

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 private foundations)

OMB No. 1545-0047

2018

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning **APR 1, 2018** and ending **MAR 31, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AKRON COMMUNITY FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 345 WEST CEDAR ST City or town, state or province, country, and ZIP or foreign postal code AKRON, OH 44307-2407	D Employer identification number 34-1087615 E Telephone number (330) 376-8522
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		G Gross receipts \$ 96,366,904.
J Website: ▶ WWW.AKRONCF.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1955 M State of legal domicile: OH
Part I Summary		

		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO IMPROVE THE QUALITY OF LIFE IN THE GREATER AKRON AREA.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	25
	6 Total number of volunteers (estimate if necessary)	6	23
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	-369,387.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	13,807,658.	10,763,025.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,553,552.	7,237,125.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-133,615.	-163,346.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,227,595.	17,836,804.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,831,693.	10,444,435.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,902,675.	2,225,555.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 920,198.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,533,791.	1,762,016.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,268,159.	14,432,006.
19 Revenue less expenses. Subtract line 18 from line 12	9,959,436.	3,404,798.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 218,987,730.	End of Year 220,708,500.
	21 Total liabilities (Part X, line 26)	26,094,354.	26,746,194.
	22 Net assets or fund balances. Subtract line 21 from line 20	192,893,376.	193,962,306.

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	▶ Signature of officer	Date		
	▶ JOHN T. PETURES, JR., PRESIDENT AND CEO			
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	JILL M. BOYLE, CPA	JILL M. BOYLE, CPA	01/31/20	P01355989
	Firm's name ▶ SIKICH LLP	Firm's EIN ▶ 36-3168081		
	Firm's address ▶ 274 WHITE POND DRIVE AKRON, OH 44320-1118	Phone no. (330) 864-6661		

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

Part III Statement of Program Service Accomplishments

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

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

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

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

4a (Code:) (Expenses \$ 11,566,872. including grants of \$ 10,444,435.) (Revenue \$) DURING FISCAL YEAR 2019, AKRON COMMUNITY FOUNDATION CONTINUED ITS FOCUS ON FOUR DEFINED GRANT-MAKING PRIORITIES. THOSE INCLUDE SUPPORTING PROGRAMS IN THE COMMUNITY THAT ARE FOCUSED ON ARTS & CULTURE, EDUCATION, HEALTH & HUMAN SERVICES, AND CIVIC AFFAIRS. TOTAL GRANT MAKING BACK TO THE COMMUNITY THROUGH UNRESTRICTED AND ADVISED FUND TOTALED OVER \$9,983,000 VIA 1,222 GRANTS. DURING FISCAL YEAR 2019, AKRON COMMUNITY FOUNDATION GRANTS AND OTHER DISTRIBUTIONS TOTAL OVER \$2,234,000 THROUGH ENDOWMENT FUND VIA 295 GRANTS AND OVER DISTRIBUTIONS. AKRON COMMUNITY FOUNDATION AWARD OVER 164 SCHOLARSHIPS TOTALING \$415,000 TO OVER 44 COLLEGES.

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

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 11,566,872.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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>		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>	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>		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>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		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>	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.		
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>	X	
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>		X
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>		X
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>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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>		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>	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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. 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 or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	19
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line 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 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.		
	1a 23		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 23		
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		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?		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?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process 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?		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			

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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 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, address, and telephone number of the person who possesses the organization's books and records **▶**
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 or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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	Former			
(1) TOMMY J. BRUNO TRUSTEE	1.50	X					0.	0.	0.	
(2) ROBERT B. COOPER TRUSTEE	1.50	X					0.	0.	0.	
(3) STEVEN COX IMMEDIATE PAST CHAIR	2.50	X					0.	0.	0.	
(4) RICHARD C. FEDOROVICH SECRETARY	1.50	X		X			0.	0.	0.	
(5) SARAH FRIEBERT TRUSTEE	1.50	X					0.	0.	0.	
(6) BENNETT L. GAINES TRUSTEE	1.50	X					0.	0.	0.	
(7) MARTIN P. HAUSER TRUSTEE	1.50	X					0.	0.	0.	
(8) MARK E. KROHN TRUSTEE	1.50	X					0.	0.	0.	
(9) ROBERT W. MALONE TRUSTEE	1.50	X					0.	0.	0.	
(10) STEVEN SCHMIDT TRUSTEE	1.50	X					0.	0.	0.	
(11) ILENE SHAPIRO VICE CHAIR	1.50	X		X			0.	0.	0.	
(12) KATIE SMUCKER TRUSTEE	1.50	X					0.	0.	0.	
(13) F. WILLIAM STEERE TRUSTEE	1.50	X					0.	0.	0.	
(14) STEPHEN L. STRAYER CHAIRMAN	1.50	X		X			0.	0.	0.	
(15) RACHEL TALTON TRUSTEE	1.50	X					0.	0.	0.	
(16) SYLVIA D. TRUNDLE TRUSTEE	1.50	X					0.	0.	0.	
(17) MICHAEL J. ZELEZNIK TREASURER	1.50	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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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	Former			
(18) KIMBERLY HAWS FALASCO TRUSTEE	1.50	X					0.	0.	0.	
(19) JAMES J. PICKARD TRUSTEE	1.50	X					0.	0.	0.	
(20) DERRICK W. RANSOM JR. TRUSTEE	1.50	X					0.	0.	0.	
(21) JOANNE V. KONSTAND TRUSTEE	1.50	X					0.	0.	0.	
(22) DOUGLAS A. KUCYZNSKI TRUSTEE	1.50	X					0.	0.	0.	
(23) BRET TREIER TRUSTEE	1.50	X					0.	0.	0.	
(24) JOHN T. PETURES, JR. PRESIDENT & CEO	40.00			X			271,884.	0.	90,596.	
(25) STEVEN H. SCHLOENBACH VICE PRESIDENT, FINANCE	40.00			X			142,185.	0.	28,983.	
(26) JOHN GAROFALO VICE PRESIDENT COMMUNITY I	40.00				X		125,471.	0.	11,384.	
1b Sub-total							539,540.	0.	130,963.	
c Total from continuation sheets to Part VII, Section A							137,447.	0.	14,241.	
d Total (add lines 1b and 1c)							676,987.	0.	145,204.	

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 **4**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HUNTINGTON BANK TRUST DEPARTMENT 106 S. MAIN STREET, AKRON, OH 44303	INVESTMENT MANAGEMENT, CUSTODY	185,075.
FRONTIER CAPITAL MANAGEMENT, 99 SUMMER STREET, 20TH FLOOR, BOSTON, MA 02110	INVESTMENT MANAGEMENT SERVICES	139,085.
DIAMOND HILL CAPITAL MANAGEMENT, 325 JOHN H MCCONNELL BLVD, COLUMBUS, OH 43215	INVESTMENT MANAGEMENT SERVICES	115,163.

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 **3**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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	Former			
(27) MARGARET MEDZIE VICE PRESIDENT, DEVELOPMEN	40.00				X			137,447.	0.	14,241.
Total to Part VII, Section A, line 1c								137,447.		14,241.

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	434,087.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,328,938.				
	g	Noncash contributions included in lines 1a-1f: \$		2,215,915.				
	h	Total. Add lines 1a-1f		10,763,025.				
Program Service Revenue	2 a	_____	Business Code					
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,759,446.			6,759,446.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)			477,679.			477,679.
	8 a	Gross income from fundraising events (not including \$ 434,087. of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events			-163,346.			-163,346.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	_____							

	All other revenue							
	Total. Add lines 11a-11d							
12	Total revenue. See instructions			17,836,804.	0.	0.	7,073,779.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	10,029,435.	10,029,435.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	415,000.	415,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	487,325.	175,762.	192,963.	118,600.
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	1,304,020.	470,317.	516,343.	317,360.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	316,894.	114,293.	125,478.	77,123.
10 Payroll taxes	117,316.	42,312.	46,453.	28,551.
11 Fees for services (non-employees):				
a Management				
b Legal	17,783.	6,414.	4,328.	7,041.
c Accounting	34,551.	12,461.	13,681.	8,409.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	923,919.		923,919.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	324,438.	85,435.	57,297.	181,706.
14 Information technology				
15 Royalties				
16 Occupancy	61,017.	23,677.	15,836.	21,504.
17 Travel	11,762.	4,564.	3,053.	4,145.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	18,796.	7,294.	4,878.	6,624.
20 Interest	15,003.	5,411.	3,651.	5,941.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	86,900.	31,342.	21,149.	34,409.
23 Insurance	18,865.	6,804.	4,591.	7,470.
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 MISCELLANEOUS	155,516.	127,988.		27,528.
b DEVELOPMENT	63,747.			63,747.
c DUES AND SUBSCRIPTIONS	29,719.	8,363.	11,316.	10,040.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	14,432,006.	11,566,872.	1,944,936.	920,198.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	116,600.	1	35,708.
	2 Savings and temporary cash investments	6,511,520.	2	6,233,005.
	3 Pledges and grants receivable, net	116,774.	3	79,668.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	827,933.	7	710,016.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	83,016.	9	118,441.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,481,892.		
	b Less: accumulated depreciation	10b 520,285.	10c	1,961,607.
	11 Investments - publicly traded securities	197,699,097.	11	200,111,135.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	11,755,697.	15	11,458,920.
16 Total assets. Add lines 1 through 15 (must equal line 34)	218,987,730.	16	220,708,500.	
Liabilities	17 Accounts payable and accrued expenses	471,953.	17	584,814.
	18 Grants payable	752,217.	18	1,031,641.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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	24,870,184.	25	25,129,739.
	26 Total liabilities. Add lines 17 through 25	26,094,354.	26	26,746,194.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	100,695,059.	27	111,473,048.
	28 Temporarily restricted net assets	48,872,203.	28	0.
	29 Permanently restricted net assets	43,326,114.	29	82,489,258.
	Organizations that do not follow SFAS 117 (ASC 958), 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	192,893,376.	33	193,962,306.	
34 Total liabilities and net assets/fund balances	218,987,730.	34	220,708,500.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,836,804.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,432,006.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,404,798.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	192,893,376.
5	Net unrealized gains (losses) on investments	5	-1,811,708.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-524,160.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	193,962,306.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

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

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

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 12, check only one box.)

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13520915.	10337049.	14998620.	13807658.	10763024.	63427266.
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	13520915.	10337049.	14998620.	13807658.	10763024.	63427266.
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)						3767893.
6 Public support. Subtract line 5 from line 4.						59659373.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	13520915.	10337049.	14998620.	13807658.	10763024.	63427266.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3703047.	3592404.	3462637.	5413867.	6759446.	22931401.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						86358667.
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 2018 (line 6, column (f) divided by line 11, column (f))	14	69.08 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	72.00 %
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2018

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
GAR	1,739,790.	12,617.
C. BLAKE, JR. AND BEATRICE K. MCDOWELL FOUNDATION	4,267,671.	2,540,498.
JUDY AND ROGER READ	1,825,490.	98,317.
QUINTEN AND VICTORIA TIFFT	2,000,000.	272,827.
ESTATE OF JOAN K. SPALDING	2,391,677.	664,504.
MOBILE MEALS INC. FOUNDATION	1,906,303.	179,130.
Total Excess Contributions to Schedule A, Part II, Line 5		3,767,893.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number

34-1087615

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization AKRON COMMUNITY FOUNDATION	Employer identification number 34-1087615
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>1,361,939.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>701,036.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>505,776.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>501,047.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>334,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>325,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AKRON COMMUNITY FOUNDATION	Employer identification number 34-1087615
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 245,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AKRON COMMUNITY FOUNDATION	Employer identification number 34-1087615
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	VARIOUS STOCK _____ _____ _____	\$ <u>697,575.</u>	<u>01/08/19</u>
3	VARIOUS STOCK _____ _____ _____	\$ <u>505,776.</u>	<u>06/14/18</u>
5	5000 SHARES OF SCHWAB U.S. BROAD MARKET ETF _____ _____ _____	\$ <u>330,100.</u>	<u>12/04/18</u>
9	VARIOUS STOCK _____ _____ _____	\$ <u>242,525.</u>	<u>07/20/18</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization AKRON COMMUNITY FOUNDATION	Employer identification number 34-1087615
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	234	
2 Aggregate value of contributions to (during year)	5,156,211.	
3 Aggregate value of grants from (during year)	4,627,212.	
4 Aggregate value at end of year	51,439,335.	
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?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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 a 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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 Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	179,975,000.	165,101,000.	147,267,000.	154,466,000.	146,860,000.
b Contributions	9,943,000.	13,631,000.	14,868,000.	9,145,000.	11,659,000.
c Net investment earnings, gains, and losses	4,138,000.	16,871,000.	15,895,000.	-5,031,000.	7,360,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	13,177,000.	15,628,000.	12,929,000.	11,313,000.	11,413,000.
f Administrative expenses					
g End of year balance	180,879,000.	179,975,000.	165,101,000.	147,267,000.	154,466,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 54.40 %
 - b Permanent endowment 45.60 %
 - c Temporarily restricted endowment .00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		344,258.		344,258.
b Buildings	552,000.	996,683.	154,257.	1,394,426.
c Leasehold improvements				
d Equipment		588,951.	366,028.	222,923.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,961,607.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) CASH VALUE OF LIFE INSURANCE	39,512.
(2) TRUST ACCOUNTS	11,185,656.
(3) ACCRUED INVESTMENT INCOME	233,752.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	11,458,920.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR AGENCY ENDOWMENTS	25,129,739.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	25,129,739.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	14,074,974.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-1,811,708.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	271,115.
e	Add lines 2a through 2d	2e	-1,540,593.
3	Subtract line 2e from line 1	3	15,615,567.
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	923,919.
b	Other (Describe in Part XIII.)	4b	1,297,318.
c	Add lines 4a and 4b	4c	2,221,237.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	17,836,804.

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

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

1	Total expenses and losses per audited financial statements	1	13,005,380.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	285,998.
e	Add lines 2a through 2d	2e	285,998.
3	Subtract line 2e from line 1	3	12,719,382.
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	923,919.
b	Other (Describe in Part XIII.)	4b	788,705.
c	Add lines 4a and 4b	4c	1,712,624.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	14,432,006.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FOUNDATION IS A NOTFORPROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, IS EXEMPT FROM INCOME TAXES. THE FOUNDATION IS NOT A PRIVATE FOUNDATION. 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 FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	285,998.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	-228.

Part XIII Supplemental Information (continued)

PRIOR PERIOD ADJUSTMENT -14,655.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 271,115.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT REVENUE 1,297,318.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 285,998.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT EXPENSES 788,705.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization AKRON COMMUNITY FOUNDATION	Employer identification number 34-1087615
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		3,001,449.
3 a Subtotal	0	0			3,001,449.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			3,001,449.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part II Fundraising Events. Complete if the organization answered "Yes" on 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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		POLSKY AWARD DINNER (event type)	WEF ANNUAL DINNER (event type)	14 (total number)	
Revenue	1 Gross receipts	174,815.	130,495.	251,429.	556,739.
	2 Less: Contributions	141,735.	93,435.	198,917.	434,087.
	3 Gross income (line 1 minus line 2)	33,080.	37,060.	52,512.	122,652.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	34,847.	39,190.	39,597.	113,634.
	8 Entertainment	18,798.		48,688.	67,486.
	9 Other direct expenses	9,158.	13,726.	81,994.	104,878.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				285,998.
11 Net income summary. Subtract line 10 from line 3, column (d)				-163,346.	

Part III Gaming. Complete if the organization answered "Yes" on 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))
		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. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct 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 conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 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? Yes No
- 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. 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 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" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **AKRON COMMUNITY FOUNDATION** Employer identification number **34-1087615**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CORNERSTONE ACADEMY INC. 260 JACOBS ROAD MORRISTOWN, TN 37813	74-3169328	501(C)(3)	500,000.	0.			TO SUPPORT THE NEW SCHOOL CONSTRUCTION
UNITED WAY OF SUMMIT CO 37 NORTH HIGH STREET, SUITE A AKRON, OH 44308	34-1169257	501(C)(3)	425,433.	0.			FOR RENOVATIONS AND IMPROVEMENTS TO THE TRUTH BUILDING IN ACCORDANCE WITH BOARD RESOLUTION
SUMMIT EDUCATION INITIATIVE 120 EAST MILL STREET, SUITE 330 AKRON, OH 44308-1745	34-1843220	501(C)(3)	405,303.	0.			QUARTERLY DISTRIBUTION
IBH FOUNDATION INC. 3445 SOUTH MAIN STREET AKRON, OH 44319	34-1597850	501(C)(3)	402,500.	0.			FOR IMPROVEMENTS, MAINTENANCE AND PROGRAM SUPPORT
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 44325-2603	34-6575496	501(C)(3)	265,503.	0.			FOR THE BARBARA DUNAWAY ENDOWED SCHOLARSHIP
LEADERSHIP AKRON 54 EAST MILL STREET, SUITE 201 AKRON, OH 44308-1438	31-1655877	501(C)(3)	220,350.	0.			FOR THE SUPPORT OF LEADERSHIP AKRON

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **263.**

3 Enter total number of other organizations listed in the line 1 table ▶ **15.**

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

Schedule I (Form 990) (2018)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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
BUILDING FOR TOMORROW 100 WEST CEDAR STREET AKRON, OH 44307-2569	27-4254089	501(C)(3)	203,970.	0.			FOR THE SPARK PROGRAM
COMMUNITY HALL FOUNDATION PROGRAM ENDOWMENT DBA: AKRON CIVIC THEATRE - 182 SOUTH MAIN STREET - AKRON, OH 44308-1316	34-1015948	501(C)(3)	186,435.	0.			TO SUPPORT 2018-2019 COMMUNITY-BASED PROGRAMMING, THE ALL ACCESS PROGRAM AND A
BVU: CENTER FOR NONPROFIT EXCELLENCE - 1300 EAST 9TH STREET, SUITE 1805 - CLEVELAND, OH 44114-1509	34-1724581	501(C)(3)	185,568.	0.			TRANSFER FOR QUARTER BEGINNING APRIL 1, 2018
AKRON CANTON REGIONAL FOODBANK 350 OPPORTUNITY PKWY. AKRON, OH 44307-2234	34-1369388	501(C)(3)	177,500.	0.			FOR GENERAL OPERATING SUPPORT
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-1801	34-0813426	501(C)(3)	173,367.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON CHILDRENS HOSPITAL ONE PERKINS SQUARE AKRON, OH 44308-1062	34-0714357	501(C)(3)	148,389.	0.			FOR THE REBECCA D. CONSIDINE RESEARCH INSTITUTE FUND, THE SUBSTANCE USE DISORDER
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE INC - 889 JONATHAN AVENUE - AKRON, OH 44306-3606	34-1351557	501(C)(3)	146,227.	0.			TO SUPPORT AT-RISK YOUTH IN GREATER AKRON WITH AFTER-SCHOOL AND SUMMER PROGRAMMING
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK - 1403 WEST HINES HILL ROAD - PENINSULA, OH 44264-9646	34-1917257	501(C)(3)	138,015.	0.			FOR RENEWED OPERATING SUPPORT, CENTRAL VISITOR CENTER, AND DIVERSITY INITIATIVE
BATTERED WOMENS SHELTER 974 EAST MARKET STREET AKRON, OH 44305-2445	34-1249342	501(C)(3)	134,975.	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
SOCIETY OF ST. VINCENT DE PAUL C/O ST. HILARY CHURCH FAIRLAWN, OH 44333-4236	51-0434414	501(C)(3)	122,500.	0.			DISTRIBUTION
CITY OF AKRON DEPT. PLANNING & URBAN DEVELOPMENT AKRON, OH 44308	34-6000020	501(C)(3)	105,000.	0.			FOR THE 2019 NEIGHBORHOOD PARTNERSHIP PROGRAM
AKRON CHILDRENS HOSPITAL FOUNDATION - ONE PERKINS SQUARE - AKRON, OH 44308-1063	23-7114013	501(C)(3)	101,500.	0.			IN HONOR OF BILL CONSIDINE, TO SUPPORT THE PEDIATRIC PALLIATIVE CARE AT THE DISCRETION OF DR.
CUYAHOGA VALLEY COUNTRYSIDE CONSERVANCY - 4965 QUICK ROAD - PENINSULA, OH 44264-9574	34-1896395	501(C)(3)	87,000.	0.			TO SUPPORT THE COUNTRYSIDE GIVING CHALLENGE
OPEN M 941 PRINCETON STREET AKRON, OH 44311-1922	34-1046107	501(C)(3)	80,272.	0.			TO SUPPORT THE PURCHASE OF A VAN, IN MEMORY OF HARRY DONOVAN
BIG BROTHERS AND SISTERS OF SUMMIT, MEDINA & STARK COUNTIES INC. - 50 SOUTH MAIN STREET, SUITE LL 110 - AKRON, OH 44308-1860	34-1104356	501(C)(3)	80,256.	0.			DISTRIBUTION
CHILD GUIDANCE & FAMILY SOLUTIONS INC - 18 NORTH FORGE STREET - AKRON, OH 44304-1317	34-0726083	501(C)(3)	77,000.	0.			TO SUPPORT THE TODDLERS AND PRESCHOOLERS SUCEEDING (TAPS) PROGRAM
ARTSNOW 175 SOUTH MAIN STREET, OHIO BUILDIN AKRON, OH 44308	47-5513742	501(C)(3)	73,550.	0.			TO SUPPORT CURATED STOREFRONT'S CONVERSION OF VACANT STOREFRONTS INTO TEMPORARY ART
BRIMFIELD HISTORICAL 4158 STATE ROUTE 43 KENT, OH 44240-6916	34-6596932	501(C)(3)	70,000.	0.			FOR MAINTENANCE AND OPERATING EXPENSES FOR THE HISTORICAL 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
LETS GROW AKRON INC 467 HARVEY AVENUE AKRON, OH 44314-3217	34-1632443	501(C)(3)	68,250.	0.			TO SUPPORT LET'S GROW AKRON'S URBAN AGRICULTURE AND COMMUNITY BUILDING PROGRAMS IN THE SUMMIT
STAN HYWET HALL & GARDENS INC 714 NORTH PORTAGE PATH AKRON, OH 44303-1399	34-0819149	501(C)(3)	68,018.	0.			FOR 2018 GENERAL OPERATING SUPPORT
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO - 550 COPLEY ROAD - AKRON, OH 44320-2324	34-0766170	501(C)(3)	67,138.	0.			FOR GENERAL OPERATING SUPPORT
WELL COMMUNITY DEVELOPMENT CORPORATION - 647 EAST MARKET STREET - AKRON, OH 44304-1620	81-2680851	501(C)(3)	65,500.	0.			TO SUPPORT THE MIDDLEBURY HOUSING REDEVELOPMENT INITIATIVE
HEALTH EDUCATION CENTER OF AKRON INC. - C/O PACHELL & ASSOCIATES CO., LPA - CUYAHOGA FALLS, OH 44223-3621	23-7152794	501(C)(3)	65,000.	0.			FOR HEALTH EDUCATION PROGRAMS
KENMORE NEIGHBORHOOD ALLIANCE 1014 KENMORE BLVD. AKRON, OH 44314-2114	81-3402431	501(C)(3)	62,500.	0.			TO PROVIDE MATCHING FUNDS FOR THE FACADE IMPROVEMENT PROGRAM FOR LOCALLY OWNED BUSINESSES
SAINT VINCENT SAINT MARY HIGH SCHOOL - 15 NORTH MAPLE STREET - AKRON, OH 44303-2326	34-1686290	RELIGIOUS	62,489.	0.			FOR TUITION ASSISTANCE
SUMMA FOUNDATION P.O. BOX 2090 AKRON, OH 44309-2090	34-1219001	501(C)(3)	61,900.	0.			TO SUPPORT THE HARRY & FRAN DONOVAN FUND FOR VETERAN CARE
PHI DELTA THETA FOUNDATION 2 SOUTH CAMPUS AVENUE OXFORD, OH 45056-1801	34-6539803	501(C)(3)	60,000.	0.			TO SUPPORT THE OHIO EPSILON SCHOLARSHIP FUND, IN MEMORY OF JUDY READ

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
KENT STATE UNI FDN 350 SOUTH LINCOLN STREET KENT, OH 44242-0001	34-6576307	501(C)(3)	56,258.	0.			TO EMBED A PROFESSIONAL LANDSCAPE ARCHITECT WITHIN THE CITY OF AKRON'S OFFICE OF
FAMILY & COMMUNITY SERVICES INC 705 OAKWOOD STREET, SUITE 221 RAVENNA, OH 44266-2196	34-1902451	501(C)(3)	55,252.	0.			TO PROVIDE MEALS AND SUPPLEMENTS TO LOW INCOME CHILDREN, ELDERLY AND DISABLED INDIVIDUALS
JULIE BILLIART SCHOOL OF ST. SEBASTIAN PARISH - 380 MINEOLA AVENUE - AKRON, OH 44320-1318	81-3064101	501(C)(3)	54,279.	0.			TO SUPPORT THE AKRON SCHOOL CAPITAL CAMPAIGN
SUMMIT FOOD COALITION C/O AKRON-CANTON REGIONAL FOODBANK AKRON, OH 44307	34-1369388	FISCAL AGE	53,250.	0.			TO HIRE A DIRECTOR AND GET PROGRAMMING IN PLACE (PAYMENT 3 OF 3)
TUESDAY MUSICAL ASSOCIATION 1041 WEST MARKET STREET, SUITE 200 AKRON, OH 44313-7103	34-0786212	501(C)(3)	53,000.	0.			TO SUPPORT THE 2018-19 SEASON'S OPENING CONCERT WITH PIANIST JOYCE YANG
NEIGHBORHOOD DEVELOPMENT CORPORATION OF AKRON - 662 WOLF LEDGES PARKWAY - AKRON, OH 44311-1511	34-1080125	501(C)(3)	52,500.	0.			TO SUPPORT THE PBS DOCUMENTARY "AN ANSWER FROM AKRON" CHRONICLING THE LEADERSHIP OF ALPHA
DOWNTOWN AKRON PARTNERSHIP INC GREYSTONE HALL AKRON, OH 44308-1461	34-1823835	501(C)(3)	51,620.	0.			TO COMPLETE THE STRATEGIC PLANNING AND ROLLOUT OF THE OFFICE OF INTEGRATED DEVELOPMENT AT THE CITY
OAK CLINIC 3838 MASSILLON ROAD, SUITE 360 UNIONTOWN, OH 44685-7965	34-1930683	501(C)(3)	51,000.	0.			FOR GENERAL OPERATING SUPPORT
CHILDREN'S HOSPITAL OF PHILADELPHIA - 3615 CIVIC CENTER BLVD. ARC 145-A - PHILADELPHIA, PA 19104-4318	23-1352166	501(C)(3)	50,000.	0.			FOR CLINICAL TRIAL READINESS IN ALEXANDER DISEASE: DEFINING OUTCOME MEASURES PERFORMED BY DR.

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
UNIVERSITY HOSPITALS HEALTH SYSTEM INC - INSTITUTIONAL RELATIONS AND DEVELOPMENT - CLEVELAND, OH 44106-9845	34-0714775	501(C)(3)	50,000.	0.			TO SUPPORT THE RESEARCH FUND FOR GLOBAL HEALTH
MEDINA HOSPITAL FOUNDATION 1000 EAST WASHINGTON STREET MEDINA, OH 44256-2170	34-1657989	501(C)(3)	50,000.	0.			TO SUPPORT THE LOGSDON FAMILY CENTER FOR HEALING
UNIVERSITY OF MICHIGAN-FOUNDATION RELATIONS - THE OFFICE OF FOUNDATION RELATIONS - ANN ARBOR, MI 48109-1288	38-6006309	501(C)(3)	50,000.	0.			FOR THE STEERE GENERATIONAL SCHOLARSHIP FUND #700399
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726-4090	39-0743975	501(C)(3)	50,000.	0.			TO SUPPORT THE WAISMAN CENTER - ALEXANDER DISEASE RESEARCH (FUND #: 112446633)
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - SCHOOL OF JOURNALISM & MASS - CHAPEL HILL, NC 27599-3365	56-6001393	501(C)(3)	50,000.	0.			TO IDENTIFY AND DEVELOP A SMALL MOLECULE AGAINST MUTANT GFAP PROTEIN ACCUMULATION IN ALEXANDER
MOUNT HOPE CEMETERY CORPORATION C/O AKRON PAINT & VARNISH AKRON, OH 44301	47-4138381	501(C)(13)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
SALVATION ARMY 190 SOUTH MAPLE STREET AKRON, OH 44302-0549	13-5562351	501(C)(3)	49,311.	0.			ACCUMULATED SPENDABLE INCOME FOR THE QUARTER ENDING SEPTEMBER 30, 2018 TO BE USED TO PROVIDE
AKRON ROTARY CAMP FOR CHILDREN WITH SPECIAL NEEDS INC - 4460 REX LAKE DRIVE - AKRON, OH 44319-3430	34-6557819	501(C)(3)	49,125.	0.			FOR GENERAL PROGRAM SUPPORT
OHIO STATE UNIVERSITY FOUNDATION 1480 WEST LANE AVENUE COLUMBUS, OH 43221-3919	31-1145986	501(C)(3)	48,550.	0.			TO SUPPORT TUITION ASSISTANCE FOR STUDY PURSUING A DEGREE TO TEACH SPECIAL NEEDS

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

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HUMANE SOCIETY OF SUMMIT COUNTY 7996 DARROW ROAD, SUITE 30 TWINSBURG, OH 44087-6823	23-7060744	501(C)(3)	48,400.	0.			FOR ANIMAL INTAKE CARE, VACCINATION, TESTING, AND MICROCHIPPING OF SUMMIT COUNTY'S RESCUED CATS AND
FAMILY PROMISE OF SUMMIT COUNTY INC - P.O. BOX 1266 - AKRON, OH 44309-1266	75-3101718	501(C)(3)	46,865.	0.			FOR GENERAL OPERATING SUPPORT
CUYAHOGA VALLEY PRESERVATION AND SCENIC RAILWAY ASSOCIATION - P.O. BOX 158 - PENINSULA, OH 44264-0158	23-7198801	501(C)(3)	45,276.	0.			FOR GENERAL OPERATING SUPPORT
OUR LADY STAR OF THE SEA CATHOLIC CHURCH - 545 A1A NORTH - PONTE VEDRA BEACH, FL 32082	59-1430331	501(C)(3)	45,000.	0.			OF WHICH \$15,000 IN FOR THE OPERATING FUND & \$30,000 IS FOR THE RESTORATION FUND
PLANNED PARENTHOOD OF GREATER OHIO 444 WEST EXCHANGE STREET AKRON, OH 44302-1711	34-1015976	501(C)(3)	43,820.	0.			FOR LONG-ACTING REVERSIBLE CONTRACEPTION AT THE AKRON HEALTH CENTER
NATIONAL INVENTORS HALL OF FAME INC - 3701 HIGHLAND PARK STREET NW - NORTH CANTON, OH 44720-4535	34-1580038	501(C)(3)	43,714.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING SEPTEMBER 30, 2018
BOY SCOUTS OF AMERICA COUNCIL 4500 HUDSON ROAD STOW, OH 44224	34-0737790	501(C)(3)	42,918.	0.			2018 ANNUAL SPENDABLE INCOME
RONALD MCDONALD HOUSE OF AKRON INC 141 WEST STATE STREET AKRON, OH 44302-1806	34-1860682	501(C)(3)	42,200.	0.			FOR GENERAL PROGRAM SUPPORT
WESTERN RESERVE LAND CONSERVANCY 3850 CHAGRIN RIVER ROAD MORELAND HILLS, OH 44022-1131	34-1571233	501(C)(3)	41,010.	0.			FOR GREEN SPACE RESTORATION (FINAL PAYMENT)

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WESTERN RESERVE PBS 1750 CAMPUS CENTER DRIVE KENT, OH 44240-5191	34-1123819	501(C)(3)	40,750.	0.			TO SUPPORT THE NEW PBS PROGRAM THE AMERICAN VETERAN
VICTIM ASSISTANCE PROGRAM INC 137 SOUTH MAIN STREET, SUITE 300 AKRON, OH 44308	38-3142753	501(C)(3)	40,500.	0.			FOR GENERAL OPERATING SUPPORT
SAINT MATTHEW EVANGELI 400 NORTH BROADWAY STREET MEDINA, OH 44256-1933	34-1158557	501(C)(3)	40,000.	0.			QUARTERLY DISTRIBUTION
SUMMIT METRO PARKS FOUNDATION 975 TREATY LINE ROAD AKRON, OH 44313-5837	34-1683837	501(C)(3)	39,999.	0.			DISTRIBUTION
ACCESS INC 230 WEST MARKET STREET AKRON, OH 44303	34-1395246	501(C)(3)	39,400.	0.			FOR GENERAL OPERATING SUPPORT
INTERNATIONAL SOAP BOX DERBY INC 1000 GEORGE WASHINGTON BLVD. AKRON, OH 44312-3004	34-1141558	501(C)(3)	39,000.	0.			FOR GENERAL OPERATING SUPPORT
CHILDREN'S CONCERT SOCIETY OF AKRON - E.J. THOMAS PERFORMING ARTS HALL - AKRON, OH 44325-0501	34-0923479	501(C)(3)	38,253.	0.			TO SUPPORT THE IN-SCHOOL CONCERT SERIES
CLEVELAND ORCHESTRA MUSICAL ARTS ASSOCIATION - SEVERANCE HALL - CLEVELAND, OH 44106-9822	34-0714468	501(C)(3)	37,268.	0.			TO SUPPORT THE 2018 BLOSSOM MUSIC FESTIVAL, CELEBRATING ITS 50TH ANNIVERSARY
FRIENDS OF METRO PARKS P.O. BOX 13364 AKRON, OH 44334-8764	34-1681376	501(C)(3)	37,000.	0.			FOR THE AKRON PARKS COLLABORATIVE REDESIGN AND RECONSTRUCTION OF THREE CITY OF AKRON PARKS

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OHIO LIVING COMMUNITIES OHIO LIVING ROCKYNOL AKRON, OH 44313	34-4429863	501(C)(3)	37,000.	0.			TO SUPPORT THE GARDEN WALKWAY PROJECT AT ROCKYNOL
PAY IT FORWARD FOR PETS INC 1496 NORTH PORTAGE PATH AKRON, OH 44313-5161	46-3222930	501(C)(3)	34,400.	0.			TO SUPPORT THE PET PHOTOGRAPHY PROGRAM, CANINE BEHAVIORAL ASSESSMENT PROGRAM AND
FUND FOR OUR ECONOMIC FUTURE OF NEO - 4415 EUCLID AVENUE, SUITE 203 - CLEVELAND, OH 44103-3758	27-0606927	501(C)(3)	33,333.	0.			TO SUPPORT GROWTH AND OPPORTUNITY IN NORTHEAST OHIO, 2019-2021
SOUTH STREET MINISTRIES INC 130 WEST SOUTH STREET AKRON, OH 44311-1964	26-2660679	501(C)(3)	33,250.	0.			FOR GENERAL OPERATING SUPPORT AND COMMUNITY LEADERSHIP
HABITAT FOR HUMANITY OF SUMMIT CO INC - 2301 ROMIG ROAD - AKRON, OH 44320-3824	34-1518873	501(C)(3)	33,000.	0.			TO SUPPORT NEIGHBORHOOD REVITALIZATION PROGRAMMING THROUGHOUT GREATER AKRON AND SUMMIT
JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO INC - P.O. BOX 26006 - AKRON, OH 44319-6006	34-0940986	501(C)(3)	32,920.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 2018
REACHING ABOVE HOPELESSNESS & BROKENNESS MINISTRIES INC. RAHAB MINISTRIES - P.O. BOX 13866 - AKRON, OH 44334-3866	20-3285531	501(C)(3)	31,100.	0.			TO SUPPORT THE MINOR MENTORING PROGRAM FOR JUVENILE HUMAN/SEX TRAFFICKING VICTIMS
AKRON AREA ARTS ALLIANCE DBA SUMMIT ARTSPACE - 140 EAST MARKET STREET - AKRON, OH 44308-2014	34-1841587	501(C)(3)	31,000.	0.			FOR GENERAL OPERATING SUPPORT
PORTAGE PATH COMMUNITY MENTAL HEALTH CENTER - 340 SOUTH BROADWAY STREET - AKRON, OH 44308-1529	34-1096055	501(C)(3)	30,750.	0.			TO REMOVE BARRIERS AND ENHANCE QUALITY OF MENTAL HEALTH/SUBSTANCE TREATMENT FOR LGBTQ+

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VANTAGE AGING 2279 ROMIG ROAD AKRON, OH 44320-3823	51-0148544	501(C)(3)	30,500.	0.			FOR GENERAL OPERATING SUPPORT OF VANTAGE HOME WELLNESS SOLUTIONS
PROJECT GRAD AKRON 400 WEST MARKET STREET, SUITE 1 AKRON, OH 44303-2060	16-1639511	501(C)(3)	30,000.	0.			FOR THE BRIDGE TO KINDERGARTEN PROGRAM
NORTH AKRON COMMUNITY DEVELOPMENT CORPORATION - 1200 BERWIN STREET - AKRON, OH 44310	82-1696531	501(C)(3)	30,000.	0.			TO SUPPORT A SERIES OF PUBLIC SPACE IMPROVEMENT PROJECTS IN NORTH HILL THROUGH THE FIRST SERVE,
CASA BOARD VOLUNTEER ASSOC 650 DAN STREET AKRON, OH 44310-3909	34-1856268	501(C)(3)	30,000.	0.			FOR GENERAL OPERATING SUPPORT
ENVISION EXCELLENCE IN STEM EDUCATION - 2108 LAMBERTON ROAD - CLEVELAND HEIGHTS, OH 44118-2717	20-8622102	501(C)(3)	30,000.	0.			TO SUPPORT THE VICTOR YOUNG CONSULTING PROJECT
WOMEN'S NETWORK INC 526 SOUTH MAIN STREET, SUITE 508 AKRON, OH 44311-4401	34-1253569	501(C)(3)	28,750.	0.			TO COMPLETE THE 2018 GENDER EQUITY & WOMEN'S LEADERSHIP STUDY
GLOBAL TIES AKRON QUAKER SQUARE, SUITE 233 AKRON, OH 44325-9003	34-1433786	501(C)(3)	28,360.	0.			TO SUPPORT KNOW YOUR COMMUNITY-KNOW YOUR WORLD & GLOBAL THREADS MAGAZINE
CROWN POINT ECOLOGY CENTER P.O. BOX 484 BATH, OH 44210-0484	27-2817313	501(C)(3)	27,404.	0.			FOR SEEDS, SUPPLIES, FERTILIZER AND SOIL AMENDMENTS FOR THE 2018-2019 GROWING SEASON
ARCHBISHOP HOBAN HIGH SCHOOL INC ONE HOLY CROSS BLVD. AKRON, OH 44306-1500	34-0770684	501(C)(3)	26,389.	0.			OF WHICH \$10,000 IS TO SUPPORT THE SCHOLARSHIP FUND & \$3,775 IS FOR GENERAL PROGRAM SUPPORT

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AKRON GENERAL FOUNDATION 1 AKRON GENERAL AVENUE AKRON, OH 44307-2432	34-1127047	501(C)(3)	26,250.	0.			TO SUPPORT THE MCDOWELL CANCER CENTER
GREATER AKRON MUSICAL ASSOC INC 92 NORTH MAIN STREET AKRON, OH 44308-1932	34-6003828	501(C)(3)	26,200.	0.			TO SUPPORT MUSIC EDUCATION AND COLLABORATIVE OUTREACH INITIATIVES
HEART TO HEART COMMUNICATIONS INC 40 UNIVERSITY AVENUE AKRON, OH 44308-1613	34-1630357	501(C)(3)	26,100.	0.			TO FUND THE BETTER AKRON FELLOWS, A PROFESSIONAL DEVELOPMENT FELLOWSHIP FOR EMERGING LEADERS IN
AMERICAN RED CROSS OF SUMMIT & PORTAGE COUNTIES - 501 WEST MARKET STREET - AKRON, OH 44303-1898	53-0196605	501(C)(3)	25,400.	0.			TO SUPPORT DISASTER CYCLE SERVICES IN SUMMIT COUNTY
WESTERN RESERVE HISTORICAL SOCIETY 10825 EAST BLVD. CLEVELAND, OH 44106-1703	34-0714724	501(C)(3)	25,332.	0.			TO SUPPORT PLACE-BASED FIELD EXPERIENCES AND FURTHER EXPAND ACCESSIBILITY TO
PROJECT LEARN OF SUMMIT COUNTY 60 SOUTH HIGH STREET AKRON, OH 44326-1000	34-1491695	501(C)(3)	25,254.	0.			TO DEVELOP THE ADVANCED BUSINESS ENGLISH CAREER PATHWAYS PROGRAM FOR ENGLISH LANGUAGE LEARNERS
EMBRACING FUTURES INC 50 SOUTH MAIN STREET, SUITE LL 100 AKRON, OH 44308-1859	34-6543299	501(C)(3)	25,142.	0.			TO SUPPORT THE CHILDREN'S ORTHODONTIC CARE PROGRAM
GUIDEPOSTS FOUNDATION INC 39 OLD RIDGEBURY ROAD, SUITE 2AB DANBURY, CT 06810-5122	20-3779200	501(C)(3)	25,000.	0.			TO SUPPORT THE VETERAN OUTREACH PROGRAM
SUMMIT COUNTY FATHERHOOD INITIATIVE - 1040 EAST TALLMADGE AVENUE - AKRON, OH 44310	34-1169257	FISCAL AGE	25,000.	0.			TO PROVIDE CERTIFIED INSTRUCTORS FOR FATHERHOOD CLASSES/WORKSHOPS AND TO

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AKRON DEVELOPMENT CORPORATION 166 SOUTH HIGH STREET, SUITE 202 AKRON, OH 44308-1628	34-1308327	501(C)(3)	25,000.	0.			TO SUPPORT THE IMPLEMENTATION OF THE CITY/COUNTY/CHAMBER JOINT ECONOMIC DEVELOPMENT
DIRECTION HOME AKRON CANTON AREA AGENCY ON AGING - 1550 CORPORATE WOODS PARKWAY - UNIONTOWN, OH 44685-8730	34-1314654	501(C)(3)	25,000.	0.			TO SUPPORT THE DHAC SENIOR INITIATIVE
REVERE LOCAL SCHOOL DISTRICT P.O. BOX 340 BATH, OH 44210-0340	34-6000201	GOVERNMENT	25,000.	0.			TO SUPPORT THE REVERE ATHLETICS CAPITAL CAMPAIGN
EAST AKRON NEIGHBORHOOD DEVELOPMENT CORP - 550 SOUTH ARLINGTON STREET - AKRON, OH 44306-1740	34-1365690	501(C)(3)	25,000.	0.			TO SUPPORT COLLABORATION WITH RESIDENTS AND STAKEHOLDERS IN COMMUNITY BUILDING ACTIVITIES AND
CHILDREN'S CENTER OF 200 HIGHLAND DRIVE MEDINA, OH 44256	42-1749846	501(C)(3)	25,000.	0.			TO BUILD AND FURNISH A PLAYROOM FOR FAMILY VISITS AT OUR NEW LOCATION
OUR LADY OF THE ELMS SCHOOL-MIDDLE & HIGH SCHOOL - 1375 WEST EXCHANGE STREET - AKRON, OH 44313-7619	34-1910169	501(C)(3)	24,659.	0.			FOR PROFESSIONAL DEVELOPMENT RELATED TO COMMON CORE STANDARDS AND ASSESSMENTS
UNITED DISABILITY SERVICES INC 701 SOUTH MAIN STREET AKRON, OH 44311-1019	34-1374195	501(C)(3)	24,500.	0.			TO SUPPORT EMPLOYMENT SERVICES FOR SUMMIT COUNTY RESIDENTS WITH SEVERE DISABILITIES
TRULY REACHING YOU 587 BAIRD STREET AKRON, OH 44311-1804	75-3223368	501(C)(3)	24,000.	0.			FOR A NEW EMPLOYMENT TRAINING FACILITY PHASE 1
COMMUNITY LEGAL AID 50 SOUTH MAIN STREET, SUITE 800 AKRON, OH 44308-1823	34-0753560	501(C)(3)	23,760.	0.			TO PROVIDE CRITICAL LEGAL SERVICES FOR AKRON'S REFUGEE POPULATION

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CONXUSNEO 277 EAST MILL STREET AKRON, OH 44308-1735	34-2019627	501(C)(3)	23,500.	0.			FOR GENERAL OPERATING SUPPORT
SUMMA HEALTH 1077 GORGE BLVD. AKRON, OH 44310-2408	34-1887844	501(C)(3)	23,500.	0.			TO SUPPORT THE LAUNCH OF MOMMY CARE-GROUP CARE
WEATHERVANE COMMUNITY PLAYHOUSE INC - 1301 WEATHERVANE LANE - AKRON, OH 44313-5103	34-6560923	501(C)(3)	23,472.	0.			IN SUPPORT OF THE 2018-2019 SEASON
GOOD NEIGHBORS INC 1453 GOODYEAR BLVD. AKRON, OH 44305-4170	34-6560957	501(C)(3)	23,450.	0.			TO SUPPORT THE GOOD NEIGHBORS FOOD PANTRY AND OUTREACH CENTER
UNIVERSITY PARISH NEWMAN CENTER 1424 HORNING ROAD KENT, OH 44240-7657	34-1949373	501(C)(3)	23,200.	0.			FOR GENERAL OPERATING SUPPORT
ASIAN SERVICES IN ACTION INC 730 CARROLL STREET SUITE 1 AKRON, OH 44304-1972	34-1798850	501(C)(3)	22,500.	0.			TO SUPPORT ASIA AKRON OFFICE RENOVATION TO 370 E. MARKET STREET
NORTHEAST OHIO COUNCIL ON HIGHER EDUCATION - 6000 ROCKSIDE WOODS BLVD., SUITE 325 - INDEPENDENCE, OH 44131-2330	34-0838293	501(C)(3)	22,350.	0.			TO SUPPORT A SUMMER INTERNSHIP PILOT PROGRAM FOR THE SUMMER OF 2019 TO CONNECT STUDENTS TO
INTERVAL BROTHERHOOD HOMES 3445 SOUTH MAIN STREET AKRON, OH 44319	23-7090131	501(C)(3)	22,167.	0.			TO MEASURE OUTCOMES
MAPS AIR MUSEUM 2260 INTERNATIONAL PARKWAY NORTH CANTON, OH 44720-1375	34-1651715	501(C)(3)	21,000.	0.			FOR THE 2018-2019 US HISTORY & STEM PROGRAM FOR SUMMIT COUNTY SCHOOLS

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YMCA OF AKRON OHIO 50 SOUTH MAIN STREET, SUITE LL 100 AKRON, OH 44308-1859	34-0714727	501(C)(3)	20,750.	0.			TO SUPPORT OF THE SAFETY AROUND WATER PROGRAM
FIRST UNITED METHODIST CHURCH-CUYAHOGA FALLS - 245 PORTAGE TRAIL - CUYAHOGA FALLS, OH 44221-3274	34-0805301	501(C)(3)	20,500.	0.			FOR THE ORGAN/SANCTUARY RENOVATION PROJECT
GIRL SCOUTS OF NORTH EAST OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 44056-2156	34-0726094	501(C)(3)	20,450.	0.			TO SUPPORT AFTER-SCHOOL EDUCATION IN AKRON PUBLIC SCHOOLS
STARK STATE COLLEGE FOUNDATION 6200 FRANK AVENUE NW NORTH CANTON, OH 44720-7228	34-1577595	501(C)(3)	20,000.	0.			TO SUPPORT THE STARK STATE CDL TRAINING FACILITY
NATIONAL WORLD WAR II MUSEUM INC. 945 MAGAZINE STREET NEW ORLEANS, LA 70130-3813	72-1200790	501(C)(3)	20,000.	0.			TO SUPPORT THE BUILDING PROGRAM
PROJECT UJIMA INC 765 STONER STREET AKRON, OH 44320	81-3065852	501(C)(3)	20,000.	0.			FOR THE FACILITATION OF PREGNANCY/PARENTING CENTERING CIRCLES & RACE DIALOGUES
MICHAEL J FOX FOUNDATION FOR PARKINSONS RESEARCH - GRAND CENTRAL STATION - NEW YORK, NY 10163-4777	13-4141945	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT
SUMMIT CHORAL SOCIETY INC 50 SOUTH MAIN STREET, SUITE LL 130 AKRON, OH 44308-1847	34-1658034	501(C)(3)	19,500.	0.			TO SUPPORT THE CONTINUUM OF MUSICAL TRAINING FOR CHILDREN AND ADULTS
VICTORY GALLOP INC 1745 NORTH HAMETOWN ROAD BATH, OH 44210-0551	34-1787436	501(C)(3)	19,247.	0.			TO SUPPORT LOCAL COMMUNITY KIDS IN NEED TO PARTICIPATE IN HIPPO THERAPY PROGRAMS.

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FAITH LUTHERAN CHURCH 2726 WEST MARKET STREET AKRON, OH 44333-4236	36-3514294	501(C)(3)	19,200.	0.			OF WHICH \$1,500 IS FOR THE GENERAL FUND AND \$100 IS TO SUPPORT THE PROPERTY
AKRON URBAN LEAGUE 440 VERNON ODOM BLVD. AKRON, OH 44307-2108	34-0714520	501(C)(3)	19,000.	0.			TO SUPPORT THE AKRON URBAN LEAGUE'S YOUNG PROFESSIONALS ORGANIZATION WORK TO
COMUNALE STEPHEN A JR CHARITABLE FOUNDATION - P.O. BOX 13805 - AKRON, OH 44334-3805	20-4345267	501(C)(3)	18,877.	0.			TO SUPPORT THE FOREVER IN BLUE JEANS INITIATIVE
SAINT VINCENT ELEMENTARY SCHOOL 17 SOUTH MAPLE STREET AKRON, OH 44303-2119	34-0718409	501(C)(3)	18,390.	0.			FOR TUITION AID
HE BROUGHT US OUT MINISTRY P.O. BOX 1183 AKRON, OH 44309-1183	34-1950491	501(C)(3)	18,250.	0.			FOR THE 2018 BUILDING BLOCKS SUMMER ENRICHMENT PROGRAM
CLINIC FOR THE REHABILITATION OF WILDLIFE INC - P.O. BOX 150 - SANIBEL, FL 33957-0150	23-7271040	501(C)(3)	17,600.	0.			TO SUPPORT THE EXPANSION AND UPGRADE OF THE PATIENT CAMERA SYSTEM FOR TRAINING AND PUBLIC
INTERNATIONAL INSTITUTE OF AKRON INC - 20 OLIVE STREET, SUITE 201 - AKRON, OH 44310	34-0733161	501(C)(3)	17,500.	0.			FOR GENERAL OPERATING SUPPORT OF REFUGEE RESETTLEMENT SERVICES
AMERICAN FRIENDS OF THE ISRAEL MUSEUM - 545 FIFTH AVENUE, ROOM 920 - NEW YORK, NY 10017-3637	23-7182582	501(C)(3)	17,500.	0.			FOR GENERAL PROGRAM SUPPORT
LEGACY III INC. 733 WEST MARKET STREET, #B5A AKRON, OH 44303	34-1824527	501(C)(3)	17,500.	0.			TO SUPPORT THE 87 NORTH ARLINGTON CAPITAL PROJECT

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COMMUNITY AIDS NETWORK/AKRON PRIDE INITIATIVE - 759 WEST MARKET STREET, 1ST FLOOR - AKRON, OH 44303-1015	31-1506671	501(C)(3)	17,250.	0.			TO SUPPORT THE NEEDS OF LGBTQ+ YOUTH WITH HOUSING INSTABILITY
HATTIE LARLHAM FOUNDATION 9772 DIAGONAL ROAD MANTUA, OH 44255	34-1696794	501(C)(3)	17,000.	0.			TO EXPAND PRE-EMPLOYMENT TRANSITION SERVICES FOR SPECIAL NEEDS STUDENTS IN AKRON AREA HIGH SCHOOLS
REBUILDING TOGETHER 788 DONALD AVENUE AKRON, OH 44306	34-1814515	501(C)(3)	17,000.	0.			FOR GENERAL OPERATING SUPPORT FOR SUMMIT COUNTY
CUYAHOGA VALLEY YOUTH BALLET DBA: BALLET EXCEL OHIO - P.O. BOX 3131 - CUYAHOGA FALLS, OH 44223-0431	34-1318396	501(C)(3)	16,965.	0.			FOR GENERAL PROGRAM SUPPORT
CRAFTY MART 526 SOUTH MAIN STREET, #217 AKRON, OH 44311-4403	47-1337945	501(C)(3)	16,700.	0.			TO INCREASE CAPACITY FOR CRAFTY MART TO A LOCAL NETWORK OF MAKERS IN AKRON
COMMUNITY PREGNANCY CENTER INC 180 1ST STREET NW BARBERTON, OH 44203	34-1645865	501(C)(3)	16,500.	0.			FOR GENERAL PROGRAM SUPPORT
FURNACE STREET MISSION 150 FURNACE STREET AKRON, OH 44304-1208	34-6001192	501(C)(3)	15,500.	0.			FOR COUNSELING, TRAUMA-SUPPORT AND SPECIAL SERVICES FOR SUMMIT COUNTY SAFETY
MONTROSE ZION UNITED 565 NORTH CLEVELAND-MASSILLON ROAD AKRON, OH 44333-2299	34-1415202	501(C)(3)	15,400.	0.			FOR GENERAL OPERATING SUPPORT
YOUTH EXCELLENCE PERFORMING ARTS WORKSHOP AKA: YEPAW - 220 SOUTH BALCH STREET, 1ST FLOOR - AKRON, OH 44302	34-1967561	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT OF OUR SUMMER INTENSIVE WORKSHOP AND YEAR ROUND LEADERSHIP

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BOUNCE INOVATION HUB 526 SOUTH MAIN STREET AKRON, OH 44311-4401	82-3351373	501(C)(3)	15,000.	0.			TO SUPPORT RENOVATION FOR THE FIRST FLOOR FOR THE GENERATOR
HAVEN OF REST MINISTRIES INC 175 EAST MARKET STREET AKRON, OH 44309-0547	34-0750345	501(C)(3)	14,346.	0.			FOR GENERAL OPERATING SUPPORT
FREEDOM HOUSE FOR WOMEN INC 1101 7TH AVENUE AKRON, OH 44306-1727	02-0691301	501(C)(3)	14,200.	0.			FOR GENERAL OPERATING SUPPORT
AKRON CHILDRENS MUSEUM 216 SOUTH MAIN STREET AKRON, OH 44308-1315	46-3118462	501(C)(3)	14,100.	0.			TO SUPPORT THE IN-SCHOOL FIELD TRIP PILOT PROGRAM
CASE WESTERN RESERVE UNIVERSITY OFFICE OF FINANCIAL AID, YOST HALL ROOM 435 - CLEVELAND, OH 44106-7049	34-1018992	501(C)(3)	14,000.	0.			FOR LAW SCHOOL SCHOLARSHIPS
FIRST TEE OF AKRON INC 2000 SOUTH HAWKINS AVENUE AKRON, OH 44314-2530	34-1886744	501(C)(3)	14,000.	0.			FOR GENERAL OPERATING SUPPORT
MIAMI FOUNDATION 40 NW 3RD STREET, SUITE 305 MIAMI, FL 33128-1839	65-0350357	501(C)(3)	13,850.	0.			FOR THE CURATED STORE FRONT FUND
AKRON GARDEN CLUB, GARDEN CLUB OF OHIO INC. - P.O. BOX 13343 - FAIRLAWN, OH 44334-8743	34-6542204	501(C)(3)	13,840.	0.			3RD INSTALLMENT FOR CVNP CAPITAL CAMPAIGN FOR THE NEW VISITOR CENTER
AKRON SCORE SUMMIT COUNTY OHIO BUILDING AKRON, OH 44308	52-1067290	501(C)(3)	13,600.	0.			FOR OPERATING FUNDS FOR SMALL BUSINESS MENTORING AND WORKSHOPS

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CATHOLIC CHARITIES OF SUMMIT CO 812 BIRUTA STREET AKRON, OH 44307-1104	34-1318541	501(C)(3)	13,380.	0.			TO SUPPORT THE 2019 EMERGENCY FINANCIAL ASSISTANCE PROGRAM
CHRIST CHILD SOCIETY OF AKRON P.O. BOX 13411 AKRON, OH 44334-8811	34-1225803	501(C)(3)	13,341.	0.			TO PROVIDE CLOTHING FOR LOW INCOME STUDENTS
FRIENDS OF 91.3 DBA THE FRIENDS OF THE SUMMIT - 65 STEINER AVENUE - AKRON, OH 44301-1347	26-4312124	501(C)(3)	13,000.	0.			FOR GENERAL OPERATIONS AND COMMUNITY SERVICE PROGRAMMING
UNIVERSITY OF AKRON CASHIER'S OFFICE AKRON, OH 44309-2260	34-6002924	UNIVERSITY	13,000.	0.			TO SUPPORT THE SALLY D. MILLER STUDENT SUCCESS FUND
BROKEN CHAINS JAIL & PRISON MINISTRY - P.O. BOX 502 - AKRON, OH 44309-0502	54-2139891	501(C)(3)	13,000.	0.			TO PURCHASE WORKFORCE DEVELOPMENT PROGRAM KITCHEN EQUIPMENT
MAGICAL THEATRE COMPANY 565 WEST TUSCARAWAS AVENUE BARBERTON, OH 44203-0386	34-1196629	501(C)(3)	12,700.	0.			FOR GENERAL OPERATING SUPPORT
HUDSON CITY SCHOOLS TREASURER'S OFFICE HUDSON, OH 44236-2320	34-6001451	GOVERNMENT	12,570.	0.			FOR 2018 SCHOLARSHIPS AND AWARDS
TRI-COUNTY JOBS FOR 55 EAST CUYAHOGA FALLS AVENUE AKRON, OH 44310-3037	31-1204720	501(C)(3)	12,500.	0.			TO SUPPORT DROPOUT PREVENTION & RECOVERY PROGRAMS FOR AT-RISK HIGH SCHOOL YOUTH IN SUMMIT
URBAN VISION 749 BLAINE AVENUE AKRON, OH 44310-3035	34-1720630	501(C)(3)	12,500.	0.			TO SUPPORT THE 2018-19 S.O.S. (SET ON SUCCESS) AFTER-SCHOOL ENRICHMENT PROGRAM

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FIRST GLANCE STUDENT CENTER INC 943 KENMORE BLVD. AKRON, OH 44314-2149	20-2610539	501(C)(3)	12,500.	0.			FOR GENERAL OPERATING SUPPORT
DANCING CLASSROOMS NEO 1085 ROCKSIDE ROAD, SUITE 6 PARMA, OH 44134-2700	26-2300532	501(C)(3)	12,500.	0.			FOR GENERAL OPERATING SUPPORT
MUSEUM OF ARTS AND DESIGN 2 COLUMBUS CIRCLE NEW YORK, NY 10019-1800	13-3585408	501(C)(3)	12,380.	0.			TO SUPPORT EDUCATION PROGRAMS
CLEVELAND CLINIC FOUNDATION PHILANTHROPY INSTITUTE CLEVELAND, OH 44193-1655	34-0714585	501(C)(3)	12,250.	0.			TO SUPPORT THE HEART & VASCULAR INSTITUTE
SAINT HILARY PARISH 2750 WEST MARKET STREET AKRON, OH 44333-4236	34-0893059	501(C)(3)	12,000.	0.			GENERAL SUPPORT OF THE CHURCH
KEEP AKRON BEAUTIFUL 850 EAST MARKET STREET AKRON, OH 44305-2424	34-1341298	501(C)(3)	12,000.	0.			TO SUPPORT 2019 URBAN BEAUTIFICATION
SUMMIT COUNTY COMMUNITY PARTNERSHIP - 1100 GRAHAM ROAD CIRCLE - STOW, OH 44224-2933	34-1818660	501(C)(3)	12,000.	0.			TO SUPPORT THE DETERRA PROJECT: PREVENTING PRESCRIPTION MEDICINE ABUSE
BATH CHURCH, UNITED CHURCH OF CHRIST - P.O. BOX 496 - BATH, OH 44210-0496	34-1927041	501(C)(3)	11,900.	0.			FOR GENERAL OPERATING SUPPORT
STEWARTS CARING PLACE 2955 WEST MARKET STREET, SUITE R AKRON, OH 44333-3613	20-0181338	501(C)(3)	11,500.	0.			FOR GENERAL PROGRAMMING SUPPORT

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OHIO & ERIE CANALWAY COALITION 47 WEST EXCHANGE STREET AKRON, OH 44308-1012	34-1636766	501(C)(3)	11,100.	0.			OF WHICH \$5,000 IS FOR SUMMIT CO. SUPPORT & \$5,000 IS FOR TUSCARAWAS SUPPORT
APOLLO'S FIRE THE CLEVELAND BAROQUE ORCHESTRA - 3091 MAYFIELD ROAD, SUITE 217 - CLEVELAND HEIGHTS, OH 44118-1777	34-1696842	501(C)(3)	11,100.	0.			TO SUPPORT 2018-2019 SUMMIT COUNTY CONCERT PROGRAMMING AND COMMUNITY ACCESS INITIATIVE
AKRON INNER CITY SOC 865 ROSLYN AVENUE AKRON, OH 44320	34-1875816	501(C)(3)	11,000.	0.			TO SUPPORT A YEAR ROUND YOUTH DEVELOPMENT AND AFTER SCHOOL SOCCER PROGRAM IN AKRON
HEARTBEAT AT 22 44755 DEEP CANYON ROAD PALM DESERT, CA 92260-3724	45-4384613	501(C)(3)	11,000.	0.			FOR OPERATING SUPPORT OF MAMA'S HOUSE, IN HONOR OF BARBARA WADDELL
AKRON SNOW ANGELS P.O. BOX 107 CUYAHOGA FALLS, OH 44222-0107	47-3230140	501(C)(3)	11,000.	0.			FOR GENERAL OPERATING SUPPORT
NORTHEAST OHIO CENTER FOR CHOREOGRAPHY DBA NATIONAL CENTER FOR CHOREOGRAPHY - UNIVERSIY OF AKRON - AKRON, OH 44325-1005	47-5231350	501(C)(3)	11,000.	0.			FOR GENERAL OPERATING SUPPORT
AKRON PUBLIC SCHOOLS 70 NORTH BROADWAY STREET AKRON, OH 44308-1991	34-6000033	501(C)(3)	11,000.	0.			TO SUPPORT THE PACT PROGRAM (PERFORMING ARTS CAN TEACH)
AKRON ZOOLOGICAL PARK 500 EDGEWOOD AVENUE AKRON, OH 44307-2199	34-6003866	501(C)(3)	10,500.	0.			TO SUPPORT SCIENCE-BASED EDUCATIONAL PROGRAMS FOR LOCAL YOUTH
COMMUNITY OUTREACH RESOURCES EXCHANGE CORE FURNITURE BANK - P.O. BOX 1192 - CUYAHOGA FALLS, OH 44223-0192	26-3336894	501(C)(3)	10,250.	0.			FOR GENERAL OPERATING SUPPORT FOR THE TRANSPORT AND HANDLING OF DONATED FURNITURE

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ACT II PRODUCTIONS DBA: THE ILLUSION FACTORY - 140 EAST MARKET STREET - AKRON, OH 44308-2014	34-1684501	501(C)(3)	10,250.	0.			TO SUPPORT CHILDREN'S THEATER PRODUCTIONS IN AKRON SCHOOLS
GROUNDWORKS DANCETHEATER 13125 SHAKER SQUARE, SUITE 102 SHAKER HEIGHTS, OH 44120-2399	34-1856594	501(C)(3)	10,100.	0.			TO SUPPORT SUMMIT COUNTY DANCE PERFORMANCES, DANCE EDUCATION, AND COMMUNITY OUTREACH
LEBRON JAMES FAMILY FOUNDATION 3800 EMBASSY PARKWAY, SUITE 360 AKRON, OH 44333-8389	02-0716277	501(C)(3)	10,000.	0.			TO SUPPORT THE I PROMISE SCHOOL OR GENERAL PROGRAM SUPPORT
ALCHEMY INC. P.O. BOX 4041 COPLEY, OH 44321-0041	06-1653765	501(C)(3)	10,000.	0.			TO SUPPORT DEVELOPING HEROES: CORE & IN-SCHOOL GROUP MENTORING FOR URBAN ADOLESCENTS IN AKRON
PROJECT NIGHT NIGHT 9276 WALLINGFORD DRIVE TWINSBURG, OH 44087-3244	20-2877016	501(C)(3)	10,000.	0.			TO PROVIDE NIGHT NIGHT PACKAGES TO HOMELESS CHILDREN
HIGHLAND SQUARE NEIGHBORHOOD ASSOCIATION - 641 WEST MARKET STREET - AKRON, OH 44303	20-5074506	501(C)(3)	10,000.	0.			TO SUPPORT A PARTNERSHIP WITH NIANTIC TO ADD POKEMON GO! PROGRAMMING TO THE PORCHROCKR MUSIC
PACKARD INSTITUTE INC 461 WEST MARKET STREET AKRON, OH 44303	20-8830510	501(C)(3)	10,000.	0.			RESTRICTED TO SUPPORT MARKETING, BOARD DEVELOPMENT AND ACCOUNTING FEES
AKRON CREATIVE INC. AKA: THE NIGHTLIGHT CINEMA - 30 NORTH HIGH STREET - AKRON, OH 44308	26-0855272	501(C)(3)	10,000.	0.			FOR OPERATING SUPPORT TO EXHIBIT INDEPENDENT AND INTERNATIONAL CINEMA IN DOWNTOWN AKRON
KEEPERS OF THE ART EDUCATION 639 CRESTVIEW DRIVE AKRON, OH 44320	27-2894857	501(C)(3)	10,000.	0.			TO SUPPORT THE 2018 HIP-HOP PRESERVATION PROJECT

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FREE CLINIC OF MEDINA COUNTY 970 EAST WASHINGTON STREET, SUITE 1 MEDINA, OH 44258	30-0092944	501(C)(3)	10,000.	0.			TO SUPPORT THE LOGSDON FAMILY FOUNDATION GRANT MATCH
ARC OF OHIO 1335 DUBLIN ROAD, SUITE 100A COLUMBUS, OH 43215-7007	31-0642964	501(C)(3)	10,000.	0.			TO SUPPORT CIVIL RIGHTS ADVOCACY ON BEHALF OF SUMMIT COUNTY RESIDENTS WITH DISABILITIES
ECONOMIC AND COMMUNITY DEVELOPMENT INSTITUTE (ECDI) - 526 SOUTH MAIN STREET - AKRON, OH 44311	31-1145544	501(C)(3)	10,000.	0.			TO SUPPORT THE WOMEN'S BUSINESS CENTER OF NORTHERN OHIO (WBC) - AKRON OUTREACH
VFW OF THE UNITED STATES DEPARTMENT OF OHIO - FAIRLAWN VFW POST 349 - COPLEY, OH 44321-2752	34-1513225	501(C)(19)	10,000.	0.			TO SUPPORT VETERAN PROJECTS
HM LIFE OPPORTUNIT 3250 WEST MARKET STREET, SUITE 204 AKRON, OH 44333	34-1539399	501(C)(3)	10,000.	0.			TO SUPPORT ROOF REPLACEMENTS FOR AKRON FAMILIES
AKRON SUMMIT COUNTY PUBLIC LIBRARY 60 SOUTH HIGH STREET AKRON, OH 44326-1000	34-6000031	GOVERNMENT AGENC	10,000.	0.			TO SUPPORT THE JAZZ AT THE LIBRARY PROGRAM
DEVELOPMENT FUND OF THE WESTERN RESERVE INC - 47 NORTH MAIN STREET #407 - AKRON, OH 44308-1925	45-2495397	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
SHANTI COMMUNITY FARMS INC. 1183 CLINTON AVENUE AKRON, OH 44310	82-1090052	501(C)(3)	10,000.	0.			TO SUPPORT A FARM-TO-SCHOOL AND ESL/TUTORING PROGRAM FOR AKRON PUBLIC SCHOOLS
AKRON PARKS COLLABORATIVE P.O. BOX 13214 AKRON, OH 44334	82-4927742	501(C)(3)	10,000.	0.			TO SUPPORT THE 2019 AKRON PARKS CHALLENGE, WHICH WILL SELECT THREE NEIGHBORHOOD PARKS FOR

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FAIRLAWN WEST UNITED CHURCH OF CHRIST - 2095 WEST MARKET STREET - AKRON, OH 44313-6903	34-0748502	RELIGIOUS ORG.	10,000.	0.			FOR GENERAL PROGRAM SUPPORT
RAPE CRISIS CENTER 974 EAST MARKET STREET AKRON, OH 44305-2445	34-1836495	501(C)(3)	10,000.	0.			TO SUPPORT HEROES FOR HOPE DATING AND SEXUAL VIOLENCE PROGRAM
SHRINERS HOSPITALS FOR CHILDREN ATTN: TRUST & INVESTMENT ACCOUNTING MANAGER - TAMPA, FL 33631-3356	04-2121377	501(C)(3)	10,000.	0.			DISTRIBUTION WHICH REPRESENTS THE SECOND PAYMENT OF THE 2018 SPENDABLE INCOME
ONE OF A KIND PET RESCUE INC 1700 WEST EXCHANGE STREET AKRON, OH 44313-7662	20-4631002	501(C)(3)	10,000.	0.			FOR TARGETED SPAY/NEUTER PROGRAM FOR COMMUNITY FERAL/STRAY CATS, OR RESCUED FROM HOARDING
CLEVELAND MODERN DAN 13110 SHAKER SQUARE, SUITE 106 CLEVELAND, OH 44120	34-6561006	501(C)(3)	10,000.	0.			FOR THE PRESENTATION OF DANCE COMPANY ABRAHAM, IN.MOTION FOR AN EDUCATIONAL RESIDENCY AND
METANOIA PROJECT INC P.O. BOX 93453 CLEVELAND, OH 44101	26-2788076	501(C)(3)	9,665.	0.			FOR GENERAL PROGRAM SUPPORT
GIRLS ON THE RUN NORTHEAST OHIO 8929 BRECKSVILLE ROAD BRECKSVILLE, OH 44141-2301	47-0991498	501(C)(3)	9,500.	0.			TO BUILD HEALTHY, CONFIDENT GIRLS IN HIGH-POVERTY NEIGHBORHOODS OF SUMMIT
BETTER BLOCK FOUNDAT P.O. BOX 4007 DALLAS, TX 75208-0007	47-4885264	501(C)(3)	9,500.	0.			TO SUPPORT THE NEW AMERICANS SAFE DRIVING INITIATIVE
OLD TRAIL SCHOOL ATTN: DEVELOPMENT OFFICE BATH, OH 44210-0827	34-0737805	501(C)(3)	9,035.	0.			FOR SCHOLARSHIP PURPOSES

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MUSICAL THEATER PROJECT 5755 GRANGER ROAD, SUITE 830 INDEPENDENCE, OH 44131-1460	34-1950084	501(C)(3)	8,500.	0.			TO SUPPORT KIDS LOVE MUSICALS! IN SPECIAL EDUCATION AND TYPICAL CLASSROOMS IN AKRON
LENIBUG FOUNDATION INC 6295 RED BIRD TERRACE NEW FRANKLIN, OH 44216-9125	35-2450492	501(C)(3)	8,500.	0.			TO SUPPORT LITERACY WITHIN THE AKRON AREA BY PROVIDING BOOKS INTO THE HOMES OF THOSE IN NEED
GASP GUARDIANS ADVOCATING CHILD SAFETY & PROTECTION - 53 UNIVERSITY AVENUE, 4TH FLOOR - AKRON, OH 44308-1608	06-1778396	501(C)(3)	8,500.	0.			FOR GENERAL PROGRAM SUPPORT
DREAMS ACADEMY INTERNATIONAL P.O. BOX 13383 AKRON, OH 44334	81-3518258	501(C)(3)	8,500.	0.			FOR OPERATING SUPPORT FOR AN 8-WEEK MENTORING PROGRAM FOR AFRICAN-AMERICAN MALES
WALSH JESUIT HIGH SCHOOL 4550 WYOGA LAKE ROAD CUYAHOGA FALLS, OH 44224	53-0196617	501(C)(3)	8,389.	0.			FOR TECHNOLOGY, PROFESSIONAL DEVELOPMENT AND CHRISTIAN SERVICE OPPORTUNITIES FOR ALL
SAINT VINCENT DE PAUL PARISH 164 WEST MARKET STREET AKRON, OH 44303-2373	34-0718409	501(C)(3)	8,250.	0.			TO SUPPORT THE CAPITAL CAMPAIGN
AKRON ROTARY FOUNDATION 4460 REX LAKE DRIVE AKRON, OH 44319-3430	34-1698713	501(C)(3)	8,150.	0.			DISTRIBUTION
WILDLIFE MEDIA 1208 BAY ST., SUITE 202 BELLINGHAM, WA 98225-4304	20-8802794	501(C)(3)	8,000.	0.			TO SUPPORT WILDLIFE & EDUCATIONAL VIDEOS
SWAG STUDENTS WITH A GOAL P.O. BOX 4531 AKRON, OH 44310-0531	81-2016003	501(C)(3)	8,000.	0.			FOR GENERAL OPERATING SUPPORT

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FRIENDS OF WKSU 1613 E. SUMMIT ST. KENT, OH 44242-0001	35-2393041	501(C)(3)	8,000.	0.			TO SUPPORT THE AKRON INITIATIVE'S FISCAL YEAR 2019 PARTNERSHIP AND COMMUNITY ENGAGEMENT
CENTER FOR APPLIED THEATRE AND ACTIVE CULTURE - 111 OVERWOOD ROAD - AKRON, OH 44313-3964	83-0462908	501(C)(3)	8,000.	0.			TO SUPPORT THE 2018-2019 SEASON
AKRON ROUNDTABLE P.O. BOX 1051 CUYAHOGA FALLS, OH 44223-0051	34-1249338	501(C)(3)	8,000.	0.			TO SUPPORT THE JULY LUNCHEON FEATURING LEADERSHIP OF GATEHOUSE MEDIA
FAITHFUL SERVANTS MISSION INC 65 COMMUNITY ROAD, SUITE F TALLMADGE, OH 44278-2358	45-4734159	501(C)(3)	8,000.	0.			FOR GENERAL OPERATING SUPPORT
AMHERST COLLEGE P.O. BOX 5000 AMHERST, MA 01002-5000	04-2103542	501(C)(3)	7,800.	0.			FOR THE AMHERST FUND
AKRON MARATHON CHARITABLE CORPORATION - 155 EAST VORIS STREET - AKRON, OH 44311-1513	42-1531773	501(C)(3)	7,600.	0.			TO SUPPORT A PERMANENT OFFICE FACILITY AND WAREHOUSE
DIVERSITY CENTER OF 3659 GREEN ROAD, SUITE 220 CLEVELAND, OH 44122	20-1966761	501(C)(3)	7,500.	0.			TO SUPPORT OUTREACH AND DIVERSITY AND INCLUSION PROGRAMMING WITH SUMMIT COUNTY SCHOOLS
NATIONAL SOCIETY TO 1500 W. THIRD AVE., SUITE 200 COLUMBUS, OH 43212	31-6063433	501(C)(3)	7,500.	0.			FOR THE VISION CARE OUTREACH PROGRAM
AKRON BLIND CENTER & 325 EAST MARKET STREET AKRON, OH 44304-1340	34-0742708	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING SUPPORT

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SHELBY COUNTY HISTORICAL SOCIETY ROSS HISTORICAL CENTER SIDNEY, OH 45365-0376	34-1317780	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING SUPPORT
BIG LOVE NETWORK 115 OAKDALE AVENUE, #2 AKRON, OH 44302-1541	34-1433786	501(C)(3)	7,500.	0.			TO SUPPORT AKRON CITY REPAIR PROJECT
COMMUNITY OF CHRIST CHURCH 834 GRANT STREET AKRON, OH 44311	34-1687728	501(C)(3)	7,500.	0.			TO PROVIDE CERTIFIED PEER SUPPORT TO INDIVIDUALS IN EARLY RECOVERY FROM A SUBSTANCE USE DISORDER
DAVID ORTIZ CHILDRENS FUND 27068 LA PAZ ROAD, SUITE 45 ALISO VIEJO, CA 92656-3041	45-1644437	501(C)(3)	7,500.	0.			TO SUPPORT FOR ANNUAL EVENT (THIS IS STRAIGHT DONATION AND CANNOT BE CONNECTED TO ANYONE'S
EASTER SEAL SOCIETY OF NORTHEAST OHIO-BROADVIEW HEIGHTS - 1929A EAST ROYALTON ROAD - BROADVIEW HEIGHTS, OH 44147	31-4380051	501(C)(3)	7,500.	0.			FOR BUILDING A CONTINUUM OF CARE FOR INDIVIDUALS WITH DISABILITIES
EMERGE MINISTRIES INC 900 MULL AVENUE AKRON, OH 44313-7597	34-1213335	501(C)(3)	7,500.	0.			TO SUPPORT MENTAL HEALTH COUNSELING FOR VULNERABLE INDIVIDUALS
VERB BALLETS 3445 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS, OH 44122	34-1645238	501(C)(3)	7,500.	0.			FOR SUMMIT COUNTY PERFORMANCES AND OUTREACH AND THE CREATION OF A UNIQUE CHILDREN'S BALLET,
GOLISANO CHILDRENS HOSPITAL OF SOUTHWEST FLORIDA - 16451 S. HEALTHPARK COMMONS DRIVE, SUITE 200 - FORT MYERS, FL 33908-9501	65-0645343	501(C)(3)	7,200.	0.			FOR KIDS' MINDS MATTER TO SUPPORT PEDIATRIC BEHAVIORAL AND MENTAL HEALTH
CHOATE ROSEMARY HALL FOUNDATION INC - 333 CHRISTIAN STREET - WALLINGFORD, CT 06492-3818	06-0910420	501(C)(3)	7,000.	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
AKRON-SUMMIT COUNTY PUBLIC LIBRARY 60 SOUTH HIGH STREET AKRON, OH 44326	34-6000031	GOVERNMENT AGENC	7,000.	0.			TO COMPLETE THE HISTORICAL ARCHIVE AND VIDEO INTERVIEWS OF 13 REMAINING BERT A. POLSKY
ART SPARKS P.O. BOX 1061 CUYAHOGA FALLS, OH 44223-0061	45-5629269	501(C)(3)	7,000.	0.			FOR DYNAMITE DUOS: SPECIAL EDUCATION AND SAME AGE PEER INTERACTION THROUGH HEALTH FOCUSED
TEMPLE ISRAEL 91 SPRINGSIDE DRIVE AKRON, OH 44333-2428	34-0719171	501(C)(3)	7,000.	0.			TO ASSIST WITH COSTS RELATED TO ADDED SECURITY, SUCH AS THE ARMED OFFICER GUARDING
WORLD RELIEF AKRON 647 EAST MARKET STREET AKRON, OH 44304	23-6393344	501(C)(3)	6,500.	0.			FOR ENGLISH AS A SECOND LANGUAGE (ESL) TUTORING PROGRAM
MEDINA COUNTY SPCA 8790 GUILFORD ROAD SEVILLE, OH 44273-9341	34-1507786	501(C)(3)	6,358.	0.			OF WHICH \$250 IS FOR GENERAL OPERATING SUPPORT AND \$250 IS FOR THE MEDICAL COSTS
SOUTH AKRON YOUTH MENTORSHIP P.O. BOX 26563 AKRON, OH 44319-6563	45-2883406	501(C)(3)	6,250.	0.			TO SUPPORT COMMUNITY COLLABORATION EFFORTS IN EDUCATION INITIATIVES FOR AT-RISK DISADVANTAGED
JEWISH FAMILY SERVICE OF AKRON OHIO - 750 WHITE POND DRIVE - AKRON, OH 44320-1128	34-0714444	501(C)(3)	6,000.	0.			TO SUPPORT SUMMIT COUNTY SENIORS: HAPPY, HEALTHY AND AT HOME
WOMEN'S AUXILIARY BO 264 SOUTH ARLINGTON STREET AKRON, OH 44306	34-0757175	501(C)(3)	6,000.	0.			TO SUPPORT THE BEDS FOR KIDS PROGRAM
BALLET THEATRE OF OHIO 265 NORTH MAIN STREET, SUITE 13 MUNROE FALLS, OH 44262-1090	34-1772850	501(C)(3)	6,000.	0.			TO SUPPORT THE PROGRAM "TAKE ME OUT TO THE BALLET"

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.)

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REPLAY FOR KIDS 600 WEST STURBRIDGE DRIVE MEDINA, OH 44256-4242	34-1962478	501(C)(3)	6,000.	0.			TO DEVELOP TOY ADAPTING WORKSHOP MODULES TO PROMOTE STEM EDUCATION FOR SUMMIT COUNTY
OPEN ARMS ADOPTIONS INC. 9205 STATE ROUTE 43, SUITE 208 STREETSBORO, OH 44241-5367	47-3674005	501(C)(3)	6,000.	0.			TO SUPPORT KST (KEEPING SIBLINGS TOGETHER) BY ADOPTION
BLU JAZZ MASTER CLASS FOUNDATION 47 EAST MARKET STREET AKRON, OH 44308-2020	81-2838423	501(C)(3)	6,000.	0.			TO SUPPORT BLU JAZZ + MASTERCLASS FOUNDATION (BJMCF)
OHIO SHAKESPEARE FESTIVAL 103 SOUTH HIGH STREET AKRON, OH 44308	02-0611246	501(C)(3)	6,000.	0.			TO SUPPORT THE 2018-2019 SEASON
MUSIC FROM THE WESTERN RESERVE 42 HUDSON COMMON DRIVE HUDSON, OH 44236-2861	34-1404541	501(C)(3)	5,993.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING JUNE 30, 2018
CLINTON PRESBYTERIAN 402 NORTH CENTER STREET CLINTON, IL 61727	22-1863674	501(C)(3)	5,710.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING DECEMBER 31, 2018
GREENLEAF FAMILY CENTER 580 GRANT STREET AKRON, OH 44311-9910	34-0714398	501(C)(3)	5,250.	0.			FOR GENERAL OPERATING SUPPORT
ELASTIC ARTS FOUNDATION 3429 W. DIVERSEY AVENUE, #208 CHICAGO, IL 60647	02-0645505	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT, IN HONOR OF BOBBY BURG AND IN MEMORY OF PETER BURG.
HEALTHNETWORK FOUNDATION 33 RIVER STREET CHAGRIN FALLS, OH 44022	04-3804600	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.)

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TORCHBEARERS P.O. BOX 1443 AKRON, OH 44309-1443	20-1869314	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
MEREDITH A. COWDEN FOUNDATION INC 326 INVERNESS ROAD AKRON, OH 44313-4516	20-8666402	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
VINE FELLOWSHIP CHURCH 3676 COMMUNITY LANE, SUITE 100 COPLEY, OH 44321-1675	23-6393377	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
BLICK CLINIC INC. DBA THE BLICK CENTER - 640 WEST MARKET STREET - AKRON, OH 44303-1413	23-7176525	501(C)(3)	5,000.	0.			FOR REDESIGN OF THE MAIN BUILDING ENTRYWAY AND LOBBY RESTROOMS
BLESSINGS IN A BACKPACK P.O. BOX 950291 LOUISVILLE, KY 40295-0291	26-1964620	501(C)(3)	5,000.	0.			TO PROVIDE BACKPACKS CONTAINING FOOD FOR THE WEEKEND TO AT-RISK STUDENTS IN THE GREEN
DR. BOB'S HOME P.O. BOX 449 AKRON, OH 44309-0449	34-1461210	501(C)(3)	5,000.	0.			TO SUPPORT GENERAL OPERATING EXPENSES
TRI-COUNTY INDEPENDENCE 520 SOUTH MAIN STREET, SUITE 2501 AKRON, OH 44311-1095	34-1508476	501(C)(3)	5,000.	0.			TO MAKE HOMES ACCESSIBLE FOR LOW INCOME RESIDENTS USING WHEELCHAIRS OR OTHER MOBILITY DEVICES
BOYS HOPE GIRLS HOPE NEO 9619 GARFIELD BLVD. GARFIELD HEIGHTS, OH 44125-1405	34-1534921	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
NAMI SUMMIT COUNTY 150 CROSS STREET AKRON, OH 44311	34-1569301	501(C)(3)	5,000.	0.			TO SUPPORT THE HOUSEWARMING 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.)

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COPLEY-FAIRLAWN CITY SCHOOLS-FORT ISLAND PRIMARY SCHOOL - 496 TRUNKO ROAD - AKRON, OH 44333-3274	34-1570863	501(C)(3)	5,000.	0.			TO SUPPORT CURRENT AND FUTURE CHILD THERAPY NEEDS AT FORT ISLAND PRIMARY SCHOOL
JEWISH COMMUNITY BOARD OF AKRON INC - 750 WHITE POND DRIVE - AKRON, OH 44320-1128	34-1884695	501(C)(3)	5,000.	0.			TO SUPPORT FORUM 360 A WEEKLY RADIO/TELEVISION PROGRAMMING AND SOCIAL MEDIA
BRUNSWICK CITY SCHOOLS 3643 CENTER ROAD BRUNSWICK, OH 44212-3619	34-6000443	501(C)(3)	5,000.	0.			TO SUPPORT WILLETTS MIDDLE SCHOOL NATIONAL JR. HONOR SOCIETY TO PARTICIPATE IN THE
TOM GOLD DANCE FOUNDATION 51 WEST 81ST STREET, NO. 2L NEW YORK, NY 10024	45-1443886	501(C)(3)	5,000.	0.			TO SUPPORT FUNDING FOR DANCE PERFORMANCES
LIFE IS GOOD NO MATTER WHAT 3200 WEST MARKET STREET, SUITE 1 AKRON, OH 44333	45-5569500	501(C)(3)	5,000.	0.			FOR ADMINISTRATIVE SUPPORT
RUBBER CITY SHAKESPEARE COMPANY DBA RUBBER CITY THEATRE - P.O. BOX 3991 - AKRON, OH 44314	47-2484892	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
NONE TOO FRAGILE INC. 1835 MERRIMAN ROAD #3 AKRON, OH 44313	47-2822553	501(C)(3)	5,000.	0.			TO SUPPORT THE 2018 OFF-BROADWAY SERIES, INCLUDING SUPPORT FOR KNIGHT ARTS CHALLENGE
HIGHLAND ATHLETIC FACILITIES ASSOCIATION - 3880 RIDGE ROAD - MEDINA, OH 44256-7920	51-0448756	501(C)(3)	5,000.	0.			FINAL PAYMENT FOR ATHLETIC FACILITIES DONATION FOR HIGHLAND SCHOOLS
NATIONAL CENTER ON NONPROFIT ENTERPRISE - C/O BUCKINGHAM DOOLITTLE & BURROUGHS, LLC - CLEVELAND, OH 44114-1790	54-1908708	501(C)(3)	5,000.	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
MASTER SINGERS CHORALE OF NORTHEAST OHIO - P. O. BOX 1404 - STOW, OH 44224	56-2291413	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
ARTIS-NAPLES INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108-3740	59-2322926	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
GULF COAST BIG BAND INC 6953 BURNT SIENNA CIRCLE NAPLES, FL 34109	65-0246532	501(C)(3)	5,000.	0.			TO SUPPORT THE SCHOLARSHIP PROGRAM
CURATED STOREFRONT 538 WOODSIDE DRIVE AKRON, OH 44303-1710	65-0350357	501(C)(3)	5,000.	0.			FOR THE CURATED STOREFRONT TO PLACE WINDOW ART DISPLAYS IN VACANT STREET-LEVEL
BATH TOWNSHIP COMMUN 3864 WEST BATH ROAD AKRON, OH 44333	65-1313272	501(C)(3)	5,000.	0.			FOR THE CONSTRUCTION OF AN ADDITIONAL RESTROOM AT BATH COMMUNITY PARK
WOODLANDS CENTER FOR THE PERFORMING ARTS - 2005 LAKE ROBBINS DRIVE - THE WOODLANDS, TX 77380	76-0276606	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT IN HONOR OF SYLVIA CARACIO AND IN MEMORY OF VINCE CARACIO
AKRON SOUL TRAIN 121 SOUTH MAIN STREET, SUITE 500 AKRON, OH 44308-1426	81-1199928	501(C)(3)	5,000.	0.			TO SUPPORT AN ARTIST FELLOWSHIP PROGRAM
STEM NEXT OPPORTUNITY FUND 704 J STREET SAN DIEGO, CA 92101-7111	81-4834326	501(C)(3)	5,000.	0.			TO SUPPORT THE STEM LEARNING ECOSYSTEM VISTA PROJECT
SECOND CHANCE VILLAGE 1180 LAIRD STREET AKRON, OH 44305	82-4536101	501(C)(3)	5,000.	0.			FOR THE SHELTER BY ANY MEANS NECESSARY FUNDRAISER

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
CROSSROADS WRITERS CONFERENCE THE UNIVERSITY OF AKRON AKRON, OH 44325-1906	34-1015948	FISCAL AGENT	5,000.	0.			TO SUPPORT THE REVIVAL OF A WRITERS CONFERENCE IN AKRON, WHERE NATIONAL, REGIONAL AND LOCAL
HIGHLAND FOUNDATION FOR EDUCATIONAL EXCELLENCE INC - 3880 RIDGE ROAD - MEDINA, OH 44256-7920	34-1930054	501(C)(3)	5,000.	0.			GENERAL FUND FOR EDUCATIONAL ENRICHMENT PROGRAMS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	164	415,000.	0.		

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

PART I, LINE 2:

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 GRANTEEES AND STAFF WILL ENGAGE IN ON-GOING DISCUSSIONS WITH THE

Part IV Supplemental Information

GRANTEE AS APPROPRIATE CONSIDERING THE SIZE 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 (EVERY OTHER YEAR UNLESS THEY ARE A NEW GRANTEE) 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: UNITED WAY OF SUMMIT CO

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR RENOVATIONS AND IMPROVEMENTS TO THE TRUTH BUILDING IN ACCORDANCE WITH BOARD RESOLUTION DATED MARCH 14, 2018

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

COMMUNITY HALL FOUNDATION PROGRAM ENDOWMENT DBA: AKRON CIVIC THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT 2018-2019 COMMUNITY-BASED PROGRAMMING, THE ALL ACCESS PROGRAM AND A PLANNED RESTORATION AND REPLACEMENT PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: AKRON CHILDRENS HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE REBECCA D. CONSIDINE RESEARCH INSTITUTE FUND, THE SUBSTANCE USE DISORDER FUND & AUTISM CENTER FOR PRESCHOOL CHILDREN FUND

NAME OF ORGANIZATION OR GOVERNMENT: AKRON CHILDRENS HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: IN HONOR OF BILL CONSIDINE, TO SUPPORT THE PEDIATRIC PALLIATIVE CARE AT THE DISCRETION OF DR. SARAH FRIEBERT, IN MEMORY OF H. PETER BURG

NAME OF ORGANIZATION OR GOVERNMENT: ARTSNOW

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CURATED STOREFRONT'S CONVERSION OF VACANT STOREFRONTS INTO TEMPORARY ART GALLERIES IN DOWNTOWN AKRON

NAME OF ORGANIZATION OR GOVERNMENT: LETS GROW AKRON INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT LET'S GROW AKRON'S URBAN AGRICULTURE AND COMMUNITY BUILDING PROGRAMS IN THE SUMMIT LAKE NEIGHBORHOOD

NAME OF ORGANIZATION OR GOVERNMENT: KENMORE NEIGHBORHOOD ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE MATCHING FUNDS FOR THE FACADE IMPROVEMENT PROGRAM FOR LOCALLY OWNED BUSINESSES ON KENMORE

Part IV Supplemental Information

BOULEVARD

NAME OF ORGANIZATION OR GOVERNMENT: KENT STATE UNI FDN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EMBED A PROFESSIONAL LANDSCAPE ARCHITECT WITHIN THE CITY OF AKRON'S OFFICE OF INTEGRATED TO ASSIST ON THE FIRST THREE GREAT STREETS SITES AND THE AKRON PARKS CHALLENGE.

NAME OF ORGANIZATION OR GOVERNMENT:

NEIGHBORHOOD DEVELOPMENT CORPORATION OF AKRON

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PBS DOCUMENTARY "AN ANSWER FROM AKRON" CHRONICLING THE LEADERSHIP OF ALPHA PHI ALPHA HOMES

NAME OF ORGANIZATION OR GOVERNMENT: DOWNTOWN AKRON PARTNERSHIP INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COMPLETE THE STRATEGIC PLANNING AND ROLLOUT OF THE OFFICE OF INTEGRATED DEVELOPMENT AT THE CITY OF AKRON

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S HOSPITAL OF PHILADELPHIA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CLINICAL TRIAL READINESS IN ALEXANDER DISEASE: DEFINING OUTCOME MEASURES PERFORMED BY DR. AMY WALDMAN AND TEAM

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IDENTIFY AND DEVELOP A SMALL MOLECULE AGAINST MUTANT GFAP PROTEIN ACCUMULATION IN ALEXANDER DISEASE ASTROCYTES RESEARCHED BY NATASHA SNIDER, PHD AT THE UNC SCHOOL OF MEDICINE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY

(H) PURPOSE OF GRANT OR ASSISTANCE: ACCUMULATED SPENDABLE INCOME FOR THE QUARTER ENDING SEPTEMBER 30, 2018 TO BE USED TO PROVIDE FOOD FOR THE HUNGRY RESIDENTS OF SUMMIT COUNTY, OHIO

NAME OF ORGANIZATION OR GOVERNMENT: OHIO STATE UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT TUITION ASSISTANCE FOR STUDY PURSUING A DEGREE TO TEACH SPECIAL NEEDS STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT: HUMANE SOCIETY OF SUMMIT COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR ANIMAL INTAKE CARE, VACCINATION, TESTING, AND MICROCHIPPING OF SUMMIT COUNTY'S RESCUED CATS AND DOGS

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF METRO PARKS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE AKRON PARKS COLLABORATIVE REDESIGN AND RECONSTRUCTION OF THREE CITY OF AKRON PARKS IN SUPPORT OF THE AKRON PARKS CHALLENGE

NAME OF ORGANIZATION OR GOVERNMENT: PAY IT FORWARD FOR PETS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PET PHOTOGRAPHY PROGRAM, CANINE BEHAVIORAL ASSESSMENT PROGRAM AND THE ENRICHMENT & CRITICAL CARE FUND

NAME OF ORGANIZATION OR GOVERNMENT: HABITAT FOR HUMANITY OF SUMMIT CO INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT NEIGHBORHOOD REVITALIZATION PROGRAMMING THROUGHOUT GREATER AKRON AND SUMMIT COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

PORTAGE PATH COMMUNITY MENTAL HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REMOVE BARRIERS AND ENHANCE QUALITY OF MENTAL HEALTH/SUBSTANCE TREATMENT FOR LGBTQ+ PEOPLE

NAME OF ORGANIZATION OR GOVERNMENT:

NORTH AKRON COMMUNITY DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A SERIES OF PUBLIC SPACE IMPROVEMENT PROJECTS IN NORTH HILL THROUGH THE FIRST SERVE, SERVE FIRST COMMUNITY SERVICE INITIATIVE

NAME OF ORGANIZATION OR GOVERNMENT: HEART TO HEART COMMUNICATIONS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND THE BETTER AKRON FELLOWS, A PROFESSIONAL DEVELOPMENT FELLOWSHIP FOR EMERGING LEADERS IN AKRON

NAME OF ORGANIZATION OR GOVERNMENT: WESTERN RESERVE HISTORICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PLACE-BASED FIELD EXPERIENCES AND FURTHER EXPAND ACCESSIBILITY TO PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT: SUMMIT COUNTY FATHERHOOD INITIATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE CERTIFIED INSTRUCTORS FOR FATHERHOOD CLASSES/WORKSHOPS AND TO PROVIDE SUPPORTIVE SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: AKRON DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE IMPLEMENTATION OF THE CITY/COUNTY/CHAMBER JOINT ECONOMIC DEVELOPMENT STRATEGIC PLAN

NAME OF ORGANIZATION OR GOVERNMENT:

EAST AKRON NEIGHBORHOOD DEVELOPMENT CORP

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT COLLABORATION WITH RESIDENTS AND STAKEHOLDERS IN COMMUNITY BUILDING ACTIVITIES AND THE REBUILDING OF THE PUBLIC SPHERE IN EAST AKRON

NAME OF ORGANIZATION OR GOVERNMENT: NORTHEAST OHIO COUNCIL ON HIGHER EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A SUMMER INTERNSHIP PILOT PROGRAM FOR THE SUMMER OF 2019 TO CONNECT STUDENTS TO EMPLOYERS IN DOWNTOWN AND GREATER AKRON

NAME OF ORGANIZATION OR GOVERNMENT: VICTORY GALLOP INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT LOCAL COMMUNITY KIDS IN NEED TO PARTICIPATE IN HIPPO THERAPY PROGRAMS. THIS INCLUDES SOURCING EQUIPMENT, MAINTENANCE, AND ANY ADDITIONAL RESOURCES TO AID IN IMPLEMENTING A SUCCESSFUL PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: AKRON URBAN LEAGUE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE AKRON URBAN LEAGUE'S YOUNG PROFESSIONALS ORGANIZATION WORK TO ENGAGE EMERGING LEADERS OF COLOR IN AKRON

NAME OF ORGANIZATION OR GOVERNMENT: CLINIC FOR THE REHABILITATION OF WILDLIFE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE EXPANSION AND UPGRADE OF THE PATIENT CAMERA SYSTEM FOR TRAINING AND PUBLIC VIEWING OF REHABILITATION ENCLOSURES

NAME OF ORGANIZATION OR GOVERNMENT: FURNACE STREET MISSION

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR COUNSELING, TRAUMA-SUPPORT AND SPECIAL SERVICES FOR SUMMIT COUNTY SAFETY FORCES PERSONNEL AND THEIR FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT:

YOUTH EXCELLENCE PERFORMING ARTS WORKSHOP AKA: YEPAW

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT OF OUR SUMMER INTENSIVE WORKSHOP AND YEAR ROUND LEADERSHIP ACADEMY

NAME OF ORGANIZATION OR GOVERNMENT: TRI-COUNTY JOBS FOR

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT DROPOUT PREVENTION & RECOVERY PROGRAMS FOR AT-RISK HIGH SCHOOL YOUTH IN SUMMIT COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

HIGHLAND SQUARE NEIGHBORHOOD ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A PARTNERSHIP WITH NIANTIC TO ADD POKEMON GO! PROGRAMMING TO THE PORCHROCKR MUSIC FESTIVAL IN HIGHLAND SQUARE

NAME OF ORGANIZATION OR GOVERNMENT: AKRON PARKS COLLABORATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE 2019 AKRON PARKS CHALLENGE, WHICH WILL SELECT THREE NEIGHBORHOOD PARKS FOR IMPROVEMENT BY THE CITY OF AKRON

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

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR TARGETED SPAY/NEUTER PROGRAM FOR COMMUNITY FERAL/STRAY CATS, OR RESCUED FROM HOARDING SITUATION

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CLEVELAND MODERN DAN

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE PRESENTATION OF DANCE COMPANY ABRAHAM.IN.MOTION FOR AN EDUCATIONAL RESIDENCY AND PERFORMANCE IN AKRON

NAME OF ORGANIZATION OR GOVERNMENT: GIRLS ON THE RUN NORTHEAST OHIO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BUILD HEALTHY, CONFIDENT GIRLS IN HIGH-POVERTY NEIGHBORHOODS OF SUMMIT COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: MUSICAL THEATER PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT KIDS LOVE MUSICALS! IN SPECIAL EDUCATION AND TYPICAL CLASSROOMS IN AKRON PUBLIC SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT: DREAMS ACADEMY INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR OPERATING SUPPORT FOR AN 8-WEEK MENTORING PROGRAM FOR AFRICAN-AMERICAN MALES AGES 7-15

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

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF WKSU

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE AKRON INITIATIVE'S FISCAL YEAR 2019 PARTNERSHIP AND COMMUNITY ENGAGEMENT EFFORTS

NAME OF ORGANIZATION OR GOVERNMENT: DAVID ORTIZ CHILDRENS FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT FOR ANNUAL EVENT (THIS IS STRAIGHT DONATION AND CANNOT BE CONNECTED TO ANYONE'S ATTENDANCE AT THE

Part IV Supplemental Information

EVENT)

NAME OF ORGANIZATION OR GOVERNMENT: VERB BALLETS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUMMIT COUNTY PERFORMANCES AND OUTREACH AND THE CREATION OF A UNIQUE CHILDREN'S BALLET, THE JUNGLE BOOK

NAME OF ORGANIZATION OR GOVERNMENT: AKRON-SUMMIT COUNTY PUBLIC LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COMPLETE THE HISTORICAL ARCHIVE AND VIDEO INTERVIEWS OF 13 REMAINING BERT A. POLSKY HUMANITARIAN AWARD HONOREES

NAME OF ORGANIZATION OR GOVERNMENT: ART SPARKS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR DYNAMITE DUOS: SPECIAL EDUCATION AND SAME AGE PEER INTERACTION THROUGH HEALTH FOCUSED DANCE PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT: TEMPLE ISRAEL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH COSTS RELATED TO ADDED SECURITY, SUCH AS THE ARMED OFFICER GUARDING THE FRONT DOORS, LOCKS FOR ALL CLASSROOMS ETC.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH AKRON YOUTH MENTORSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT COMMUNITY COLLABORATION EFFORTS IN EDUCATION INITIATIVES FOR AT-RISK DISADVANTAGED YOUTH

NAME OF ORGANIZATION OR GOVERNMENT: REPLAY FOR KIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVELOP TOY ADAPTING WORKSHOP MODULES TO PROMOTE STEM EDUCATION FOR SUMMIT COUNTY STUDENTS

Part IV Supplemental Information

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 IN THE GREEN LOCAL SCHOOL DISTRICT (GREEN PRIMARY)

NAME OF ORGANIZATION OR GOVERNMENT: BRUNSWICK CITY SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT WILLETTS MIDDLE SCHOOL NATIONAL JR. HONOR SOCIETY TO PARTICIPATE IN THE SALVATION ARMY ANGEL TREE PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: NONE TOO FRAGILE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE 2018 OFF-BROADWAY SERIES, INCLUDING SUPPORT FOR KNIGHT ARTS CHALLENGE MATCHING GRANT, BOOGIEBAN

NAME OF ORGANIZATION OR GOVERNMENT: CURATED STOREFRONT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE CURATED STOREFRONT TO PLACE WINDOW ART DISPLAYS IN VACANT STREET-LEVEL BUILDINGS IN DOWNTOWN AKRON

NAME OF ORGANIZATION OR GOVERNMENT: CROSSROADS WRITERS CONFERENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE REVIVAL OF A WRITERS CONFERENCE IN AKRON, WHERE NATIONAL, REGIONAL AND LOCAL PROFESSIONALS CAN CONNECT

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

3 Indicate which, if any, of the following the 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, but explain in Part III.

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN T. PETURES, JR. PRESIDENT & CEO	(i)	264,620.	7,264.	0.	60,000.	30,596.	362,480.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEVEN H. SCHLOENBACH VICE PRESIDENT, FINANCE	(i)	139,424.	2,761.	0.	0.	28,983.	171,168.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARGARET MEDZIE VICE PRESIDENT, DEVELOPMEN	(i)	135,167.	2,280.	0.	0.	14,241.	151,688.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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. IN ADDITION, ACF MAINTAINS A MEMBERSHIP AT TURKEYFOOT ISLAND CLUB. 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.

PART I, LINE 4B:

THE ORGANIZATION MADE A DISCRETIONARY EMPLOYER CONTRIBUTION TO THE 457(F) PLAN OF \$60,000 FOR PRESIDENT JOHN T. PETURES.

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
HUNTINGTON BANK TRUST DEPA	ACF TRUSTEE NICHOLA	185,075.	NICHOLAS BR		X

Part V Supplemental Information.

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: HUNTINGTON BANK TRUST DEPARTMENT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ACF TRUSTEE NICHOLAS BROWNING WORKS FOR HUNTINGTON BANK.

(D) DESCRIPTION OF TRANSACTION: NICHOLAS BROWNING IS THE AKRON REGION

PRESIDENT AT HUNTINGTON AND ALSO SERVES AS A BOARD MEMBER FOR ACF.

HUNTINGTON BANK IS ACF'S INVESTMENT CUSTODIAN AND INVESTMENT MANAGER.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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	29	2,215,915.	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 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't 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) 2018

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Lined area for supplemental information.

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.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number

34-1087615

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

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 VP AND CFO.

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 WRITTEN REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	-228.
PRIOR PERIOD ADJUSTMENT	-14,655.
AGENCY ENDOWMENT REVENUE	-1,297,318.

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization AKRON COMMUNITY FOUNDATION	Employer identification number 34-1087615
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AGENCY ENDOWMENT EXPENSES	788,041.
----------------------------------	-----------------

TOTAL TO FORM 990, PART XI, LINE 9	-524,160.
---	------------------

FORM 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.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **AKRON COMMUNITY FOUNDATION** Employer identification number **34-1087615**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ACF PROPERTIES, LLC - 92-0182198 345 WEST CEDAR ST. AKRON, OH 44307-2407	OWN AND HOLD REAL ESTATE AS INVESTMENT, OTHER ACTIVITIES PERMITTED BY LAW	OHIO	60,725.	231.	AKRON COMMUNITY FOUNDATION
AKRON DIGITAL MEDIA CENTER/AKRONIST.COM, LLC - 34-1087615, 345 WEST CEDAR ST., AKRON, OH 44307-2407	IMPROVE DELIVERY OF INFORMATION IN THE COMMUNITY	OHIO	1,220.	7,924.	AKRON COMMUNITY FOUNDATION

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

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

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

Schedule R (Form 990) 2018

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

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

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

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

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

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

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

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2018 or other tax year beginning APR 1, 2018, and ending MAR 31, 2019

2018

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) AKRON COMMUNITY FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 345 WEST CEDAR ST</p> <p>City or town, state or province, country, and ZIP or foreign postal code AKRON, OH 44307-2407</p>	<p>D Employer identification number (Employees' trust, see instructions.) 34-1087615</p> <p>E Unrelated business activity code (See instructions.)</p>
---	----------------------	---	--

<p>C Book value of all assets at end of year 220,708,500.</p>	<p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
--	--

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ **INVESTMENT ACTIVITIES**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **JOHN T. PETURES, JR., PRES. & CEO** Telephone number ▶ **(330) 376-8522**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5	STMT 2	
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13	-369,387.	-369,387.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)		
14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-369,387.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32 Unrelated business taxable income. Subtract line 31 from line 30	32	-369,387.

Part III Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-369,387.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 3	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	-369,387.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	-369,387.

Part IV Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

Part V Tax and Payments			
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Date		PRESIDENT AND CEO	Title	Check <input type="checkbox"/> if self-employed	PTIN
	Date					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date			
	JILL M. BOYLE, CPA	JILL M. BOYLE, CPA	01/31/20	P01355989		
	Firm's name SIKICH LLP	Firm's EIN 36-3168081				
Firm's address 274 WHITE POND DRIVE AKRON, OH 44320-1118				Phone no. (330) 864-6661		

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

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?			Yes	No
4a	Additional section 263A costs (attach schedule)	4a							
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

THE AKRON COMMUNITY FOUNDATION IS AGGREGATING THE BELOW QUALIFYING PARTNERSHIP INTERESTS UNDER NOTICE 2018-67 BECAUSE IT HOLDS NO MORE THAN 20% OF THE CAPITAL INTEREST AND DOES NOT HAVE CONTROL OR INFLUENCE OVER THE PARTNERSHIPS.

BPEA III, LP (EIN: 47-0975911)
TOWNSEND REAL ESTATE ALPHA FUND III, LP (EIN: 81-3134103)
BPEA IV, LP (EIN: 35-2586977)
CITYMARK CAPITAL FUND I, LP (EIN: 81-3018799)
JUMPSTART NEXT FUND LLC (EIN: 27-3815350)

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION		NET INCOME OR (LOSS)
BPEA III, LP - ORDINARY BUSINESS INCOME (LOSS)		30,746.
CITYMARK CAPITAL FUND I L.P - ORDINARY BUSINESS INCOME (LOSS)		-397,051.
TOWNSEND REAL ESTATE ALPHA FUND III, LP - ORDINARY BUSINESS INCOME (LOSS)		3,962.
BPEA IV, LP - ORDINARY BUSINESS INCOME (LOSS)		-5,142.
JUMPSTART NEXT FUND LLC - ORDINARY BUSINESS INCOME (LOSS)		-1,902.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5		-369,387.

FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
03/31/16	30,769.	0.	30,769.	30,769.
03/31/17	10,546.	0.	10,546.	10,546.
03/31/18	83,747.	0.	83,747.	83,747.
NOL CARRYOVER AVAILABLE THIS YEAR			125,062.	125,062.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. AKRON COMMUNITY FOUNDATION	Employer identification number (EIN) or 34-1087615
<small>File by the due date for filing your return. See instructions.</small>	Number, street, and room or suite no. If a P.O. box, see instructions. 345 WEST CEDAR ST	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. AKRON, OH 44307-2407	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JOHN T. PETURES, JR., PRES. & CEO

- The books are in the care of ▶ **345 WEST CEDAR ST - AKRON, OH 44307-2407**
Telephone No. ▶ **(330) 376-8522** Fax No. ▶ **330-376-0202**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **FEBRUARY 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **APR 1, 2018**, and ending **MAR 31, 2019**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.