING PLACE INC. 2955 WEST MARKET STREET, SUITE R AKRON, OH 44334	20-0181338	501(c)(3)	5,000.	0.			

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STOW-MUNROE FALLS CITY SCHOOL DISTRICT-HIGHLAND ELEMENTARY SCHOOL - 1843 GRAHAM ROAD - STOW, OH 44224	34-6002738	GOVERNMENT	250.	0.	FOR EDUCATIONAL EQUIPMENT, MATERIALS AND ACTIVITIES AT HIGHLAND ELEMENTARY SCHOOL	FOR DOVE (DEVELOPING OPTIONS FOR VIOLENT EMERGENCIES) CLINICAL TRAINING IN SPECIALIZED	
SUMMA FOUNDATION 525 EAST MARKET STREET, P.O. BOX 20 AKRON, OH 44304	34-1219001	501(C)(3)	5,085.	0.	FOR GENERAL PROGRAM SUPPORT	FOR MEDICAL, EDUCATIONAL RESEARCH SUPPORT	
SUMMA FOUNDATION 525 EAST MARKET STREET, P.O. BOX 20 AKRON, OH 44304	34-1219001	501(C)(3)	5,000.	0.	FOR THE 2011 ANNUAL FUND	FOR THE MEN WHO COOK EVENT	
SUMMA FOUNDATION 525 EAST MARKET STREET, P.O. BOX 20 AKRON, OH 44304	34-1219001	501(C)(3)	1,500.	0.	IN MEMORY OF JAMES E. PAYNE	TO SUPPORT ORTHOPAEDIC RESEARCH FOR THE WALTER A. HOYT, JR. MUSCULOSKELETAL RESEARCH	TO SUPPORT THE THREE PGY-IV ORTHOPAEDIC RESIDENTS? EDUCATIONAL TRAVEL (\$1500 EACH) FOR
SUMMA FOUNDATION 525 EAST MARKET STREET, P.O. BOX 20 AKRON, OH 44304	34-1219001	501(C)(3)	50.	0.	TO SUPPORT THE THREE PGY-IV ORTHOPAEDIC RESIDENTS? EDUCATIONAL TRAVEL (\$1500 EACH) FOR	Schedule I (Form 990)	

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c)IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUMMA HEALTH SYSTEM 525 EAST MARKET STREET, P.O. BOX 20 AKRON, OH 44309-2090	34-1887844	501(C)(3)	1,000.	0.			FOR GENERAL ORGANIZATIONAL SUPPORT
SUMMA HEALTH SYSTEM 525 EAST MARKET STREET, P.O. BOX 20 AKRON, OH 44309-2090	34-1887844	501(C)(3)	9,000.	0.			FOR THE ORTHOPAEDIC SURGERY RESIDENTS TO ATTEND & PRESENT RESEARCH AT REGIONAL & NATIONAL
SUMMIT COUNTY CHILDREN SERVICES BOARD - 264 SOUTH ARLINGTON STREET - AKRON, OH 44306-1399	34-1552441	GOVERNMENT	5,000.	0.			FOR THE CHILD & FAMILY LEADERSHIP EXCHANGE PROGRAM
SUMMIT COUNTY FAMILY & CHILDREN FIRST COUNCIL - 1100 GRAHAM ROAD CIRCLE - STOW, OH 44224	34-6002767	GOVERNMENT	25,000.	0.			THE FIRST THINGS FIRST COMMUNITY DEVELOPMENTAL SCREENING PROJECT
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO - 550 COPLEY ROAD - AKRON, OH 44320	34-0766170	501(C)(3)	2,500.	0.			FOR GENERAL OPERATING SUPPORT
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO - 550 COPLEY ROAD - AKRON, OH 44320	34-0766170	501(C)(3)	500.	0.			FOR THE ENDOWMENT FUND
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO - 550 COPLEY ROAD - AKRON, OH 44320	34-0766170	501(C)(3)	3,000.	0.			FOR THE SUMMIT AWARDS
SUMMIT COUNTY PUBLIC HEALTH 1100 GRAHAM ROAD CIRCLE STOW, OH 44224-2992	34-1552441	501(C)(3)	10,000.	0.			TO DEVELOP NEW EXHIBITIONS PROFILING INDIVIDUALS AND BUSINESS THAT HAVE CONTRIBUTED TO FOR THE DENTAL SEALANT PROGRAM FOR 2ND GRADERS IN AKRON PUBLIC SCHOOLS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUMMIT EDUCATION INITIATIVE 520 SOUTH MAIN STREET, SUITE 2455 AKRON, OH 44311-1095	34-1843220	501(C)(3)		3,000.			
SUMMIT EDUCATION INITIATIVE 520 SOUTH MAIN STREET, SUITE 2455 AKRON, OH 44311-1095	34-1843220	501(C)(3)		84,722.			
SUMMIT EDUCATION INITIATIVE 520 SOUTH MAIN STREET, SUITE 2455 AKRON, OH 44311-1095	34-1843220	501(C)(3)		84,722.			
SUMMIT EDUCATION INITIATIVE 520 SOUTH MAIN STREET, SUITE 2455 AKRON, OH 44311-1095	34-1843220	501(C)(3)		84,722.			
SUMMIT EDUCATION INITIATIVE 520 SOUTH MAIN STREET, SUITE 2455 AKRON, OH 44311-1095	34-1843220	501(C)(3)		84,722.			
SUMMER ON RIDGEWOOD INC. 970 SUMNER PARKWAY COPELEY, OH 44321-1693	34-1937203	501(C)(3)		500.			
TAKING CONTROL OF YOUR DIABETES 1110 CAMINO DEL MAR, SUITE B DEL MAR, CA 92014	33-0794608	501(C)(3)		100.			
TEMPLE UNIVERSITY 334 ANNENBERG HALL, 2020 NORTH 13TH PHILADELPHIA, PA 19122	23-1365971	501(C)(3)		5,000.			

**Schedule I (Form 990)**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE AKRON ROUNDTABLE P.O. BOX 1051 CUYAHOGA FALLS, OH 44223	34-1249338	501(c)(3)	1,000.	0.			FOR STRATEGIC PLAN IMPLEMENTATION
THE AKRON ROUNDTABLE P.O. BOX 1051 CUYAHOGA FALLS, OH 44223	34-1249338	501(c)(3)	2,500.	0.			TO SPONSOR THE FEBRUARY 16, 2012 PRESENTATION (JOE PUSATERI, ELITE HOMES)
THE AKRON ROUNDTABLE P.O. BOX 1051 CUYAHOGA FALLS, OH 44223	34-1249338	501(c)(3)	2,500.	0.			TO SUPPORT THE SPRING 2011 SPEAKER SERIES
THE ARC OF SUMMIT & PORTAGE COUNTIES INC. - 3869 DARROW ROAD, SUITE 109 - STOW, OH 44224	34-0701590	501(c)(3)	10,000.	0.			FOR THE PEOPLE TOGETHER DISABILITY AWARENESS INITIATIVE
THE ARC OF SUMMIT & PORTAGE COUNTIES INC. - 3869 DARROW ROAD, SUITE 109 - STOW, OH 44224	34-0701590	501(c)(3)	1,933.	0.			SPENDABLE INCOME
THE ARC OF SUMMIT & PORTAGE COUNTIES INC. - 3869 DARROW ROAD, SUITE 109 - STOW, OH 44224	34-0701590	501(c)(3)	1,854.	0.			SPENDABLE INCOME
THE ARC OF SUMMIT & PORTAGE COUNTIES INC. - 3869 DARROW ROAD, SUITE 109 - STOW, OH 44224	34-0701590	501(c)(3)	1,854.	0.			SPENDABLE INCOME
THE CENTER FOR LEARNING FUND 29313 CLEMENS ROAD, SUITE 2E WESTLAKE, OH 44145	25-1209594	501(c)(3)	1,698.	0.			SPENDABLE INCOME

**Schedule I (Form 990)**

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c)IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHILDREN'S CENTER OF MEDINA COUNTY - 200 HIGHLAND DRIVE - MEDINA, OH 44256	42-1749846	501(C)(3)	1,000.	0.			FOR A PUBLIC RELATIONS CAMPAIGN TO BRING AWARENESS OF CHILD SEXUAL ABUSE AND NEGLECT
THE DIVERSITY CENTER OF NORTHEAST OHIO - 3659 GREEN ROAD, SUITE 220 - CLEVELAND, OH 44122	20-19666761	501(C)(3)	5,000.	0.			FOR DIVERSITY TRAINING IN AKRON PUBLIC SCHOOLS
THE FIRST CONGREGATIONAL CHURCH OF AKRON - 292 EAST MARKET STREET - AKRON, OH 44308-2091	39-0968242	501(C)(3)	1,000.	0.			FOR THE 2011 ANNUAL CAMPAIGN
THE FIRST CONGREGATIONAL CHURCH OF AKRON - 292 EAST MARKET STREET - AKRON, OH 44308-2091	39-0968242	501(C)(3)	2,000.	0.			TO PURCHASE FOOD FOR THE PEANUT BUTTER & JELLY OUTREACH AT MASON SCHOOL
THE FIRST PRESBYTERIAN CHURCH IN THE CITY OF NEW YORK - 12 WEST 12TH STREET - NEW YORK, NY 10011	23-63933377	501(C)(3)	250.	0.			FOR GENERAL OPERATING SUPPORT
THE FOUNDATION CENTER CLEVELAND 1422 EUCLID AVENUE, SUITE 1600 CLEVELAND, OH 44115-2001	13-1837418	501(C)(3)	2,500.	0.			FOR OPERATING SUPPORT
THE HEALTH SCIENCE CENTER AT BROOKLYN FOUNDATION INC. - 450 CLARKSON AVENUE, BOX 93 - BROOKLYN, NY 11203	11-2418771	501(C)(3)	1,000.	0.			FOR GENERAL PROGRAM SUPPORT
THE LIPPMAN SCHOOL 750 WHITE POND DRIVE AKRON, OH 44320	34-0968632	501(C)(3)	2,500.	0.			FOR GENERAL OPERATING SUPPORT
THE LIPPMAN SCHOOL 750 WHITE POND DRIVE AKRON, OH 44320	34-0968632	501(C)(3)	500.	0.			FOR GENERAL PROGRAM SUPPORT

Schedule I (Form 990)

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LIPPMAN SCHOOL 750 WHITE POND DRIVE AKRON, OH 44320	34-0968632	501(C)(3)	500.	0.			FOR THE ANNUAL FUND
THE LIPPMAN SCHOOL 750 WHITE POND DRIVE AKRON, OH 44320	34-0968632	501(C)(3)	500.	0.			FOR THE EXCELLENCE IN EDUCATION FUND
THE OHIO FOUNDATION OF INDEPENDENT COLLEGES INC. - 250 EAST BROAD STREET, SUITE 1700 - COLUMBUS, OH 43215-3722	31-4441082	501(C)(3)	300.	0.			FOR GENERAL PROGRAM SUPPORT
THE OHIO FOUNDATION OF INDEPENDENT COLLEGES INC. - 250 EAST BROAD STREET, SUITE 1700 - COLUMBUS, OH 43215-3722	31-4441082	501(C)(3)	1,000.	0.			FOR THE AKRON OFFICE CORPORATE CHALLENGE CAMPAIGN
THE OHIO STATE UNIVERSITY 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-4441082	501(C)(3)	300.	0.			FOR UNRESTRICTED USE
THE OHIO STATE UNIVERSITY 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-6025986	UNIVERSITY	2,000.	0.			SCHOLARSHIP
THE OHIO STATE UNIVERSITY 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-6025986	UNIVERSITY	500.	0.			SCHOLARSHIP
THE OHIO STATE UNIVERSITY 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-6025986	UNIVERSITY	1,000.	0.			SCHOLARSHIP
THE OHIO STATE UNIVERSITY 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-6025986	UNIVERSITY	1,000.	0.			SCHOLARSHIP

**Schedule I (Form 990)**

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE OHIO STATE UNIVERSITY 281 WEST LANE AVENUE COLUMBUS, OH 43210	31-6025986	UNIVERSITY	500.	0.			SCHOLARSHIP
THE SALVATION ARMY 190 SOUTH MAPLE STREET AKRON, OH 44302-0549	13-3485289	501(C)(3)	1,000.	0.			FOR GENERAL ORGANIZATIONAL SUPPORT
THE SALVATION ARMY 190 SOUTH MAPLE STREET AKRON, OH 44302-0549	13-3485289	501(C)(3)	200.	0.			FOR GENERAL PROGRAM SUPPORT
THE SALVATION ARMY 190 SOUTH MAPLE STREET AKRON, OH 44302-0549	13-3485289	501(C)(3)	1,000.	0.			FOR GENERAL PROGRAM SUPPORT
THE SALVATION ARMY 190 SOUTH MAPLE STREET AKRON, OH 44302-0549	13-3485289	501(C)(3)	200.	0.			FOR HUNGER SERVICES
THE SALVATION ARMY 615 SLATERS LANE, P.O. BOX 1428 ALEXANDRIA, VA 22313	13-3485289	501(C)(3)	5,000.	0.			FOR JAPAN QUAKE/TSUAMI RELIEF (INTERNATIONAL DISASTER RELIEF)
THE SALVATION ARMY 190 SOUTH MAPLE STREET AKRON, OH 44302-0549	13-3485289	501(C)(3)	10,000.	0.			FOR THE HOT MEALS PROGRAM
THE SALVATION ARMY 190 SOUTH MAPLE STREET AKRON, OH 44302-0549	13-3485289	501(C)(3)	32,230.	0.			SPENDABLE INCOME
THE SALVATION ARMY 190 SOUTH MAPLE STREET AKRON, OH 44302-0549	13-3485289	501(C)(3)	300.	0.			TO PURCHASE FOOD

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SHELBY COUNTY HISTORICAL SOCIETY - ROSS HISTORICAL CENTER, P.O. BOX 376 - SIDNEY, OH 45365-0376	34-1317780	501(C)(3)	7,500.	0.			FOR GENERAL PROGRAM SUPPORT
THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC. - P.O. BOX 650309 - DALLAS, TX 75265-0309	75-1835298	501(C)(3)	1,000.	0.			FOR SPONSOR OF A RUNNER
THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC. - P.O. BOX 650309 - DALLAS, TX 75265-0309	75-1835298	501(C)(3)	100.	0.			FOR SPONSOR OF A RUNNER
THE UNIVERSITY OF AKRON CASHIER'S OFFICE, P.O. BOX 2260 AKRON, OH 44309-2260	34-6002924	UNIVERSITY	1,000.	0.			SCHOLARSHIP
THE UNIVERSITY OF AKRON CASHIER'S OFFICE, P.O. BOX 2260 AKRON, OH 44309-2260	34-6002924	UNIVERSITY	1,250.	0.			SCHOLARSHIP
THE UNIVERSITY OF AKRON CASHIER'S OFFICE, P.O. BOX 2260 AKRON, OH 44309-2260	34-6002924	UNIVERSITY	1,000.	0.			SCHOLARSHIP
THE UNIVERSITY OF AKRON CASHIER'S OFFICE, P.O. BOX 2260 AKRON, OH 44309-2260	34-6002924	UNIVERSITY	1,000.	0.			SCHOLARSHIP
THE UNIVERSITY OF AKRON CASHIER'S OFFICE, P.O. BOX 2260 AKRON, OH 44309-2260	34-6002924	UNIVERSITY	2,500.	0.			SCHOLARSHIP
THE UNIVERSITY OF AKRON CASHIER'S OFFICE, P.O. BOX 2260 AKRON, OH 44309-2260	34-6002924	UNIVERSITY	1,000.	0.			SCHOLARSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF AKRON CASHIER'S OFFICE, P.O. BOX 2260 AKRON, OH 44309-2260	34-6002924	UNIVERSITY	1,000.	0.			SCHOLARSHIP
THE UNIVERSITY OF AKRON CASHIER'S OFFICE, P.O. BOX 2260 AKRON, OH 44309-2260	34-6002924	UNIVERSITY	2,300.	0.			SCHOLARSHIP
THE UNIVERSITY OF AKRON CASHIER'S OFFICE, P.O. BOX 2260 AKRON, OH 44309-2260	34-6002924	501(C)(3)	1,000.	0.			SCHOLARSHIP
THE UNIVERSITY OF AKRON CASHIER'S OFFICE, P.O. BOX 2260 AKRON, OH 44309-2260	34-6002924	UNIVERSITY	1,000.	0.			SCHOLARSHIP
THE UNIVERSITY OF AKRON CASHIER'S OFFICE, P.O. BOX 2260 AKRON, OH 44309-2260	34-6002924	UNIVERSITY	500.	0.			SCHOLARSHIP
THE UNIVERSITY OF FINDLAY FINANCIAL AID OFFICE, 1000 NORTH MA FINDLAY, OH 45840-3987	34-4431169	UNIVERSITY	2,500.	0.			SCHOLARSHIP
THE UNIVERSITY OF FINDLAY FINANCIAL AID OFFICE, 1000 NORTH MA FINDLAY, OH 45840-3987	34-4431169	UNIVERSITY	500.	0.			SCHOLARSHIP
THE UNIVERSITY OF TOLEDO MAIL STOP 314, 2801 W. BANCROFT ST. TOLEDO, OH 43606-3390	34-6401483	UNIVERSITY	2,000.	0.			SCHOLARSHIP

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIDES CENTER P.O. BOX 29907 SAN FRANCISCO, CA 94129-0907	94-3213100	501(C)(3)	100.	0.			FOR THE DISH PROJECT
TORCHBEARERS P.O. BOX 14433 AKRON, OH 44309	20-1869314	501(C)(3)	50,000.	0.			FOR THE CHANGE MAKER INITIATIVE
TRI-COUNTY JOBS FOR OHIO'S GRADUATES - 55 EAST CUYAHOGA FALLS AVENUE - AKRON, OH 44310	31-1204720	501(C)(3)	10,000.	0.			TO SUPPORT THE DROPOUT RECOVERY PROGRAM FOR YOUTH IN SUMMIT COUNTY
TRINITY LUTHERAN CHURCH 600 SOUTH WATER STREET KENT, OH 44240	41-1568278	501(C)(3)	500.	0.			FOR GENERAL PROGRAM SUPPORT
TRULY REACHING YOU P.O. BOX 814 AKRON, OH 44309	75-3223368	501(C)(3)	2,000.	0.			FOR GENERAL OPERATING SUPPORT
TRULY REACHING YOU P.O. BOX 814 AKRON, OH 44309	75-3223368	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
TRUST FOR PUBLIC LAND THE HANNA BUILDING, 1422 EUCLID AVENUE, SUITE 340 - CLEVELAND, OH 44115	23-7222333	501(C)(3)	100.	0.			FOR GENERAL PROGRAM SUPPORT
TRUST FOR PUBLIC LAND THE HANNA BUILDING, 1422 EUCLID AVENUE, SUITE 340 - CLEVELAND, OH 44115	23-7222333	501(C)(3)	1,500.	0.			FOR GENERAL PROGRAM SUPPORT
TUESDAY MUSICAL ASSOCIATION ONE SOUTH MAIN STREET, SUITE 301 AKRON, OH 44308-1842	34-0786212	501(C)(3)	600.	0.			FOR GENERAL OPERATING SUPPORT

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990, Part II))**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUESDAY MUSICAL ASSOCIATION ONE SOUTH MAIN STREET, SUITE 301 AKRON, OH 44308-1842	34-0786212	501(C)(3)	500.	0.			FOR GENERAL PROGRAM SUPPORT
TUESDAY MUSICAL ASSOCIATION ONE SOUTH MAIN STREET, SUITE 301 AKRON, OH 44308-1842	34-0786212	501(C)(3)	5,000.	0.			TO SUPPORT THE CLOSING CONCERT 2011-2012 CONCERT SERIES
TUESDAY MUSICAL ASSOCIATION ONE SOUTH MAIN STREET, SUITE 301 AKRON, OH 44308-1842	34-0786212	501(C)(3)	10,000.	0.			TO SUPPORT THE MARGARET BAXTRESSER CONCERT
TUESDAY MUSICAL ASSOCIATION ONE SOUTH MAIN STREET, SUITE 301 AKRON, OH 44308-1842	34-0786212	501(C)(3)	10,000.	0.			TO SUPPORT THE SPRING 2012 CONCERT
TWINSBURG CITY SCHOOL DISTRICT 11136 RAVENNA ROAD TWINSBURG, OH 44087-1022	51-3187179	GOVERNMENT	10,000.	0.			FOR THE PROJECT STAR SUMMER READING PROGRAM WHICH TARGETS STUDENTS WHO ARE READING BELOW
UNITED DISABILITY SERVICES INC. 701 SOUTH MAIN STREET AKRON, OH 44311-1019	34-1374195	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
UNITED DISABILITY SERVICES INC. 701 SOUTH MAIN STREET AKRON, OH 44311-1019	34-1374195	501(C)(3)	2,000.	0.			FOR THE BASKET BALL FUNDRAISING EVENT
UNITED DISABILITY SERVICES INC. 701 SOUTH MAIN STREET AKRON, OH 44311-1019	34-1374195	501(C)(3)	15,000.	0.			TO PROVIDE REQUIRED MATCH FUNDING FOR FEDERAL FUNDS TARGETING EMPLOYMENT FOR SEVERELY DISABLED
UNITED STATES HOLOCAUST MEMORIAL MUSEUM - 100 RAOUL WALLENBERG PLACE, SW - WASHINGTON, DC 20024-2126	52-1309391	501(C)(3)	250.	0.			FOR GENERAL PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF COLLIER COUNTY INC. 848 FIRST AVENUE NORTH, SUITE 240 NAPLES, FL 34102	59-1026096	501(C)(3)	3,000.	0.			FOR GENERAL PROGRAM SUPPORT
UNITED WAY OF LEE COUNTY 7273 CONCOURSE DRIVE FORT MYERS, FL 33908	59-1005169	501(C)(3)	2,000.	0.			FOR THE PELICAN LANDING CAMPAIGN
UNITED WAY OF SOUTH SARASOTA COUNTY - 157 HAVANA ROAD - VENICE, FL 34292	59-0737866	501(C)(3)	300.	0.			FOR GENERAL PROGRAM SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 44304-1273	34-1169257	501(C)(3)	383.	0.			ANNUAL FUNDS
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 44304-1273	34-1169257	501(C)(3)	3,000.	0.			FOR GENERAL ORGANIZATIONAL SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 44304-1273	34-1169257	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 44304-1273	34-1169257	501(C)(3)	4,396.	0.			FOR GENERAL PROGRAM SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 44304-1273	34-1169257	501(C)(3)	5,704.	0.			FOR GENERAL PROGRAM SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 44304-1273	34-1169257	501(C)(3)	500.	0.			FOR GENERAL PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 44304-1273	34-1169257	501(C)(3)	10,000.	0.			FOR GENERAL PROGRAM SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 44304-1273	34-1169257	501(C)(3)	10,000.	0.			FOR GENERAL PROGRAM SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 44304-1273	34-1169257	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 44304-1273	34-1169257	501(C)(3)	1,000.	0.			FOR GENERAL PROGRAM SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 44304-1273	34-1169257	501(C)(3)	11,000.	0.			FOR GENERAL PROGRAM SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 44304-1273	34-1169257	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 44304-1273	34-1169257	501(C)(3)	10,000.	0.			FOR GENERAL PROGRAM SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 44304-1273	34-1169257	501(C)(3)	10,000.	0.			FOR GENERAL PROGRAM SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 44304-1273	34-1169257	501(C)(3)	16,000.	0.			\$15,000 FOR THE ANNUAL FUND & \$1,000 FOR THE WOMEN'S LEADERSHIP GIVING SOCIETY

**Schedule I (Form 990)**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 44304-1273	34-1169257	501(C)(3)	1,000.	0.			AKRON BAR ASSOCIATION FOUNDATION, FOR GENERAL PROGRAM SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 44304-1273	34-1169257	501(C)(3)	14,180.	0.			SPENDABLE INCOME
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 44304-1273	34-1169257	501(C)(3)	1,854.	0.			SPENDABLE INCOME
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 44304-1273	34-1169257	501(C)(3)	1,759.	0.			SPENDABLE INCOME
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 44304-1273	34-1169257	501(C)(3)	13,453.	0.			SPENDABLE INCOME
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 44304-1273	34-1169257	501(C)(3)	13,598.	0.			SPENDABLE INCOME
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 44304-1273	34-1169257	501(C)(3)	1,778.	0.			SPENDABLE INCOME
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 44304-1273	34-1169257	501(C)(3)	1,776.	0.			SPENDABLE INCOME
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 44304-1273	34-1169257	501(C)(3)	13,587.	0.			SPENDABLE INCOME

**Schedule I (Form 990)**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET <u>AKRON, OH 44304-1273</u>	34-1169257	501(C)(3)	1,678.	0.			SPENDABLE INCOME
UNIVERSITY HOSPITALS HEALTH SYSTEM INC. - P.O. BOX 74947 - CLEVELAND, OH 44194-4947	34-0714775	501(C)(3)	100.	0.			FOR THE SEIDMAN CANCER CENTER
UNIVERSITY OF AKRON FOUNDATION 105 FIR HILL <u>AKRON, OH 44325-2603</u>	34-6575496	501(C)(3)	300.	0.			FOR GENERAL PROGRAM SUPPORT
UNIVERSITY OF AKRON FOUNDATION 105 FIR HILL <u>AKRON, OH 44325-2603</u>	34-6575496	501(C)(3)	5,000.	0.			FOR THE ANNUAL FUND
UNIVERSITY OF AKRON FOUNDATION 105 FIR HILL <u>AKRON, OH 44325-2603</u>	34-6575496	501(C)(3)	500.	0.			FOR THE COLLEGE OF ENGINEERING - LENNON TRUST CHALLENGE
UNIVERSITY OF AKRON FOUNDATION 105 FIR HILL <u>AKRON, OH 44325-2603</u>	34-6575496	501(C)(3)	10,000.	0.			COLLEGE OF ENGINEERING'S SAE HYBRID FORMULA VEHICLE STUDENT PROGRAM AND COMPETITION
UNIVERSITY OF AKRON FOUNDATION 105 FIR HILL <u>AKRON, OH 44325-2603</u>	34-6575496	501(C)(3)	10,000.	0.			COLLEGE OF ENGINEERING'S SAE HYBRID FORMULA VEHICLE STUDENT PROGRAM AND COMPETITION
UNIVERSITY OF AKRON FOUNDATION 105 FIR HILL <u>AKRON, OH 44325-2603</u>	34-6575496	501(C)(3)	250.	0.			FOR THE FRIENDS OF HOWE HOUSE
UNIVERSITY OF AKRON FOUNDATION 105 FIR HILL <u>AKRON, OH 44325-2603</u>	34-6575496	501(C)(3)	1,000.	0.			FOR THE G.W. DAVERIO SCHOOL OF ACCOUNTANCY STUDENT SCHOLARSHIPS

Schedule I (Form 990)

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF AKRON FOUNDATION 105 FIR HILL AKRON, OH 44325-2603	34-6575496	501(c)(3)	5,000.	0.			MILDRED HETER BUCKINGHAM FUND-SCHOLARSHIPS (\$2,500) & RUTH HETER BUCKINGHAM FUND
UNIVERSITY OF AKRON FOUNDATION 105 FIR HILL AKRON, OH 44325-2603	34-6575496	501(c)(3)	250.	0.			FOR THE SCHOOL OF LAW DEAN'S CLUB FUND
UNIVERSITY OF AKRON FOUNDATION 105 FIR HILL AKRON, OH 44325-2603	34-6575496	501(c)(3)	100.	0.			UNIVERSITY OF AKRON COLLEGE OF ENGINEERING 2012 DISTINGUISHED ALUMNI AWARDS DINNER (TAX FELLOWSHIP SEED
UNIVERSITY OF AKRON FOUNDATION 105 FIR HILL AKRON, OH 44325-2603	34-6575496	501(c)(3)	1,250.	0.			UNIVERSITY OF AKRON SCHOOL OF LAW ENTREPRENEURIAL LAW
UNIVERSITY OF AKRON FOUNDATION 105 FIR HILL AKRON, OH 44325-2603	34-6575496	501(c)(3)	475.	0.			FOR THE Z-FUND
UNIVERSITY OF AKRON FOUNDATION 105 FIR HILL AKRON, OH 44325-2603	34-6575496	501(c)(3)	180.	0.			TO SUPPORT THE 2012 SIMONETTI AWARDS
UNIVERSITY OF CINCINNATI STUDENT FINANCIAL AID, P.O. BOX 210 CINCINNATI, OH 45221-0125	31-6000989	UNIVERSITY	2,000.	0.			SCHOLARSHIP
UNIVERSITY OF CINCINNATI STUDENT FINANCIAL AID, P.O. BOX 210 CINCINNATI, OH 45221-0125	31-6000989	UNIVERSITY	4,000.	0.			SCHOLARSHIP
UNIVERSITY OF CINCINNATI STUDENT FINANCIAL AID, P.O. BOX 210 CINCINNATI, OH 45221-0125	31-6000989	UNIVERSITY	1,000.	0.			SCHOLARSHIP

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF COLORADO FOUNDATION 4740 WALNUT STREET BOULDER, CO 80301	84-6049811	501(C)(3)	500.	0.			FOR THE PRESIDENT'S OPPORTUNITY FUND
UNIVERSITY OF DAYTON 300 COLLEGE PARK DAYTON, OH 45469-1305	31-0536715	UNIVERSITY	1,250.	0.			SCHOLARSHIP
UNIVERSITY OF DAYTON 300 COLLEGE PARK DAYTON, OH 45469-1305	31-0536715	UNIVERSITY	1,000.	0.			SCHOLARSHIP
UNIVERSITY OF LOUISVILLE HOUCHENS BUILDING, ROOM 101 LOUISVILLE, KY 40292	61-1014882	UNIVERSITY	500.	0.			SCHOLARSHIP
UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET, SUITE 9000 ANN ARBOR, MI 48109	38-60006309	501(C)(3)	100.	0.			FOR THE COLLEGE OF LITERATURE, SCIENCE AND ARTS
UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET, SUITE 9000 ANN ARBOR, MI 48109	38-60006309	501(C)(3)	100.	0.			FOR THE LAW SCHOOL FUND
UNIVERSITY OF MOUNT UNION 1972 CLARK AVENUE ALLIANCE, OH 44601	34-0714687	UNIVERSITY	1,000.	0.			SCHOLARSHIP
UNIVERSITY OF MOUNT UNION 1972 CLARK AVENUE ALLIANCE, OH 44601	34-0714687	UNIVERSITY	1,000.	0.			SCHOLARSHIP
UNIVERSITY OF PITTSBURGH MEDICAL CENTER - FORBES TOWER, SUITE 8084 - PITTSBURGH, PA 15213	23-2919472	501(C)(3)	100.	0.			FOR DEPARTMENT OF NEUROLOGICAL SURGERY RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTH CAROLINA FINANCIAL AID AND SCHOLARSHIPS, 1714 COLLEGE ST. - COLUMBIA, SC 29208	57-6001153	UNIVERSITY	1,000.	0.			SCHOLARSHIP
UNIVERSITY SCHOOL 2785 SOM CENTER ROAD HUNTING VALLEY, OH 44022-9972	34-0714720	501(c)(3)	10,000.	0.			2012 LEMONADE DAY PROGRAM AT LEGGETT CLC, MASON CLC & UNIVERSITY PARK YMCA
URBAN VISION P.O. BOX 1563 AKRON, OH 44309-1563	34-1720630	501(c)(3)	5,000.	0.			FOR GENERAL OPERATING FOR GENERAL STORE, AN INCENTIVE PROGRAM FOR AFTER-SCHOOL STUDENTS TO PURCHASE SCHOOL ITEMS
URBAN VISION P.O. BOX 1563 AKRON, OH 44309-1563	34-1720630	501(c)(3)	1,000.	0.			FOR A CHOREOGRAPHED DANCE EXPLORING TANGO AND HIGHLIGHTING SAME SEX COUPLES
VERB BALLET 3445 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS, OH 44122	34-1645238	501(c)(3)	3,000.	0.			
VICTIM ASSISTANCE PROGRAM INC. 150 FURNACE STREET, P.O. BOX 444 AKRON, OH 44309-0444	38-3142753	501(c)(3)	500.	0.			FOR GENERAL OPERATING SUPPORT
VICTIM ASSISTANCE PROGRAM INC. 150 FURNACE STREET, P.O. BOX 444 AKRON, OH 44309-0444	38-3142753	501(c)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT
VICTIM ASSISTANCE PROGRAM INC. 150 FURNACE STREET, P.O. BOX 444 AKRON, OH 44309-0444	38-3142753	501(c)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
VICTIM ASSISTANCE PROGRAM INC. 150 FURNACE STREET, P.O. BOX 444 AKRON, OH 44309-0444	38-3142753	501(c)(3)	10,000.	0.			FOR PROGRAM SUPPORT

Schedule 1 (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VICTIM ASSISTANCE PROGRAM INC. 150 FURNACE STREET, P.O. BOX 444 AKRON, OH 44309-0444	38-3142753	501(C)(3)	10,000.	0.			FOR THE CHILD VICTIM ADVOCATE AND MENTAL HEALTH COUNSELING
VICTIM ASSISTANCE PROGRAM INC. 150 FURNACE STREET, P.O. BOX 444 AKRON, OH 44309-0444	38-3142753	501(C)(3)	1,380.	0.			FOR THE KIDS NEED A FIRM FOUNDATION PICNIC FOR CHILDREN WHO HAVE BEEN VICTIMS OR WITNESSED
VICTORY GALLOP INC. 1745 NORTH HAMETOWN ROAD, P.O. BOX BATH, OH 44210	34-1787436	501(C)(3)	2,500.	0.			FOR GENERAL OPERATING SUPPORT
VICTORY GALLOP INC. 1745 NORTH HAMETOWN ROAD, P.O. BOX BATH, OH 44210	34-1787436	501(C)(3)	5,000.	0.			FOR THE 2012 THERAPEUTIC HORSEBACK RIDING PROGRAM
VICTORY GALLOP INC. 1745 NORTH HAMETOWN ROAD, P.O. BOX BATH, OH 44210	34-1787436	501(C)(3)	1,200.	0.			FOR THE 2012 THERAPEUTIC HORSEBACK RIDING PROGRAM
VICTORY GALLOP INC. 1745 NORTH HAMETOWN ROAD, P.O. BOX BATH, OH 44210	34-1787436	501(C)(3)	1,436.	0.			SPENDABLE INCOME
WAITING CHILD FUND 17407 NEFF ROAD CLEVELAND, OH 44119	20-2727509	501(C)(3)	25,000.	0.			FOR THE SUMMIT PERMANENCY COLLABORATIVE
WALSH JESUIT HIGH SCHOOL 4550 WYOGA LAKE ROAD CUYAHOGA FALLS, OH 44224	53-0196617	501(C)(3)	10,000.	0.			FOR ON GOING PROGRAM SUPPORT
WALSH JESUIT HIGH SCHOOL 4550 WYOGA LAKE ROAD CUYAHOGA FALLS, OH 44224	53-0196617	501(C)(3)	6,171.	0.			FOR TECHNOLOGY, PROFESSIONAL DEVELOPMENT AND CHRISTIAN SERVICE OPPORTUNITIES FOR ALL

**Schedule I (Form 990)**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WALSH JESUIT HIGH SCHOOL 4 550 WYOGA LAKE ROAD CUYAHOGA FALLS, OH 44224	53-0196617	501(C)(3)	100.	0.			FOR THE JIMMY LYONS ENDOWMENT FUND, IN MEMORY OF JAMES LYONS
WASHINGTON AND LEE UNIVERSITY 204 WEST WASHINGTON STREET LEXINGTON, VA 24450	54-0505977	UNIVERSITY	500.	0.			SCHOLARSHIP
WEATHERVANE COMMUNITY PLAYHOUSE INC. - 1301 WEATHERVANE LANE - AKRON, OH 44313-5103	34-6560923	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
WEATHERVANE COMMUNITY PLAYHOUSE INC. - 1301 WEATHERVANE LANE - AKRON, OH 44313-5103	34-6560923	501(C)(3)	1,000.	0.			FOR SCHOLARSHIP SUPPORT FOR LOW INCOME STUDENTS
WEATHERVANE COMMUNITY PLAYHOUSE INC. - 1301 WEATHERVANE LANE - AKRON, OH 44313-5103	34-6560923	501(C)(3)	6,072.	0.			SPENDABLE INCOME
WEATHERVANE COMMUNITY PLAYHOUSE INC. - 1301 WEATHERVANE LANE - AKRON, OH 44313-5103	34-6560923	501(C)(3)	2,006.	0.			SPENDABLE INCOME
WEATHERVANE COMMUNITY PLAYHOUSE INC. - 1301 WEATHERVANE LANE - AKRON, OH 44313-5103	34-6560923	501(C)(3)	10,000.	0.			TO SUPPORT PROGRAMMING DURING THE 2011-2012 SEASON
WESTERN KENTUCKY UNIVERSITY 1906 COLLEGE HTS. BLVD. #11018 BOWLING GREEN, KY 42101-1018	61-6055628	UNIVERSITY	2,000.	0.			SCHOLARSHIP
WESTERN RESERVE ACADEMY 115 COLLEGE STREET HUDSON, OH 44236	34-0714390	501(C)(3)	100.	0.			FOR GENERAL PROGRAM SUPPORT

**Schedule I (Form 990)**

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN RESERVE HISTORICAL SOCIETY 10825 EAST BLVD. CLEVELAND, OH 44106	34-0714724	501(C)(3)	10,000.	0.			FOR CONTINUED MAINTENANCE OF THE MCALONAN MANUFACTORY BUILDING AT HALE FARM AND VILLAGE
WESTERN RESERVE HISTORICAL SOCIETY 10825 EAST BLVD. CLEVELAND, OH 44106	34-0714724	501(C)(3)	10,000.	0.			FOR EDUCATIONAL PROGRAMMING AT HALE FARM & VILLAGE
WESTERN RESERVE LAND CONSERVANCY P.O. BOX 314 NOVELTY, OH 44072	34-1571233	501(C)(3)	2,500.	0.			FOR GENERAL OPERATING SUPPORT
WESTERN RESERVE LAND CONSERVANCY P.O. BOX 314 NOVELTY, OH 44072	34-1571233	501(C)(3)	15,000.	0.			FOR THE DEVELOPMENT OF A LAND BANK IN SUMMIT COUNTY
WESTMINSTER PRESBYTERIAN CHURCH 1250 WEST EXCHANGE STREET AKRON, OH 44313	34-0714725	501(C)(3)	100.	0.			FOR THE FIVE@FIVE PROGRAM, IN HONOR OF MR. & MRS. BRUCE BAIN
WOFFORD COLLEGE 429 N. CHURCH STREET SPARTANBURG, SC 29303-3663	57-0314422	UNIVERSITY	1,000.	0.			SCHOLARSHIP
WOMEN HAND IN HAND INC. 11290 STONTINGTON DRIVE YOUNGSTOWN, OH 44505	31-1208365	501(C)(3)	250.	0.			IN MEMORY OF DR. EARNEST PERRY
WOMEN'S AUXILIARY BOARD OF THE SUMMIT COUNTY CHILDREN'S HOME INC. - 1390 SOUTH HAMETOWN ROAD - COPLEY, OH 44321	34-0757175	501(C)(3)	2,000.	0.			TO PURCHASE BEDS FOR THE BEDS FOR KIDS PROGRAM
WOMEN'S HELP CENTER INC. 4209 UNIVERSITY BLVD. SOUTH JACKSONVILLE, FL 32216	59-3046444	501(C)(3)	1,200.	0.			FOR THE OPERATING FUND

**Schedule I (Form 990)**

## Schedule I (Form 990) AKRON COMMUNITY FOUNDATION

34-1087615 Page 1

**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990, Part II))**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG CONCERT ARTISTS INC. 250 WEST 57TH STREET, SUITE 1222 NEW YORK, NY 10107	13-1951681	501(C)(3)	100.	0.			FOR GENERAL OPERATING SUPPORT
YOUNG ENTREPRENEURS ACADEMY INC. 400 WHITE SPRUCE BLVD., SUITE C ROCHESTER, NY 14623	30-0513715	501(C)(3)	500.	0.			TO SUPPORT THE 2012 YOUNG ENTREPRENEURS CLASS
YOUNG LIFE OF THE WESTERN RESERVE P.O. BOX 1015 HUDSON, OH 44236	84-0385934	501(C)(3)	2,500.	0.			FOR GENERAL OPERATING SUPPORT
YOUNG MEN'S CHRISTIAN ASSOCIATION OF AKRON OHIO - 209 SOUTH MAIN STREET, SUITE 501 - AKRON, OH 44308	34-0714727	501(C)(3)	500.	0.			FOR GENERAL ORGANIZATIONAL SUPPORT
YOUNG MEN'S CHRISTIAN ASSOCIATION OF AKRON OHIO - 209 SOUTH MAIN STREET, SUITE 501 - AKRON, OH 44308	34-0714727	501(C)(3)	400.	0.			FOR GENERAL PROGRAM SUPPORT
YOUNG MEN'S CHRISTIAN ASSOCIATION OF AKRON OHIO - 209 SOUTH MAIN STREET, SUITE 501 - AKRON, OH 44308	34-0714727	501(C)(3)	5,000.	0.			FOR THE PARTNERS WITH YOUTH ANNUAL CAMPAIGN
YOUNG MEN'S CHRISTIAN ASSOCIATION OF AKRON OHIO - 209 SOUTH MAIN STREET, SUITE 501 - AKRON, OH 44308	34-0714727	501(C)(3)	7,500.	0.			TO PROVIDE AFTER-SCHOOL GENDER SPECIFIC PROGRAMMING FOR GIRLS AND JUVENILE FEMALE OFFENDERS
YOUNGSTOWN STATE UNIVERSITY OFFICE OF UNIVERSITY DEVELOPMENT, ONE UNIVERSITY PLAZA - YOUNGSTOWN, OH 44555	34-6576610	UNIVERSITY	4,000.	0.			TO PURCHASE AN AUTOMATED EXTERNAL DEFIBRILLATOR FOR CAMP Y-NOAH SCHOLARSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH EXCELLENCE PERFORMING ARTS WORKSHOP - 1084 SEVENTH AVENUE - AKRON, OH 44306-1797	34-1967561	501(C)(3)	15,000.	0.			FOR THE 2011 SUMMER PERFORMING ARTS WORKSHOP
YOUTH EXCELLENCE PERFORMING ARTS WORKSHOP - 1084 SEVENTH AVENUE - AKRON, OH 44306-1797	34-1967561	501(C)(3)	5,000.	0.			TO SUPPORT THE PRODUCTION OF "THE WIZ"
YMCA OF GREENWICH CT. 259 EAST PUTNAM AVENUE GREENWICH, CT 06830	06-0646992	501(C)(3)	100.	0.			FOR THANKSGIVING DAY MEALS

AKRON COMMUNITY FOUNDATION

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

BIBLIOGRAPHY

SCHEDULE I, PART I, LINE 2: ALL GRANTS FROM UNRESTRICTED OR AFFILIATE FUNDS AWARDED THROUGH COMPETITIVE APPLICATION ARE REQUIRED TO FORMALLY REPORT BACK TO THE FOUNDATION ON THE USE OF FUNDS AND THE SUCCESS OF THE PROGRAM WITHIN ONE YEAR. FOR ORGANIZATIONS THAT HAVE NOT FULLY EXPENDED THE FUNDS, OR WHEN THE FUNDED PROGRAM OR PROJECT IS NOT CONSIDERED COMPLETE, THE FOUNDATION REQUIRES FOLLOW UP REPORTS UNTIL CONSIDERED COMPLETE.

FOUNDATION STAFF, BOARD MEMBERS AND AFFILIATE FUND ADVISORY COMMITTEE MEMBERS MAKE SPORADIC SITE VISITS TO GRANTEES AND STAFF WILL ENGAGE IN ON-GOING DISCUSSIONS WITH THE GRANTEE AS APPROPRIATE CONSIDERING THE SIZE

**Part IV Supplemental Information**

AND COMPLEXITY OF THE GRANT, OVER THE LIFE OF THE GRANT. FOUNDATION STAFF ALSO MONITORS LOCAL MEDIA REPORTS, ATTENDS COMMUNITY MEETINGS AND OTHERWISE MAKES EVERY EFFORT TO STAY WELL-INFORMED ABOUT THE ACTIVITIES AND FINANCIAL SOUNDNESS OF ITS GRANTEES.

FOR DONOR ADVISED FUNDS (DAF), BOTH THE DONOR FUND ADVISOR AND THE GRANTEE RECEIVE LETTERS AT THE TIME OF THE GRANT WHICH STATE THE PURPOSE OF THE GRANT AS WELL AS PROHIBITIONS ON USE OF FUNDS (NOT TO BE USED TO BENEFIT THE FUND DONOR OR ACF, NOT TO BE USED TO SATISFY A PERSONAL PLEDGE OR LEGAL OBLIGATION OF THE DONOR, NO TANGIBLE GOODS OR SERVICES TO BE RECEIVED).  
BEFORE DISBURSING FUNDS, THE FOUNDATION REQUIRES A SIGNED ANNUAL STATEMENT REGARDING QUID PRO QUO BENEFITS FROM EVERY DAF GRANTEE ORGANIZATION, CERTIFYING THAT THE ORGANIZATION HAS EDUCATED ITS STAFF AND VOLUNTEERS REGARDING THE PROHIBITION OF GRANT FUNDS FOR CERTAIN PURPOSES, AS STATED ABOVE.

SCHOLARSHIP GRANTS ARE DISBURSED DIRECTLY TO THE APPLICABLE EDUCATIONAL INSTITUTION TO BE CREDITED DIRECTLY TO THE STUDENT'S ACCOUNT. GRADES ARE MONITORED BEFORE ANY SCHOLARSHIP GRANT IS RENEWED.

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

NAME OF ORGANIZATION OR GOVERNMENT: AKRON AREA ARTS ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUMMIT ARTSPACE GALLERY

EXHIBITIONS, PROGRAMMING, ARTIST RECEPTIONS AND MARKETING/PROMOTIONS

NAME OF ORGANIZATION OR GOVERNMENT: AKRON ART MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PRODUCE A DOCUMENTARY ABOUT THE

PAUL STANKARD COLLECTION IN COLLABORATION WITH WESTERN RESERVE PBS

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: ARCHBISHOP HOBAN HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR TECHNOLOGY, PROFESSIONAL

DEVELOPMENT OF FACULTY MEMBERS AND SUPPORT OF CHRISTIAN SERVICE PROJECTS

NAME OF ORGANIZATION OR GOVERNMENT: ASIAN SERVICES IN ACTION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR AN INTERNATIONAL COMMUNITY

EMPOWERMENT PROJECT FOR IMMIGRANT YOUTH IN INNER CITY COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: ASIAN SERVICES IN ACTION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE READY PROGRAM, AN EARLY

CHILDHOOD LEARNING/DEVELOPMENT PROGRAM FOR CHILDREN IN REFUGEE FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: BALDWIN-WALLACE COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR A LITERATURE AND MUSIC-BASED

ENRICHMENT PROGRAM FOR UNDERPRIVILEGED AKRON PUBLIC SCHOOL STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT: BLESSINGS IN A BACKPACK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE BACKPACKS CONTAINING FOOD

FOR THE WEEKEND TO AT-RISK STUDENTS AT HELEN ARNOLD AND AKRON DIGITAL

ACADEMY

NAME OF ORGANIZATION OR GOVERNMENT:

BOY SCOUTS OF AMERICA, GREAT TRAIL COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE INNER CITY SCOUTING

PATHFINDER DISTRICT INITIATIVE WITHIN THE CITY OF AKRON FOR 2011

NAME OF ORGANIZATION OR GOVERNMENT: BROADWAY EDUCATION ALLIANCE INC.

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE NHS MUSICAL THEATRE AWARDS

EDUCATION FUND, THE JIMMY AWARDS, IN HONOR OF JAMES M. NEDERLANDER'S 90TH

NAME OF ORGANIZATION OR GOVERNMENT: BUSINESS VOLUNTEERS UNLIMITED

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PROFESSIONAL DEVELOPMENT

TRAINING AND CONSULTING SERVICE SUBSIDIES FOR TORCHBEARERS RETREAT

NAME OF ORGANIZATION OR GOVERNMENT: CARING FOR KIDS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR STARS: SPECIAL THANKS, ACCOLADES  
AND RECOGNITIONS FOR CHILDREN BEING TAKEN INTO FOSTER CARE

NAME OF ORGANIZATION OR GOVERNMENT: CASA BOARD VOLUNTEER ASSOCIATION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE 2011 CASA HOLIDAY TOY SHOP  
WHICH PROVIDES HOLIDAY GIFTS TO NEGLECTED/ABUSED CHILDREN IN THE SUMMIT  
COUNTY COURT SYSTEM

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES COMMUNITY SERVICES CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR NURSING SERVICES AT THE SUMMER  
RECREATION DAY CAMP PROGRAM FOR CHILDREN WITH MENTAL AND PHYSICAL  
DISABILITIES

NAME OF ORGANIZATION OR GOVERNMENT:

CHILD GUIDANCE & FAMILY SOLUTIONS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE TODDLERS AND PRESCHOOLERS  
SUCCEEDING PROGRAM WHICH EVALUATES, SUPPORTS AND ENHANCES  
SOCIAL-EMOTIONAL WELL-BEING IN CHILDCARE SETTINGS

**Part IV Supplemental Information**NAME OF ORGANIZATION OR GOVERNMENT: CUYAHOGA VALLEY YOUTH BALLET(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE REACH OUT AND DANCE PROGRAMIN AKRON AND CUYAHOGA FALLS PUBLIC SCHOOLS FOR THE 2011-2012 SCHOOL YEARNAME OF ORGANIZATION OR GOVERNMENT:EAST AKRON NEIGHBORHOOD DEVELOPMENT CORPORATION(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE EMERGENCY HOME REPAIRPROGRAM FOR LOW-INCOME ELDERLY, DISABLED, AND WORKING POOR HOMEOWNERSNAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF 91.3(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PRODUCTION OF ANTI-BULLYINGMESAGE SEGMENTS FOR KIDJAM!, A RADIO LISTENING PROGRAM FOR CHILDREN 8-12NAME OF ORGANIZATION OR GOVERNMENT: FUSION MAGAZINE(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PRODUCTION OF THEMAGAZINE WHICH STRIVES TO UNIFY PEOPLE OF DIFFERENT BACKGROUNDS ANDORIENTATIONSNAME OF ORGANIZATION OR GOVERNMENT:GREATER AKRON MUSICAL ASSOCIATION INC.(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE 2012 CONCERTS FOR KIDSPROGRAM AND CAPACITY BUILDING SUPPORT FOR OTHER EDUCATIONAL INITIATIVESNAME OF ORGANIZATION OR GOVERNMENT:GREATER AKRON MUSICAL ASSOCIATION INC.(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PROGRAMMING ANDPERFORMANCES OF THE AKRON YOUTH SYMPHONY DURING THE 2011-2012 SEASON

**Part IV Supplemental Information**NAME OF ORGANIZATION OR GOVERNMENT: GREENLEAF FAMILY CENTER(H) PURPOSE OF GRANT OR ASSISTANCE: FOR MENTAL HEALTH COUNSELING, TEENANGER MANAGEMENT AND STAFF DEVELOPMENT TRAINING AT AKRON PUBLIC SCHOOLSALTERNATIVE AND DIGITAL ACADEMIESNAME OF ORGANIZATION OR GOVERNMENT:KENMORE HIGH SCHOOL, AKRON PUBLIC SCHOOLS(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE HARMONY MULTICULTURALORGANIZATION HUMAN RELATIONS WORKSHOPS (BULLYING, RACISM, LEADERSHIP)NAME OF ORGANIZATION OR GOVERNMENT:LESBIAN, GAY, BISEXUAL, TRANSGENDER UNION(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SIXTEEN LGBTQ UNIVERSITY OFAKRON STUDENTS TO ATTEND THE 2012 NATIONAL GAY AND LESBIAN TASK FORCECREATING CHANGE CONFERENCE IN BALTIMORENAME OF ORGANIZATION OR GOVERNMENT:MENTAL HEALTH AMERICA OF SUMMIT COUNTY INC.(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE PEERS PROJECT TO HELPPARENTS AND CAREGIVERS OF CHILDREN WITH MENTAL HEALTH DIAGNOSESNAME OF ORGANIZATION OR GOVERNMENT:MENTAL HEALTH AMERICA OF SUMMIT COUNTY INC.(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE REAL DEAL ABOUT STRESS, ASERIES OF WORKSHOPS ABOUT MENTAL HEALTH FOR GIRLS RESIDING IN AMHANAME OF ORGANIZATION OR GOVERNMENT: MOBILE MEALS INC.(H) PURPOSE OF GRANT OR ASSISTANCE: FOR FREE AND SUBSIDIZED MEALS AND

**Part IV Supplemental Information**

MEDICALLY PRESCRIBED SUPPLEMENTS FOR CHILDREN, DISABLED AND ELDERLY INDIVIDUALS

NAME OF ORGANIZATION OR GOVERNMENT: MOBILE MEALS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR MEDICALLY PRESCRIBED SUPPLEMENTS TO BE DELIVERED TO RESIDENTS UNABLE TO PAY IN MEDINA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: MOBILE MEALS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PRESCRIBED SUPPLEMENTS MEALS FOR RESIDENTS IN MEDINA COUNTY WHO ARE UNABLE TO PAY

NAME OF ORGANIZATION OR GOVERNMENT:

OAK ASSOCIATES - OAK CLINIC FOR MULTIPLE SCLEROSIS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR AN EDUCATIONAL OUTREACH SEMINAR TO SUPPORT CAREGIVERS OF INDIVIDUALS WITH DISABLING MEDICAL CONDITIONS

NAME OF ORGANIZATION OR GOVERNMENT:

OAK ASSOCIATES - OAK CLINIC FOR MULTIPLE SCLEROSIS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR AN EDUCATIONAL OUTREACH SEMINAR TO SUPPORT CAREGIVERS OF INDIVIDUALS WITH DISABLING MEDICAL CONDITIONS

NAME OF ORGANIZATION OR GOVERNMENT: ONE OF A KIND PET RESCUE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: OF WHICH \$40,000 IS FOR TARGETED SPAY AND NEUTER OF CATS AND PIT BULLS AND \$2,000 IS FOR BILLBOARD ADVERTISING

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT LEARN OF SUMMIT COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO RECRUIT VOLUNTEERS AND TUTORS TO

**Part IV Supplemental Information**

ASSIST STUDENTS IN STUDYING FOR THE GED EXAM, LEARNING ENGLISH,  
TRANSITIONING TO POSTSECONDARY EDUCATION AND THE WORKFORCE

NAME OF ORGANIZATION OR GOVERNMENT:

PROJECT R.I.S.E., AKRON PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR RISE-ING FAMILIES, REACHING NEW  
HEIGHTS, A PROGRAM TO REMOVE BARRIERS IN THE EDUCATIONAL PROCESS OR  
HOMELESS STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT: SHELTER CARE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE HEAD AND HEART PROGRAM WHICH  
COMBINES WRAP FOR MENTAL HEALTH AND ZENTANGLE A THERAPEUTIC ART FORM

NAME OF ORGANIZATION OR GOVERNMENT: SUMMA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR DOVE (DEVELOPING OPTIONS FOR  
VIOLENT EMERGENCIES) CLINICAL TRAINING IN SPECIALIZED HEALTHCARE FOR  
ADULT VICTIMS OF SEXUAL ASSAULT AND DOMESTIC VIOLENCE

NAME OF ORGANIZATION OR GOVERNMENT: SUMMA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ORTHOPAEDIC RESEARCH FOR  
THE WALTER A. HOYT, JR. MUSCULOSKELETAL RESEARCH LABORATORY GENERAL  
OPERATING ACCOUNT #:53350

NAME OF ORGANIZATION OR GOVERNMENT: SUMMA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE THREE PGY-IV  
ORTHOPAEDIC RESIDENTS? EDUCATIONAL TRAVEL (\$1500 EACH) FOR THE WALTER A.  
HOYT, JR. MUSCULOSKELETAL RESEARCH LABORATORY GENERAL OPERATING ACCOUNT  
#:53350

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: SUMMA HEALTH SYSTEM

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE ORTHOPAEDIC SURGERY

RESIDENTS TO ATTEND & PRESENT RESEARCH AT REGIONAL & NATIONAL MEETINGS  
FOR THE DEPARTMENT OF ORTHOPAEDIC SURGERY ACCOUNT #:56011 (ORTHOPAEDIC  
RESEARCH AND EDUCATION FUND)

NAME OF ORGANIZATION OR GOVERNMENT:

SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVELOP NEW EXHIBITIONS PROFILING  
INDIVIDUALS AND BUSINESS THAT HAVE CONTRIBUTED TO THE AKRON AND SUMMIT  
COUNTY COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: TWINSBURG CITY SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE PROJECT STAR SUMMER READING  
PROGRAM WHICH TARGETS STUDENTS WHO ARE READING BELOW GRADE LEVEL

NAME OF ORGANIZATION OR GOVERNMENT: UNITED DISABILITY SERVICES INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE REQUIRED MATCH FUNDING  
FOR FEDERAL FUNDS TARGETING EMPLOYMENT FOR SEVERELY DISABLED INDIVIDUALS

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF AKRON FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: MILDRED HETER BUCKINGHAM  
FUND-SCHOLARSHIPS (\$2,500) & RUTH HETER BUCKINGHAM FUND SCHOLARSHIPS  
(\$2,500)

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF AKRON FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF AKRON COLLEGE OF

**Part IV Supplemental Information**

ENGINEERING 2012 DISTINGUISHED ALUMNI AWARDS DINNER (TAX DEDUCTIBLE PORTION)

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF AKRON FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF AKRON SCHOOL OF LAW ENTREPRENEURIAL LAW FELLOWSHIP SEED FELLOWSHIP ACCOUNT #638499

NAME OF ORGANIZATION OR GOVERNMENT: URBAN VISION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL STORE, AN INCENTIVE PROGRAM FOR AFTER-SCHOOL STUDENTS TO PURCHASE SCHOOL ITEMS WITH "URBAN VISION DOLLARS"

NAME OF ORGANIZATION OR GOVERNMENT: VICTIM ASSISTANCE PROGRAM INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE KIDS NEED A FIRM FOUNDATION PICNIC FOR CHILDREN WHO HAVE BEEN VICTIMS OR WITNESSED VIOLENCE ON AUGUST 3, 2012

NAME OF ORGANIZATION OR GOVERNMENT: WALSH JESUIT HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR TECHNOLOGY, PROFESSIONAL DEVELOPMENT AND CHRISTIAN SERVICE OPPORTUNITIES FOR ALL STUDENTS

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2011

Open to Public  
Inspection

Name of the organization

**AKRON COMMUNITY FOUNDATION**

Employer identification number

**34-1087615**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,

Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? .....
- b** Any related organization? .....

If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

Yes	No
1b	X
2	X
4a	X
4b	X
4c	X
5a	X
5b	X
6a	X
6b	X
7	X
8	X
9	

**AKRON COMMUNITY FOUNDATION****34-1087615**

Page 2

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.**

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN T. PETERS, JR.	(i) 181,733.	10,000.	0.	0.	0.	16,297.	208,030.
2	(i) 0.	0.	0.	0.	0.	0.	0.
3	(i) 0.	0.	0.	0.	0.	0.	0.
4	(i) 0.	0.	0.	0.	0.	0.	0.
5	(i) 0.	0.	0.	0.	0.	0.	0.
6	(i) 0.	0.	0.	0.	0.	0.	0.
7	(i) 0.	0.	0.	0.	0.	0.	0.
8	(i) 0.	0.	0.	0.	0.	0.	0.
9	(i) 0.	0.	0.	0.	0.	0.	0.
10	(i) 0.	0.	0.	0.	0.	0.	0.
11	(i) 0.	0.	0.	0.	0.	0.	0.
12	(i) 0.	0.	0.	0.	0.	0.	0.
13	(i) 0.	0.	0.	0.	0.	0.	0.
14	(i) 0.	0.	0.	0.	0.	0.	0.
15	(i) 0.	0.	0.	0.	0.	0.	0.
16	(i) 0.	0.	0.	0.	0.	0.	0.

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**PART I , LINE 1B: AKRON COMMUNITY FOUNDATION MAINTAINS A CORPORATE SOCIAL MEMBERSHIP AT PORTAGE COUNTRY CLUB (CLUB) IN THE PRESIDENT'S NAME FOR MEETINGS WITH CURRENT AND PROSPECTIVE DONORS . ALL CLUB EXPENSES ARE SUBSTANTIATED PRIOR TO PAYMENT. IN THE RARE INSTANCE WHEN SUCH EXPENSES ARE DEEMED PERSONAL OR NOT RELATED TO FOUNDATION BUSINESS, REIMBURSEMENT BY THE PRESIDENT IS REQUIRED PRIOR TO PAYMENT OF THE CLUB INVOICE. TOTAL COSTS DURING 2011 WERE \$5,559 .**

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

**Department of the Treasury  
Internal Revenue Service**

## **Transactions With Interested Persons**

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

OMB No. 1545-0047

2011

**Open To Public  
Inspection**

---

**Name of the organization**

**Employer identification number**

**AKRON COMMUNITY FOUNDATION**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

**Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.**

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2** Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ..... ► \$ \_\_\_\_\_  
**3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ► \$ \_\_\_\_\_

**Part II      Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

**Total** .....  \$

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

**Schedule L (Form 990 or 990-EZ) 2011**

## **Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

## **Part V Supplemental Information**

**Complete this part to provide additional information for responses to questions on Schedule L (see instructions).**

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: FIRSTMERIT BANK NA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FIRSTMERIT BANK'S PRESIDENT/CEO IS A BOARD MEMBER OF THE ORGANIZATION.

(C) AMOUNT OF TRANSACTION \$ 103,280.

(D) DESCRIPTION OF TRANSACTION: NICHOLAS BROWNING IS THE PRESIDENT/CEO

OF FIRSTMERIT BANK. FIRSTMERIT BANK SERVES AS AKRON COMMUNITY

FOUNDATION'S CUSTODIAN AND INVESTMENT MANAGER.

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

**AKRON COMMUNITY FOUNDATION**

Employer identification number  
**34-1087615**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	11	380,785.	FAIR MARKET VALUE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ► ( _____ )				
26 Other ► ( _____ )				
27 Other ► ( _____ )				
28 Other ► ( _____ )				

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....
- b If "Yes," describe in Part II.
- 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) (2011)

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2011**  
Open to Public  
Inspection

Name of the organization

**AKRON COMMUNITY FOUNDATION**

Employer identification number  
**34-1087615**

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WILL BE PRESENTED TO ACF'S TRUSTEES FOR REVIEW AND APPROVAL PRIOR TO FILING VIA E-MAIL AND THE TRUSTEES' SECTION OF THE FOUNDATION'S WEBSITE. A TWO WEEK COMMENT PERIOD WILL BE AVAILABLE FOR TRUSTEE COMMENTS AND QUESTIONS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: AKRON COMMUNITY FOUNDATION COLLECTS SIGNED CONFLICT STATEMENTS FROM ALL OFFICERS AND DIRECTORS ON AN ANNUAL BASIS. INDIVIDUAL RESPONSES ARE MONITORED AT QUARTERLY EXECUTIVE COMMITTEE MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15: A COMPENSATION COMMITTEE OF MEMBERS FROM THE AKRON COMMUNITY FOUNDATION'S BOARD CONDUCTS AN ANNUAL WRITTEN PERFORMANCE REVIEW OF THE PRESIDENT/CEO AND ESTABLISHES THE PRESIDENT/CEO'S SALARY BASED ON THIS REVIEW AS WELL AS A DETAILED REVIEW OF COMPARABLE DATA PROVIDED BY THE COUNCIL ON FOUNDATIONS AND THE OHIO GRANTMAKERS FORUM.

FORM 990, PART VI, SECTION C, LINE 19: AKRON COMMUNITY FOUNDATION WILL PROVIDE COPIES OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990, AND AUDITED FINANCIAL STATEMENTS UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

<u>NET UNREALIZED GAINS ON INVESTMENTS:</u>	<u>321,116.</u>
<u>CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT</u>	<u>6,277.</u>
<u>AGENCY ENDOWMENT REVENUE</u>	<u>-449,041.</u>
<u>AGENCY ENDOWMENT EXPENSES</u>	<u>303,305.</u>
<u>TOTAL TO FORM 990, PART XI, LINE 5</u>	<u>181,657.</u>

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number

34-1087615FORM 990, PART XII, LINE 2C

THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT  
AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT  
CHANGED DURING THE CURRENT YEAR.

**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990.

► See separate instructions.

## **Part II Identification of Related Organizations during the**

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

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

**Part III** *Nonprofit Organizations Treated as a Partnership During the Tax Year*

organizations treated as a partnership during the tax year.

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

27

## Schedule R (Form 990) 2011 AKRON COMMUNITY FOUNDATION

34-1087615 Page 3

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

	<b>Yes</b>	<b>No</b>
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
f Sale of assets to related organization(s)		
g Purchase of assets from related organization(s)		
h Exchange of assets with related organization(s)		
i Lease of facilities, equipment, or other assets to related organization(s)		
j Lease of facilities, equipment, or other assets from related organization(s)		
k Performance of services or membership or fundraising solicitations for related organization(s)		
l Performance of services or membership or fundraising solicitations by related organization(s)		
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		
n Sharing of paid employees with related organization(s)		
o Reimbursement paid to related organization(s) for expenses		
p Reimbursement paid by related organization(s) for expenses		
q Other transfer of cash or property to related organization(s)		
r Other transfer of cash or property from related organization(s)		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		
	(a) Name of other organization	(b) Transaction type (a-r)
(1)		(c) Amount involved
(2)		(d) Method of determining amount involved
(3)		
(4)		
(5)		
(6)		



**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

IRS e-file Signature Authorization  
for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2011, or fiscal year beginning APR 1, 2011, and ending MAR 31, 2012**2011**

- Do not send to the IRS. Keep for your records.  
► See instructions.

Name of exempt organization

Employer identification number

**AKRON COMMUNITY FOUNDATION****34-1087615**

Name and title of officer

**JOHN T PETURES JR  
PRESIDENT AND CEO****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0). But, if you entered -0 on the return, then enter -0 on the applicable line below. Do not complete more than 1 line in Part I.

- |  |  |                    |
|--|--|--------------------|
| 1a Form 990 check here ► <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ..... | 1b <u>12988102</u> |
| 2a Form 990-EZ check here ► <input type="checkbox"/>         | b Total revenue, if any (Form 990-EZ, line 9) .....                      | 2b _____           |
| 3a Form 1120-POL check here ► <input type="checkbox"/>       | b Total tax (Form 1120-POL, line 22) .....                               | 3b _____           |
| 4a Form 990-PF check here ► <input type="checkbox"/>         | b Tax based on investment income (Form 990-PF, Part VI, line 5) .....    | 4b _____           |
| 5a Form 8868 check here ► <input type="checkbox"/>           | b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) .....     | 5b _____           |

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BROCKMAN, COATS, GEDELIAN & CO  
ERO firm name

to enter my PIN 57011Enter five numbers, but  
do not enter all zeros

as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ►

Date ►

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**34114517351**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► John M. Daniele, CPADate ► 8/13/2012

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**



BROCKMAN, COATS, GEDELIAN & CO.

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

1735 MERRIMAN ROAD • AKRON, OHIO 44313-9007 • PH: (330) 864-6661 • FAX: (330) 864-6918 • WWW.BCGCOMPANY.COM

**CARING PEOPLE. SHAPING FUTURES.™**

#### FILING INSTRUCTIONS

FORM	<u>990</u>	<u>RETURN OF ORGANIZATION EXEMPT FROM TAX</u>
NAME	<u>Akron Community Foundation</u>	
YEAR	<u>March 31, 2012</u>	
DUE ON OR BEFORE	<u>August 15, 2012</u>	

NO PAYMENT IS NECESSARY FOR THE FEDERAL RETURN AS NO TAX IS DUE.

#### FORM 990 ELECTRONIC FILING:

PLEASE HAVE AN OFFICER SIGN THE ATTACHED 8879-EO, "IRS e-FILE SIGNATURE AUTHORIZATION FOR AN EXEMPT ORGANIZATION" AND RETURN TO BROCKMAN, COATS, GEDELIAN & CO. VIA FAX OR MAIL. ONCE WE RECEIVE THIS AUTHORIZATION, WE WILL FILE THE RETURN ELECTRONICALLY WITH THE IRS.

MAIL TO: BROCKMAN, COATS, GEDELIAN & CO.  
ATTENTION: TANYA DUNKLE  
1735 MERRIMAN ROAD  
AKRON, OH 44313

OR FAX TO: TANYA DUNKLE AT 330-572-8175

#### STATE OF OHIO FILING REQUIREMENT:

PLEASE PERFORM THE FOLLOWING STEPS TO COMPLETE THE ANNUAL FILING REQUIREMENT WITH THE OHIO ATTORNEY GENERAL'S OFFICE:

ONLINE FILING IS REQUIRED, PLEASE VISIT: [www.ohioattorneygeneral.gov](http://www.ohioattorneygeneral.gov)  
UNDER SERVICES > FOR CHARITIES > CHARITABLE REGISTRATION > FILE ONLINE >  
FOLLOW THE INSTRUCTIONS TO CREATE AN ACCOUNT AND LOGIN  
SELECT "ADD ORGANIZATION" UNDER THE MENU AND ENTER YOUR ORGANIZATION'S EIN  
FOLLOW INSTRUCTIONS TO PROVIDE REQUESTED INFORMATION  
MUCH OF THE REQUESTED INFORMATION WILL COME DIRECTLY FROM YOUR FORM 990  
SELECT METHOD OF PAYMENT AND REMIT REQUIRED FEES

PLEASE CALL IF YOU HAVE ANY QUESTIONS.