

Form **990**  
(Rev. January 2020)  
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)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**  
Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning **APR 1, 2019** and ending **MAR 31, 2020**

<b>B</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	<b>C</b> Name of organization <b>AKRON COMMUNITY FOUNDATION</b>		<b>D</b> Employer identification number <b>34-1087615</b>
	Doing business as		<b>E</b> Telephone number <b>(330) 376-8522</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>96,564,221.</b>
	<b>345 WEST CEDAR ST</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code <b>AKRON, OH 44307-2407</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>F</b> Name and address of principal officer: <b>JOHN T. PETURES, JR.</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. (see instructions)	
<b>I</b> 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			
<b>J</b> Website: <b>WWW.AKRONCF.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1955</b>	<b>M</b> State of legal domicile: <b>OH</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO IMPROVE THE QUALITY OF LIFE IN THE GREATER AKRON AREA.</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>24</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>24</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) <b>5</b> <b>27</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>24</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39 <b>7b</b> <b>234,467.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>10,763,025.</b> <b>Prior Year</b> <b>11,553,844.</b> <b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>0.</b> <b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>7,237,125.</b> <b>3,904,342.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>-163,346.</b> <b>-119,375.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>17,836,804.</b> <b>15,338,811.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>10,444,435.</b> <b>11,148,494.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>2,225,555.</b> <b>2,296,178.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>1,315,214.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>1,762,016.</b> <b>1,731,070.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>14,432,006.</b> <b>15,175,742.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>3,404,798.</b> <b>163,069.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>220,708,500.</b> <b>Beginning of Current Year</b> <b>199,407,624.</b> <b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) <b>26,746,194.</b> <b>23,970,576.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>193,962,306.</b> <b>175,437,048.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>JOHN T. PETURES, JR., PRESIDENT AND CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JILL M. BOYLE, CPA</b>	Preparer's signature <b>JILL M. BOYLE, CPA</b>	Date <b>12/22/20</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01355989</b>
	Firm's name <b>SIKICH LLP</b>	Firm's address <b>274 WHITE POND DRIVE AKRON, OH 44320-1118</b>	Firm's EIN <b>36-3168081</b>	Phone no. <b>(330) 864-6661</b>	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 12,318,498. including grants of \$ 11,148,494. ) (Revenue \$ ) DURING FISCAL YEAR 2020, 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 \$7,278,000 VIA 1,129 GRANTS. DURING FISCAL YEAR 2020, AKRON COMMUNITY FOUNDATION GRANTS AND OTHER DISTRIBUTIONS TOTALED OVER \$3,878,000 THROUGH ENDOWMENT FUND VIA 480 GRANTS AND OTHER DISTRIBUTIONS. AKRON COMMUNITY FOUNDATION AWARDED OVER 184 SCHOLARSHIPS TOTALING \$465,000 TO OVER 61 COLLEGES.

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

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

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

4e Total program service expenses 12,318,498.

**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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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 donor-restricted endowments or in 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)

Table with columns for question number, description, and Yes/No checkboxes. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table for Part V with columns for question number, description, and Yes/No checkboxes. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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 on Schedule O.		
	<b>1a</b> 24		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 24		
<b>2</b>	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
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
<b>16a</b>	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>b</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?		

**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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) JOHN T. PETURES, JR. PRESIDENT & CEO	40.00			X			278,166.	0.	90,422.	
(2) STEVEN H. SCHLOENBACH VICE PRESIDENT, FINANCE	40.00			X			147,826.	0.	38,609.	
(3) MARGARET MEDZIE VICE PRESIDENT, DEVELOPMEN	40.00					X	139,341.	0.	24,375.	
(4) JOHN GAROFALO VICE PRESIDENT COMMUNITY I	40.00					X	130,555.	0.	12,417.	
(5) ROBERT B. COOPER SECRETARY	1.50	X		X			0.	0.	0.	
(6) RICHARD C. FEDOROVICH CHAIRMAN	1.50	X		X			0.	0.	0.	
(7) SARAH FRIEBERT GOVERNANCE CHAIR	1.50	X		X			0.	0.	0.	
(8) ROBERT W. MALONE COMMUNITY RELATIONS CHAIR	1.50	X		X			0.	0.	0.	
(9) ILENE SHAPIRO VICE CHAIR	1.50	X		X			0.	0.	0.	
(10) SYLVIA D. TRUNDLE COMMUNITY INVESTMENT CHAIR	1.50	X		X			0.	0.	0.	
(11) MICHAEL J. ZELEZNIK TREASURER	1.50	X		X			0.	0.	0.	
(12) DOUGLAS A. KUCYZNSKI TRUSTEE	1.50	X		X			0.	0.	0.	
(13) BENNETT L. GAINES TRUSTEE	1.50	X					0.	0.	0.	
(14) MARTIN P. HAUSER TRUSTEE	1.50	X					0.	0.	0.	
(15) MARK E. KROHN TRUSTEE	1.50	X					0.	0.	0.	
(16) STEVEN SCHMIDT TRUSTEE	1.50	X					0.	0.	0.	
(17) KATIE SMUCKER TRUSTEE	1.50	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) F. WILLIAM STEERE TRUSTEE	1.50	X						0.	0.	0.
(19) STEPHEN L. STRAYER IMMEDIATE PAST CHAIR	1.50	X						0.	0.	0.
(20) RACHEL TALTON TRUSTEE	1.50	X						0.	0.	0.
(21) KIMBERLY HAWS FALASCO TRUSTEE	1.50	X						0.	0.	0.
(22) JAMES J. PICKARD TRUSTEE	1.50	X						0.	0.	0.
(23) DERRICK W. RANSOM JR. TRUSTEE	1.50	X						0.	0.	0.
(24) JOANNE V. KONSTAND TRUSTEE	1.50	X						0.	0.	0.
(25) BRET TREIER TRUSTEE	1.50	X						0.	0.	0.
(26) WHITT BUTLER TRUSTEE	1.50	X						0.	0.	0.
<b>1b Subtotal</b>								695,888.	0.	165,823.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								695,888.	0.	165,823.

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, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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	215,577.
FRONTIER CAPITAL MANAGEMENT, 99 SUMMER STREET, 20TH FLOOR, BOSTON, MA 02110	INVESTMENT MANAGEMENT SERVICES	106,179.
DIAMOND HILL CAPITAL MANAGEMENT, 325 JOHN H MCCONNELL BLVD, COLUMBUS, OH 43215	INVESTMENT MANAGEMENT SERVICES	102,977.

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 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	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>	841,629.			
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	10,712,215.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 3,224,156.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		11,553,844.			
Program Service Revenue	<b>2 a</b>	_____	<b>Business Code</b>				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	_____					
	<b>e</b>	_____					
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		5,302,920.		5,302,920.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real			
				(ii) Personal			
	<b>b</b>	Less: rental expenses ...	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities			
				(ii) Other			
					79,501,781.		
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	80,900,359.			
<b>c</b>	Gain or (loss) .....	<b>7c</b>	-1,398,578.				
<b>d</b>	Net gain or (loss) .....		-1,398,578.		-1,398,578.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 841,629. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		205,676.			
				325,051.			
<b>b</b>	Less: direct expenses .....	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events .....		-119,375.		-119,375.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b>	Less: direct expenses .....	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>	_____	<b>Business Code</b>				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....					
<b>12</b>	<b>Total revenue.</b> See instructions .....		15,338,811.	0.	0.	3,784,967.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,683,092.	10,683,092.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	465,402.	465,402.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	508,811.	177,868.	129,880.	201,063.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,293,736.	452,259.	330,240.	511,237.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	377,803.	132,071.	96,438.	149,294.
<b>10</b> Payroll taxes	115,828.	40,491.	29,566.	45,771.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	7,627.	2,666.	1,947.	3,014.
<b>c</b> Accounting	29,187.	10,203.	7,450.	11,534.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	777,023.		777,023.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	305,817.	84,432.	59,705.	161,680.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	66,045.	25,216.	17,501.	23,328.
<b>17</b> Travel	17,007.	6,493.	4,507.	6,007.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	55,610.	21,232.	14,736.	19,642.
<b>20</b> Interest	33,257.	11,626.	8,489.	13,142.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	91,431.	31,962.	23,339.	36,130.
<b>23</b> Insurance	25,241.	8,824.	6,443.	9,974.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MISCELLANEOUS	256,852.	164,661.	610.	91,581.
<b>b</b> DUES AND SUBSCRIPTIONS	34,156.	0.	34,156.	0.
<b>c</b> DEVELOPMENT	31,817.			31,817.
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	15,175,742.	12,318,498.	1,542,030.	1,315,214.
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	35,708.	<b>1</b>	244,333.
	<b>2</b> Savings and temporary cash investments .....	6,233,005.	<b>2</b>	11,594,430.
	<b>3</b> Pledges and grants receivable, net .....	79,668.	<b>3</b>	192,822.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	710,016.	<b>7</b>	589,948.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	118,441.	<b>9</b>	99,706.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,982,016.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 486,378.	<b>10c</b>	3,495,638.
	<b>11</b> Investments - publicly traded securities .....	200,111,135.	<b>11</b>	173,148,022.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	11,458,920.	<b>15</b>	10,042,725.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	220,708,500.	<b>16</b>	199,407,624.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	584,814.	<b>17</b>	596,277.
	<b>18</b> Grants payable .....	1,031,641.	<b>18</b>	708,099.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	25,129,739.	<b>25</b>	22,666,200.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	26,746,194.	<b>26</b>	23,970,576.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	111,473,048.	<b>27</b>	100,583,163.
	<b>28</b> Net assets with donor restrictions .....	82,489,258.	<b>28</b>	74,853,885.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	193,962,306.	<b>32</b>	175,437,048.
<b>33</b> Total liabilities and net assets/fund balances .....	220,708,500.	<b>33</b>	199,407,624.	

**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	15,338,811.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,175,742.
3	Revenue less expenses. Subtract line 2 from line 1	3	163,069.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	193,962,306.
5	Net unrealized gains (losses) on investments	5	-20,900,537.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2,212,210.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	175,437,048.

**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 on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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 on Schedule O and describe any steps taken to undergo such audits .....

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

Form 990 (2019)



**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	10337049.	14998620.	13807658.	10763024.	11553844.	61460195.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	10337049.	14998620.	13807658.	10763024.	11553844.	61460195.
<b>5</b> 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) .....						1188493.
<b>6 Public support.</b> Subtract line 5 from line 4.						60271702.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	10337049.	14998620.	13807658.	10763024.	11553844.	61460195.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	3592404.	3462637.	5413867.	6759446.	5302920.	24531274.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						85991469.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	70.09 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	69.08 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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
<b>1</b> 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>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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>b</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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>b</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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

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, 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  <b>AKRON COMMUNITY FOUNDATION</b>	Employer identification number  <b>34-1087615</b>
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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>1,026,374.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>552,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>460,000.</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>440,940.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>351,179.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>AKRON COMMUNITY FOUNDATION</b>	Employer identification number  <b>34-1087615</b>
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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/>	\$ <u>323,635.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>299,003.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>272,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>250,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>AKRON COMMUNITY FOUNDATION</b>	Employer identification number  <b>34-1087615</b>
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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
1	VARIOUS STOCK _____ _____ _____	\$ <u>1,026,374.</u>	<u>04/29/19</u>
6	2,720 SHARES OF JOHNSON & JOHNSON STOCK _____ _____ _____	\$ <u>351,179.</u>	<u>09/05/19</u>
7	4,500 SHARES OF SCHWAB U.S. BROAD MARKET STOCK _____ _____ _____	\$ <u>319,315.</u>	<u>12/03/19</u>
10	VARIOUS STOCK _____ _____ _____	\$ <u>299,003.</u>	<u>12/19/19</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  <b>AKRON COMMUNITY FOUNDATION</b>	Employer identification number  <b>34-1087615</b>
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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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**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 .....	256	
2 Aggregate value of contributions to (during year) .....	6,810,081.	
3 Aggregate value of grants from (during year) .....	5,106,944.	
4 Aggregate value at end of year .....	52,276,533.	
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 (for example, 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 FASB 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 FASB 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 FASB 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) 2019

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	180,879,000.	179,975,000.	165,101,000.	147,267,000.	154,466,000.
b Contributions	10,755,000.	9,943,000.	13,631,000.	14,868,000.	9,145,000.
c Net investment earnings, gains, and losses	-18,448,000.	4,138,000.	16,871,000.	15,895,000.	-5,031,000.
d Grants or scholarships					
e Other expenditures for facilities and programs		13,177,000.	15,628,000.	12,929,000.	11,313,000.
f Administrative expenses					
g End of year balance	173,186,000.	180,879,000.	179,975,000.	165,101,000.	147,267,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  56.78 %
  - b Permanent endowment  28.07 %
  - c Term endowment  15.15 %
- 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.	2,488,065.	196,671.	2,843,394.
c Leasehold improvements				
d Equipment		597,693.	289,707.	307,986.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  3,495,638.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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	39,647.
(2) TRUST ACCOUNTS	9,739,852.
(3) ACCRUED INVESTMENT INCOME	263,226.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	10,042,725.

**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	22,666,200.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	22,666,200.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	-4,933,823.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-20,900,537.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	336,302.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-20,564,235.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	15,630,412.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	777,023.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-1,068,624.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-291,601.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	15,338,811.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	13,589,986.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	325,051.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	325,051.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	13,264,935.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	777,023.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	1,133,784.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1,910,807.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	15,175,742.

**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 V, LINE 4:**

THE FOUNDATION'S ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS. AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

**PART X, LINE 2:**

THE FOUNDATION IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, IS EXEMPT FROM INCOME TAXES. THE FOUNDATION IS NOT A PRIVATE FOUNDATION. ACF PROPERTIES,

**Part XIII** Supplemental Information (continued)

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	325,051.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	5,372.
PRIOR PERIOD ADJUSTMENT	5,879.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	336,302.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT REVENUE	-1,068,624.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	325,051.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT EXPENSES	1,132,335.
OTHER ADJUSTMENT	1,449.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	1,133,784.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

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

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 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
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 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 - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,			INVESTMENTS		2,739,312.
<b>3 a</b> Subtotal .....	0	0			2,739,312.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			2,739,312.





**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	
		ELISE CORNER	WEF ANNUAL	16	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	390,398.	154,600.	502,307.	1,047,305.
	2	Less: Contributions	318,083.	113,575.	409,971.	841,629.
	3	Gross income (line 1 minus line 2)	72,315.	41,025.	92,336.	205,676.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	32,965.	4,762.	94,994.	132,721.
	8	Entertainment	14,416.	8,969.	29,128.	52,513.
	9	Other direct expenses	13,911.	11,053.	114,853.	139,817.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				325,051.
11	Net income summary. Subtract line 10 from line 3, column (d)				-119,375.	

**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))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. 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: \_\_\_\_\_





**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
POWER OF THE PEN P.O. BOX 442 RICHFIELD, OH 44286	34-1620043	501(C)(3)	5,000.	0.			FOR THE EDUCATION COMPETITIVE GRANT CYCLE
BUILDING FOR TOMORROW 100 WEST CEDAR STREET AKRON, OH 44307-2569	27-4254089	501(C)(3)	107,326.	0.			FOR THE REACH OPPORTUNITY CENTER AT SUMMIT LAKE
BROKEN CHAINS JAIL & PRISON MINISTRY - P.O. BOX 502 - AKRON, OH 44309-0502	54-2139891	501(C)(3)	17,500.	0.			FOR GENERAL PROGRAM SUPPORT
SUMMA FOUNDATION P.O. BOX 2090 AKRON, OH 44309-2090	34-1219001	501(C)(3)	135,000.	0.			FOR THE "I AM SUMMA" APPEAL TO SUPPORT THE OPERATIONAL NEEDS OF THE SUMMA PRIDE CLINIC
KENT STATE UNI FDN 350 SOUTH LINCOLN STREET KENT, OH 44242-0001	34-6576307	501(C)(3)	31,000.	0.			TO SUPPORT THE SERENE C FARMER ENDOWED SCHOLARSHIP
FRIENDS OF BREAKTHROUGH SCHOOLS 3615 SUPERIOR AVENUE, SUITE 3103A CLEVELAND, OH 44114-4131	20-4948838	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 255.**

**3** Enter total number of other organizations listed in the line 1 table **▶ 19.**

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

Schedule I (Form 990) (2019)

**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
ART RESOURCES TRANSFORMATIONS 526 SOUTH MAIN STREET, SUITE 503A AKRON, OH 44311	83-3743218	501(C)(3)	52,500.	0.			FOR THE CURATED STOREFRONT PROJECT
AKRON CHILDRENS HOSPITAL ONE PERKINS SQUARE AKRON, OH 44308-1062	34-0714357	501(C)(3)	186,000.	0.			FOR GENERAL OPERATING SUPPORT, IN HONOR OF BILL & BECKY CONSIDINE
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
AMERICAN RED CROSS OF SUMMIT & PORTAGE COUNTIES - 501 WEST MARKET STREET - AKRON, OH 44303-1898	53-0196605	501(C)(3)	30,000.	0.			FOR GENERAL PROGRAM SUPPORT VIA A BOARD MEMBER GIFT
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 H. PETER BURG
COMMUNITY LEGAL AID 50 SOUTH MAIN STREET, SUITE 800 AKRON, OH 44308-1823	34-0753560	501(C)(3)	35,000.	0.			TO PROVIDE LEGAL SERVICES FOR AT-RISK POPULATIONS
AKRON CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)(3)	171,131.	0.			FOR GENERAL PROGRAM SUPPORT
BACK ON MY FEET 1730 EAST HOLLY AVENUE, SUITE 826 EL SEGUNDO, CA 90245-4404	26-2109809	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
ARCHBISHOP HOBAN HIGH SCHOOL INC ONE HOLY CROSS BLVD. AKRON, OH 44306-1500	34-0770684	501(C)(3)	40,732.	0.			FOR THE GENE AND HOWARD CONSIDINE FAMILY SCHOLARSHIP FUND IN MEMORY OF GENE CONSIDINE

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
CHABAD JEWISH RELIGIOUS ASSOCIATION - 599 PEBBLE BEACH DRIVE - AKRON, OH 44333-2835	34-1274750	501(C)(3)	63,600.	0.			FOR GENERAL PROGRAM SUPPORT, IN LOVING MEMORY OF MY DEAR FRIEND RABBI MENDY SASONKIN
PORTAGE PATH COMMUNITY MENTAL HEALTH CENTER - 340 SOUTH BROADWAY STREET - AKRON, OH 44308-1529	34-1096055	501(C)(3)	20,000.	0.			FOR GENERAL PROGRAM SUPPORT
HEART TO HEART COMMUNICATIONS INC 37 NORTH HIGH STREET, SUITE B AKRON, OH 44308-1973	34-1630357	501(C)(3)	47,000.	0.			FOR GENERAL OPERATING SUPPORT
CLEMSON UNIVERSITY FOUNDATION P.O. BOX 1889 CLEMSON, SC 29633-1889	57-0426335	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT, IN RECOGNITION OF THE LEADERSHIP CIRCLE
NIGHTLIGHT CINEMA 30 NORTH HIGH STREET AKRON, OH 44308	26-0855272	501(C)(3)	15,000.	0.			FOR THE 2019 SUMMER FUNDRAISING CAMPAIGN
MEREDITH A. COWDEN FOUNDATION INC 326 INVERNESS ROAD AKRON, OH 44313-4516	20-8666402	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
SALVATION ARMY 615 SLATERS LANE ALEXANDRIA, VA 22314-1112	13-3485289	501(C)(3)	40,673.	0.			FOR GENERAL OPERATING SUPPORT
OPEN M 941 PRINCETON STREET AKRON, OH 44311-1922	34-1046107	501(C)(3)	48,841.	0.			FOR GENERAL OPERATING SUPPORT, IN MEMORY OF KATIE TITUS
SOUTH STREET MINISTRIES INC 130 WEST SOUTH STREET AKRON, OH 44311-1964	26-2660679	501(C)(3)	62,000.	0.			FOR GENERAL OPERATING SUPPORT, IN TRIBUTE TO DUANE & LISA CRABBS

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
BATTERED WOMENS SHELTER 974 EAST MARKET STREET AKRON, OH 44305-2445	34-1249342	501(C)(3)	67,000.	0.			TO SUPPORT THE MAVS PROGRAM: MEN AGAINST VIOLENCE
UNITED WAY OF SUMMIT CO 37 NORTH HIGH STREET, SUITE A AKRON, OH 44308-1973	34-1169257	501(C)(3)	298,775.	0.			FOR PROGRAMS THAT SUPPORT MENTAL HEALTH
MICHAEL J FOX FOUNDATION FOR PARKINSONS RESEARCH - GRAND CENTRAL STATION - NEW YORK, NY 10163-4777	13-4141945	501(C)(3)	42,500.	0.			FOR GENERAL OPERATING SUPPORT
FAITHFUL SERVANTS MISSION INC 65 COMMUNITY ROAD, SUITE F TALLMADGE, OH 44278-2358	45-4734159	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
AKRON COMMUNITY FOUNDATION 345 WEST CEDAR STREET AKRON, OH 44307-2407	34-1087615	501(C)(3)	947,382.	0.			TO SUPPORT THE WEF SHERO CAMPAIGN, IN HONOR OF CINDY PETURES
LIFE IS GOOD NO MATTER WHAT P.O. BOX 1267 CUYAHOGA FALLS, OH 44223	45-5569500	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
FREE CLINIC OF MEDINA COUNTY 970 EAST WASHINGTON STREET, SUITE 1 MEDINA, OH 44258	30-0092944	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
AKRON ROTARY CAMP FOR CHILDREN WITH SPECIAL NEEDS INC - 4460 REX LAKE DRIVE - AKRON, OH 44319-3430	34-6557819	501(C)(3)	126,667.	0.			FOR GENERAL PROGRAM SUPPORT
STARK STATE COLLEGE FOUNDATION 6200 FRANK AVENUE NW NORTH CANTON, OH 44720-7228	34-1577595	501(C)(3)	5,000.	0.			FOR THE EMERGENCY FUND FOR SUMMIT COUNTY

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 OF AKRON FOUNDATION DEPT. OF DEVELOPMENT THE UNIVERSITY OF AKRON - AKRON, OH 44325-2603	34-6575496	501(C)(3)	263,200.	0.			FOR STUDENT SUPPORT FOR THE NATIONAL CONCRETE & CORROSION SYMPOSIUM
BOY SCOUTS OF AMERICA COUNCIL 4500 HUDSON ROAD STOW, OH 44224-1702	34-0737790	501(C)(3)	56,251.	0.			IN HONOR OF FAMILY SCOUTING
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-1801	34-0813426	501(C)(3)	198,725.	0.			FOR THE BRING EAGLE WHEEL SCULPTURE BACK PROJECT
EMBRACING FUTURES INC 50 SOUTH MAIN STREET, SUITE LL 100 AKRON, OH 44308-1859	34-6543299	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
GRACE HOUSE AKRON INC. 846 CHINOOK AVENUE AKRON, OH 44305	81-4420042	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
LOVE AKRON NETWORK 54 EAST MILL STREET, SUITE 302 AKRON, OH 44308-1438	20-8035010	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
WOMEN'S NETWORK INC 526 SOUTH MAIN STREET, SUITE 508 AKRON, OH 44311-4401	34-1253569	501(C)(3)	35,000.	0.			FOR GENERAL OPERATING SUPPORT
SAFETY FORCES SUPPORT CENTER 501 WEST MARKET STREET, SUITE 313 AKRON, OH 44304	83-1269383	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT
YMCA OF AKRON OHIO 50 SOUTH MAIN STREET, SUITE LL 100 AKRON, OH 44308-1859	34-0714727	501(C)(3)	37,500.	0.			TO SUPPORT THE LAKE ANNA YMCA EDUCATIONAL PROGRAMMING

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
STAN HYWET HALL & GARDENS INC 714 N PORTAGE PATH AKRON, OH 44303-1363	34-0819149	501(C)(3)	70,000.	0.			FOR GENERAL OPERATING SUPPORT, IN HONOR OF SEAN JOYCE
OUR LADY OF THE ELMS SCHOOL-MIDDLE & HIGH SCHOOL - 1375 WEST EXCHANGE STREET - AKRON, OH 44313-7619	34-1910169	501(C)(3)	10,732.	0.			IN SUPPORT OF THE CHARLES AND SALOME REYMANN FOUNDATION FUNDRAISER, IN MEMORY OF ISABELLE
UNITED DISABILITY SERVICES INC 701 SOUTH MAIN STREET AKRON, OH 44311-1019	34-1374195	501(C)(3)	20,000.	0.			FOR GENERAL PROGRAM SUPPORT
TOM GOLD DANCE FOUNDATION 51 WEST 81ST STREET, NO. 2L NEW YORK, NY 10024	45-1443886	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
CUYAHOGA VALLEY COUNTRYSIDE CONSERVANCY - 4965 QUICK ROAD - PENINSULA, OH 44264-9574	34-1896395	501(C)(3)	22,500.	0.			FOR GENERAL PROGRAM SUPPORT
TRULY REACHING YOU 587 BAIRD STREET AKRON, OH 44311-1804	75-3223368	501(C)(3)	42,500.	0.			FOR GENERAL OPERATING SUPPORT
FRIENDS OF 91.3 DBA FRIENDS OF THE SUMMIT - 309 WOOLF AVENUE - AKRON, OH 44312	26-4312124	501(C)(3)	18,000.	0.			FOR GENERAL OPERATING SUPPORT, IN HONOR OF TOMMY BRUNO
FAMILY PROMISE OF SUMMIT COUNTY INC - P.O. BOX 1266 - AKRON, OH 44309-1266	75-3101718	501(C)(3)	33,000.	0.			TO SUPPORT THE RENOVATIONS AT 1100 COPLEY ROAD
AMERICAN HEART ASSOCIATION INC 1575 CORPORATE WOODS PARKWAY, SUITE UNIONTOWN, OH 44685	13-5613797	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT IN MEMORY OF H. PETER BURG AND IN HONOR OF LAURA CULP

Schedule I (Form 990)

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SAINT VINCENT DE PAUL PARISH 164 WEST MARKET STREET AKRON, OH 44303-2373	34-0718409	501(C)(3)	25,000.	0.			FOR CHURCH INTERIOR EXPENSES
TORCHBEARERS P.O. BOX 1443 AKRON, OH 44309-1443	20-1869314	501(C)(3)	5,000.	0.			TO SUPPORT GENERAL OPERATIONS
BLICK CLINIC INC. DBA THE BLICK CENTER - 640 WEST MARKET STREET - AKRON, OH 44303-1413	23-7176525	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
AKRON URBAN LEAGUE 440 VERNON ODOM BLVD. AKRON, OH 44307-2108	34-0714520	501(C)(3)	92,600.	0.			TO SUPPORT GENERAL OPERATIONS
OPEN TONE MUSIC LLC 6114 BROADWAY AVENUE CLEVELAND, OH 44127	27-3088230	501(C)(3)	10,000.	0.			TO SUPPORT THE 2020 RUBBER CITY JAZZ AND BLUES FESTIVAL
STEWART'S CARING PLACE 2955 WEST MARKET STREET, SUITE R AKRON, OH 44333-3613	20-0181338	501(C)(3)	180,000.	0.			TO SUPPORT THE BUTTERFLY GALA (NO TICKETS; THIS IS A STRAIGHT DONATION & NOT CONNECTED TO ANYONE'S
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
HATTIE LARLHAM CENTER FOR CHILDREN WITH DISABILITIES - 9772 DIAGONAL ROAD - MANTUA, OH 44255	34-0963865	501(C)(3)	5,000.	0.			TO SUPPORT PROGRAMS THAT HELP YOUNG WOMEN WITH DEVELOPMENTAL DISABILITIES DEVELOP A
SALVATION ARMY OF MEDINA 425 W. LIBERTY STREET MEDINA, OH 44256	13-3485289	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT

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WESTERN RESERVE LAND CONSERVANCY 3850 CHAGRIN RIVER ROAD MORELAND HILLS, OH 44022-1131	34-1571233	501(C)(3)	5,000.	0.			FOR THE GENERAL FUND
SALVATION ARMY OF WADSWORTH 527 COLLEGE STREET WADSWORTH, OH 44282	13-3485289	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
SALVATION ARMY OF CANTON CITADEL 420 MARKET AVENUE SOUTH CANTON, OH 44702	22-2406433	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
HEART 4 THE CITY 954 EASTLAND AVENUE AKRON, OH 44305	82-4427911	RELIGIOUS ORG.	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
MEDINA COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS DBA: MEDINA - 8790 GUILFORD ROAD - SEVILLE, OH 44273-9341	34-1507786	501(C)(3)	5,000.	0.			OF WHICH \$250 IS FOR GENERAL OPERATING SUPPORT AND \$250 IS FOR THE MEDICAL COSTS
HAVEN OF REST MINISTRIES INC 175 EAST MARKET STREET AKRON, OH 44309-0547	34-0750345	501(C)(3)	40,000.	0.			FOR GENERAL PROGRAM SUPPORT
FAMILY & COMMUNITY SERVICES INC 705 OAKWOOD STREET, SUITE 221 RAVENNA, OH 44266-2196	34-1902451	501(C)(3)	45,000.	0.			FOR GENERAL PROGRAMMING SUPPORT FOR THE BENEFIT OF THE MOBILE MEALS PROGRAM WITHIN SUMMIT
ALZHEIMER'S ASSOCIATION GREATER EAST OHIO CHAPTER - 70 WEST STREETSBORO STREET, SUITE 201 - HUDSON, OH 44236	13-3039601	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT IN MEMORY OF THOMAS CARL OSER
CHILD GUIDANCE & FAMILY SOLUTIONS INC - 18 NORTH FORGE STREET - AKRON, OH 44304-1317	34-0726083	501(C)(3)	80,000.	0.			FOR THE TODDLERS AND PRESCHOOLERS SUCCEEDING (TAPS) PROGRAM

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AKRON PREGNANCY SERVICES 105 EAST MARKET STREET, SUITE 213 AKRON, OH 44308-2000	34-1439564	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
REVERE ROAD SYNAGOGUE 646 NORTH REVERE ROAD AKRON, OH 44333-2913	34-6003712	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT AND HOLIDAY GREETINGS
CLEVELAND ZOOLOGICAL SOCIETY 3900 WILDLIFE WAY CLEVELAND, OH 44109-3132	34-0816490	501(C)(3)	5,500.	0.			TO FUND A BEAR RECOGNITION STUDY & TO PURCHASE A TOUCHSCREEN COMPUTER TO ENABLE
DANCING CLASSROOMS NEO 1085 ROCKSIDE ROAD, SUITE 6 PARMA, OH 44134-2700	26-2300532	501(C)(3)	11,000.	0.			FOR GENERAL OPERATING SUPPORT
GREATER AKRON MUSICAL ASSOC INC 92 NORTH MAIN STREET AKRON, OH 44308-1932	34-6003828	501(C)(3)	21,000.	0.			FOR GENERAL OPERATING SUPPORT
INTERNATIONAL SOAP BOX DERBY INC 1000 GEORGE WASHINGTON BLVD. AKRON, OH 44312-3004	34-1141558	501(C)(3)	37,000.	0.			FOR GENERAL PROGRAM SUPPORT
FIRST PRESBYTERIAN CHURCH OF GRANVILLE - 110 WEST BROADWAY - GRANVILLE, OH 43023	23-6393377	501(C)(3)	6,000.	0.			FOR GENERAL PROGRAM SUPPORT
GIRL SCOUTS OF NORTH EAST OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 44056-2156	34-0726094	501(C)(3)	21,250.	0.			FOR GENERAL OPERATING SUPPORT
KIDNEY FOUNDATION OF OHIO INC 2831 PROSPECT AVENUE CLEVELAND, OH 44115	34-0827748	501(C)(3)	7,222.	0.			TO SUPPORT PROGRAMMING WITHIN THE SUMMIT COUNTY CHAPTER

Schedule I (Form 990)

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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
SPRING GARDEN WALDOR 1791 SOUTH JACOBY ROAD COPLEY, OH 44321	34-1512962	501(C)(3)	8,000.	0.			FOR GENERAL OPERATING SUPPORT
FAIRLAWN WEST UNITED CHURCH OF CHRIST - 2095 WEST MARKET STREET - AKRON, OH 44313-6903	34-0748502	RELIGIOUS ORG.	8,000.	0.			FOR GENERAL PROGRAM SUPPORT
THE LEUKEMIA & LYMPHOMA SOCIETY INC. - DONOR SERVICES - WASHINGTON, DC 20090-8018	13-5644916	501(C)(3)	8,000.	0.			FOR GENERAL PROGRAM SUPPORT, IN HONOR OF ALAN BAKST
DOWNTOWN AKRON PARTNERSHIP INC GREYSTONE HALL AKRON, OH 44308-1461	34-1823835	501(C)(3)	24,400.	0.			FOR GENERAL OPERATING SUPPORT
BATH CHURCH, UNITED CHURCH OF CHRIST - P.O. BOX 496 - BATH, OH 44210-0496	34-1927041	501(C)(3)	9,500.	0.			FOR THE GENERAL FUND
WESTERN RESERVE ACADEMY ADVANCEMENT OFFICE HUDSON, OH 44236	34-0714390	501(C)(3)	10,000.	0.			TO SUPPORT THE ANNUAL FUND
AKRON CHILDRENS MUSEUM 216 SOUTH MAIN STREET AKRON, OH 44308-1315	46-3118462	501(C)(3)	60,000.	0.			TO SUPPORT THE EXPANSION
CLEVELAND CLINIC FOUNDATION PHILANTHROPY INSTITUTE CLEVELAND, OH 44193-1655	34-0714585	501(C)(3)	10,000.	0.			TO SUPPORT DR. LANG'S DIRECT AREA; THE CLEVELAND CLINIC COMMUNITY CARE

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CLEVELAND ORCHESTRA MUSICAL ARTS ASSOCIATION - SEVERANCE HALL - CLEVELAND, OH 44106-9822	34-0714468	501(C)(3)	35,000.	0.			TO SUPPORT THE 2019 BLOSSOM MUSIC FESTIVAL, WITH FAMILY-FRIENDLY AND CLASSICAL PROGRAMS
COMMUNITY PREGNANCY CENTER INC 180 1ST STREET NW BARBERTON, OH 44203	34-1645865	501(C)(3)	10,000.	0.			FOR GENERAL PROGRAM SUPPORT
PREGNANCY SOLUTIONS 3136 MANCHESTER ROAD AKRON, OH 44319-1407	34-1830073	501(C)(3)	10,000.	0.			TO SUPPORT THE IMAGE CLEAR ULTRASOUND VAN
HUDSON COMMUNITY FOU 49 EAST MAIN STREET HUDSON, OH 44236-3003	34-1935499	501(C)(3)	10,000.	0.			FOR THE BENEFIT OF THE BALDWIN-BUSS HOUSE FOUNDATION
INMOTION 4829 GALAXY PARKWAY, SUITE M WARRENSVILLE, OH 44128	46-4102770	501(C)(3)	10,000.	0.			FOR GENERAL PROGRAM SUPPORT
UNIVERSITY PARISH NEWMAN CENTER 1424 HORNING ROAD KENT, OH 44240-7657	34-1949373	501(C)(3)	30,000.	0.			FOR GENERAL OPERATING SUPPORT
GREENLEAF FAMILY CENTER 580 GRANT STREET AKRON, OH 44311-9910	34-0714398	501(C)(3)	10,000.	0.			FOR GENERAL PROGRAM SUPPORT FOR THE ANNUAL FUND
NEW MILLENNIUM BAPTIST CHURCH MINISTRY - 541 BROWN STREET - AKRON, OH 44311	34-1919835	RELIGIOUS ORG.	10,000.	0.			FOR RENOVATION AND FURNISHING OF THE CHILD LEARNING CENTER
CORNELL UNIVERSITY OFFICE OF ALUMNI AFFAIRS ITHACA, NY 14850-4378	15-0532082	501(C)(3)	10,000.	0.			FOR GENERAL PROGRAM SUPPORT FOR THE ANNUAL FUNDS

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TUESDAY MUSICAL ASSOCIATION 1041 WEST MARKET STREET, SUITE 200 AKRON, OH 44313-7103	34-0786212	501(C)(3)	37,500.	0.			TO SUPPORT THE ANNUAL FUND
BOYS AND GIRLS CLUBS OF THE WESTERN RESERVE INC - 889 JONATHAN AVENUE - AKRON, OH 44306-3606	34-1351557	501(C)(3)	133,106.	0.			FOR GENERAL PROGRAM SUPPORT
TEMPLE ISRAEL 91 SPRINGSIDE DRIVE AKRON, OH 44333-2428	34-0719171	501(C)(3)	10,000.	0.			TO SUPPORT THE RABBI'S CIRCLE
COMUNALE STEPHEN A JR CHARITABLE FOUNDATION - P.O. BOX 13805 - AKRON, OH 44334-3805	20-4345267	501(C)(3)	10,000.	0.			FOR USE WHERE NEEDED MOST
OHIO & ERIE CANALWAY COALITION 47 WEST EXCHANGE STREET AKRON, OH 44308-1012	34-1636766	501(C)(3)	233,500.	0.			TO SUPPORT THE HUNTINGTON TOWPATH CENTURY RIDE
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)	107,808.	0.			FOR GENERAL PROGRAM SUPPORT
JULIE BILLIART SCHOOL OF ST. SEBASTIAN PARISH - 380 MINEOLA AVENUE - AKRON, OH 44320-1318	81-3064101	501(C)(3)	12,500.	0.			FOR GENERAL PROGRAM SUPPORT AT THE AKRON SCHOOL
SAINT HILARY PARISH 2750 WEST MARKET STREET AKRON, OH 44333-4236	34-0893059	501(C)(3)	27,000.	0.			TO SUPPORT WE GIVE CATHOLIC CAMPAIGN
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK - 1403 WEST HINES HILL ROAD - PENINSULA, OH 44264-9646	34-1917257	501(C)(3)	150,871.	0.			FOR GENERAL OPERATING SUPPORT, IN HONOR OF JOHN DEBO

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LEAGUE OF WOMEN VOTE 1730 M STREET N.W. SUITE 1000 WASHINGTON, DC 20036-4508	53-0239013	501(C)(3)	13,600.	0.			TO SUPPORT THE "E THE PEOPLE" NONPARTISAN ONLINE VOTER GUIDE ON OHIO.COM, THE AKRON
NORTH AKRON COMMUNITY DEVELOPMENT CORPORATION - 760 ELMA STREET - AKRON, OH 44310	82-1696531	501(C)(3)	24,000.	0.			TO COVER MATERIAL COSTS AND VOLUNTEER SUPPORT FOR THE FIRST SERVE, SERVE FIRST EVENT IN NORTH HILL
REACHING ABOVE HOPELESSNESS & BROKENNESS MINISTRIES INC. RAHAB MINISTRIES - P.O. BOX 13866 - AKRON, OH 44334-3866	20-3285531	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
RONALD MCDONALD HOUSE OF AKRON INC 141 WEST STATE STREET AKRON, OH 44302-1806	34-1860682	501(C)(3)	52,500.	0.			FOR GENERAL OPERATING SUPPORT WHERE THERE IS THE GREATEST NEED
AKRON CHILDRENS HOSPITAL FOUNDATION - ONE PERKINS SQUARE - AKRON, OH 44308-1063	23-7114013	501(C)(3)	15,000.	0.			FOR THE REBECCA D CONSIDINE RESEARCH INSTITUTE, I N MEMORY OF GENE MARIE CONSIDINE
WOODRIDGE FOUNDATION 4440 QUICK ROAD PENINSULA, OH 44264	34-1863669	501(C)(3)	15,000.	0.			TO SUPPORT THE MELINDA BOND REMINGTON AND ANN HENSHAW FERRARI MEMORIAL SCHOLARSHIPS
PAY IT FORWARD FOR PETS INC 1496 NORTH PORTAGE PATH AKRON, OH 44313-5161	46-3222930	501(C)(3)	15,000.	0.			TO SUPPORT THE CANINE BEHAVIORAL ASSESSMENT & ENRICHMENT PROGRAM
COMMUNITY FOUNDATION SERVING BOULDER COUNTY - 1123 SPRUCE STREET - BOULDER, CO 80302	84-1171836	501(C)(3)	18,773.	0.			FOR THE COMMUNITY TRUST FUND
HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202-2863	35-1019477	501(C)(3)	20,000.	0.			TO SUPPORT ANIMAL GIFTS OF GOAT (\$120), SHEEP (\$120), HONEYBEES (\$30) & FLOCK OF CHICKENS (\$20)

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AKRON GENERAL FOUNDATION 1 AKRON GENERAL AVENUE AKRON, OH 44307-2432	34-1127047	501(C)(3)	37,500.	0.			FOR GENERAL OPERATING SUPPORT OF JUSTIN ROGERS HOSPICE CARE CENTER
WELL COMMUNITY DEVELOPMENT CORPORATION - 647 EAST MARKET STREET - AKRON, OH 44304-1620	81-2680851	501(C)(3)	40,000.	0.			FOR GENERAL PROGRAM SUPPORT
CLEVELAND MUSEUM OF NATURAL HISTORY - 1 WADE OVAL DRIVE - CLEVELAND HEIGHTS, OH 44106-1701	34-0714338	501(C)(3)	25,000.	0.			TO SUPPORT THE NATURAL AREAS PROGRAM IN HONOR OF THE FIELD WORK OF JUDY SEMROC AND LARRY ROSHCE
CLEVELAND NEIGHBORHOOD PROGRESS 11327 SHAKER BLVD, SUITE 500W CLEVELAND, OH 44104	34-1611055	501(C)(3)	35,000.	0.			TO PROVIDE STRATEGIC SUPPORT TO SELECT COMMUNITY DEVELOPMENT CORPORATIONS IN THE CITY
FIRST UNITED METHODIST CHURCH-CUYAHOGA FALLS - 245 PORTAGE TRAIL - CUYAHOGA FALLS, OH 44221-3274	34-0805301	501(C)(3)	40,000.	0.			TO SUPPORT THE PURCHASE OF A WHEELCHAIR LIFT
PHI DELTA THETA FOUNDATION 2 SOUTH CAMPUS AVENUE OXFORD, OH 45056-1801	34-6539803	501(C)(3)	40,000.	0.			TO SUPPORT GREATER VISION FOR TOMORROW CAMPAIGN
OAK CLINIC 3838 MASSILLON ROAD, SUITE 360 UNIONTOWN, OH 44685-7965	34-1930683	501(C)(3)	50,000.	0.			TO SUPPORT THE ACORN BALL EVENT
NEOMED (FOUNDATION) 4209 STATE ROUTE 44 ROOTSTOWN, OH 44272-0095	34-1264220	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT, IN TRIBUTE TO DR. JAY GERSHEN
COMMUNITY HALL FOUNDATION PROGRAM ENDOWMENT DBA: AKRON CIVIC THEATRE - 182 SOUTH MAIN STREET - AKRON, OH 44308-1316	34-1015948	501(C)(3)	167,199.	0.			FOR GENERAL OPERATING SUPPORT

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FRONT EXHIBITION COMPANY 1939 WEST 25TH STREET, SUITE 200 CLEVELAND, OH 44113-3474	81-2956023	501(C)(3)	50,000.	0.			TO SUPPORT THE 2021 TRIENNIAL AKRON INSTALLATIONS
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 HOSPITALS HEALTH SYSTEM INC - INSTITUTIONAL RELATIONS AND DEVELOPMENT - CLEVELAND, OH 44106-9845	34-0714775	501(C)(3)	50,000.	0.			TO SUPPORT THE VICTORIA TIFFT RESEARCH FUND FOR GLOBAL HEALTH
BME NETWORKS DBA: BME COMMUNITY 2103 CORAL WAY, 2ND FLOOR MIAMI, FL 33145	46-3083316	501(C)(3)	60,000.	0.			FOR THE ANNUAL COST OF THREE LEADERS FROM AKRON TO PARTICIPATE IN THE 2019-2020 FLAGSHIP
ACCESS INC 230 WEST MARKET STREET AKRON, OH 44303	34-1395246	501(C)(3)	104,812.	0.			TO SUPPORT PROGRAMING FOR WOMEN AND CHILDREN
KENMORE NEIGHBORHOOD ALLIANCE 1014 KENMORE BLVD. AKRON, OH 44314-2114	81-3402431	501(C)(3)	102,500.	0.			TO SUPPORT KENMORE NEIGHBORHOOD ALLIANCE IN THE REVITALIZATION OF KENMORE BOULEVARD
CORNERSTONE ACADEMY INC. 4801 S. DAVY CROCKETT PKWY. MORRISTOWN, TN 37813	74-3169328	501(C)(3)	250,000.	0.			FOR THE GENERAL FUND
AKRON REGIONAL DEVELOPMENT BOARD EDUCATIONAL FUND - 388 SOUTH MAIN STREET, SUITE 205 - AKRON, OH 44311-1035	34-1202413	501(C)(3)	115,000.	0.			FOR THE 2019 ANNUAL COMMITMENT
SUMMIT EDUCATION INITIATIVE 120 EAST MILL STREET, SUITE 330 AKRON, OH 44308-1745	34-1843220	501(C)(3)	596,128.	0.			FOR OPERATING SUPPORT, EARLY CHILDHOOD WORK

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CHILDREN'S CONCERT SOCIETY OF AKRON - E.J. THOMAS PERFORMING ARTS HALL - AKRON, OH 44325-0501	34-0923479	501(C)(3)	36,606.	0.			FOR GENERAL PROGRAM SUPPORT
WEATHERVANE COMMUNITY PLAYHOUSE INC - 1301 WEATHERVANE LANE - AKRON, OH 44313-5103	34-6560923	501(C)(3)	15,151.	0.			FOR GENERAL PROGRAM SUPPORT
JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO INC - 4353 EXECUTIVE CIRCLE NW - CANTON, OH 44718-2999	34-0940986	501(C)(3)	124,246.	0.			FOR THE JUNIOR ACHIEVEMENT PORTAGE COUNTY FINANCIAL LITERACY PROGRAM
SAINT VINCENT SAINT MARY HIGH SCHOOL - 15 NORTH MAPLE STREET - AKRON, OH 44303-2326	34-1686290	RELIGIOUS	41,732.	0.			FOR GENERAL OPERATING SUPPORT
WALSH JESUIT HIGH SCHOOL 4550 WYOGA LAKE ROAD CUYAHOGA FALLS, OH 44224	53-0196617	501(C)(3)	5,732.	0.			TO MAINTAIN EXCELLENCE IN LOCAL CATHOLIC EDUCATION, PROMOTE SHARING OF INFORMATION AND
IBH 3445 SOUTH MAIN STREET AKRON, OH 44319	23-7090131	501(C)(3)	17,330.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING SEPTEMBER 30, 2019
SAINT MATTHEW EVANGELICAL LUTHERAN CHURCH - 400 NORTH BROADWAY STREET - MEDINA, OH 44256-1933	34-1158557	501(C)(3)	32,000.	0.			QUARTERLY DISTRIBUTION
NATIONAL INVENTORS HALL OF FAME INC - 3701 HIGHLAND PARK STREET NW - NORTH CANTON, OH 44720-4535	34-1580038	501(C)(3)	62,644.	0.			TO SUPPORT THE 2019 CAMP INVENTION PROGRAM IN SUMMIT COUNTY
SAINT VINCENT ELEMENTARY SCHOOL 17 SOUTH MAPLE STREET AKRON, OH 44303-2119	34-0718409	501(C)(3)	18,073.	0.			FOR CATHOLIC EDUCATION SUPPORT

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BVU: CENTER FOR NONPROFIT EXCELLENCE - 1300 EAST 9TH STREET, SUITE 1805 - CLEVELAND, OH 44114-1509	34-1724581	501(C)(3)	171,876.	0.			REMAINING TRANSFER FOR QUARTER BEGINNING JANUARY 1, 2020
LEADERSHIP AKRON 37 NORTH HIGH STREET, SUITE C AKRON, OH 44308	31-1655877	501(C)(3)	154,800.	0.			FOR GENERAL PROGRAM SUPPORT
HUMANE SOCIETY OF SUMMIT COUNTY 7996 DARROW ROAD, SUITE 30 TWINSBURG, OH 44087-6823	23-7060744	501(C)(3)	64,249.	0.			FOR A 2019 ANNUAL GIFT (MARGARET WATTS HUNTER)
COLEMAN PROFESSIONAL SERVICES INC 5982 RHODES ROAD KENT, OH 44240-8100	34-1240178	501(C)(3)	17,449.	0.			DISTRIBUTION TO SUPPORT THE COLEMAN DATA SOLUTION'S DISABILITY EMPLOYEE ASSISTANCE
BRIMFIELD HISTORICAL 4158 STATE ROUTE 43 KENT, OH 44240-6916	34-6596932	501(C)(3)	55,000.	0.			FOR MAINTENANCE AND OPERATING EXPENSES FOR THE HISTORICAL SOCIETY
SOCIETY OF ST. VINCENT DE PAUL C/O ST. HILARY CHURCH FAIRLAWN, OH 44333-4236	51-0434414	501(C)(3)	60,000.	0.			FOR GENERAL PROGRAM SUPPORT
SAINT MARY SCHOOL 750 SOUTH MAIN STREET AKRON, OH 44311-1020	53-0196617	501(C)(3)	50,000.	0.			DISTRIBUTION
ARC OF OHIO 1335 DUBLIN ROAD, SUITE 104D COLUMBUS, OH 43215-7007	31-0642964	501(C)(3)	7,600.	0.			PORTION OF THE SPENDABLE INCOME
MONTROSE ZION UNITED 565 NORTH CLEVELAND-MASSILLON ROAD AKRON, OH 44333-2299	34-1415202	501(C)(3)	9,665.	0.			FOR GENERAL OPERATING SUPPORT

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AKRON ROTARY FOUNDATION 4460 REX LAKE DRIVE AKRON, OH 44319-3430	34-1698713	501(C)(3)	10,000.	0.			FOR CAMPERSHIP SUPPORT FOR THE CHILI OPEN
IBH FOUNDATION INC. 3445 SOUTH MAIN STREET AKRON, OH 44319	34-1597850	501(C)(3)	700,000.	0.			FOR IMPROVEMENTS, MAINTENANCE AND PROGRAM SUPPORT
NEWBRIDGE PLACE 645 WOOSTER STREET LODI, OH 44254	51-0598275	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
FIRST GLANCE STUDENT CENTER INC 943 KENMORE BLVD. AKRON, OH 44314-2149	20-2610539	501(C)(3)	12,500.	0.			TO SUPPORT THE CONNECT PROGRAM FOR YOUNG MOMS AND FAMILIES
VICTIM ASSISTANCE PROGRAM INC 137 SOUTH MAIN STREET, SUITE 300 AKRON, OH 44308	38-3142753	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
FIRST TEE OF AKRON INC 2000 SOUTH HAWKINS AVENUE AKRON, OH 44314-2530	34-1886744	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT AS THE ORGANIZATION ADDS TWO NEW LOCATIONS AND A NEW STAFF
SUMMA HEALTH 1077 GORGE BLVD. AKRON, OH 44310-2408	34-1887844	501(C)(3)	15,000.	0.			TO SUPPORT THE GROWTH AND EXPANSION OF THE MOMMY CARE GROUP CARE PROGRAM
FREEDOM HOUSE FOR WOMEN INC 1101 7TH AVENUE AKRON, OH 44306-1727	02-0691301	501(C)(3)	13,000.	0.			FOR GENERAL OPERATING SUPPORT
ALCHEMY INC. P.O. BOX 4041 COPLEY, OH 44321-0041	06-1653765	501(C)(3)	18,500.	0.			TO SUPPORT YEAR TWO OF A MYTH-BASED GROUP MENTORING PILOT PROGRAM FOR GIRLS IN AKRON PUBLIC

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ONE OF A KIND PET RESCUE INC 1700 WEST EXCHANGE STREET AKRON, OH 44313-7662	20-4631002	501(C)(3)	6,800.	0.			TO SUPPORT ANIMAL RESCUE
LEGACY III INC. 87 SOUTH ARLINGTON STREET AKRON, OH 44306	34-1824527	501(C)(3)	7,500.	0.			TO SUPPORT THE WOMEN'S EMPOWERMENT PROGRAM
WYNNSTARR PRODUCTIONS, LLC 150 CONGER AVENUE AKRON, OH 44303	82-0884609	FISCAL AGENT	8,000.	0.			TO CREATE A TRAVELING INSTALLATION BY SHANE WYNN ABOUT THE ALARMING RATE OF LGBTQ YOUTH
RAPE CRISIS CENTER 974 EAST MARKET STREET AKRON, OH 44305-2445	34-1836495	501(C)(3)	9,000.	0.			TO SUPPORT OUTREACH TO SURVIVORS OF DOMESTIC AND/OR SEXUAL VIOLENCE WHO IDENTIFY AS LGBTQ+
GIRLS ON THE RUN NORTHEAST OHIO 8929 BRECKSVILLE ROAD BRECKSVILLE, OH 44141-2301	47-0991498	501(C)(3)	18,000.	0.			TO PROVIDE ADELAIDE BAGS FOR UNDERPRIVILEGED GIRL PARTICIPANTS
PROJECT UJIMA INC 765 STONER STREET AKRON, OH 44320	81-3065852	501(C)(3)	10,000.	0.			TO SUPPORT THE ZALIKA GATHERING HOME
INTERNATIONAL INSTITUTE OF AKRON INC - 20 OLIVE STREET, SUITE 201 - AKRON, OH 44310	34-0733161	501(C)(3)	30,000.	0.			TO SUPPORT IMMIGRANT WOMEN AND CHILDREN TRAUMA SURVIVORS
MOUNT HOPE CEMETERY CORPORATION C/O AKRON PAINT & VARNISH AKRON, OH 44301	47-4138381	501(C)(13)	30,000.	0.			FOR GENERAL OPERATING SUPPORT
AKRON ZOOLOGICAL PARK 500 EDGEWOOD AVENUE AKRON, OH 44307-2199	34-6003866	501(C)(3)	11,500.	0.			FOR GENERAL OPERATING SUPPORT

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VINE FELLOWSHIP CHURCH 3676 COMMUNITY LANE, SUITE 100 COPLEY, OH 44321-1675	23-6393377	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
HE BROUGHT US OUT MINISTRY P.O. BOX 1183 AKRON, OH 44309-1183	34-1950491	501(C)(3)	10,000.	0.			FOR THE 2019 BUILDING BLOCKS SUMMER ENRICHMENT PROGRAM
CASE WESTERN RESERVE UNIVERSITY CRAWFORD HALL, 7TH FLOOR CLEVELAND HTS., OH 44106-7035	34-1018992	501(C)(3)	10,000.	0.			TO SUPPORT THE DEPARTMENT OF HISTORY
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 SERVICES
DONOVAN'S KIDS INC. P.O. BOX 5253 FAIRLAWN, OH 44334-0253	47-2193615	501(C)(3)	10,000.	0.			TO SUPPORT THE KIDS' CAMP
CROWN POINT ECOLOGY CENTER P.O. BOX 484 BATH, OH 44210-0484	27-2817313	501(C)(3)	19,500.	0.			FOR ONGOING SUPPORT AND SUSTAINABILITY OF CROWN POINT
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 FUND
GUIDEPOSTS FOUNDATION INC 39 OLD RIDGEBURY ROAD, SUITE 2AB DANBURY, CT 06810-5122	20-3779200	501(C)(3)	25,000.	0.			TO SUPPORT THE MILITARY OUTREACH PROGRAM
PASTORAL COUNSELING 611 WEST MARKET STREET AKRON, OH 44303	34-1282145	501(C)(3)	5,000.	0.			TO SUPPORT THE TRAINING NEEDS OF STAFF AND ALLOW FOR EXPANSION OF PREVENTION PROGRAMS IN

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A KID AGAIN NORTHERN OHIO CHAPTER TWINSBURG, OH 44087	31-1440073	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
VICTORY GALLOP INC 1745 NORTH HAMETOWN ROAD BATH, OH 44210-0551	34-1787436	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
OHIO LIVING COMMUNITIES OHIO LIVING ROCKYNOL AKRON, OH 44313-7129	34-4429863	501(C)(3)	5,000.	0.			TO SUPPORT A FOUR-YEAR ENDOWED FUND VIA A BOARD MEMBER GIFT
BRIGHT STAR BOOKS INC 8893 LANGSTON COURT MACEDONIA, OH 44056-1547	46-5624952	501(C)(3)	5,000.	0.			FOR THE EDUCATION COMPETITIVE GRANT CYCLE
GOODWILL INDUSTRIES OF AKRON INC 570 EAST WATERLOO ROAD AKRON, OH 44319-1223	34-0252230	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
REPLAY FOR KIDS 600 WEST STURBRIDGE DRIVE MEDINA, OH 44256-4242	34-1962478	501(C)(3)	5,000.	0.			TO PROMOTE FEMALE STUDENTS' INTEREST IN STEM CAREERS THROUGH TOY ADAPTING WORKSHOPS
SOUTH AKRON YOUTH MENTORSHIP P.O. BOX 26563 AKRON, OH 44319-6563	45-2883406	501(C)(3)	5,000.	0.			TO EQUIP AT-RISK YOUTH THROUGH THE POWER OF MUSIC TO HAVE A FRESH UPLIFTING IMPACT ON THE
HUMILITY OF MARY HOUSING 2251 FRONT STREET, SUITE 210 CUYAHOGA FALLS, OH 44221-2578	25-1592420	501(C)(3)	5,000.	0.			FOR THE YOUTH SERVICES PROGRAM
INLET DANCE THEATRE 11125 MAGNOLIA DRIVE CLEVELAND, OH 44106	26-0007578	501(C)(3)	5,000.	0.			TO SUPPORT PHASE II OF "THE 'BLACK CARD' PROJECT"

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BALLET THEATRE OF OHIO 265 NORTH MAIN STREET, SUITE 13 MUNROE FALLS, OH 44262-1090	34-1772850	501(C)(3)	5,000.	0.			TO SUPPORT TAKE ME OUT TO THE BALLET, WHICH OFFERS DISCOUNTED BALLET TICKETS TO STUDENTS AND TEACHERS,
CUYAHOGA VALLEY YOUTH BALLET DBA: BALLET EXCEL OHIO - P.O. BOX 3131 - CUYAHOGA FALLS, OH 44223-0431	34-1318396	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
PARTNERS FOR THEATER, INC. 80 DEVON LANE, APT. 103 AKRON, OH 44313-6851	81-1836882	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
RUBBER CITY SHAKESPEARE COMPANY DBA RUBBER CITY THEATRE - P.O. BOX 3991 - AKRON, OH 44314	47-2484892	501(C)(3)	5,000.	0.			TO SUPPORT THE 2019-2020 SEASON
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
PENINSULA FOUNDATION, INC. 6138 RIVERVIEW ROAD, SUITE F PENINSULA, OH 44264-9651	31-1534973	501(C)(3)	7,000.	0.			TO SUPPORT "VOICES IN THE VALLEY" MUSIC SERIES
ARC RECOVERY SERVICES 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
CHRIST CHILD SOCIETY OF AKRON P.O. BOX 13411 AKRON, OH 44334-8811	34-1225803	501(C)(3)	10,000.	0.			TO PROVIDE SCHOOL APPROPRIATE CLOTHING TO LOW INCOME STUDENTS
URBAN VISION 749 BLAINE AVENUE AKRON, OH 44310-3035	34-1720630	501(C)(3)	10,000.	0.			FOR THE SET ON SUCCESS PROGRAM

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SUMMIT COUNTY COMMUNITY PARTNERSHIP - 20 OLIVE STREET, SUITE 306 - AKRON, OH 44310-3189	34-1818660	501(C)(3)	10,000.	0.			TO SUPPORT THE DETERRA PROJECT: PREVENTING PRESCRIPTION MEDICINE ABUSE
GROUNDWORKS DANCETHEATER 13125 SHAKER SQUARE, SUITE 102 SHAKER HEIGHTS, OH 44120-2399	34-1856594	501(C)(3)	10,000.	0.			TO SUPPORT SUMMIT COUNTY PERFORMANCES AND OUTREACH
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 PARSONS DANCE FOR AN EDUCATIONAL RESIDENCY AND PERFORMANCE
NORTHEAST OHIO CENTER FOR CHOREOGRAPHY DBA NATIONAL CENTER FOR CHOREOGRAPHY - THE UNIVERSITY OF AKRON - AKRON, OH 44325-1005	47-5231350	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
FIRST CONGREGATIONAL CHURCH OF HUDSON - 47 AURORA STREET - HUDSON, OH 44236-2997	34-0762813	501(C)(3)	10,000.	0.			TO SUPPORT THE CHILDREN'S CENTER AT VALLEY VIEW
SHANTI COMMUNITY FARMS INC. 1183 CLINTON AVENUE AKRON, OH 44310	82-1090052	501(C)(3)	13,000.	0.			FOR A YOUTH FARM-TO-SCHOOL AND LANDSCAPE MAINTENANCE TRAINING PROGRAM FOR
CASA BOARD VOLUNTEER ASSOC 650 DAN STREET AKRON, OH 44310-3909	34-1856268	501(C)(3)	15,000.	0.			TO PROVIDE WARM WINTER PAJAMAS FOR ABUSED AND NEGLECTED CHILDREN
PLANNED PARENTHOOD OF GREATER OHIO 444 WEST EXCHANGE STREET AKRON, OH 44302-1711	34-1015976	501(C)(3)	30,000.	0.			FOR GENERAL OPERATING SUPPORT
PROJECT GRAD AKRON 10 NORTH MAIN STREET, SUITE 503 AKRON, OH 44303-1958	16-1639511	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT

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AKRON PUBLIC SCHOOLS 10 NORTH MAIN STREET AKRON, OH 44308-1991	34-6000033	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT OF KING ELEMENTARY SCHOOL IN MEMORY OF MRS. CATHRYN KRIZO
CITY OF AKRON DEPT. PLANNING & URBAN DEVELOPMENT AKRON, OH 44308	34-6000020	501(C)(3)	110,000.	0.			TO SUPPORT THE 13TH ANNUAL HEINZ POLL SUMMER DANCE FESTIVAL IN THE CITY OF AKRON
ART SPARKS P.O. BOX 1061 CUYAHOGA FALLS, OH 44223-0061	45-5629269	501(C)(3)	5,000.	0.			TO SUPPORT THE DYNAMITE DOUS ARTS INITIATIVE FOR STUDENTS WITH DEVELOPMENTAL
KAREN COMMUNITY OF AKRON, INC. 1582 EAST MARKET STREET AKRON, OH 44305	26-4785525	501(C)(3)	5,000.	0.			TO SUPPORT CULTURAL EVENTS AND PROGRAMMING
NAMI SUMMIT COUNTY 150 CROSS STREET AKRON, OH 44311	34-1569301	501(C)(3)	5,000.	0.			TO SUPPORT THE HOUSEWARMING PROGRAM
ASIAN SERVICES IN ACTION INC 370 EAST MARKET STREET AKRON, OH 44304-1526	34-1798850	501(C)(3)	15,000.	0.			TO SUPPORT THE IMMEDIATE BASIC NEEDS OF LOW INCOME, LIMITED ENGLISH PROFICIENT IMMIGRANT
FRIENDS OF WKSU 1613 EAST SUMMIT STREET KENT, OH 44242-0001	35-2393041	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
GASP GUARDIANS ADVOCATING CHILD SAFETY & PROTECTION - 53 UNIVERSITY AVENUE, 4TH FLOOR - AKRON, OH 44308-1608	06-1778396	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
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

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FRIENDS OF METRO PARKS P.O. BOX 13364 AKRON, OH 44334-8764	34-1681376	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
WANDERING AESTHETICS 377 WEST EXCHANGE STREET AKRON, OH 44302	47-2263015	FISCAL AGENT	5,000.	0.			TO SUPPORT BIGGER THAN A BREADBOX, A REOCCURRING VAUDEVILLE-STYLE VARIETY SHOW
BIRTHING BEAUTIFUL COMMUNITIES 942 NORTH MAIN STREET, SUITE C AKRON, OH 44310	47-4453278	501(C)(3)	15,000.	0.			FOR SUPPORT AND ADVOCACY PROGRAMS FOR AT-RISK PREGNANT WOMEN
BLU JAZZ MASTER CLASS FOUNDATION 24 NORTH HIGH STREET, SUITE 100 AKRON, OH 44308	81-2838423	501(C)(3)	5,000.	0.			TO SUPPORT BLU JAZZ MASTERCLASS FOUNDATION (BJMCF)
CRAFTY MART 526 SOUTH MAIN STREET, SUITE 217 AKRON, OH 44311-4403	47-1337945	501(C)(3)	5,000.	0.			FOR GENERAL OPERATIONAL SUPPORT
DR. BOB'S HOME P.O. BOX 449 AKRON, OH 44309-0449	34-1461210	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT FOR THE UPKEEP OF ALCOHOLICS ANONYMOUS FOUNDER DR. BOB'S HOME AND THE
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 RESIDENCY PROGRAM IN AKRON
AKRON SYMPHONIC WINDS 537 KATHRON AVENUE CUYAHOGA FALLS, OH 44221	81-3257904	501(C)(3)	5,000.	0.			TO SUPPORT FREE EVENT AND SCHOOL CONCERTS
AXESSPOINTE COMMUNITY HEALTH CENTER INC - 1400 SOUTH ARLINGTON STREET, SUITE 38 - AKRON, OH 44306	34-1735884	501(C)(3)	5,000.	0.			TO SUPPORT THE EXPANSION OF THE PERSONAL HYGIENE CLOSET PROGRAM AT BROADWAY LOCATION

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CUYAHOGA VALLEY ART CENTER 2131 FRONT STREET CUYAHOGA FALLS, OH 44221-3219	34-1319079	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
AUTISM SOCIETY OF GREATER AKRON 703 SOUTH MAIN STREET AKRON, OH 44311-1098	47-1129984	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
OHIO SHAKESPEARE FESTIVAL 103 SOUTH HIGH STREET AKRON, OH 44308	02-0611246	501(C)(3)	5,000.	0.			TO SUPPORT THE 2019-2020
CLEVELAND CHORAL ART P.O. BOX 770664 CLEVELAND, OH 44107-0664	34-1572215	501(C)(3)	5,000.	0.			TO BRING LGBTQ ARTS ENTERTAINMENT AND OUTREACH TO AKRON
LAW AND LEADERSHIP INSTITUTE 1700 LAKE SHORE DRIVE COLUMBUS, OH 43204-4895	26-4709314	501(C)(3)	5,000.	0.			FOR THE 2020 LLI AKRON ACADEMIC YEAR AND SUMMER INSTITUTE
FEEDING MEDINA COUNTY 650 WEST SMITH ROAD, C8 MEDINA, OH 44256	45-4049528	501(C)(3)	5,000.	0.			FOR COVID-19 COMMUNITY RELIEF
BRUNSWICK EDUCATIONAL FOUNDATION 3643 CENTER ROAD BRUNSWICK, OH 44212	34-1676608	501(C)(3)	5,000.	0.			TO SUPPORT THE BEAT VIDEO PROGRAM
CASCADE LOCKS PARK ASSOCIATION 248 FERNDAL STREET AKRON, OH 44304-1016	34-1621024	501(C)(3)	6,500.	0.			FOR GENERAL OPERATING SUPPORT
AKRON PARKS COLLABORATIVE P.O. BOX 13214 AKRON, OH 44334	82-4927742	501(C)(3)	7,500.	0.			TO SUPPORT OUR FRIENDS OF PARKS (OR PARK STEWARDSHIP) PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY OUTREACH RESOURCES EXCHANGE CORE FURNITURE BANK - P.O. BOX 1192 - CUYAHOGA FALLS, OH 44223-0192	26-3336894	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING SUPPORT
NONE TOO FRAGILE INC. P.O. BOX 2790 AKRON, OH 44309	47-2822553	501(C)(3)	7,500.	0.			TO SUPPORT THE 2019 OFF-BROADWAY SERIES
MUSICAL THEATER PROJECT 5755 GRANGER ROAD, SUITE 830 INDEPENDENCE, OH 44131-1460	34-1950084	501(C)(3)	7,500.	0.			TO SUPPORT THE 2019-2020 KIDS LOVE MUSICALS! PROGRAMMING IN AKRON PUBLIC SCHOOLS
VERB BALLETS 3558 LEE ROAD SHAKER HEIGHTS, OH 44120	34-1645238	501(C)(3)	7,500.	0.			TO SUPPORT PERFORMANCES IN AKRON AND SUMMIT COUNTY
CENTER FOR APPLIED THEATRE AND ACTIVE CULTURE - 111 OVERWOOD ROAD - AKRON, OH 44313-3964	83-0462908	501(C)(3)	7,500.	0.			TO SUPPORT THE 2019-2020 SEASON
HATTIE LARLHAM FOUNDATION 9772 DIAGONAL ROAD MANTUA, OH 44255	34-1696794	501(C)(3)	7,500.	0.			FOR THE EDUCATION COMPETITIVE GRANT CYCLE
HIGHLAND SQUARE NEIGHBORHOOD ASSOCIATION - 641 WEST MARKET STREET - AKRON, OH 44303	20-5074506	501(C)(3)	7,500.	0.			TO SUPPORT ARTS AND ENGAGEMENT PROGRAMS IN HIGHLAND SQUARE
AKRON SCORE SUMMIT COUNTY OHIO BUILDING AKRON, OH 44308	52-1067290	501(C)(3)	7,500.	0.			FOR OPERATING FUNDS FOR SMALL BUSINESS MENTORING AND WORKSHOPS
BIG LOVE NETWORK 115 OAKDALE AVENUE, #2 AKRON, OH 44302-1541	83-0716170	501(C)(3)	7,700.	0.			TO SUPPORT AKRON CITY REPAIR PROJECT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AKRON BLIND CENTER & 325 EAST MARKET STREET AKRON, OH 44304-1340	34-0742708	501(C)(3)	8,000.	0.			FOR GENERAL OPERATING SUPPORT
JEWISH FAMILY SERVICE OF AKRON OHIO - 750 WHITE POND DRIVE - AKRON, OH 44320-1128	34-0714444	501(C)(3)	8,000.	0.			FOR OPERATING SUPPORT FOR SUMMIT COUNTY SENIORS: HAPPY, HEALTHY AND AT HOME
NATIONAL SOCIETY TO 1500 W. THIRD AVE., SUITE 200 COLUMBUS, OH 43212	31-6063433	501(C)(3)	8,250.	0.			FOR THE VISION CARE OUTREACH (VCO) PROGRAM, SERVING SUMMIT COUNTY
SUMMIT METRO PARKS FOUNDATION 975 TREATY LINE ROAD AKRON, OH 44313-5837	34-1683837	501(C)(3)	10,000.	0.			FOR GENERAL PROGRAM SUPPORT
BOUNCE INNOVATION HUB 526 SOUTH MAIN STREET AKRON, OH 44311-4401	82-3351373	501(C)(3)	10,000.	0.			FOR OPERATIONAL ASSISTANCE TO HIRE A MAKER IN RESIDENCE
WESTERN RESERVE PBS 1750 CAMPUS CENTER DRIVE KENT, OH 44240-5191	34-1123819	501(C)(3)	10,000.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON INNER CITY SOC 865 ROSLYN AVENUE AKRON, OH 44320-1846	34-1875816	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
MAPS AIR MUSEUM 2260 INTERNATIONAL PARKWAY NORTH CANTON, OH 44720-1375	34-1651715	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT, IN MEMORY OF NAVY MECHANIC JOHN T. PETURES, SR.
LETS GROW AKRON INC 467 HARVEY AVENUE AKRON, OH 44314-3217	34-1632443	501(C)(3)	10,000.	0.			TO SUPPORT THE COMMUNITY GARDENS 2019-20

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
HABITAT FOR HUMANITY OF SUMMIT CO INC - 2301 ROMIG ROAD - AKRON, OH 44320-3824	34-1518873	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
KEEPERS OF THE ART EDUCATION 639 CRESTVIEW DRIVE AKRON, OH 44320	27-2894857	501(C)(3)	10,000.	0.			TO SUPPORT THE 2019 HIP-HOP PRESERVATION PROJECT
APOLLO'S FIRE THE CLEVELAND BAROQUE ORCHESTRA - 3091 MAYFIELD ROAD, SUITE 217 - CLEVELAND HEIGHTS, OH 44118-1777	34-1696842	501(C)(3)	10,000.	0.			TO SUPPORT FREE AND DISCOUNTED OUTREACH CONCERT TICKETS FOR STUDENTS, FAMILIES, AND
GLOBAL TIES AKRON QUAKER SQUARE, SUITE 233 AKRON, OH 44325-9003	34-1433786	501(C)(3)	10,000.	0.			TO CREATE MULTI-CULTURAL, GLOBAL CIVIC ENGAGEMENT, AWARENESS, AND EDUCATION THROUGHOUT SUMMIT COUNTY
KEEP AKRON BEAUTIFUL 850 EAST MARKET STREET AKRON, OH 44305-2424	34-1341298	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT 2019-20
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
SWAG STUDENTS WITH A GOAL P.O. BOX 4531 AKRON, OH 44310-0531	81-2016003	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
ARTSNOW 175 SOUTH MAIN STREET, OHIO BUILDING AKRON, OH 44308	47-5513742	501(C)(3)	12,500.	0.			FOR GENERAL PROGRAM SUPPORT
MAGICAL THEATRE COMPANY 565 WEST TUSCARAWAS AVENUE BARBERTON, OH 44203-0386	34-1196629	501(C)(3)	12,500.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRI-COUNTY JOBS FOR 1333 HOME AVENUE AKRON, OH 44310	31-1204720	501(C)(3)	12,500.	0.			TO SUPPORT DROPOUT PREVENTION & RECOVERY PROGRAMS FOR AT-RISK HIGH SCHOOL YOUTH IN SUMMIT
CATHOLIC CHARITIES OF SUMMIT CO 812 BIRUTA STREET AKRON, OH 44307-1104	34-1318541	501(C)(3)	15,000.	0.			FOR CATHOLIC CHARITIES SUMMIT ADULT DAY SERVICES
SUMMIT CHORAL SOCIETY INC 140 EAST MARKET STREET AKRON, OH 44308	34-1658034	501(C)(3)	15,000.	0.			TO SUPPORT THE CHILDREN'S CHOIR PROGRAM
YOUTH EXCELLENCE PERFORMING ARTS WORKSHOP AKA: YEPAW - 220 SOUTH BALCH STREET, 1ST FLOOR - AKRON, OH 44302	34-1967561	501(C)(3)	15,000.	0.			TO SUPPORT THE SUMMER INTENSIVE WORKSHOP AND YEAR-ROUND LEADERSHIP ARTS ACADEMY, INCLUDING
VANTAGE AGING 2279 ROMIG ROAD AKRON, OH 44320-3823	51-0148544	501(C)(3)	17,500.	0.			FOR SUPPORT OF HOME WELLNESS SOLUTIONS
PROJECT LEARN OF SUMMIT COUNTY 60 SOUTH HIGH STREET AKRON, OH 44326-1000	34-1491695	501(C)(3)	19,000.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING SEPTEMBER 30, 2019
CONXUSNEO 277 EAST MILL STREET AKRON, OH 44308-1735	34-2019627	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT
WESTERN RESERVE HISTORICAL SOCIETY 10825 EAST BLVD. CLEVELAND, OH 44106-1703	34-0714724	501(C)(3)	20,000.	0.			FOR THE GENERAL FUND
CUYAHOGA VALLEY PRESERVATION AND SCENIC RAILWAY ASSOCIATION - P.O. BOX 158 - PENINSULA, OH 44264-0158	23-7198801	501(C)(3)	20,000.	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
SUMMIT COUNTY FATHERHOOD INITIATIVE - 1040 EAST TALLMADGE AVENUE - AKRON, OH 44310	34-1169257	FISCAL AGE	20,000.	0.			TO PROVIDE FACILITATORS THAT DELIVER FREE FATHERHOOD CLASSES AND SUPPORT TO SUMMIT COUNTY
AKRON AREA ARTS ALLIANCE DBA SUMMIT ARTSPACE - 140 EAST MARKET STREET - AKRON, OH 44308-2014	34-1841587	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO - 550 COPLEY RD - AKRON, OH 44320-2324	34-0766170	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT, IN HONOR OF DAVE LIEBERTH
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, YEAR 2
DIRECTION HOME AKRON CANTON AREA AGENCY ON AGING - 1550 CORPORATE WOODS PARKWAY - UNIONTOWN, OH 44685-8730	34-1314654	501(C)(3)	100,000.	0.			TO SUPPORT THE AGE FRIENDLY AKRON INITIATIVE
SHRINERS HOSPITALS FOR CHILDREN ATTN: TRUST & INVESTMENT ACCOUNTING MANAGER - TAMPA, FL 33631-3356	04-2121377	501(C)(3)	10,000.	0.			SEMI ANNUAL DISTRIBUTION FOR THE PERIOD ENDING DECEMBER 31, 2019
SUMMIT FOOD COALITION C/O AKRON-CANTON REGIONAL FOODBANK AKRON, OH 44307	34-1369388	501(C)(3)	25,000.	0.			TO SUPPORT THE SAVOR THE SUMMIT EVENT

**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	184	465,402.	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:

OUR LADY OF THE ELMS SCHOOL-MIDDLE & HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE CHARLES AND SALOME REYMANN FOUNDATION FUNDRAISER, IN MEMORY OF ISABELLE REYMANN (NO TICKETS OR BENEFIT MAY BE GIVEN)

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: STEWART'S CARING PLACE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE BUTTERFLY GALA (NO TICKETS; THIS IS A STRAIGHT DONATION & NOT CONNECTED TO ANYONE'S ATTENDANCE AT THE EVENT)

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:

HATTIE LARLHAM CENTER FOR CHILDREN WITH DISABILITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PROGRAMS THAT HELP YOUNG WOMEN WITH DEVELOPMENTAL DISABILITIES DEVELOP A UNIQUE PERSONAL STYLE FOR WORK

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY & COMMUNITY SERVICES INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL PROGRAMMING SUPPORT FOR THE BENEFIT OF THE MOBILE MEALS PROGRAM WITHIN SUMMIT COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: CLEVELAND ZOOLOGICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND A BEAR RECOGNITION STUDY & TO PURCHASE A TOUCHSCREEN COMPUTER TO ENABLE NON-INVASIVE COGNITION TESTS

NAME OF ORGANIZATION OR GOVERNMENT:

CLEVELAND ORCHESTRA MUSICAL ARTS ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE 2019 BLOSSOM MUSIC FESTIVAL, WITH FAMILY-FRIENDLY AND CLASSICAL PROGRAMS THROUGHOUT THE

Part IV Supplemental Information

SUMMER

NAME OF ORGANIZATION OR GOVERNMENT: LEAGUE OF WOMEN VOTE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE "E THE PEOPLE"

NONPARTISAN ONLINE VOTER GUIDE ON OHIO.COM, THE AKRON BEACON JOURNAL'S WEBSITE

NAME OF ORGANIZATION OR GOVERNMENT:

NORTH AKRON COMMUNITY DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COVER MATERIAL COSTS AND VOLUNTEER SUPPORT FOR THE FIRST SERVE, SERVE FIRST EVENT IN NORTH HILL TO MAKE IMPROVEMENTS TO THE TEMPLE SQUARE AREA

NAME OF ORGANIZATION OR GOVERNMENT: CLEVELAND NEIGHBORHOOD PROGRESS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE STRATEGIC SUPPORT TO SELECT COMMUNITY DEVELOPMENT CORPORATIONS IN THE CITY OF AKRON

NAME OF ORGANIZATION OR GOVERNMENT: BME NETWORKS DBA: BME COMMUNITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE ANNUAL COST OF THREE LEADERS FROM AKRON TO PARTICIPATE IN THE 2019-2020 FLAGSHIP NATIONAL PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: WALSH JESUIT HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MAINTAIN EXCELLENCE IN LOCAL CATHOLIC EDUCATION, PROMOTE SHARING OF INFORMATION AND TECHNOLOGY, AND MAINTAIN LEGACY FOR ATTRACTING SUPERIOR FACULTY MEMBERS-OR ANY OTHER PURPOSE DESIGNATED BY A MAJORITY OF THE SCHOOL LEADERS

NAME OF ORGANIZATION OR GOVERNMENT: COLEMAN PROFESSIONAL SERVICES INC

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: DISTRIBUTION TO SUPPORT THE COLEMAN DATA SOLUTION'S DISABILITY EMPLOYEE ASSISTANCE PROGRAM IN SUMMIT COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: FIRST TEE OF AKRON INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT AS THE ORGANIZATION ADDS TWO NEW LOCATIONS AND A NEW STAFF MEMBER

NAME OF ORGANIZATION OR GOVERNMENT: ALCHEMY INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT YEAR TWO OF A MYTH-BASED GROUP MENTORING PILOT PROGRAM FOR GIRLS IN AKRON PUBLIC SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT: WYNNSTARR PRODUCTIONS, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CREATE A TRAVELING INSTALLATION BY SHANE WYNN ABOUT THE ALARMING RATE OF LGBTQ YOUTH HOMELESSNESS

NAME OF ORGANIZATION OR GOVERNMENT: PASTORAL COUNSELING

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE TRAINING NEEDS OF STAFF AND ALLOW FOR EXPANSION OF PREVENTION PROGRAMS IN THE AGENCY

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH AKRON YOUTH MENTORSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EQUIP AT-RISK YOUTH THROUGH THE POWER OF MUSIC TO HAVE A FRESH UPLIFTING IMPACT ON THE COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: BALLET THEATRE OF OHIO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT TAKE ME OUT TO THE BALLET, WHICH OFFERS DISCOUNTED BALLET TICKETS TO STUDENTS AND TEACHERS, ALONG WITH EDUCATIONAL AND PERFORMANCE OPPORTUNITIES

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CLEVELAND MODERN DAN

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

NAME OF ORGANIZATION OR GOVERNMENT: SHANTI COMMUNITY FARMS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR A YOUTH FARM-TO-SCHOOL AND LANDSCAPE MAINTENANCE TRAINING PROGRAM FOR AKRON PUBLIC SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT: ART SPARKS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE DYNAMITE DOUS ARTS INITIATIVE FOR STUDENTS WITH DEVELOPMENTAL DISABILITIES IN APS

NAME OF ORGANIZATION OR GOVERNMENT: ASIAN SERVICES IN ACTION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE IMMEDIATE BASIC NEEDS OF LOW INCOME, LIMITED ENGLISH PROFICIENT IMMIGRANT POPULATIONS

NAME OF ORGANIZATION OR GOVERNMENT: DR. BOB'S HOME

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT FOR THE UPKEEP OF ALCOHOLICS ANONYMOUS FOUNDER DR. BOB'S HOME AND THE PURCHASE OF MATERIALS FOR DISPLAY AND PRESERVATION OF ARCHIVES

NAME OF ORGANIZATION OR GOVERNMENT:

APOLLO'S FIRE THE CLEVELAND BAROQUE ORCHESTRA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT FREE AND DISCOUNTED OUTREACH CONCERT TICKETS FOR STUDENTS, FAMILIES, AND SENIORS IN BATH

NAME OF ORGANIZATION OR GOVERNMENT: TRI-COUNTY JOBS FOR

**Part IV** Supplemental Information

(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:

YOUTH EXCELLENCE PERFORMING ARTS WORKSHOP AKA: YEPAW

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE SUMMER INTENSIVE WORKSHOP AND YEAR-ROUND LEADERSHIP ARTS ACADEMY, INCLUDING LEADERSHIP DEVELOPMENT SESSIONS, PERFORMANCES AND VOLUNTEER EXPERIENCES

NAME OF ORGANIZATION OR GOVERNMENT: SUMMIT COUNTY FATHERHOOD INITIATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FACILITATORS THAT DELIVER FREE FATHERHOOD CLASSES AND SUPPORT TO SUMMIT COUNTY FATHERS

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

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](http://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 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
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2019

**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)	270,410.	7,756.	0.	65,000.	25,422.	368,588.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEVEN H. SCHLOENBACH VICE PRESIDENT, FINANCE	(i)	145,072.	2,754.	0.	0.	38,609.	186,435.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARGARET MEDZIE VICE PRESIDENT, DEVELOPMEN	(i)	137,587.	1,754.	0.	0.	24,375.	163,716.	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 \$65,000 FOR PRESIDENT JOHN T. PETURES.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

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](http://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	44	3,082,156.	FAIR MARKET VALUE
10 Securities - Closely held stock	X	1	142,000.	FAIR MARKET VALUE
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** **1**

	Yes	No
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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

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	5,372.
PRIOR PERIOD ADJUSTMENT	5,879.
<b>AGENCY ENDOWMENT REVENUE</b>	<b>1,068,624.</b>

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization <b>AKRON COMMUNITY FOUNDATION</b>	Employer identification number <b>34-1087615</b>
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<b>AGENCY ENDOWMENT EXPENSES</b>	<b>1,132,335.</b>
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<b>TOTAL TO FORM 990, PART XI, LINE 9</b>	<b>2,212,210.</b>
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**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

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	60,724.	236.	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	392.	7,205.	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) 2019



**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
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>1e</b>		
<b>1f</b>		
<b>1g</b>		
<b>1h</b>		
<b>1i</b>		
<b>1j</b>		
<b>1k</b>		
<b>1l</b>		
<b>1m</b>		
<b>1n</b>		
<b>1o</b>		
<b>1p</b>		
<b>1q</b>		
<b>1r</b>		
<b>1s</b>		

**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
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				





Form **990-W**  
(Worksheet)

**Estimated Tax on Unrelated Business Taxable  
Income for Tax-Exempt Organizations**

OMB No. 1545-0047

(and on Investment Income for Private Foundations) FORM 990-T

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990W](http://www.irs.gov/Form990W) for instructions and the latest information.  
▶ Keep for your records. Do not send to the Internal Revenue Service.

**2020**

1	Unrelated business taxable income expected in the tax year .....		1	
2	Tax on the amount on line 1. See instructions for tax computation .....		2	
3	Alternative minimum tax for trusts. See instructions .....		3	
4	Total. Add lines 2 and 3 .....		4	
5	Estimated tax credits. See instructions .....		5	
6	Subtract line 5 from line 4 .....		6	
7	Other taxes. See instructions .....		7	
8	Total. Add lines 6 and 7 .....		8	
9	Credit for federal tax paid on fuels. See instructions .....		9	
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions .....	10a		
b	Enter the tax shown on the 2019 return. See instructions. <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c .....	10b		
c	<b>2020 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c .....	10c		155,000.

		(a)	(b)	(c)	(d)
11	Installment due dates. See instructions .....	11		12/15/20	03/15/21
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." .....	12		37,250.	38,750.
13	2019 Overpayment. See instructions .....	13			
14	Payment due (Subtract line 13 from line 12) .....	14		37,250.	38,750.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2020)

ESTIMATED TAX	155,000.
AMOUNT PAID	79,000.
AMOUNT DUE	76,000.

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

For calendar year 2019 or other tax year beginning APR 1, 2019, and ending MAR 31, 2020

# 2019

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://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><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</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>	<b>Print or Type</b>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>AKRON COMMUNITY FOUNDATION</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>345 WEST CEDAR ST</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>AKRON, OH 44307-2407</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>34-1087615</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)</p>
--	----------------------	---	--

<p><b>C</b> Book value of all assets at end of year  <b>199,407,624.</b></p>	<p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> 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
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b> 615,885.		615,885.
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b> 114,031.	STMT 2	114,031.
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 729,916.		729,916.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)			
<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
<b>15</b> Salaries and wages	<b>15</b>		
<b>16</b> Repairs and maintenance	<b>16</b>		
<b>17</b> Bad debts	<b>17</b>		
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>		
<b>19</b> Taxes and licenses	<b>19</b>		
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>		
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>		
<b>22</b> Depletion	<b>22</b>		
<b>23</b> Contributions to deferred compensation plans	<b>23</b>		
<b>24</b> Employee benefit programs	<b>24</b>		
<b>25</b> Excess exempt expenses (Schedule I)	<b>25</b>		
<b>26</b> Excess readership costs (Schedule J)	<b>26</b>		
<b>27</b> Other deductions (attach schedule)	<b>27</b>		
<b>28 Total deductions.</b> Add lines 14 through 27	<b>28</b>	0.	
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	<b>29</b>	729,916.	
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>30</b>	SEE STATEMENT 3	369,387.
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29	<b>31</b>		360,529.

**Part III Total Unrelated Business Taxable Income**

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	360,529.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	360,529.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) <b>STMT 4</b>	36	125,062.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	235,467.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	<b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	234,467.

**Part IV Tax Computation**

40	<b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21)	40	49,238.
41	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	<b>Proxy tax.</b> See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	<b>Tax on Noncompliant Facility Income.</b> See instructions	44	
45	<b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	49,238.

**Part V Tax and Payments**

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	<b>Total credits.</b> Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	49,238.
48	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)	48	
49	<b>Total tax.</b> Add lines 47 and 48 (see instructions)	49	49,238.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	51,000.
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	<b>Total payments.</b> Add lines 51a through 51g	52	51,000.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	1,773.
54	<b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	11.
55	<b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	56	

**Part VI Statements Regarding Certain Activities and Other Information** (see instructions)

57	At any time during the 2019 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	Yes	No
58	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
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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.

**Sign Here**  
 Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **PRESIDENT AND CEO**  
 May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**  
 Print/Type preparer's name: **JILL M. BOYLE, CPA** Preparer's signature: **JILL M. BOYLE, CPA** Date: **12/22/20** Check  if self-employed PTIN: **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**

**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	<b>Cost of goods sold.</b> 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	<b>Total.</b> 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)		%		
<b>Totals</b> .....			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.
<b>Total dividends-received deductions</b> 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)				
<b>Totals</b>			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). <b>0.</b>	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). <b>0.</b>

**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)				
<b>Totals</b>		Enter here and on page 1, Part I, line 9, column (A). <b>0.</b>		Enter here and on page 1, Part I, line 9, column (B). <b>0.</b>

**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)						
<b>Totals</b>		Enter here and on page 1, Part I, line 10, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 10, col. (B). <b>0.</b>			Enter here and on page 1, Part II, line 25. <b>0.</b>

**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)						
<b>Totals</b> (carry to Part II, line (5))		<b>0.</b>	<b>0.</b>			<b>0.</b>

**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)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 26. <b>0.</b>

**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)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

THE AKRON COMMUNITY FOUNDATION IS AGGREGATING THE BELOW QUALIFYING PARTNERSHIP INTERESTS UNDER PROPOSED REGULATIONS FOR SECTION 512(A)(6) 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)  
CITYMARK CAPITAL U.S. APARTMENT FUND II L.P (EIN: 82-4763554)

FORM 990-T

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 2

DESCRIPTION	NET INCOME OR (LOSS)
BPEA III, LP - ORDINARY BUSINESS INCOME (LOSS)	-12,067.
BPEA III, LP - OTHER NET RENTAL INCOME (LOSS)	20.
BPEA III, LP - U.S. BOND INTEREST	12.
BPEA III, LP - OTHER INCOME (LOSS)	-3,570.
CITYMARK CAPITAL FUND I L.P - ORDINARY BUSINESS INCOME (LOSS)	271,045.
TOWNSEND REAL ESTATE ALPHA FUND III, LP - ORDINARY BUSINESS INCOME (LOSS)	-7,695.
TOWNSEND REAL ESTATE ALPHA FUND III, LP - NET RENTAL REAL ESTATE INCOME	-157.
TOWNSEND REAL ESTATE ALPHA FUND III, LP - DIVIDEND INCOME	211.
TOWNSEND REAL ESTATE ALPHA FUND III, LP - OTHER PORTFOLIO INCOME (LOSS)	-590.
TOWNSEND REAL ESTATE ALPHA FUND III, LP - OTHER INCOME (LOSS)	-17,268.
BPEA IV, LP - ORDINARY BUSINESS INCOME (LOSS)	-19,872.
BPEA IV, LP - OTHER NET RENTAL INCOME (LOSS)	-135.
BPEA IV, LP - INTEREST INCOME	13.
BPEA IV, LP - OTHER PORTFOLIO INCOME (LOSS)	-9.
BPEA IV, LP - OTHER INCOME (LOSS)	-199.
JUMPSTART NEXT FUND LLC - ORDINARY BUSINESS INCOME (LOSS)	-972.
CITYMARK CAPITAL U.S. APARTMENT FUND II L.P - ORDINARY BUSINESS INCOME (LOSS)	-94,736.
<b>TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5</b>	<b>114,031.</b>

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
03/31/19	369,387.	0.	369,387.	369,387.
NOL CARRYOVER AVAILABLE THIS YEAR			369,387.	369,387.

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 4

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.

**Capital Gains and Losses**  
 Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,  
 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
 Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

**2019**

Name **AKRON COMMUNITY FOUNDATION** Employer identification number **34-1087615**

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
 If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses** (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked				
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37				<b>4</b>
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824				<b>5</b>
<b>6</b> Unused capital loss carryover (attach computation)				<b>6</b> ( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				<b>7</b>

**Part II Long-Term Capital Gains and Losses** (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked				<b>194,782.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9				<b>11 421,103.</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37				<b>12</b>
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824				<b>13</b>
<b>14</b> Capital gain distributions				<b>14</b>
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				<b>15 615,885.</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	<b>16</b>	
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	<b>17</b>	<b>615,885.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	<b>18</b>	<b>615,885.</b>

Note: If losses exceed gains, see *Capital Losses* in the instructions.



Name **AKRON COMMUNITY FOUNDATION** Employer identification number **34-1087615**

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

<b>Part I Required Annual Payment</b>			
1	Total tax (see instructions) .....	1	49,238.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	2b	
2c	Credit for federal tax paid on fuels (see instructions) .....	2c	
2d	<b>Total.</b> Add lines 2a through 2c .....	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....	3	49,238.
4	Enter the tax shown on the corporation's 2018 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....	4	
5	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	5	49,238.

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6  The corporation is using the adjusted seasonal installment method.

7  The corporation is using the annualized income installment method.

8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

<b>Part III Figuring the Underpayment</b>		(a)	(b)	(c)	(d)
9	<b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	07/15/19	09/15/19	12/15/19	03/15/20
10	<b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	12,310.	12,309.	12,310.	12,309.
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....				
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12	Enter amount, if any, from line 18 of the preceding column .....				
13	Add lines 11 and 12 .....				
14	Add amounts on lines 16 and 17 of the preceding column .....		12,310.	24,619.	36,929.
15	Subtract line 14 from line 13. If zero or less, enter -0- .....	0.	0.	0.	0.
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....		12,310.	24,619.	
17	<b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	12,310.	12,309.	12,310.	12,309.
18	<b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....				

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.**

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions ..... <b>19</b>				
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2019 and before 7/1/2019 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 6\% (0.06)}{365}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 06/30/2019 and before 10/1/2019 ...	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2019 and before 1/1/2020 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 5\% (0.05)}{365}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2019 and before 4/1/2020 ...	<b>27</b>	<b>SEE ATTACHED WORKSHEET</b>		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 5\% (0.05)}{366}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2020 and before 7/1/2020 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2020 and before 10/1/2020 ...	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{366}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2020 and before 1/1/2021 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{366}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2020 and before 3/16/2021 ...	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....	<b>38</b> \$			<b>1,773.</b>

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.



**Sales of Business Property**  
 (Also Involuntary Conversions and Recapture Amounts  
 Under Sections 179 and 280F(b)(2))  
 Attach to your tax return.

▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

**AKRON COMMUNITY FOUNDATION**

Identifying number  
**34-1087615**

1 Enter the gross proceeds from sales or exchanges reported to you for 2019 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 **1**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 5						421,103.
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7
<p><b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.</p> <p><b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.</p>							421,103.
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9
							421,103.

**Part II Ordinary Gains and Losses** (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7						11	( )
12	Gain, if any, from line 7 or amount from line 8, if applicable						12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a						14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36						15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824						16	
17	Combine lines 10 through 16						17	
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.							
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040 or Form 1040-SR), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions						18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040 or Form 1040-SR), Part I, line 4						18b	

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
<b>25 If section 1245 property:</b>					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage	27b			
c	Enter the smaller of line 24 or 27b	27c			
<b>28 If section 1254 property:</b>					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
<b>29 If section 1255 property:</b>					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 5

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
BPEA III, LP						9,367.
CITYMARK CAPITAL FUND I L.P						413,839.
TOWNSEND REAL ESTATE ALPHA FUND III, LP						-2,116.
BPEA IV, LP						13.
TOTAL TO 4797, PART I, LINE 2						421,103.

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>AKRON COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>34-1087615</b>
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- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<b>TOWNSEND REAL ESTATE ALPHA FUND III, LP</b>	<b>81-3134103</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>4</b> Name of transferee (foreign corporation) <b>ESR INVESTMENT NOMINEES 3 (AUSTRALIA) PTY LTD.</b>	<b>5a</b> Identifying number, if any
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<b>6</b> Address (including country) <b>2000 NEW SOUTH WALES SYDNEY, AUSTRALIA</b>	<b>5b</b> Reference ID number <b>ESR INVESTMENT</b>
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**7** Country code of country of incorporation or organization  
**AS**

**8** Foreign law characterization (see instructions)  
**FOREIGN CORPORATION**

- 9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2019		101,324.		

**10** Was cash the only property transferred?  **Yes**  **No**  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
<b>Totals</b>					

**11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  **Yes**  **No**

**12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  **Yes**  **No**  
 If "Yes," go to line 12b.

**b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  **Yes**  **No**  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

**c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  **Yes**  **No**  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

**d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

**13** Did the transferor transfer property described in section 367(d)(4)?  **Yes**  **No**  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
<b>Totals</b>						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before .000 % (b) After .120 %
- 17 Type of nonrecognition transaction (see instructions) ► IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>AKRON COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>34-1087615</b>
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- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<b>TOWNSEND REAL ESTATE ALPHA FUND II, LP</b>	<b>46-5729269</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>4</b> Name of transferee (foreign corporation) <b>GRAMERCY P TOWNSEND FEEDER LIMITED</b>	<b>5a</b> Identifying number, if any
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<b>6</b> Address (including country) <b>CASTLE STREET ST. HELIER, JERSEY JERSEY</b>	<b>5b</b> Reference ID number <b>GRAMERCY001</b>
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**7** Country code of country of incorporation or organization  
**JE**

**8** Foreign law characterization (see instructions)  
**FOREIGN CORPORATION**

- 9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2019		102,763.		

**10** Was cash the only property transferred?  **Yes**  **No**  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
<b>Totals</b>					

**11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  **Yes**  **No**

**12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  **Yes**  **No**  
 If "Yes," go to line 12b.

**b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  **Yes**  **No**  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

**c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  **Yes**  **No**  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

**d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

**13** Did the transferor transfer property described in section 367(d)(4)?  **Yes**  **No**  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
<b>Totals</b>						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before .060 % (b) After .060 %
- 17 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

# 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](http://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](http://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.

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

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 TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **FEBRUARY 16, 2021**, 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, 2019**, and ending **MAR 31, 2020**.

**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

<b>3a</b> 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.	<b>3a</b>	\$	51,000.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	51,000.

**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.