

Form 990 <small>Department of the Treasury Internal Revenue Service</small>	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)	OMB No. 1545-0047 <div style="border: 2px solid black; padding: 5px; font-size: 24pt; font-weight: bold;">2021</div> Open to Public Inspection
<p align="center"> ▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. </p>		

A For the **2021** calendar year, or tax year beginning **APR 1, 2021** and ending **MAR 31, 2022**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization <div style="border: 1px solid black; padding: 2px;">AKRON COMMUNITY FOUNDATION</div> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <div style="border: 1px solid black; padding: 2px;">345 WEST CEDAR ST</div> City or town, state or province, country, and ZIP or foreign postal code <div style="border: 1px solid black; padding: 2px;">AKRON, OH 44307-2407</div> F Name and address of principal officer: JOHN T. PETURES, JR. <div style="border: 1px solid black; padding: 2px;">SAME AS C ABOVE</div>	D Employer identification number <div style="border: 1px solid black; padding: 2px;">34-1087615</div> E Telephone number <div style="border: 1px solid black; padding: 2px;">(330) 376-8522</div> G Gross receipts \$ <div style="border: 1px solid black; padding: 2px;">132,211,601.</div> H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		
J Website: ▶ WWW.AKRONCF.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶ L Year of formation: 1955 M State of legal domicile: OH		

Part I Summary			
1	Briefly describe the organization's mission or most significant activities: TO IMPROVE THE QUALITY OF LIFE IN THE GREATER AKRON AREA.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	21
6	Total number of volunteers (estimate if necessary)	6	24
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	522,731.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	360,992.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	22,353,578.	19,758,048.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,980,567.	9,528,335.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-56,819.	-44,141.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	39,277,326.	29,242,242.
14	Benefits paid to or for members (Part IX, column (A), line 4)	20,400,959.	13,096,635.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,462,919.	2,586,226.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,220,592.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,746,478.	1,776,019.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	24,610,356.	17,458,880.
19	Revenue less expenses. Subtract line 18 from line 12	14,666,970.	11,783,362.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	274,088,705.	279,695,721.
22	Net assets or fund balances. Subtract line 21 from line 20	33,925,949.	34,210,411.
		240,162,756.	245,485,310.

Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign Here	▶	Signature of officer	Date		
	▶	JOHN T. PETURES, JR., PRESIDENT AND CEO			
		Type or print name and title			
Paid Preparer Use Only	▶	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed PTIN
		JILL M. BOYLE, CPA	JILL M. BOYLE, CPA	02/15/23	<input type="checkbox"/> P01355989
	▶	Firm's name	Firm's EIN		
		SIKICH LLP	36-3168081		
	▶	Firm's address	Phone no.		
		274 WHITE POND DRIVE AKRON, OH 44320-1118	(330) 864-6661		

Part III Statement of Program Service AccomplishmentsCheck 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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

Section 501(c)(3) and 501(c)(4) organizations 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 \$ 14,565,302. including grants of \$ 13,096,635.) (Revenue \$)
 DURING FISCAL YEAR 2022, 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 \$8,515,436 VIA 1,699 GRANTS AND OTHER DISTRIBUTIONS TOTALED OVER \$4,089,880 THROUGH ENDOWMENT FUND VIA 398 GRANTS AND OTHER DISTRIBUTIONS. AKRON COMMUNITY FOUNDATION AWARDED OVER 177 SCHOLARSHIPS TOTALING \$491,319.

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 **14,565,302.**

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, 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>	9	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>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
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>	11a 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>	11b	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>	11c	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>	11d 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>	11e 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>	11f 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>	12a	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>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b 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>	15	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>	16	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. See instructions</i>	17	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>	18 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 21	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 21		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
If "Yes," complete Form 6069.			

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

☒ X

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	24			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		24		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

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

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

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 ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

☐ 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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				285,053.	0.	90,422.
(2) STEVEN H. SCHLOENBACH VICE PRESIDENT, FINANCE	40.00			X				156,910.	0.	38,609.
(3) MARGARET MEDZIE VICE PRESIDENT, DEVELOPMEN	40.00				X			148,411.	0.	24,375.
(4) JOHN GAROFALO VP COMMUNITY INVOLVEMENT	40.00				X			140,106.	0.	12,417.
(5) RICHARD C. FEDOROVICH PAST CHAIR	1.50	X		X				0.	0.	0.
(6) SYLVIA D. TRUNDLE CHAIR	1.50	X		X				0.	0.	0.
(7) JAMES J. PICKARD TREASURER	1.50	X		X				0.	0.	0.
(8) BRET TREIER SECRETARY	1.50	X		X				0.	0.	0.
(9) RACHEL TALTON GOVERNANCE CHAIR	1.50	X		X				0.	0.	0.
(10) JOANNE V. KONSTAND COMMUNITY RELATIONS CHAIR	1.50	X		X				0.	0.	0.
(11) MARTIN P. HAUSER VICE CHAIR	1.50	X		X				0.	0.	0.
(12) ROBERT B. COOPER TRUSTEE	1.50	X						0.	0.	0.
(13) ILENE SHAPIRO TRUSTEE	1.50	X						0.	0.	0.
(14) BENNETT L. GAINES TRUSTEE	1.50	X						0.	0.	0.
(15) STEVEN SCHMIDT TRUSTEE	1.50	X						0.	0.	0.
(16) KATIE SMUCKER TRUSTEE	1.50	X						0.	0.	0.
(17) F. WILLIAM STEERE 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KIMBERLY HAWS FALASCO TRUSTEE	1.50	X						0.	0.	0.
(19) MICHAEL J. ZELEZNIK TRUSTEE	1.50	X						0.	0.	0.
(20) DOUGLAS A. KUCYZNSKI TRUSTEE	1.50	X						0.	0.	0.
(21) WHITT BUTLER TRUSTEE	1.50	X						0.	0.	0.
(22) CARLA CHAPMAN TRUSTEE	1.50	X						0.	0.	0.
(23) KEEVAN WHITE TRUSTEE	1.50	X						0.	0.	0.
(24) ERNEST E. POUTTU TRUSTEE	1.50	X						0.	0.	0.
(25) TRACY L. CARTER TRUSTEE	1.50	X						0.	0.	0.
(26) CLAUDIA DIAZ-SINGER TRUSTEE	1.50	X						0.	0.	0.
1b Subtotal								730,480.	0.	165,823.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								730,480.	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**

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

	Yes	No
3		X
4	X	
5		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

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

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	264,976.
DIAMOND HILL CAPITAL MANAGEMENT, 325 JOHN H MCCONNELL BLVD, COLUMBUS, OH 43215	INVESTMENT MANAGEMENT SERVICES	133,887.
PNC CAPITAL ADVISORS, LLC 1 CASCADE PLAZA, 6TH FLOOR, AKRON, OH 44308	INVESTMENT MANAGEMENT SERVICES	124,520.
BROADLEAF PARTNER EQUITY 9 AURORA ST, HUDSON, OH 44236	INVESTMENT MANAGEMENT SERVICES	113,567.

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 **4**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2021)

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

2021.05050 AKRON COMMUNITY FOUNDATIO 70152771

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	288,174.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	19,469,874.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 6,365,574.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a _____			Business Code			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			10,030,527.		522,731.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b					
c Gain or (loss)		7c					
d Net gain or (loss)					-502,192.		-502,192.
8 a Gross income from fundraising events (not including \$ 288,174. of contributions reported on line 1c). See Part IV, line 18		8a		79,026.			
b Less: direct expenses		8b		123,167.			
c Net income or (loss) from fundraising events					-44,141.		-44,141.
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____			Business Code			
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions				29,242,242.	0.	522,731.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,605,316.	12,605,316.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	491,319.	491,319.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	592,012.	217,779.	164,199.	210,034.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,384,169.	509,184.	383,909.	491,076.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	485,232.	178,499.	134,582.	172,151.
10 Payroll taxes	124,813.	45,914.	34,618.	44,281.
11 Fees for services (nonemployees):				
a Management				
b Legal	22,713.	8,101.	6,108.	8,504.
c Accounting	27,670.	10,179.	7,674.	9,817.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	796,302.		796,302.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	284,399.	82,017.	61,838.	140,544.
14 Information technology				
15 Royalties				
16 Occupancy	63,115.	23,225.	17,511.	22,379.
17 Travel	2,893.	1,064.	803.	1,026.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,772.	7,644.	5,763.	7,365.
20 Interest	-2,703.	-964.	-727.	-1,012.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	155,545.	55,478.	41,829.	58,238.
23 Insurance	38,641.	13,782.	10,391.	14,468.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	305,907.	305,907.		
b DUES AND SUBSCRIPTIONS	32,660.	10,749.	8,104.	13,807.
c DEVELOPMENT	24,489.			24,489.
d FAMILY CENTER	3,311.			3,311.
e All other expenses	305.	109.	82.	114.
25 Total functional expenses. Add lines 1 through 24e	17,458,880.	14,565,302.	1,672,986.	1,220,592.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	441,120.	1	125,139.
	2 Savings and temporary cash investments	8,809,090.	2	10,576,942.
	3 Pledges and grants receivable, net	129,797.	3	240,697.
	4 Accounts receivable, net		4	
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	467,688.	7	343,197.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	97,938.	9	108,416.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,498,160.		
	b Less: accumulated depreciation	10b 711,896.	10c	3,786,264.
	11 Investments - publicly traded securities	215,015,661.	11	218,015,964.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	45,467,795.	15	46,499,102.
16 Total assets. Add lines 1 through 15 (must equal line 33)	274,088,705.	16	279,695,721.	
Liabilities	17 Accounts payable and accrued expenses	674,667.	17	718,611.
	18 Grants payable	1,037,376.	18	382,975.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	32,213,906.	25	33,108,825.
	26 Total liabilities. Add lines 17 through 25	33,925,949.	26	34,210,411.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	125,626,256.	27	127,706,323.
	28 Net assets with donor restrictions	114,536,500.	28	117,778,987.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	240,162,756.	32	245,485,310.
	33 Total liabilities and net assets/fund balances	274,088,705.	33	279,695,721.

Form 990 (2021)

Part XI Reconciliation of Net AssetsCheck 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	29,242,242.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,458,880.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,783,362.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	240,162,756.
5	Net unrealized gains (losses) on investments	5	-5,217,348.
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	-1,243,460.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	245,485,310.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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 <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
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		

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number

34-1087615

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13807658.	10763024.	11553844.	22353578.	19758048.	78236152.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	13807658.	10763024.	11553844.	22353578.	19758048.	78236152.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3618779.
6 Public support. Subtract line 5 from line 4.						74617373.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	13807658.	10763024.	11553844.	22353578.	19758048.	78236152.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5413867.	6759446.	5302920.	7961608.	10030527.	35468368.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						113704520
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	65.62	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	68.97	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990) 2021

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐ ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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).		

Schedule A (Form 990) 2021

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

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021**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	303	
2 Aggregate value of contributions to (during year)	10,248,272.	
3 Aggregate value of grants from (during year)	5,669,358.	
4 Aggregate value at end of year	67,634,839.	
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?

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)?

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) 2021

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 d ☐ Loan or exchange program
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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	236,577,000.	173,186,000.	180,879,000.	179,975,000.	165,101,000.
b Contributions	17,966,000.	20,438,000.	10,755,000.	9,943,000.	13,631,000.
c Net investment earnings, gains, and losses	5,247,000.	64,307,000.	-18,448,000.	4,138,000.	16,871,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	18,139,000.	21,354,000.		13,177,000.	15,628,000.
f Administrative expenses					
g End of year balance	241,651,000.	236,577,000.	173,186,000.	180,879,000.	179,975,000.

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

- a Board designated or quasi-endowment ▶ 51.2600 %
 b Permanent endowment ▶ 24.7800 %
 c Term endowment ▶ 23.9600 %

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?		

- (i) Unrelated organizations
 (ii) Related organizations

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

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		580,024.		580,024.
b Buildings	550,289.	2,777,260.	392,062.	2,935,487.
c Leasehold improvements				
d Equipment		559,587.	319,834.	239,753.
e Other		31,000.		31,000.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,786,264.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) CASH VALUE OF LIFE INSURANCE	39,140.
(2) TRUST ACCOUNTS	13,104,063.
(3) ACCRUED INVESTMENT INCOME	247,074.
(4) FUNDS HELD AS AGENCY ENDOWMENT OBLIGATIONS	33,108,825.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	46,499,102.

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	33,108,825.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	33,108,825.

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.

1	Total revenue, gains, and other support per audited financial statements	1	20,875,301.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-5,217,348.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	127,550.
e	Add lines 2a through 2d	2e	-5,089,798.
3	Subtract line 2e from line 1	3	25,965,099.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	796,302.
b	Other (Describe in Part XIII.)	4b	2,480,841.
c	Add lines 4a and 4b	4c	3,277,143.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	29,242,242.

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

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

1	Total expenses and losses per audited financial statements	1	15,553,834.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	124,254.
e	Add lines 2a through 2d	2e	124,254.
3	Subtract line 2e from line 1	3	15,429,580.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	796,302.
b	Other (Describe in Part XIII.)	4b	1,232,998.
c	Add lines 4a and 4b	4c	2,029,300.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	17,458,880.

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	123,167.
PRIOR PERIOD ADJUSTMENT	4,383.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	127,550.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT REVENUE	2,480,841.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	123,167.
OTHER ADJUSTMENT	1,087.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	124,254.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT EXPENSES	1,232,998.
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

Employer identification number

AKRON COMMUNITY FOUNDATION

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		5,628,758.
3 a Subtotal	0	0			5,628,758.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			5,628,758.

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

Schedule F (Form 990) 2021

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

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

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

Part 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**

Schedule F (Form 990) 2021

Part V

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number	
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34-1087615

Part I

Fundraising Activities.

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

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

- a** ☐ Mail solicitations

- b** ☐ Internet and email solicitations

- c** ☐ Phone solicitations

- d** ☐ In-person solicitations

- e** ☐ Solicitation of non-government grants

- f** ☐ Solicitation of government grants

- g** ☐ Special fundraising events

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

☐ Yes☐ No

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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 SUGAR PLUM (event type)	(b) Event #2 WEF ANNUAL DINNER (event type)	(c) Other events 12 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	244,846.	104,550.	17,804.	367,200.
	2 Less: Contributions	194,119.	88,240.	5,815.	288,174.
	3 Gross income (line 1 minus line 2)	50,727.	16,310.	11,989.	79,026.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	35,269.	13,126.	8,336.	56,731.
	8 Entertainment	8,000.	8,100.	4,250.	20,350.
	9 Other direct expenses	26,075.	9,145.	10,866.	46,086.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				123,167.
11 Net income summary. Subtract line 10 from line 3, column (d)				-44,141.	

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

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

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name _____

Address

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☐ **No**
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c** If "Yes," enter name and address of the third party: _____

Name _____

Address

16 Gaming manager information:

Name _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number

34-1087615

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
IBH FOUNDATION INC. 3445 SOUTH MAIN STREET AKRON, OH 44319	34-1597850	501(C)(3)	1,001,956.	0.			FOR IMPROVEMENTS, MAINTENANCE AND PROGRAM SUPPORT
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK - 1403 WEST HINES HILL ROAD - PENINSULA, OH 44264-9646	34-1917257	501(C)(3)	641,817.	0.			FOR THE JULY FUNDRAISING MATCHING GRANT APPEAL AT THE "MEADOW" LEVEL
UNITED WAY OF SUMMIT AND MEDINA 37 NORTH HIGH STREET AKRON, OH 44308-1973	34-1169257	501(C)(3)	515,599.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 2021
COMMUNITY HALL FOUNDATION PROGRAM ENDOWMENT DBA: AKRON CIVIC THEATRE - 182 SOUTH MAIN STREET - AKRON, OH 44308-1316	34-1015948	501(C)(3)	440,638.	0.			TO SUPPORT THE AKRON CIVIC THEATRE BOARD AND STAFF'S ENGAGEMENT IN IDEA TRAINING AND
SUMMIT EDUCATION INITIATIVE 120 EAST MILL STREET, SUITE 330 AKRON, OH 44308-1745	34-1843220	501(C)(3)	415,595.	0.			QUARTERLY DISTRIBUTION
ART RESOURCES TRANSFORMATIONS 526 SOUTH MAIN STREET, SUITE 503A AKRON, OH 44311	83-3743218	501(C)(3)	333,247.	0.			TO SUPPORT INITIATIVES OF EXHIBITING PUBLIC ART IN VACANT STOREFRONT WINDOWS AND BUILDINGS IN DOWNTOWN

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

263.

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

22.

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

Schedule I (Form 990) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-1801	34-0813426	501(C)(3)	257,500.	0.			TO SUPPORT AN ACCESSIBILITY AUDIT AND EVALUATE INSTITUTIONAL ACCESSIBILITY NEEDS
YOUNGSTOWN STATE UNIVERSITY FOUNDATION - 606 WICK AVENUE - YOUNGSTOWN, OH 44502	34-6576610	501(C)(3)	250,000.	0.			FOR SCHOLARSHIP & PROFESSORSHIP IN ACTUARIAL SCIENCE
THE UNIVERSITY OF AKRON FOUNDATION DEPARTMENT OF DEVELOPMENT, THE UNIVERSITY OF AKRON - AKRON, OH 44325-2603	34-6575496	501(C)(3)	244,499.	0.			TO PROVIDE STUDENT FINANCIAL SUPPORT TO THE EARLY CHILDHOOD DEVELOPMENT PROGRAM AT
KENT STATE UNIVERSITY FOUNDATION 350 SOUTH LINCOLN STREET KENT, OH 44242-0001	34-6576307	501(C)(3)	223,191.	0.			TO SUPPORT THE GREATER AKRON LGBTQ+ COMMUNITY NEEDS ASSESSMENT
HUDSON CITY SCHOOL DISTRICT 2386 HUDSON-AURORA ROAD HUDSON, OH 44236-2320	34-6001451	GOVERNMENT AGENC	197,558.	0.			FOR A SET OF 22 TEAM-BUILDING BOOKS ENTITLED "STICK TOGETHER: A SIMPLE LESSON TO BUILD
BUSINESS VOLUNTEERS UNLIMITED DBA: BVU: THE CENTER FOR NONPROFIT EXCELLENCE - 1300 EAST 9TH STREET, SUITE 1805 - CLEVELAND, OH	34-1724581	501(C)(3)	185,322.	0.			TRANSFER FOR QUARTER BEGINNING APRIL, 2021
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)(3)	183,250.	0.			FOR GENERAL SUPPORT IN HONOR OF KATIE CARVER REED
OHIO & ERIE CANALWAY COALITION 47 WEST EXCHANGE STREET AKRON, OH 44308-1012	34-1636766	501(C)(3)	176,450.	0.			TO SUPPORT THE CIVIC CHAMPION CAMPAIGN FOR THE NATIONAL HERITAGE AREA, LOCK 3, AND SUMMIT LAKE
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON DBA: AKRON CHILDREN'S HOSPITAL - ONE PERKINS SQUARE - AKRON, OH 44308-1062	34-0714357	501(C)(3)	143,486.	0.			FOR PEER RECOVERY FOR ADDICTED MOTHERS (PRAM)

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF THE WESTERN RESERVE INC. - 889 JONATHAN AVENUE - AKRON, OH 44306-3606	34-1856214	501(C)(3)	121,584.	0.			2021 ANNUAL SPENDABLE INCOME
THE UNIVERSITY OF AKRON P.O. BOX 2260 AKRON, OH 44309-2260	34-6002924	UNIVERSITY	117,966.	0.			OF WHICH \$22,500 IS FOR THE COLLEGE OF BUSINESS, \$10,000 IS FOR THE STUDENT RECRUITMENT
BUILDING FOR TOMORROW 100 WEST CEDAR STREET AKRON, OH 44307-2569	27-4254089	501(C)(3)	111,768.	0.			TO SUPPORT THE REACH OPPORTUNITY CENTER AT SUMMIT LAKE FOR THE EDUCATIONAL FACILITY AND
KENMORE NEIGHBORHOOD ALLIANCE 1028 KENMORE BLVD. AKRON, OH 44314-2114	81-3402431	501(C)(3)	104,000.	0.			TO SUPPORT THE DEVELOPMENT OF THE KENMORE BLVD. HISTORIC DISTRICT AND PLACEMAKING
AKRON CHILDREN'S HOSPITAL FOUNDATION - ONE PERKINS SQUARE - AKRON, OH 44308-1063	23-7114013	501(C)(3)	103,000.	0.			FOR THE DOMINIC VESCO MEMORIAL FUND
AKRON PUBLIC SCHOOLS 10 NORTH MAIN STREET AKRON, OH 44308-1991	34-6000033	501(C)(3)	101,127.	0.			FOR THE ARTS CAN TEACH (ACT) PROGRAM
BATTERED WOMEN'S SHELTER 974 EAST MARKET STREET AKRON, OH 44305-2445	34-1249342	501(C)(3)	95,923.	0.			TO SUPPORT THE FIRST ANNUAL MAVS & LOVE GOLF OUTING IN HONOR OF BILL CONSIDINE
BRIMFIELD HISTORICAL SOCIETY 4158 STATE ROUTE 43 KENT, OH 44240-6916	34-6596932	501(C)(3)	90,000.	0.			FOR MAINTENANCE AND OPERATING EXPENSES OF THE HISTORICAL SOCIETY
CHILD GUIDANCE & FAMILY SOLUTIONS INC. - 18 NORTH FORGE STREET - AKRON, OH 44304-1317	34-0726083	501(C)(3)	88,250.	0.			FOR GENERAL PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CUYAHOGA VALLEY PRESERVATION AND SCENIC RAILWAY ASSOCIATION - P.O. BOX 158 - PENINSULA, OH 44264-0158	23-7198801	501(C)(3)	86,634.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 2021
JULIE BILLIART SCHOOLS 4982 CLUBSIDE ROAD LYNDHURST, OH 44124	34-0827831	501(C)(3)	83,500.	0.			FOR CAPITAL FUNDING ASSISTANCE AT THE AKRON CAMPUS, SPECIFICALLY FOR A KINDERGARTEN RESOURCE
STEWART'S CARING PLACE 3501 RIDGE PARK DRIVE FAIRLAWN, OH 44333-8203	20-0181338	501(C)(3)	80,905.	0.			TO SUPPORT EDUCATION AND OUTREACH FOR THOSE ON THE CANCER JOURNEY
OPPORTUNITY PARISH ECUMENICAL NEIGHBORHOOD MINISTRY DBA OPEN M - 941 PRINCETON STREET - AKRON, OH 44311-1922	34-1046107	501(C)(3)	75,594.	0.			FOR GENERAL PROGRAM SUPPORT
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO - 550 COPLEY ROAD - AKRON, OH 44320-2324	34-0766170	501(C)(3)	74,721.	0.			FOR APRIL ALLOCATION
REACHING ABOVE HOPELESSNESS & BROKENNESS MINISTRIES INC. DBA: RAHAB MINISTRIES - P.O. BOX 13866 - AKRON, OH 44334-3866	20-3285531	501(C)(3)	72,134.	0.			FOR GENERAL PROGRAM SUPPORT
INTERNATIONAL INSTITUTE OF AKRON INC. - 20 OLIVE STREET, SUITE 201 - AKRON, OH 44310	34-0733161	501(C)(3)	71,200.	0.			FOR GENERAL OPERATING SUPPORT
STAN HYWET HALL & GARDENS INC. 714 NORTH PORTAGE PATH AKRON, OH 44303-1363	34-0819149	501(C)(3)	70,290.	0.			FOR 2021 GENERAL OPERATING SUPPORT
AKRON GENERAL FOUNDATION 1 AKRON GENERAL AVENUE AKRON, OH 44307-2432	34-1127047	501(C)(3)	67,500.	0.			TO SUPPORT IMPROVING SOCIAL DETERMINATES OF HEALTH FOR INPATIENTS FROM SURROUNDING ZIP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY OF SUMMIT COUNTY 7996 DARROW ROAD, SUITE 30 TWINSBURG, OH 44087-6823	23-7060744	501(C)(3)	66,897.	0.			TO SUPPORT THE 21ST ANNUAL PAWSIBILITY BALL FUNDRAISING DINNER AND AUCTION
NATIONAL INVENTORS HALL OF FAME INC. - 3701 HIGHLAND PARK STREET NW - NORTH CANTON, OH 44720-4535	34-1580038	501(C)(3)	65,703.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 2021
AKRON COMMUNITY SERVICE CENTER & URBAN LEAGUE - 440 VERNON ODOM BLVD. - AKRON, OH 44307-2108	34-0714520	501(C)(3)	62,000.	0.			FOR THE FIRST OF FIVE ANNUAL GIFTS TO THE JUSTICE & EQUALITY GIVING SOCIETY FOR THE VERNON L.
GRACE HOUSE AKRON INC. 846 CHINOOK AVENUE AKRON, OH 44305	81-4420042	501(C)(3)	61,628.	0.			IN MEMORY OF MR. PHIL MAYNARD
AKRON ROTARY CAMP FOR CHILDREN WITH SPECIAL NEEDS INC. - 4460 REX LAKE DRIVE - AKRON, OH 44319-3430	34-6557819	501(C)(3)	59,250.	0.			FOR GENERAL PROGRAM SUPPORT IN MEMORY OF MICHAEL JAMES CARMACK
UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET, SUITE 8000 ANN ARBOR, MI 48109-1288	38-6006309	501(C)(3)	58,666.	0.			FOR THE STEERE GENERATIONAL SCHOLARSHIP FUND - 700399
HEART TO HEART COMMUNICATIONS INC. DBA HEART TO HEART LEADERSHIP INC. - 37 NORTH HIGH STREET, SUITE B - AKRON, OH 44308-1973	34-1630357	501(C)(3)	58,500.	0.			FOR GENERAL OPERATING SUPPORT
LET'S GROW AKRON INC. 467 HARVEY AVENUE AKRON, OH 44314-3217	34-1632443	501(C)(3)	58,270.	0.			FOR INFRASTRUCTURE FOR PRODUCTION IN THE AKRON URBAN LEAGUE HIGH TUNNEL
SOUTH STREET MINISTRIES INC. 130 WEST SOUTH STREET AKRON, OH 44311-1964	26-2660679	501(C)(3)	57,388.	0.			TO SUPPORT THE ACROSS THE LAKE VIDEO SERIES AND PROJECT UJIMA CIRCLES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE OAK CLINIC 3838 MASSILLON ROAD, SUITE 360 UNIONTOWN, OH 44685-7965	34-1930683	501(C)(3)	55,000.	0.			FOR GENERAL OPERATING SUPPORT
NATIONAL TRUST FOR HISTORIC PRESERVATION - 2600 VIRGINIA AVENUE NW, SUITE 1100 - WASHINGTON, DC 20037	53-0210807	501(C)(3)	50,750.	0.			FOR ADDITIONAL SUPPORT FOR AN INTERPRETATION, COMMUNITY ENGAGEMENT AND A PROGRAMMING DESIGN
NORTH AKRON COMMUNITY DEVELOPMENT CORPORATION - 760 ELMA STREET - AKRON, OH 44310	82-1696531	501(C)(3)	50,000.	0.			TO SUPPORT AN ART INSTALLATION AT NORTH HILL HERITAGE COURTYARD ON HOWARD STREET
ST. MARY PARISH SCHOOL 750 SOUTH MAIN STREET AKRON, OH 44311-1020	53-0196617	501(C)(3)	50,000.	0.			DISTRIBUTION
SAFE HARBOR NORTON 126 WINDSOR CIRCLE AURORA, OH 44202	83-4603377	501(C)(3)	50,000.	0.			2022 SAFE HARBOR NORTON RECOVERY HOUSING SERVICES
AED FOUNDATION INC. 650 EAST ALGONQUIN ROAD, SUITE 305 SCHAUMBURG, IL 60173	36-3784945	501(C)(3)	50,000.	0.			FOR ITS VISION 2025 CAMPAIGN
PHI DELTA THETA FOUNDATION 2 SOUTH CAMPUS AVENUE OXFORD, OH 45056-1801	34-6539803	501(C)(3)	50,000.	0.			FOR GENERAL PROGRAM SUPPORT
VICTIM ASSISTANCE PROGRAM INC. 137 SOUTH MAIN STREET, SUITE 300 AKRON, OH 44308	38-3142753	501(C)(3)	49,716.	0.			TO PROVIDE ESSENTIAL BASIC NEEDS IN EMERGENCY SITUATIONS FOR FAMILIES VICTIMIZED BY CRIME,
CASA BOARD VOLUNTEER ASSOCIATION INC. - 650 DAN STREET - AKRON, OH 44310-3909	34-1856268	501(C)(3)	48,985.	0.			TO SUPPORT RECRUITMENT OF BLACK VOLUNTEERS AND STAKEHOLDERS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCESS INC. 230 WEST MARKET STREET AKRON, OH 44303	34-1395246	501(C)(3)	48,820.	0.			OF WHICH \$2,200 IS FOR THE LYNN BUDNICK AWARD AND \$1,000 IS FOR THE ANNUAL BREAKFAST FUND
WELL COMMUNITY DEVELOPMENT CORPORATION - 647 EAST MARKET STREET - AKRON, OH 44304-1620	81-2680851	501(C)(3)	48,750.	0.			FOR THE ANNUAL FUNDRAISING CAMPAIGN
PLANNED PARENTHOOD OF GREATER OHIO 444 WEST EXCHANGE STREET AKRON, OH 44302-1711	34-1015976	501(C)(3)	48,055.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 2021
AKRON DEVELOPMENT CORPORATION 166 SOUTH HIGH STREET, SUITE 202 AKRON, OH 44308-1628	34-1308327	501(C)(3)	47,500.	0.			TO SUPPORT GREAT STREETS AKRON TO CONTINUE TO INCREASE THE VIBRANCY OF TARGETED BUSINESS
BROKEN CHAINS JAIL & PRISON MINISTRY - P.O. BOX 502 - AKRON, OH 44309-0502	54-2139891	501(C)(3)	46,500.	0.			FOR GENERAL OPERATING SUPPORT
PORTAGE PATH COMMUNITY MENTAL HEALTH CENTER - 340 SOUTH BROADWAY STREET - AKRON, OH 44308-1529	34-1096055	501(C)(3)	46,250.	0.			FOR GENERAL OPERATING SUPPORT
PROJECT GRAD AKRON 10 NORTH MAIN STREET, SUITE 503 AKRON, OH 44303-1958	16-1639511	501(C)(3)	45,750.	0.			TO SUPPORT THE 15TH ANNUAL ACHIEVING DREAMS CELEBRATION GALA IN HONOR OF DANIELLE J. KIMMELL
KEYS TO SERENITY 907 MAGNOLIA AVENUE CUYAHOGA FALLS, OH 44221	82-3599656	501(C)(3)	45,000.	0.			KEYS TO SERENITY FAMILY PROGRAM
WESTERN RESERVE ACADEMY 115 COLLEGE STREET HUDSON, OH 44236	34-0714390	501(C)(3)	44,500.	0.			TO SUPPORT THE ELLESWORTH HALL RENOVATION

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COMMUNITY LEGAL AID SERVICES INC. 50 SOUTH MAIN STREET, SUITE 800 AKRON, OH 44308-1823	34-0753560	501(C)(3)	43,000.	0.			THE HEAL PROJECT'S MEDICAL-LEGAL PARTNERSHIP WORK IN SUMMIT COUNTY
PACKARD INSTITUTE, INC. 461 WEST MARKET STREET AKRON, OH 44303	20-8830510	501(C)(3)	42,500.	0.			TO SUPPORT SUMMIT COUNTY INDIGENOUS HEALING AND RECOVERY CENTER
AMERICAN RED CROSS NORTHERN OHIO REGION - 501 WEST MARKET STREET - AKRON, OH 44303-1898	53-0196605	501(C)(3)	42,200.	0.			FOR GENERAL OPERATING SUPPORT
THE OHIO STATE UNIVERSITY PO BOX 183248 COLUMBUS, OH 43218-3248	31-6025986	501(C)(1)	41,566.	0.			FOR THE JOAN BISESI FUND FOR HEAD AND NECK ONCOLOGY RESEARCH (FUND #640545), IN MEMORY OF
INTERNATIONAL SOAP BOX DERBY INC. 1000 GEORGE WASHINGTON BLVD. AKRON, OH 44312-3004	34-1141558	501(C)(3)	41,000.	0.			FOR GENERAL OPERATING SUPPORT AT THE MASTERS LEVEL IN HONOR OF MARK GERBERICH
CATHOLIC COMMUNITY FOUNDATION 1404 EAST 9TH STREET, 8TH FLOOR CLEVELAND, OH 44114-1722	34-1908579	501(C)(3)	41,000.	0.			TO USE AS NEEDED FOR SUPPORT TO THOSE AT RISK AMONG US IN THE DIOCESE OF CLEVELAND 8-COUNTY
BOY SCOUTS OF AMERICA COUNCIL 4500 HUDSON DRIVE STOW, OH 44224-1702	34-0737790	501(C)(3)	40,395.	0.			FOR THE FLEUR DE LIS CLUB
YMCA OF AKRON OHIO 50 SOUTH MAIN STREET, SUITE LL 100 AKRON, OH 44308-1859	34-0714727	501(C)(3)	40,350.	0.			TO SUPPORT THE 2021 AKRON AREA YMCA CELEBRATION AT THE SKY WRITER LEVEL IN HONOR OF ACF BOARD
JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO INC. - 4353 EXECUTIVE CIRCLE NW - CANTON, OH 44718-2999	34-0940986	501(C)(3)	40,170.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 2021

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AKRON CHILDREN'S MUSEUM 216 SOUTH MAIN STREET AKRON, OH 44308-1315	46-3118462	501(C)(3)	40,100.	0.			FOR GENERAL PROGRAM SUPPORT IN MEMORY OF H. PETER BURG
CITY OF AKRON 166 SOUTH HIGH STREET, 4TH FLOOR AKRON, OH 44308	34-6000020	501(C)(3)	40,000.	0.			TO SUPPORT THE 14TH ANNUAL HEINZ POLL SUMMER DANCE FESTIVAL IN THE CITY OF AKRON
FRIENDS OF CHILDREN EVERYWHERE P.O. BOX 1234 BRIGHTON, MI 48116	56-2467177	501(C)(3)	40,000.	0.			FOR GENERAL OPERATING SUPPORT
MODE - MIRACLES OCCUR DAYS ENRICHED A NON-PROFIT CORPORATION - 50 BAKER BLVD., SUITE 5A - FAIRLAWN, OH 44333	84-4575642	501(C)(3)	40,000.	0.			RECOVERY SERVICES TO INDIVIDUALS STRUGGLING WITH OPIOID ADDICTION
LOVE AKRON P.O. BOX 2971 AKRON, OH 44309	20-8035010	501(C)(3)	39,900.	0.			FOR GENERAL OPERATING SUPPORT
TUESDAY MUSICAL ASSOCIATION 1041 WEST MARKET STREET, SUITE 200 AKRON, OH 44313-7103	34-0786212	501(C)(3)	39,750.	0.			FOR THE HEINZ POLL SUMMER DANCE FESTIVAL 2021 (PERFORMANCE PERSEUTERS DRS. MARK AND SANDY
RAPE CRISIS CENTER 974 EAST MARKET STREET AKRON, OH 44305-2445	34-1836495	501(C)(3)	38,250.	0.			TO SUPPORT TRAUMA THERAPY FOR YOUTH IMPACTED BY SEXUAL VIOLENCE
AUTISM SOCIETY OF GREATER AKRON 580 GRANT STREET AKRON, OH 44311	47-1129984	501(C)(3)	37,500.	0.			FOR GENERAL OPERATING SUPPORT
THE SALVATION ARMY 190 SOUTH MAPLE STREET AKRON, OH 44302-0549	13-5562351	501(C)(3)	37,316.	0.			FOR COVID RELIEF EFFORTS

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FREEDOM HOUSE FOR WOMEN INC. 1101 7TH AVENUE AKRON, OH 44306-1727	02-0691301	501(C)(3)	36,500.	0.			FOR GENERAL PROGRAM SUPPORT IN MEMORY OF MICHAEL JAMES CARMACK
SUMMA FOUNDATION P.O. BOX 2090 AKRON, OH 44309-2090	34-1219001	501(C)(3)	36,250.	0.			TO SUPPORT THE 2021 SUMMA HEALTH SAPPHIRE BALL IN HONOR OF HONORARY CHAIRS SANDRA & RICHEY SMITH
ST. MATTHEW EVANGELICAL LUTHERAN CHURCH - 400 NORTH BROADWAY STREET - MEDINA, OH 44256-1933	34-1158557	RELIGIOUS ORG.	36,000.	0.			QUARTERLY DISTRIBUTION
PARK SYNAGOGUE 27500 SHAKER BLVD. LYNDHURST, OH 44124-5050	34-0714533	501(C)(3)	36,000.	0.			FOR ANNUAL CONTRIBUTION TOWARDS A 10 YEAR COMMITMENT FOR THE NEW BUILDING CAPITAL CAMPAIGN
3R FOUNDATION REENTRY RECONNECT, RESTORATION - P.O.BOX 881 - AKRON, OH 44309	85-4241967	501(C)(3)	35,500.	0.			THE 3R APPROACH: (REENTRY, RECONNECT, RESTORATION)
INTERVAL BROTHERHOOD HOMES CORPORATION - 3445 SOUTH MAIN STREET - AKRON, OH 44319	23-7090131	501(C)(3)	35,485.	0.			TO SUPPORT THE 35TH ANNUAL GOLF OUTING
HOPE UNITED P.O. BOX 534 UNIONTOWN, OH 44685	81-1845197	501(C)(3)	35,000.	0.			HOPE AND HEALING FOR FAMILIES
OHIO DEBATE COMMISSION INC. 850 EUCLID AVENUE, 2ND FLOOR CLEVELAND, OH 44114-3306	84-2520547	501(C)(3)	35,000.	0.			TO HELP PLAN, ORGANIZE, AND EXECUTE THE TWO GENERAL ELECTION DEBATES
FUND FOR OUR ECONOMIC FUTURE OF NORTHEAST OHIO - 4415 EUCLID AVENUE, SUITE 203 - CLEVELAND, OH 44103-3758	27-0606927	501(C)(3)	34,000.	0.			TO SUPPORT A CREATIVE SPACE TO DRIVE EQUITABLE ECONOMIC GROWTH IN SUMMIT COUNTY

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LEADERSHIP AKRON 37 NORTH HIGH STREET, SUITE C AKRON, OH 44308	31-1655877	501(C)(3)	33,760.	0.			TO SUPPORT INTENTIONAL OUTREACH TO INCREASE THE DIVERSITY OF NONPROFIT BOARDS ACROSS OUR
CUYAHOGA VALLEY COUNTRYSIDE CONSERVANCY - 4965 QUICK ROAD - PENINSULA, OH 44264-9574	34-1896395	501(C)(3)	33,000.	0.			TO SUPPORT DEI TRAINING FOR TEAM MEMBERS WHO ENGAGE DIRECTLY WITH THE PUBLIC.
WESTERN RESERVE LAND CONSERVANCY 3850 CHAGRIN RIVER ROAD MORELAND HILLS, OH 44022-1131	34-1571233	501(C)(3)	32,250.	0.			FOR GENERAL PROGRAM SUPPORT
VANTAGE AGING 388 SOUTH MAIN STREET AKRON, OH 44311	51-0148544	501(C)(3)	32,200.	0.			FOR GENERAL OPERATING SUPPORT IN HONOR OF KAREN HRDLICKA
ST. VINCENT-ST. MARY HIGH SCHOOL 15 NORTH MAPLE STREET AKRON, OH 44303-2326	34-1686290	RELIGIOUS	32,060.	0.			FOR GENERAL OPERATING SUPPORT, INCLUDING BUT NOT LIMITED TO COSTS ASSOCIATED WITH THE
YMCA ENDOWMENT FOUNDATION OF AKRON 50 SOUTH MAIN STREET, SUITE LL 100 AKRON, OH 44308-1859	34-1791819	501(C)(3)	31,898.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING JUNE 30, 2021
MAGICAL THEATRE COMPANY 565 WEST TUSCARAWAS AVENUE BARBERTON, OH 44203-0386	34-1196629	501(C)(3)	31,200.	0.			FOR GENERAL OPERATING SUPPORT
CASCADE LOCKS PARK ASSOCIATION 248 FERNDAL STREET AKRON, OH 44304-1016	34-1621024	501(C)(3)	30,750.	0.			FOR GENERAL OPERATING SUPPORT
AXESSPOINTE COMMUNITY HEALTH CENTER INC. - 1400 SOUTH ARLINGTON STREET, SUITE 38 - AKRON, OH 44306	34-1735884	501(C)(3)	30,000.	0.			FOR GENERAL OPERATING SUPPORT

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UNIVERSITY PARISH NEWMAN CENTER 1424 HORNING ROAD KENT, OH 44240-7657	34-1949373	501(C)(3)	30,000.	0.			FOR GENERAL OPERATING SUPPORT
MIAMI UNIVERSITY FOUNDATION 725 EAST CHESTNUT STREET OXFORD, OH 45056-3450	31-6026014	501(C)(3)	30,000.	0.			FOR THE JANICE WOLL ART EDUCATION SCHOLARSHIP
CHABAD JEWISH RELIGIOUS ASSOCIATION - 599 PEBBLE BEACH DRIVE - AKRON, OH 44333-2835	34-1274750	501(C)(3)	29,600.	0.			IN HONOR OF THE FAMILY OF RABBI MOSHE SASONKIN
UNITED DISABILITY SERVICES INC. 701 SOUTH MAIN STREET AKRON, OH 44311-1019	34-1374195	501(C)(3)	29,236.	0.			TO SUPPORT LOW VISION SERVICES
SUMMIT ARTSPACE 140 EAST MARKET STREET AKRON, OH 44308-2014	34-1841587	501(C)(3)	29,000.	0.			TO SUPPORT THE DEVELOPMENT OF A RACIAL EQUITY AND INCLUSION PLAN
STUDENTS WITH A GOAL: SWAG P.O. BOX 4531 AKRON, OH 44310-0531	81-2016003	501(C)(3)	28,000.	0.			TO SUPPORT STRATEGIC PLAN CREATED BY AKRON YOUTH
PROJECT LEARN OF SUMMIT COUNTY 60 SOUTH HIGH STREET AKRON, OH 44326-1000	34-1491695	501(C)(3)	27,174.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING SEPTEMBER 30, 2021
CHILDREN'S CONCERT SOCIETY OF AKRON - 198 HILL STREET - AKRON, OH 44325-0501	34-0923479	501(C)(3)	27,050.	0.			TO SUPPORT THE IN-SCHOOL CONCERT SERIES
GIRL SCOUTS OF NORTH EAST OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 44056-2156	34-0726094	501(C)(3)	26,919.	0.			TO SUPPORT THE 2021 WOMEN OF DISTINCTION IN HONOR OF HONOREE LORNA WISHAM

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FRIENDS OF 91.3 DBA FRIENDS OF THE SUMMIT - 309 WOOLF AVENUE - AKRON, OH 44312	26-4312124	501(C)(3)	26,715.	0.			TO SUPPORT THE MARILYN STROUD MUSIC ALIVE PROGRAM AT THE SUMMIT
WESTERN RESERVE HISTORICAL SOCIETY 10825 EAST BLVD. CLEVELAND, OH 44106-1703	34-0714724	501(C)(3)	26,270.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 2021 FOR GENERAL OPERATING EXPENSES OF
FAMILY & COMMUNITY SERVICES INC. 705 OAKWOOD STREET, SUITE 221 RAVENNA, OH 44266-2196	34-1902451	501(C)(3)	26,214.	0.			FOR GENERAL OPERATING SUPPORT OF THE MOBILE MEALS PROGRAM
BIG BROTHERS AND SISTERS OF SUMMIT, MEDINA & STARK COUNTIES INC. - 50 SOUTH MAIN STREET, SUITE LL 110 - AKRON, OH 44308	34-1104356	501(C)(3)	26,000.	0.			FOR GENERAL PROGRAM SUPPORT
TEMPLE ISRAEL 91 SPRINGSIDE DRIVE AKRON, OH 44333-2428	34-0719171	501(C)(3)	26,000.	0.			FOR GENERAL PROGRAM SUPPORT
GLOBAL TIES AKRON 6595 MANCHESTER ROAD CLINTON, OH 44216	34-1433786	501(C)(3)	25,750.	0.			TO SUPPORT YOUTH DEI PARTICIPATORY VIDEO (PV) PROJECT FOR COMMUNITY ACTION AND PROBLEM
WEATHERVANE COMMUNITY PLAYHOUSE INC. - 1301 WEATHERVANE LANE - AKRON, OH 44313-5103	34-6560923	501(C)(3)	25,533.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 2021
GREATER AKRON MUSICAL ASSOCIATION INC. - 92 NORTH MAIN STREET - AKRON, OH 44308-1932	34-6003828	501(C)(3)	25,250.	0.			TO SUPPORT MUSIC EDUCATION PROGRAMS AND COLLABORATIVE MUSIC OUTREACH INITIATIVES
SUMMIT FOOD COALITION 350 OPPORTUNITY PARKWAY AKRON, OH 44307	34-1369388	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT

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LEGACY III, INC. 87 SOUTH ARLINGTON STREET AKRON, OH 44306	34-1824527	501(C)(3)	25,000.	0.			BRUBAKER PROGRAM AND HUMBLE BEGINNINGS PROGRAM - PERMANENT HOUSING SERVICES
TRUTH & HONOR INC. 6330 CARIBOU DRIVE CLINTON, OH 44216	84-2056948	501(C)(3)	25,000.	0.			LIFE AND COMPUTER SKILLS TRAINING
CANTORS ASSEMBLY INC. 55 SOUTH MILLER ROAD, SUITE 201 AKRON, OH 44333-4168	13-1959506	501(C)(3)	25,000.	0.			FOR THE ALAN AND JANICE WOLL FAMILY ENDOWMENT FUND FOR JEWISH EDUCATION
ARC RECOVERY SERVICES 834 GRANT STREET AKRON, OH 44311	34-1687728	501(C)(3)	25,000.	0.			FOR ADDICTION RECOVERY TREATMENT SERVICES
COMMUNITY ORIENTED RECOVERY 526 CANTON ROAD, SUITE 201 AKRON, OH 44312	82-3359632	501(C)(3)	25,000.	0.			FOR PEER RECOVERY SUPPORT SERVICES FOR SUMMIT COUNTY RESIDENTS
ARCHBISHOP HOBAN HIGH SCHOOL INC. ONE HOLY CROSS BLVD. AKRON, OH 44306-1500	34-0770684	501(C)(3)	24,820.	0.			FOR THE RALPH BERNARD SCHOLARSHIP MATCHING GIFT CAMPAIGN
WALSH JESUIT HIGH SCHOOL 4550 WYOGA LAKE ROAD CUYAHOGA FALLS, OH 44224	53-0196617	501(C)(3)	24,820.	0.			TO CREATE A PODCAST TITLED COURAGEOUS CONVERSATIONS SHARED WITH THE GREATER AKRON
STOW-MUNROE FALLS CITY SCHOOLS 4350 ALLEN ROAD STOW, OH 44224-1082	34-6002738	GOVERNMENT	24,000.	0.			TO FUND THE IMPLEMENTATION OF A MENTAL HEALTH PROGRAM CALLED HOPE SQUAD IN THE
CUYAHOGA VALLEY YOUTH BALLET DBA: BALLET EXCEL OHIO - P.O. BOX 3131 - CUYAHOGA FALLS, OH 44223-0431	34-1318396	501(C)(3)	23,953.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 2021

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REBUILDING TOGETHER NORTHEAST OHIO 788 DONALD AVENUE AKRON, OH 44306	34-1814515	501(C)(3)	23,500.	0.			FOR GENERAL OPERATING SUPPORT FOR SUMMIT COUNTY
RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST OHIO INC. - 141 WEST STATE STREET - AKRON, OH 44302	34-1269123	501(C)(3)	23,200.	0.			FOR GENERAL OPERATING SUPPORT OF THE RMH OF AKRON
GIRLS ON THE RUN NORTHEAST OHIO 8929 BRECKSVILLE ROAD BRECKSVILLE, OH 44141-2301	47-0991498	501(C)(3)	22,750.	0.			TO SUPPORT THE PHYSICAL, SOCIAL & EMOTIONAL WELL-BEING OF SUMMIT COUNTY GIRLS
SARAH'S HOUSE INC. 414 PINE STREET AKRON, OH 44307	27-1948149	501(C)(3)	22,000.	0.			NEVER 2 OLD 2...
MUSICAL ARTS ASSOCIATION DBA: THE CLEVELAND ORCHESTRA - 11001 EUCLID AVENUE - CLEVELAND, OH 44106-9822	34-0714468	501(C)(3)	21,290.	0.			TO SUPPORT THE 2021 BLOSSOM MUSIC FESTIVAL
FAMILY PROMISE OF SUMMIT COUNTY INC. - P.O. BOX 10076 - AKRON, OH 44310	75-3101718	501(C)(3)	20,500.	0.			FOR GENERAL PROGRAM SUPPORT
ST. VINCENT DE PAUL PARISH SCHOOL 17 SOUTH MAPLE STREET AKRON, OH 44303-2119	34-0718409	501(C)(3)	20,359.	0.			FOR TUITION AID
AMERICAN HEART ASSOCIATION INC. 1575 CORPORATE WOODS PARKWAY, SUITE UNIONTOWN, OH 44685	13-5613797	501(C)(3)	20,000.	0.			FOR THE 2021 AKRON HEART WALK
HABITAT FOR HUMANITY OF SUMMIT COUNTY INC. - 2301 ROMIG ROAD - AKRON, OH 44320-3824	34-1518873	501(C)(3)	20,000.	0.			FOR GENERAL PROGRAM SUPPORT

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CONXUSNEO PO BOX 2047 AKRON, OH 44309	34-2019627	501(C)(3)	20,000.	0.			TO SUPPORT A COHESIVE, DEMAND-DRIVEN WORKFORCE DEVELOPMENT SYSTEM FOR THE GREATER AKRON AREA
PURE GIFT OF GOD P.O. BOX 607 SUGARCREEK, OH 44681	46-2511321	501(C)(3)	20,000.	0.			FOR THE MATCHING GRANT FUND
HUMILITY OF MARY HOUSING AKA H.M. LIFE OPPORTUNITY SERVICES - 2251 FRONT STREET, SUITE 210 - CUYAHOGA FALLS, OH 44221-2578	25-1592420	501(C)(3)	20,000.	0.			TO SUPPORT HOMELESS MOTHERS RECOVERING FROM ADDICTION AND THEIR CHILDREN
LIMITLESS AMBITION INC. P.O. BOX 2358 STOW, OH 44224-1200	46-3789485	501(C)(3)	19,500.	0.			FOR GENERAL PROGRAM SUPPORT
HAVEN OF REST MINISTRIES INC. 175 EAST MARKET STREET AKRON, OH 44309-0547	34-0750345	501(C)(3)	19,163.	0.			FOR GENERAL PROGRAM SUPPORT
ST. HILARY PARISH FOUNDATION 2750 WEST MARKET STREET AKRON, OH 44333-4236	34-0893059	501(C)(3)	18,758.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING DECEMBER 31, 2021
OLD TRAIL SCHOOL P.O. BOX 827 BATH, OH 44210-0827	34-0737805	501(C)(3)	18,567.	0.			FOR SCHOLARSHIP PURPOSES
CLEVELAND CLINIC FOUNDATION P.O. BOX 931517 CLEVELAND, OH 44193-1655	34-0714585	501(C)(3)	18,290.	0.			TO SUPPORT CYCLIST SANDY SELBY IN CLEVELAND CLINIC'S VELOSANO 2021 CYCLING EVENT
LEAGUE OF WOMEN VOTERS OF THE AKRON AREA EDUCATION FUND - P.O. BOX 46 - CUYAHOGA FALLS, OH 44222-0046	34-1499181	501(C)(3)	18,000.	0.			TO SUPPORT VOTER EDUCATION AND REGISTRATION TO SUMMIT COUNTY'S IMMIGRANT & NEW

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash 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 OHIO'S GRADUATES - 1333 HOME AVENUE - AKRON, OH 44310	31-1204720	501(C)(3)	17,500.	0.			TO SUPPORT INTEGRATION OF DIVERSITY, EQUITY AND INCLUSION INITIATIVES IN PROGRAMMING AND TRAINING
ASIAN SERVICES IN ACTION INC. 370 EAST MARKET STREET AKRON, OH 44304-1526	34-1798850	501(C)(3)	17,500.	0.			FOR THE AHIMSA DEPARTMENT, TO ASSIST WITH THE SUPPORT OF WOMEN WHO ARE VICTIMS OF
FEEDING MEDINA COUNTY 650 WEST SMITH ROAD, C8 MEDINA, OH 44256	45-4049528	501(C)(3)	17,200.	0.			TO DISTRIBUTE FOOD TO THE NEEDY IN MEDINA COUNTY
ST. HILARY PARISH 2750 WEST MARKET STREET AKRON, OH 44333-4236	34-0893059	501(C)(3)	17,000.	0.			FOR THE RENOVATION OF THE MAIN SCHOOL ENTRANCE
AKRON MARATHON CHARITABLE CORPORATION - 155 EAST VORIS STREET - AKRON, OH 44311-1513	42-1531773	501(C)(3)	16,750.	0.			FOR GENERAL OPERATING SUPPORT
APOLLO'S FIRE THE CLEVELAND BAROQUE ORCHESTRA - 3091 MAYFIELD ROAD, SUITE 217 - CLEVELAND HEIGHTS, OH 44118-1777	34-1696842	501(C)(3)	16,500.	0.			FOR GENERAL OPERATING SUPPORT
ARTSNOW 175 SOUTH MAIN STREET, OHIO BUILDING AKRON, OH 44308	47-5513742	501(C)(3)	16,500.	0.			FOR GENERAL OPERATING SUPPORT
CROWN POINT ECOLOGY CENTER P.O. BOX 484 BATH, OH 44210-0484	27-2817313	501(C)(3)	16,299.	0.			FOR ONGOING SUPPORT AND SUSTAINABILITY OF CROWN POINT
FIRST UNITED METHODIST CHURCH 245 PORTAGE TRAIL CUYAHOGA FALLS, OH 44221-3274	34-0805301	501(C)(3)	16,000.	0.			FOR MONTHLY GENERAL SUPPORT FOR MAY, 2021 (ENVELOPE #1180)

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SUMMIT CHORAL SOCIETY INC. 140 EAST MARKET STREET AKRON, OH 44308	34-1658034	501(C)(3)	16,000.	0.			TO SUPPORT THE CONTINUUM OF MUSICAL TRAINING FOR CHILDREN AND ADULTS
SAFETY FORCES SUPPORT CENTER 501 WEST MARKET STREET, SUITE 313 AKRON, OH 44303	83-1269383	501(C)(3)	16,000.	0.			FOR GENERAL OPERATING SUPPORT
DOWNTOWN AKRON PARTNERSHIP INC. 103 SOUTH HIGH STREET, 4TH FLOOR AKRON, OH 44308-1461	34-1823835	501(C)(3)	16,000.	0.			FOR GENERAL OPERATING SUPPORT
VICTORY GALLOP INC. 1745 NORTH HAMETOWN ROAD BATH, OH 44210-0551	34-1787436	501(C)(3)	15,809.	0.			FOR GENERAL OPERATING SUPPORT
SUMMIT COUNTY FATHERHOOD INITIATIVE - 2081 MEADOW GATE - AKRON, OH 44313	74-3061888	501(C)(3)	15,750.	0.			TO SUPPORT FREE FATHERHOOD CLASSES AND SERVICES THROUGH A COMMUNITY PARTNERSHIP
CATHOLIC CHARITIES OF SUMMIT COUNTY - 812 BIRUTA STREET - AKRON, OH 44307-1104	34-1318541	501(C)(3)	15,415.	0.			TO SUPPORT THE EMERGENCY ASSISTANCE PROGRAM FOR 2022
CHRIST CHILD SOCIETY OF AKRON P.O. BOX 13411 AKRON, OH 44334-8811	34-1225803	501(C)(3)	15,113.	0.			FOR THE BENEFIT OF THE 2021 ANNUAL FUNDS
AKRON INNER CITY SOCCER CLUB 865 ROSLYN AVENUE AKRON, OH 44320-1846	34-1875816	501(C)(3)	15,100.	0.			FOR GENERAL OPERATING SUPPORT
SUMMA HEALTH 1077 GORGE BLVD. AKRON, OH 44310-2408	34-1887844	501(C)(3)	15,000.	0.			TO SUPPORT DIALOGUE CIRCLES ABOUT RACE AND UNCONSCIOUS BIAS FOR HEALTHCARE PROVIDERS

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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YOUTH EXCELLENCE PERFORMING ARTS WORKSHOP AKA: YEPAW - 220 SOUTH BALCH STREET, 1ST FLOOR - AKRON, OH 44302	34-1967561	501(C)(3)	15,000.	0.			FOR GENERAL OPPORATING SUPPORT FOR OUR SUMMER INTENSIVE WORKSHOP AND YEAR-ROUND ARTS AND
HAPPY TRAILS FARM ANIMAL SANCTUARY 5623 NEW MILFORD ROAD RAVENNA, OH 44266-3830	34-1968434	501(C)(3)	15,000.	0.			TO HELP FEED AND TAKE CARE OF THE ANIMALS THIS WONDERFUL GROUP RESCUES
AKRON SAY NO TO DOPE INC. 932 KENMORE BLVD AKRON, OH 44314	81-4074688	501(C)(3)	15,000.	0.			NEW BEGINNINGS
RACHELS ANGELS INC 227 PORTAGE TRAIL EXTENSION WEST #4 CUYAHOGA FALLS, OH 44223	82-1515397	501(C)(3)	15,000.	0.			HEALING VOICE OF THE ANGELS
NATURE CONSERVANCY INC. 4245 NORTH FAIRFAX DRIVE, SUITE 100 ARLINGTON, VA 22203-1606	53-0242652	501(C)(3)	15,000.	0.			TO SUPPORT THE SHELLFISH GROWERS CLIMATE COALITION
LET'S GET HEALTHY CLEVELAND, INC. 4527 PROVENS DRIVE AKRON, OH 44319	83-2922250	501(C)(3)	15,000.	0.			TO SUPPORT PROGRAMS ADDRESSING CARDIOVASCULAR HEALTH, OPIOID OVERDOSES AND VAPING ISSUES IN
WOODRIDGE FOUNDATION 4440 QUICK ROAD PENINSULA, OH 44264	34-1863669	501(C)(3)	15,000.	0.			OF WHICH \$10,000 IS FOR THE MELINDA BOND REMINGTON MEMORIAL SCHOLARSHIP AND \$5,000 IS
MEDINA YOUTH LACROSSE ASSOCIATION INC. - P.O. BOX 1374 - MEDINA, OH 44258-1374	81-1688505	501(C)(3)	15,000.	0.			TO PROVIDE YOUTH LACROSSE PROGRAMS IN MEDINA COUNTY
EDEN CHURCH OF THE BRETHREN 4437 RICHVILLE DRIVE SW CANTON, OH 44706	51-0162526	RELIGIOUS ORG.	15,000.	0.			FOR REPLACEMENT OF FELLOWSHIP HALL FLOORING OR EMERGENCY USE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AKRON SOUL TRAIN 121 SOUTH MAIN STREET, SUITE 500 AKRON, OH 44308-1426	81-1199928	501(C)(3)	14,500.	0.			TO SUPPORT "RESHAPING THE NARRATIVE" PROJECT
HIGHLAND SQUARE NEIGHBORHOOD ASSOCIATION - 641 WEST MARKET STREET - AKRON, OH 44303	20-5074506	501(C)(3)	14,500.	0.			TO SUPPORT PORCHROKR 2021
AKRON CREATIVE INC. AKA: THE NIGHTLIGHT CINEMA - 30 NORTH HIGH STREET - AKRON, OH 44308-1974	26-0855272	501(C)(3)	14,050.	0.			FOR OPERATING SUPPORT TO EXHIBIT INDEPENDENT AND INTERNATIONAL CINEMA IN DOWNTOWN AKRON
KEEP AKRON BEAUTIFUL 850 EAST MARKET STREET AKRON, OH 44305-2424	34-1341298	501(C)(3)	13,500.	0.			FOR SUPPLIES FOR A SERVICE PROJECT
SUMMIT METRO PARKS FOUNDATION 975 TREATY LINE ROAD AKRON, OH 44313-5837	34-1683837	501(C)(3)	13,500.	0.			FOR COMMUNITY CONNECTIONS INCLUDING A VOLUNTEER TREE PLANTING EVENT AT GOODYEAR HEIGHTS METRO
PROYECTO RAICES 4472 MANNINGTON BLVD. STOW, OH 44224	80-0383971	501(C)(3)	13,500.	0.			TO SUPPORT HISPANIC WOMEN BY PROVIDING BUSINESS TRAINING SO THEY CAN MARKET THEIR TRADITIONAL
URBAN VISION 749 BLAINE AVENUE AKRON, OH 44310-3035	34-1720630	501(C)(3)	13,500.	0.			TO SUPPORT S.O.S. (SET ON SUCCESS) AFTER-SCHOOL ENRICHMENT PROGRAM, 2021-22
MONTROSE ZION UNITED METHODIST CHURCH - 565 NORTH CLEVELAND-MASSILLON ROAD - AKRON, OH 44333-2299	34-1415202	501(C)(3)	13,227.	0.			FOR GENERAL OPERATING SUPPORT
WEST HILL BAPTIST CHURCH 605 NORTH REVERE ROAD FAIRLAWN, OH 44333-2982	34-6003858	501(C)(3)	13,200.	0.			OF WHICH \$6,300 IS FOR THE OPERATING FUND AND \$900 IS FOR FAITH PROMISE MISSIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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UNIVERSITY OF MOUNT UNION 1972 CLARK AVENUE ALLIANCE, OH 44601	34-0714687	501(C)(3)	13,099.	0.			FOR SCHOLARSHIP
ART SPARKS P.O. BOX 1061 CUYAHOGA FALLS, OH 44223-0061	45-5629269	501(C)(3)	13,000.	0.			TO SUPPORT ACCESSIBLE ENGAGEMENT IN ARTS EXPERIENCES THAT BRING DIVERSE POPULATIONS
FIRST GLANCE STUDENT CENTER INC. 943 KENMORE BLVD. AKRON, OH 44314-2149	20-2610539	501(C)(3)	12,700.	0.			FOR GENERAL OPERATING SUPPORT
RURAL RELIEF MOBILE FOOD PANTRY P.O. BOX 188 ROOTSTOWN, OH 44272-0188	85-4318216	501(C)(3)	12,500.	0.			FOR GENERAL OPERATING SUPPORT
GARDEN CLUB OF OHIO INC. DBA: AKRON GARDEN CLUB - P.O. BOX 13343 - FAIRLAWN, OH 44334-8743	34-6542204	501(C)(3)	12,500.	0.			TO SUPPORT THE GOALS OF AKRON GARDEN CLUB
COMPASS NORTH CHURCH INC. 2268 SOUTH ARLINGTON ROAD AKRON, OH 44319	45-5345327	501(C)(3)	12,500.	0.			TO SUPPORT A WALK IN THEIR SHOES AND CELEBRATE RECOVERY PROGRAM
OHIOCAN CHANGE ADDICTION NOW 2298 COMET CIRCLE NW NORTH CANTON, OH 44720	82-5205372	501(C)(3)	12,500.	0.			FOR OHIOCAN SUMMIT: COME, LEARN AND REMEMBER
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND HEIGHTS, OH 44106-7035	34-1018992	501(C)(3)	12,166.	0.			TO SUPPORT THE WEATHERHEAD SCHOOL OF MANAGEMENT
NONE TOO FRAGILE INC. P.O. BOX 2790 AKRON, OH 44309	47-2822553	501(C)(3)	12,000.	0.			FOR GENERAL OPERATING SUPPORT

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BATH CHURCH, UNITED CHURCH OF CHRIST - P.O. BOX 496 - BATH, OH 44210-0496	34-1927041	501(C)(3)	12,000.	0.			FOR GENERAL PROGRAM SUPPORT
OUR LADY OF THE ELMS SCHOOL 1375 WEST EXCHANGE STREET AKRON, OH 44313-7619	34-1910169	501(C)(3)	11,820.	0.			TO MAINTAIN EXCELLENCE IN LOCAL CATHOLIC EDUCATION, PROMOTE SHARING OF INFORMATION AND
LINKS COMMUNITY & FAMILY SERVICES 741 UPSON STREET AKRON, OH 44305-1552	35-2353659	501(C)(3)	11,750.	0.			TO SUPPORT POST COVID-19 SENIOR CONNECTION PROGRAM
EMBRACING FUTURES INC. 50 SOUTH MAIN STREET, SUITE LL 100 AKRON, OH 44308-1859	34-6543299	501(C)(3)	11,708.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING JUNE 30, 2021
GROUNDWORKS DANCETHEATER 13125 SHAKER SQUARE, SUITE 102 SHAKER HEIGHTS, OH 44120-2399	34-1856594	501(C)(3)	11,250.	0.			TO SUPPORT SUMMIT COUNTY PROGRAMMING AND EDUCATIONAL OUTREACH ACTIVITIES
SHANTI COMMUNITY FARMS INC. 240 EAST TALLMADGE AVENUE AKRON, OH 44310	82-1090052	501(C)(3)	11,041.	0.			FOR GENERAL PROGRAM SUPPORT ON BEHALF OF BILL AND ANGELA LOWERY
DANCING CLASSROOMS NORTHEAST OHIO 1085 ROCKSIDE ROAD, SUITE 6 PARMA, OH 44134-2700	26-2300532	501(C)(3)	11,000.	0.			FOR GENERAL OPERATING SUPPORT
MEDINA COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 8790 GUILFORD ROAD - SEVILLE, OH 44273-9341	34-1507786	501(C)(3)	11,000.	0.			OF WHICH \$250 IS FOR GENERAL OPERATING SUPPORT AND \$250 IS FOR MEDICAL COSTS
TRULY REACHING YOU 587 BAIRD STREET AKRON, OH 44311-1804	75-3223368	501(C)(3)	11,000.	0.			TO SUPPORT A SPECIAL PROJECT: WORKING IT OUT: PERSONAL STORIES OF REENTRY AND OVERCOMING

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GREATER AKRON FORE YOUTH DEVELOPMENT INC. DBA: FIRST TEE - GREATER AKRON - 2000 SOUTH HAWKINS AVENUE - AKRON, OH 44314-2530	34-1886744	501(C)(3)	10,500.	0.			FOR "DIVERSITY, EQUITY, INCLUSION" TRAINING AND IMPLEMENTATION FOR STAFF AND BOARD
NAMI SUMMIT COUNTY 150 CROSS STREET AKRON, OH 44311	34-1569301	501(C)(3)	10,500.	0.			TO SUPPORT THE 2021 NAMIWALKS YOUR WAY
SERVICE CORPS OF RETIRED EXECUTIVES ASSOCIATION DBA: AKRON SCORE - 175 SOUTH MAIN STREET, SUITE 204 - AKRON, OH 44308	52-1067290	501(C)(3)	10,500.	0.			FOR OPERATING FUNDS FOR SMALL BUSINESS MENTORING AND WORKSHOPS
JEWISH FAMILY SERVICE OF AKRON OHIO - 750 WHITE POND DRIVE - AKRON, OH 44320-1128	34-0714444	501(C)(3)	10,300.	0.			FOR GENERAL PROGRAM SUPPORT FOR AKRON CLIENTS
PASTORAL COUNSELING SERVICES OF SUMMIT COUNTY DBA: RED OAK BEHAVIORAL HEALTH - 611 WEST MARKET STREET - AKRON, OH 44303	34-1282145	501(C)(3)	10,000.	0.			TO SUPPORT DEVELOPMENT OF A JEDI STRATEGIC PLAN AT RED OAK BEHAVIORAL HEALTH
SOUTH AKRON YOUTH MENTORSHIP P.O. BOX 26563 AKRON, OH 44319-6563	45-2883406	501(C)(3)	10,000.	0.			TO EMPOWER DISADVANTAGED YOUTH OF COLOR LIVING IN POVERTY W/MENTORING, EDUCATION & WORK
AKRON PARKS COLLABORATIVE P.O. BOX 13214 AKRON, OH 44334	82-4927742	501(C)(3)	10,000.	0.			TO SUPPORT THE STRATEGIC PLANNING PROCESS LED BY KATHY BLAHA CONSULTING
CLEVELAND MODERN DANCE ASSOCIATION DBA DANCECLEVELAND - 13110 SHAKER SQUARE, SUITE 106 - CLEVELAND, OH 44120	34-6561006	501(C)(3)	10,000.	0.			TO BRING WORLD CLASS MODERN DANCE TO AKRON IN 2021 FEATURING MONICA BILL BARNES & COMPANY
GUM-DIP THEATRE 760 ELMA STREET AKRON, OH 44311	65-0350357	501(C)(3)	10,000.	0.			FOR GUM-DIP THEATRE TO SUPPORT BROKERS WITHOUT BORDERS, A NEW ENSEMBLE OF YOUNG IMMIGRANT

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KEEPERS OF THE ART EDUCATION 639 CRESTVIEW DRIVE AKRON, OH 44320	27-2894857	501(C)(3)	10,000.	0.			TO SUPPORT THE 2021 KEEPERS OF THE ART HIP-HOP PRESERVATION PROJECT (HHPP)
HE BROUGHT US OUT MINISTRY P.O. BOX 1183 AKRON, OH 44309-1183	34-1950491	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT OF NORTH HILL COMMUNITY HOUSE
COMMUNITY PREGNANCY CENTER INC. DBA: EMBRACE CLINIC & CARE CENTER - 180 1ST STREET NW - BARBERTON, OH 44203	34-1645865	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT IN HONOR OF GARY DIDADO
AMERICAN BRAIN TUMOR ASSOCIATION 8550 WEST BRYN MAWR AVENUE, SUITE 5 CHICAGO, IL 60631-3225	23-7286648	501(C)(3)	10,000.	0.			FOR GENERAL PROGRAM SUPPORT
THE SHRINERS HOSPITALS FOR CHILDREN - P.O. 31356 - TAMPA, FL 33631-3356	04-2121377	501(C)(3)	10,000.	0.			WHICH REPRESENTS THE SEMIANNUAL DISTRIBUTION
BLESSINGS IN A BACKPACK P.O. BOX 950291 LOUISVILLE, KY 40295-0291	26-1964620	501(C)(3)	10,000.	0.			FOR WEEKEND FOOD FOR CHILDREN OF GREEN SCHOOL DISTRICT, GREEN, OHIO
DOWNTOWN WADSWORTH INC. DBA: MAIN STREET WADSWORTH - 102 MAIN STREET, SUITE 20 - WADSWORTH, OH 44281-1453	57-1206447	501(C)(3)	10,000.	0.			TO ASSIST WITH THE PROCESS OF PLACEMENT ON THE NATIONAL REGISTER OF HISTORIC PLACES
DOYLESTOWN COMMUNITY FOOD CUPBOARD 153 CHURCH STREET DOYLESTOWN, OH 44230-1402	47-3983777	501(C)(3)	10,000.	0.			TO STOCK THE SHELVES IN MEMORY OF MARTIN ECKERT
WESTERN RESERVE COMMUNITY FUND INC. - 47 NORTH MAIN STREET - AKRON, OH 44308	83-3858451	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT

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AKRON BLIND CENTER & WORKSHOP INC. P.O. BOX 1864 AKRON, OH 44309	34-0742708	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
GUY'S AND GAL'S COMMUNITY PARTNERSHIP INC. - P.O. BOX 5191 - FAIRLAWN, OH 44334	82-2927618	501(C)(3)	10,000.	0.			TO SUPPORT HOOP FOR COOP ADULT AND YOUTH HEALTH FAIR AND BASKETBALL TIP OFF SPORTS CLINIC
AKRON-SUMMIT COUNTY PUBLIC LIBRARY 60 SOUTH HIGH STREET AKRON, OH 44326-1000	34-6000031	GOVERNMENT AGENC	10,000.	0.			TO SUPPORT JAZZ CONCERTS FOR 2022
BETHANY MENNONITE CHURCH 3497 EDISON STREET HARTVILLE, OH 44632	80-0082593	RELIGIOUS ORG.	10,000.	0.			FOR THE GENERAL FUND
HEART 4 THE CITY 954 EASTLAND AVENUE AKRON, OH 44305	82-4427911	RELIGIOUS ORG.	10,000.	0.			FOR GENERAL PROGRAM SUPPORT
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE SPARKS, NV 89437-5400	94-2924979	501(C)(3)	10,000.	0.			TO STOCK THE SHELVES
BRIGHT STAR BOOKS INC. 8893 LANGSTON COURT MACEDONIA, OH 44056-1547	46-5624952	501(C)(3)	10,000.	0.			TO SUPPORT CHILDREN'S BOOK-GIVING PROGRAMMING IN SUMMIT COUNTY
NATIONAL CHRISTIAN CHARITABLE FOUNDATION INC. - 18650 WEST CORPORATE DRIVE, SUITE 105 - BROOKFIELD, WI 53045-6344	58-1493949	501(C)(3)	10,000.	0.			FOR THE ROMAN'S 16 COLLABORATIVE FUND #3327686, TO SUPPORT GREATER GOOD(S) MKE IN
OHIO DOMESTIC VIOLENCE NETWORK 1855 E. DUBLIN-GRANVILLE ROAD, SUITE COLUMBUS, OH 43229	34-1622848	501(C)(3)	10,000.	0.			TO IMPROVE SERVICES TO DV SURVIVORS WITH SUBSTANCE USE ISSUES AND MENTAL HEALTH NEEDS

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WESTERN RESERVE PLAYHOUSE 3326 EVERETT ROAD RICHFIELD, OH 44286	34-6554799	501(C)(3)	9,500.	0.			TO SPONSOR A SHOW THAT BRINGS THE BIPOC VOICES TO THE STAGE
GREENLEAF FAMILY CENTER 580 GRANT STREET AKRON, OH 44311-9910	34-0714398	501(C)(3)	9,190.	0.			FOR THE DEDUCTIBLE PORTION OF A TAILGATE SPONSORSHIP
CUYAHOGA VALLEY ART CENTER 2131 FRONT STREET CUYAHOGA FALLS, OH 44221-3219	34-1319079	501(C)(3)	9,000.	0.			FOR GENERAL OPERATING SUPPORT
BHA RIDING ACADEMY 4951 EVERETT ROAD AKRON, OH 44333-1017	84-3781865	501(C)(3)	9,000.	0.			TO HELP RIDERS WITH DISABILITIES
BLESSED TRINITY PARISH 300 EAST TALLMADGE AVENUE AKRON, OH 44310-2373	27-1262139	501(C)(3)	9,000.	0.			TO STOCK THE SHELVES OF THE BLESSED TRINITY FOOD PANTRY
COMMUNITY OUTREACH RESOURCES EXCHANGE DBA: CORE FURNITURE BANK - P.O. BOX 1192 - CUYAHOGA FALLS, OH 44223-0192	26-3336894	501(C)(3)	9,000.	0.			TO SUPPORT THE TRANSPORTATION AND HANDLING OF DONATED FURNITURE WITHIN SUMMIT
FRIENDS OF WKSU 1613 EAST SUMMIT STREET KENT, OH 44242-0001	35-2393041	501(C)(3)	8,800.	0.			FOR GENERAL PROGRAM SUPPORT
GARDEN CITY CHURCH 350 SOUTH PORTAGE PATH AKRON, OH 44320-2336	37-1955934	501(C)(3)	8,500.	0.			FOR 2021 QUARTERLY GENERAL OPERATING SUPPORT
NATIONAL SOCIETY TO PREVENT BLINDNESS INC. AKA PREVENT BLINDNESS OHIO - 1500 W. THIRD AVE., SUITE 200 - COLUMBUS, OH	31-6063433	501(C)(3)	8,500.	0.			FOR THE VISION CARE OUTREACH (VCO) PROGRAM, SERVING SUMMIT COUNTY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDINA RAPTOR CENTER P.O. BOX 74 SPENCER, OH 44275-0074	31-1498428	501(C)(3)	8,000.	0.			FOR GENERAL PROGRAM SUPPORT
CRAWFORD HERITAGE COMMUNITY FOUNDATION - P.O. BOX 933 - MEADVILLE, PA 16335-6933	25-1813245	501(C)(3)	8,000.	0.			FOR THE FREE CLINIC FUND IN MEMORY OF MARY ALICE KIRKPATRICK
PREGNANCY SOLUTIONS & SERVICES INC. - 3136 MANCHESTER ROAD - AKRON, OH 44319-1407	34-1830073	501(C)(3)	8,000.	0.			TO SUPPORT A MOBILE MEDICAL UNIT TO PROMOTE EQUITY OF ACCESS TO PRENATAL CARE FOR AFRICAN
PENINSULA FOUNDATION, INC. 6138 RIVERVIEW ROAD, SUITE F PENINSULA, OH 44264-9651	31-1534973	501(C)(3)	8,000.	0.			TO SUPPORT THE VOICES IN THE VALLEY MUSIC SERIES
VERB BALLETS 3558 LEE ROAD SHAKER HEIGHTS, OH 44120	34-1645238	501(C)(3)	8,000.	0.			TO SUPPORT OPERATIONS TO REALIZE BOTH LIVE AND VIRTUAL PROGRAMS IN SUMMIT COUNTY
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
JEWISH COMMUNITY BOARD OF AKRON INC. - 750 WHITE POND DRIVE - AKRON, OH 44320-1128	34-1884695	501(C)(3)	7,850.	0.			TO SUPPORT THE OPERATIONS OF FORUM 360, A LOCAL NEWS PROGRAM COVERING ISSUES IMPORTANT TO THE
AKRON ROUNDTABLE P.O. BOX 1051 CUYAHOGA FALLS, OH 44223-0051	34-1249338	501(C)(3)	7,850.	0.			TO SUPPORT A VIRTUAL FORUM ON THURSDAY, JUNE 17 FEATURING RACHEL CARGLE
DREAMS ACADEMY INTERNATIONAL P.O. BOX 13383 AKRON, OH 44334	81-3518258	501(C)(3)	7,500.	0.			TO SUPPORT A DIVERSITY, EQUITY, AND INCLUSION PROGRAM FOR HIGH SCHOOL SENIORS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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GREATER AKRON HINDU SEWA SAMITTEE 1717 BRITTAIN ROAD, SUITE 110 AKRON, OH 44310	81-4654171	501(C)(3)	7,500.	0.			TO SUPPORT SUMMIT COUNTY OUTREACH
AKRON SYMPHONIC WINDS 5929 DARROW ROAD, SUITE 3 HUDSON, OH 44236	81-3257904	501(C)(3)	7,500.	0.			TO SUPPORT FREE LIVE CONCERTS FOR OUR COMMUNITY AND OUR WORK WITH AKRON PUBLIC SCHOOLS
HIMALAYAN MUSIC ACADEMY 106 FILMORE AVENUE CUYAHOGA FALLS, OH 44221	65-0350357	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING SUPPORT
NORTHEAST OHIO CENTER FOR CHOREOGRAPHY DBA NATIONAL CENTER FOR CHOREOGRAPHY - THE UNIVERSITY OF AKRON, GUZZETTA HALL 398 -	47-5231350	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING SUPPORT
THIRD CULTURE CLASSICAL (FA: CLEVELAND ARTS) - 1900 SUPERIOR AVENUE, SUITE 130 - CLEVELAND, OH 44114	34-1936190	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING AND ARTISTS SUPPORT OF THIRD CULTURE CLASICAL IN SUMMIT COUNTY OUTREACH
COLLEGE NOW GREATER CLEVELAND INC. 1500 WEST 3RD STREET, SUITE 125 CLEVELAND, OH 44113-1422	34-6580096	501(C)(3)	7,500.	0.			FOR GENERAL PROGRAM SUPPORT OF THE JIMMY MALONE FUND
BIG LOVE NETWORK 111 CAREY AVENUE AKRON, OH 44314-1975	83-0716170	501(C)(3)	7,500.	0.			TO SUPPORT AKRON CITY REPAIR PROJECT
FRIENDS OF ELIZABETH PARK (FA: BIG LOVE NETWORK) - 1345 VALE DRIVE, APT C - COPLEY, OH 44321	83-0716170	501(C)(3)	7,500.	0.			TO SUPPORT THE COMMUNITY EMPOWERMENT GARDEN IN ELIZABETH PARK
SUMMIT COUNTY SHERIFF'S OFFICE 53 UNIVERSITY AVENUE, 4TH FLOOR AKRON, OH 44308	34-6002767	GOVERNMENT	7,500.	0.			TO SUPPORT FAITH & BLUE AN EVENT AIMED AT GENERATING DIALOGUE, AND REINFORCING THE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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AKRON ZOOLOGICAL PARK 500 EDGEWOOD AVENUE AKRON, OH 44307-2199	34-6003866	501(C)(3)	7,500.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON AIDS COLLABORATIVE (FA: FIRST GRACE UNITED CHURCH OF CHRIST) - 1265 SOUTH CLEVELAND MASSILLON ROAD - COPLEY, OH 44321	34-1758182	RELIGIOUS ORG.	7,500.	0.			TO SUPPORT THE LGBTQ+ RESOURCE CENTER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC. - 11100 EUCLID AVENUE MCCO-5062 - CLEVELAND, OH 44106-9845	34-0714775	501(C)(3)	7,290.	0.			TO SUPPORT THE CHURCHILL GATEWAY PROJECT
JEWISH COMMUNITY CENTER OF AKRON 750 WHITE POND DRIVE AKRON, OH 44320-1128	34-0174521	501(C)(3)	7,000.	0.			TO SUPPORT THE SOUP FOR THE SOUL PROGRAM
FAITHFUL SERVANTS MISSION INC. 65 COMMUNITY ROAD, SUITE F TALLMADGE, OH 44278-2358	45-4734159	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT IN LIEU OF EVENT SPONSORSHIP
VALUES-IN-ACTION FOUNDATION 6700 BETA DRIVE, SUITE 120 MAYFIELD, OH 44143-2319	34-1795459	501(C)(3)	7,000.	0.			FOR THE VIRTUAL CELEBRATION OF GOODNESS
SPRING GARDEN WALDORF SCHOOL 1791 SOUTH JACOBY ROAD COPLEY, OH 44321	34-1512962	501(C)(3)	7,000.	0.			FOR GENERAL PROGRAM SUPPORT
CLEVELAND INTERNATIONAL FILM FESTIVAL INC. - 2510 MARKET AVENUE - CLEVELAND, OH 44113-3434	34-1262368	501(C)(3)	6,500.	0.			TO SUPPORT SUMMIT COUNTY STUDENT PARTICIPATION IN FILMSLAM STREAMS 2021
PREGNANCY SUPPORT CENTER DBA: PREGNANCY CHOICES - 4500 22ND STREET NW - CANTON, OH 44708	34-1461765	501(C)(3)	6,500.	0.			FOR GENERAL OPERATING SUPPORT OF THE AKRON OFFICE

Schedule I (Form 990)

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AKRON PROMISE, INC. 66 MELBOURNE AVENUE AKRON, OH 44313-6531	81-3253260	501(C)(3)	6,500.	0.			TO PROMOTE SOCIAL AND EMOTIONAL HEALTH AT KENMORE-GARFIELD HIGH SCHOOL AND ITS
TECH CORPS 6600 BUSCH BLVD., SUITE 210 COLUMBUS, OH 43229	16-1703355	501(C)(3)	6,500.	0.			TO SUPPORT TWO HIGH SCHOOL TECH CAMPS WITH AKRON PUBLIC SCHOOLS DURING THE SUMMER OF 2022
OPERATION HOMES P.O. BOX 326 MEDINA, OH 44258	34-1835813	501(C)(3)	6,438.	0.			TO SUPPORT THE HOMELESS IN MEDINA COUNTY
OHIO STATE UNIVERSITY FOUNDATION 1480 WEST LANE AVENUE COLUMBUS, OH 43221-3919	31-1145986	501(C)(3)	6,378.	0.			TO SUPPORT THE OHIO BIRD CONSERVATION INITIATIVE LIGHTS OUT PROGRAM, FUND #316308
A KID AGAIN 9347 RAVENNA ROAD, UNIT D TWINSBURG, OH 44087	31-1440073	501(C)(3)	6,250.	0.			FOR GENERAL OPERATING SUPPORT TO BENEFIT THE TEE OFF GOLF OUTING IN HONOR OF AARON KOWALESKI
ONE OF A KIND PET RESCUE INC. 1485 MARION AVENUE AKRON, OH 44313-7625	20-4631002	501(C)(3)	6,250.	0.			FOR GENERAL PROGRAM SUPPORT
EMMANUEL CHRISTIAN ACADEMY 350 SOUTH PORTAGE PATH AKRON, OH 44320	34-1765117	501(C)(3)	6,071.	0.			FOR THE YOUTH ENTREPRENEURSHIP & FINANCIAL LITERACY CLUB
BALLET THEATRE OF OHIO 265 NORTH MAIN STREET, SUITE 13 MUNROE FALLS, OH 44262-1090	34-1772850	501(C)(3)	6,000.	0.			FOR THE AKRON SCHOOLS OUTREACH PROGRAM "TAKE ME OUT TO THE BALLET"
LUTHERAN WORLD RELIEF INC. P.O. BOX 17061 BALTIMORE, MD 21297-1061	13-2574963	501(C)(3)	6,000.	0.			FOR COVID-19 SUPPORT FOR INDIA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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ADAPTIVE SPORTS PROGRAM OF OHIO 2148 EAGLE PASS, SUITE C WOOSTER, OH 44691	27-1144442	501(C)(3)	6,000.	0.			TO SUPPORT THE HEALTH AND WELLNESS OF SUMMIT COUNTY YOUTH WITH DISABILITIES
ECONOMIC AND COMMUNITY DEVELOPMENT INSTITUTE (ECDI) - 526 SOUTH MAIN STREET, SUITE 518 - AKRON, OH 44311	31-1145544	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT TO ADDRESS THE NEEDS OF AKRON AREA SMALL BUSINESS OWNERS
EMPOWER HER NETWORK 8 NORTH RIDGE LANE NEW LONDON, CT 06320	82-2102421	501(C)(3)	6,000.	0.			TO SUPPORT THREE LIFE-TRANSFORMING PLANS, PAVING A PATH TO FISCAL INDEPENDENCE.
WOMEN'S AUXILIARY BOARD OF THE SUMMIT COUNTY CHILDREN'S HOME INC. - 264 SOUTH ARLINGTON STREET - AKRON, OH 44306	34-0757175	501(C)(3)	6,000.	0.			TO SUPPORT THE BEDS FOR KIDS PROGRAM
FIRST PRESBYTERIAN CHURCH OF GRANVILLE - 110 WEST BROADWAY - GRANVILLE, OH 43023	23-6393377	501(C)(3)	6,000.	0.			FOR 2022 OPERATING SUPPORT
TORCHBEARERS P.O. BOX 1443 AKRON, OH 44309-1443	20-1869314	501(C)(3)	6,000.	0.			FOR SPONSORSHIP OF THE 2022 ANNUAL ANNIVERSARY CELEBRATION AT THE TIER 4 "PARTNERS OF
LAW AND LEADERSHIP INSTITUTE 1700 LAKE SHORE DRIVE COLUMBUS, OH 43204-4895	26-4709314	501(C)(3)	6,000.	0.			TO SUPPORT COLLEGE PIPELINE PROGRAMMING FOR UNDERSERVED STUDENTS
CLINTON PRESBYTERIAN CHURCH 402 NORTH CENTER STREET CLINTON, IL 61727	22-1863674	501(C)(3)	5,985.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING JUNE 30, 2021
REVERE ROAD SYNAGOGUE 646 NORTH REVERE ROAD AKRON, OH 44333-2913	34-6003712	501(C)(3)	5,850.	0.			FOR THE GENERAL OPERATING FUND

Schedule I (Form 990)

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MARIAN'S CLOSET P.O. BOX 841 WADSWORTH, OH 44282-0841	90-0455110	501(C)(3)	5,562.	0.			TO SUPPORT LOW INCOME WOMEN STRUGGLING WITH THE PURCHASE OF FEMININE HYGIENE PRODUCTS
CLEVELAND ZOOLOGICAL SOCIETY 3900 WILDLIFE WAY CLEVELAND, OH 44109-3132	34-0816490	501(C)(3)	5,540.	0.			FOR THE JOAN ROG GRADUATE STUDENT AWARD, IN HONOR OF JOAN E. ROG
CENTER FOR APPLIED THEATRE AND ACTIVE CULTURE - 220 SOUTH BALCH STREET - AKRON, OH 44302	83-0462908	501(C)(3)	5,500.	0.			TO SUPPORT THE 2021-2022 SEASON AT BALCH STREET THEATRE
FRIENDS OF METRO PARKS P.O. BOX 13364 AKRON, OH 44334-8764	34-1681376	501(C)(3)	5,500.	0.			FOR GENERAL OPERATING SUPPORT
HOPE MEADOWS FOUNDATION 6480 ROCKSIDE WOODS SOUTH, SUITE 13 INDEPENDENCE, OH 44131	35-2327253	501(C)(3)	5,500.	0.			TO PROVIDE MENTAL HEALTH SERVICES FOR AKRON RESIDENTS THROUGH EQUINE ASSISTED PSYCHOTHERAPY
THE CHILDREN'S CENTER OF MEDINA COUNTY - 724 EAST SMITH ROAD - MEDINA, OH 44256-2662	42-1749846	501(C)(3)	5,500.	0.			FOR GENERAL PROGRAM SUPPORT
NORTHSIDE CHRISTIAN CHURCH 7615 RIDGE ROAD WADSWORTH, OH 44281	34-1270306	501(C)(3)	5,500.	0.			TO SUPPORT THE MEDINA CAMPUS
CITIZENS AKRON CHURCH 647 EAST MARKET STREET AKRON, OH 44305	84-5134549	501(C)(3)	5,500.	0.			TO SUPPORT THE AFTER SCHOOL SCHOOL NEEDS OF FAMILIES IN THE MIDDLEBURY NEIGHBORHOOD
KENMORE ATHLETIC BOOSTER CLUB P.O. BOX 3763 AKRON, OH 44314-0763	46-5168198	501(C)(3)	5,200.	0.			TO SUPPORT THE KENMORE-GARFIELD FOOTBALL TEAM

Schedule I (Form 990)

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	177	491,319.	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:

COMMUNITY HALL FOUNDATION PROGRAM ENDOWMENT DBA: AKRON CIVIC THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE AKRON CIVIC THEATRE BOARD AND STAFF'S ENGAGEMENT IN IDEA TRAINING AND ASSESSMENT

NAME OF ORGANIZATION OR GOVERNMENT: ART RESOURCES TRANSFORMATIONS

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT INITIATIVES OF EXHIBITING PUBLIC ART IN VACANT STOREFRONT WINDOWS AND BUILDINGS IN DOWNTOWN AKRON

NAME OF ORGANIZATION OR GOVERNMENT: THE UNIVERSITY OF AKRON FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE STUDENT FINANCIAL SUPPORT TO THE EARLY CHILDHOOD DEVELOPMENT PROGRAM AT THE UNIVERSITY OF AKRON COLLEGE OF APPLIED SCIENCE AND TECHNOLOGY

NAME OF ORGANIZATION OR GOVERNMENT: HUDSON CITY SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR A SET OF 22 TEAM-BUILDING BOOKS ENTITLED "STICK TOGETHER: A SIMPLE LESSON TO BUILD A STRONGER TEAM" FOR THE GIRLS' BASKETBALL TEAMS

NAME OF ORGANIZATION OR GOVERNMENT: OHIO & ERIE CANALWAY COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CIVIC CHAMPION CAMPAIGN FOR THE NATIONAL HERITAGE AREA, LOCK 3, AND SUMMIT LAKE PARKS, IN MEMORY OF H. PETER BURG

NAME OF ORGANIZATION OR GOVERNMENT: THE UNIVERSITY OF AKRON

(H) PURPOSE OF GRANT OR ASSISTANCE: OF WHICH \$22,500 IS FOR THE COLLEGE OF BUSINESS, \$10,000 IS FOR THE STUDENT RECRUITMENT PROJECT/READ NONPROFIT INTERNSHIP FUND, AND \$10,000 IS FOR THE TRACK & FIELD AND CROSS COUNTRY ATHLETIC PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: BUILDING FOR TOMORROW

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE REACH OPPORTUNITY CENTER AT SUMMIT LAKE FOR THE EDUCATIONAL FACILITY AND ITS NEEDS OF CHILDREN AND ADULTS IN AKRON'S SUMMIT LAKE NEIGHBORHOOD

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: KENMORE NEIGHBORHOOD ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE DEVELOPMENT OF THE
KENMORE BLVD. HISTORIC DISTRICT AND PLACEMAKING INITIATIVES

NAME OF ORGANIZATION OR GOVERNMENT: JULIE BILLIART SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CAPITAL FUNDING ASSISTANCE AT
THE AKRON CAMPUS, SPECIFICALLY FOR A KINDERGARTEN RESOURCE CENTER AND A
WEST ELEVATION PORCH ADDITION

NAME OF ORGANIZATION OR GOVERNMENT: AKRON GENERAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT IMPROVING SOCIAL
DETERMINATES OF HEALTH FOR INPATIENTS FROM SURROUNDING ZIP CODES

NAME OF ORGANIZATION OR GOVERNMENT:

AKRON COMMUNITY SERVICE CENTER & URBAN LEAGUE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE FIRST OF FIVE ANNUAL GIFTS
TO THE JUSTICE & EQUALITY GIVING SOCIETY FOR THE VERNON L. ODOM COMMUNITY
IMPACT CIRCLE

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL TRUST FOR HISTORIC PRESERVATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR ADDITIONAL SUPPORT FOR AN
INTERPRETATION, COMMUNITY ENGAGEMENT AND A PROGRAMMING DESIGN CHARETTE TO
SUPPORT THE SOJOURNER TRUTH MONUMENT IN DOWNTOWN AKRON

NAME OF ORGANIZATION OR GOVERNMENT: VICTIM ASSISTANCE PROGRAM INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE ESSENTIAL BASIC NEEDS IN

Part IV Supplemental Information

EMERGENCY SITUATIONS FOR FAMILIES VICTIMIZED BY CRIME, DOMESTIC VIOLENCE
AND ACUTE TRAUMA IN SUMMIT COUNTY, AS OUTLINED IN GRANT PROPOSAL

NAME OF ORGANIZATION OR GOVERNMENT: AKRON DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT GREAT STREETS AKRON TO
CONTINUE TO INCREASE THE VIBRANCY OF TARGETED BUSINESS DISTRICTS WITHIN
THE CITY OF AKRON

NAME OF ORGANIZATION OR GOVERNMENT: THE OHIO STATE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE JOAN BISESI FUND FOR HEAD
AND NECK ONCOLOGY RESEARCH (FUND #640545), IN MEMORY OF JOAN BISESI

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO USE AS NEEDED FOR SUPPORT TO
THOSE AT RISK AMONG US IN THE DIOCESE OF CLEVELAND 8-COUNTY AREA

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF AKRON OHIO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE 2021 AKRON AREA YMCA
CELEBRATION AT THE SKY WRITER LEVEL IN HONOR OF ACF BOARD SECRETARY &
YMCA BOARD MEMBER, BRET TREIER

NAME OF ORGANIZATION OR GOVERNMENT: TUESDAY MUSICAL ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE HEINZ POLL SUMMER DANCE
FESTIVAL 2021 (PERFORMANCE PERSEUTERS DRS. MARK AND SANDY AUBURN)

NAME OF ORGANIZATION OR GOVERNMENT: LEADERSHIP AKRON

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT INTENTIONAL OUTREACH TO
INCREASE THE DIVERSITY OF NONPROFIT BOARDS ACROSS OUR COMMUNITY

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ST. VINCENT-ST. MARY HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT,
INCLUDING BUT NOT LIMITED TO COSTS ASSOCIATED WITH THE SECURITY SYSTEM

NAME OF ORGANIZATION OR GOVERNMENT: WESTERN RESERVE HISTORICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: SPENDABLE INCOME FOR THE QUARTER
ENDING MARCH 31, 2021 FOR GENERAL OPERATING EXPENSES OF HALE FARM AND
VILLAGE

NAME OF ORGANIZATION OR GOVERNMENT: GLOBAL TIES AKRON

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT YOUTH DEI PARTICIPATORY
VIDEO (PV) PROJECT FOR COMMUNITY ACTION AND PROBLEM SOLVING

NAME OF ORGANIZATION OR GOVERNMENT: WALSH JESUIT HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CREATE A PODCAST TITLED
COURAGEOUS CONVERSATIONS SHARED WITH THE GREATER AKRON COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: STOW-MUNROE FALLS CITY SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND THE IMPLEMENTATION OF A
MENTAL HEALTH PROGRAM CALLED HOPE SQUAD IN THE MIDDLE AND HIGH SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT:

LEAGUE OF WOMEN VOTERS OF THE AKRON AREA EDUCATION FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT VOTER EDUCATION AND
REGISTRATION TO SUMMIT COUNTY'S IMMIGRANT & NEW CITIZEN POPULATION

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

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE AHIMSA DEPARTMENT, TO ASSIST WITH THE SUPPORT OF WOMEN WHO ARE VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT AND/OR HUMAN TRAFFICKING, AS OUTLINED IN GRANT PROPOSAL

NAME OF ORGANIZATION OR GOVERNMENT:

YOUTH EXCELLENCE PERFORMING ARTS WORKSHOP AKA: YEPAW

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

NAME OF ORGANIZATION OR GOVERNMENT: LET'S GET HEALTHY CLEVELAND, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PROGRAMS ADDRESSING CARDIOVASCULAR HEALTH, OPIOID OVERDOSES AND VAPING ISSUES IN AKRON

NAME OF ORGANIZATION OR GOVERNMENT: WOODRIDGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: OF WHICH \$10,000 IS FOR THE MELINDA BOND REMINGTON MEMORIAL SCHOLARSHIP AND \$5,000 IS FOR THE ANN HENSHAW FERRARI MEMORIAL SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT: SUMMIT METRO PARKS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR COMMUNITY CONNECTIONS INCLUDING A VOLUNTEER TREE PLANTING EVENT AT GOODYEAR HEIGHTS METRO PARK

NAME OF ORGANIZATION OR GOVERNMENT: PROYECTO RAICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT HISPANIC WOMEN BY PROVIDING BUSINESS TRAINING SO THEY CAN MARKET THEIR TRADITIONAL FOODS

NAME OF ORGANIZATION OR GOVERNMENT: ART SPARKS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ACCESSIBLE ENGAGEMENT IN

Part IV Supplemental Information

ARTS EXPERIENCES THAT BRING DIVERSE POPULATIONS TOGETHER

NAME OF ORGANIZATION OR GOVERNMENT: OUR LADY OF THE ELMS 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: TRULY REACHING YOU

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A SPECIAL PROJECT: WORKING IT OUT: PERSONAL STORIES OF REENTRY AND OVERCOMING THE ODDS

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH AKRON YOUTH MENTORSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EMPOWER DISADVANTAGED YOUTH OF COLOR LIVING IN POVERTY W/MENTORING, EDUCATION & WORK INITIATIVES

NAME OF ORGANIZATION OR GOVERNMENT: GUM-DIP THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GUM-DIP THEATRE TO SUPPORT BROKERS WITHOUT BORDERS, A NEW ENSEMBLE OF YOUNG IMMIGRANT ARTISTS

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL CHRISTIAN CHARIBABLE FOUNDATION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE ROMAN'S 16 COLLABORATIVE FUND #3327686, TO SUPPORT GREATER GOOD(S) MKE IN HONOR OF GINA NYGRO

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY OUTREACH RESOURCES EXCHANGE DBA: CORE FURNITURE BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE TRANSPORTATION AND

Part IV Supplemental Information

HANDLING OF DONATED FURNITURE WITHIN SUMMIT COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: PREGNANCY SOLUTIONS & SERVICES INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A MOBILE MEDICAL UNIT TO
PROMOTE EQUITY OF ACCESS TO PRENATAL CARE FOR AFRICAN AMERICANS

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH COMMUNITY BOARD OF AKRON INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE OPERATIONS OF FORUM
360, A LOCAL NEWS PROGRAM COVERING ISSUES IMPORTANT TO THE FUTURE OF
GREATER AKRON

NAME OF ORGANIZATION OR GOVERNMENT: AKRON SYMPHONIC WINDS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT FREE LIVE CONCERTS FOR
OUR COMMUNITY AND OUR WORK WITH AKRON PUBLIC SCHOOLS STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT:

THIRD CULTURE CLASSICAL (FA: CLEVELAND ARTS)

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING AND ARTISTS
SUPPORT OF THIRD CULTURE CLASICAL IN SUMMIT COUNTY OUTREACH PROJECTS

NAME OF ORGANIZATION OR GOVERNMENT: SUMMIT COUNTY SHERIFF'S OFFICE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT FAITH & BLUE AN EVENT
AIMED AT GENERATING DIALOGUE, AND REINFORCING THE CONNECTION BETWEEN LAW
ENFORCEMENT PROFESSIONALS AND COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: AKRON PROMISE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE SOCIAL AND EMOTIONAL
HEALTH AT KENMORE-GARFIELD HIGH SCHOOL AND ITS COMMUNITIES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: TORCHBEARERS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SPONSORSHIP OF THE 2022 ANNUAL
ANNIVERSARY CELEBRATION AT THE TIER 4 "PARTNERS OF TORCHBEARERS" LEVEL
WITHOUT BENEFIT

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number

34-1087615

Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<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	1b	X
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?	2	X
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"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<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?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
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?	5a	X
b Any related organization?	5b	X
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?	6a	X
b Any related organization?	6b	X
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	7	X
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	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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)	277,289.	7,764.	0.	65,000.	25,422.	375,475.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEVEN H. SCHLOENBACH VICE PRESIDENT, FINANCE	(i)	153,649.	3,261.	0.	0.	38,609.	195,519.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARGARET MEDZIE VICE PRESIDENT, DEVELOPMEN	(i)	145,871.	2,540.	0.	0.	24,375.	172,786.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOHN GAROFALO VP COMMUNITY INVOLVEMENT	(i)	137,326.	2,780.	0.	0.	12,417.	152,523.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(i)							
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	(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)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public
Inspection

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

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number

34-1087615

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	61	6,365,574.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.....				
26 Other ▶ (.....				
27 Other ▶ (.....				
28 Other ▶ (.....				

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

29

0

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2021

Schedule Part II

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

SCHEDULE O
(Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

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:

PRIOR PERIOD ADJUSTMENT 4,383.

AGENCY ENDOWMENT REVENUE -2,480,841.

AGENCY ENDOWMENT EXPENSES 1,232,998.

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

Schedule O (Form 990) 2021

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number

34-1087615

TOTAL TO FORM 990, PART XI, LINE 9

-1,243,460.

FORM 990, PART XII, LINE 2C

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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**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	0.	1,000.	AKRON COMMUNITY FOUNDATION
AKRON DIGITAL MEDIA CENTER/AKRONIST.COM, LLC - 34-1087615, 345 WEST CEDAR ST., AKRON, OH 44307-2407	IMPROVE DELIVERY OF INFORMATION IN THE COMMUNITY	OHIO	1,689.	7,010.	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) 2021

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

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

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

[illegible]

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.

	Yes	No
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	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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

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

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.

Type and Entity: INVESTMENT ACTIVITIES POST-2017 NOL
 Section 382 Annual Limitation

DETAIL CARRYOVER SCHEDULE

Section 382 Carryover

Year Originated	Original Carryover Amount		Total Amount Used	Amount Used for 03/31/20	Amount Used for 03/31/22	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2018	369,387.	369,387.	369,387.								
B	2020	160,739.	160,739.		160,739.							
C												
D												
E												
F												
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FEIN: 34-1087615

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Form **990-W**
(Worksheet)**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form990W for instructions and the latest information.
▶ Keep for your records. Do not send to the Internal Revenue Service.**2022**

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. Note: 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 2021 return. See instructions. Caution: 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	75,808.
c	2022 Estimated Tax. 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	75,840.

		(a)	(b)	(c)	(d)	
11	Installment due dates. See instructions	11	07/15/22	09/15/22	12/15/22	03/15/23
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	18,960.	18,960.	18,960.	18,960.
13	2021 Overpayment. See instructions	13				
14	Payment due (Subtract line 13 from line 12)	14				

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2022)

ESTIMATED TAX	75,840.
OVERPAYMENT APPLIED	83,192.
AMOUNT DUE	0.

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning APR 1, 2021, and ending MAR 31, 2022**2021**Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

AKRON COMMUNITY FOUNDATION

EIN or SSN

34-1087615Name and title of officer or person subject to tax **JOHN T PETURES JR**
PRESIDENT AND CEO**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	▶ <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>75,808.</u>
7a Form 4720 check here	▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	▶ <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	▶ <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	▶ <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **SIKICH LLP** to enter my PIN **57011**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

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

34008517351

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **JILL M. BOYLE, CPA**Date ▶ **02/15/23**

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

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

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

OMB No. 1545-0047

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

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

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

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

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

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

0	7
---	---

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	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
Form 990-T (corporation)	07		

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 15, 2023** , 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, 2021** , and ending **MAR 31, 2022** .

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	62,841.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	159,000.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0047

2021

For calendar year 2021 or other tax year beginning **APR 1, 2021**, and ending **MAR 31, 2022**.▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Department of the Treasury
Internal Revenue ServiceA ☐ Check box if address changed.

B Exempt under section

☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A
Print
or
TypeName of organization (☐ Check box if name changed and see instructions.)

AKRON COMMUNITY FOUNDATION

Number, street, and room or suite no. If a P.O. box, see instructions.

345 WEST CEDAR ST

City or town, state or province, country, and ZIP or foreign postal code

AKRON, OH 44307-2407

D Employer identification number

34-1087615

E Group exemption number
(see instructions)F ☐ Check box if an amended return.

C Book value of all assets at end of year ▶ 279,695,721.

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trustH Check if filing only to ▶ ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ ☐

J Enter the number of attached Schedules A (Form 990-T) ▶ 1

K 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. ▶

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

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	361,992.
2	Reserved	2	
3	Add lines 1 and 2	3	361,992.
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	361,992.
6	Deduction for net operating loss. See instructions	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	361,992.
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	360,992.

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	75,808.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	75,808.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2021)

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		75,808.
3	Other amounts due. 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 statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		75,808.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2020 overpayment credited to 2021	6a	159,000.	
b	2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7	Total payments. Add lines 6a through 6g	7		159,000.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		83,192.
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax 83,192. Refunded	11		0.

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

1	At any time during the 2021 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
			X
2	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
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	901101	\$ 160,739.	
		\$	
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	PRESIDENT AND CEO Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	JILL M. BOYLE, CPA	JILL M. BOYLE, CPA	02/15/23	P01355989
	Firm's name	Firm's EIN		
	274 WHITE POND DRIVE AKRON, OH 44320-1118	36-3168081		
	Firm's address	Phone no.		(330) 864-6661

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

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

OMB No. 1545-0047

2021

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

A Name of the organization AKRON COMMUNITY FOUNDATION	B Employer identification number 34-1087615
C Unrelated business activity code (see instructions) ▶ 901101	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **INVESTMENT ACTIVITIES**


Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions		4a 572,025.		572,025.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1		5 -49,294.		-49,294.
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13 522,731.		522,731.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement)	14	
15 Total deductions. Add lines 1 through 14	15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	522,731.
17 Deduction for net operating loss. See instructions STMT 2 STMT 4	17	160,739.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	361,992.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods SoldEnter method of inventory valuation 

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

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)



1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
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)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)  0.				
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)  0.				

Part V Unrelated Debt-Financed Income (see instructions)




1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
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 statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 ...				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)  0.				
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)  0.				
11 Total dividends-received deductions included in line 10  0.				

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			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	
(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)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals			0.	0.

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2021

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐B ☐C ☐D ☐

Enter amounts for each periodical listed above in the corresponding column.

2 Gross advertising income

Add columns A through D. Enter here and on Part I, line 11, column (A)

0.

a

3 Direct advertising costs by periodical

a Add columns A through D. Enter here and on Part I, line 11, column (B)

0.

4 Advertising gain (loss). Subtract line 3 from line

2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on

Part II, line 13

0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1

0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION		NET INCOME OR (LOSS)
BPEA III, LP - ORDINARY BUSINESS INCOME (LOSS)		16,242.
BPEA III, LP - OTHER NET RENTAL INCOME (LOSS)		288.
BPEA III, LP - INTEREST INCOME		555.
BPEA III, LP - OTHER INCOME (LOSS)		8,550.
CITYMARK CAPITAL FUND I L.P - ORDINARY BUSINESS INCOME (LOSS)		18,602.
TOWNSEND REAL ESTATE ALPHA FUND III, LP - ORDINARY BUSINESS INCOME (LOSS)		-372.
TOWNSEND REAL ESTATE ALPHA FUND III, LP - NET RENTAL REAL ESTATE INCOME		2,594.
TOWNSEND REAL ESTATE ALPHA FUND III, LP - INTEREST INCOME		19.
TOWNSEND REAL ESTATE ALPHA FUND III, LP - OTHER INCOME (LOSS)		5.
BPEA IV, LP - ORDINARY BUSINESS INCOME (LOSS)		12,551.
BPEA IV, LP - OTHER NET RENTAL INCOME (LOSS)		787.
BPEA IV, LP - INTEREST INCOME		20.
BPEA IV, LP - OTHER INCOME (LOSS)		-6,069.
CITYMARK CAPITAL U.S. APARTMENT FUND II L.P - ORDINARY BUSINESS INCOME (LOSS)		-98,777.
BPEA V, LP - ORDINARY BUSINESS INCOME (LOSS)		-4,809.
BPEA V, LP - OTHER INCOME (LOSS)		-8.
ABBOTT SECONDARY OPPORTUNITIES II, LP - ORDINARY BUSINESS INCOME (LOSS)		1,091.
ABBOTT SECONDARY OPPORTUNITIES II, LP - NET RENTAL REAL ESTATE INCOME		-520.
ABBOTT SECONDARY OPPORTUNITIES II, LP - INTEREST INCOME		4.
ABBOTT SECONDARY OPPORTUNITIES II, LP - OTHER INCOME (LOSS)		-47.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		-49,294.

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 2
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
160,739.	160,739.	0.

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
03/31/19	369,387.	369,387.	0.	0.
03/31/21	160,739.	0.	160,739.	160,739.
NOL CARRYOVER AVAILABLE THIS YEAR			160,739.	160,739.

SCH A (990-T) SCHEDULE A NOL DETAIL STATEMENT 4

TAXABLE INCOME FROM ALL ENTITIES	522,731.
THIS ENTITIES PORTION OF TAXABLE INCOME	522,731.
THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS	100.00%
THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS	0.
TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS	522,731.
80% INCOME LIMITATION	418,185.
POST-2017 AVAILABLE	160,739.
LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION	160,739.

**SCHEDULE D
(Form 1120)**Department of the Treasury
Internal Revenue Service**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 for instructions and the latest information.

OMB No. 1545-0123

2021

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 - Assets Held One Year or Less**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)
1a 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				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**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)
8a 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				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				58,387.
11 Enter gain from Form 4797, line 7 or 9				11 513,638.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 572,025.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	572,025.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	572,025.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2021

34-1087615

AKRON COMMUNITY FOUNDATION

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

☒ (F) Long-term transactions not reported to you on Form 1099-B

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form **4797**Department of the Treasury
Internal Revenue Service**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 for instructions and the latest information.

OMB No. 1545-0184

2021Attachment
Sequence No. **27**

Name(s) shown on return

Identifying number

AKRON COMMUNITY FOUNDATION**34-1087615****1a** Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S
(or substitute statement) that you are including on line 2, 10, or 20**1a****b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of
MACRS assets**1b****c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS
assets**1c****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							

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****513,638.****Partnerships and S corporations.** 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.**Individuals, partners, S corporation shareholders, and all others.** 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.**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****513,638.****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), 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), Part I, line 4**18b**

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2021)

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 1a 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		
25 If section 1245 property:			
a Depreciation allowed or allowable from line 22	25a		
b Enter the smaller of line 24 or 25a	25b		
26 If section 1250 property: 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		
27 If section 1252 property: 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		
28 If section 1254 property:			
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		
29 If section 1255 property:			
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						16,929.
CITYMARK CAPITAL						
FUND I L.P						338,727.
TOWNSEND REAL						
ESTATE ALPHA FUND						
III, LP						10,548.
BPEA IV, LP						-272.
CITYMARK CAPITAL						
U.S. APARTMENT						
FUND II						147,431.
BPEA V, LP						275.
TOTAL TO 4797, PART I, LINE 2						513,638.

**SCHEDULE D
(Form 1120)**Department of the Treasury
Internal Revenue Service**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 for instructions and the latest information.**

OMB No. 1545-0123

2021

Name

AKRON COMMUNITY FOUNDATION

Employer identification number

34-1087615Did 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 - Assets Held One Year or Less**

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)
1a 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				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

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)
8a 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				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				58,387.
11 Enter gain from Form 4797, line 7 or 9			11	513,638.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	572,025.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	572,025.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	572,025.

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

34-1087615

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

☒ (F) Long-term transactions not reported to you on Form 1099-B

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form **4797**Department of the Treasury
Internal Revenue Service**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 for instructions and the latest information.

OMB No. 1545-0184

2021Attachment
Sequence No. **27**

Name(s) shown on return

Identifying number

AKRON COMMUNITY FOUNDATION**34-1087615**

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a**1b****1c****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 6							
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						7 513,638.
	Partnerships and S corporations. 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.						
	Individuals, partners, S corporation shareholders, and all others. 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.						
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						9 513,638.

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), 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), Part I, line 4					18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2021)

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 1a 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		
25 If section 1245 property:			
a Depreciation allowed or allowable from line 22	25a		
b Enter the smaller of line 24 or 25a	25b		
26 If section 1250 property: 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		
27 If section 1252 property: 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		
28 If section 1254 property:			
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		
29 If section 1255 property:			
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 6

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
BPEA III, LP						16,929.
CITYMARK CAPITAL						
FUND I L.P						338,727.
TOWNSEND REAL						
ESTATE ALPHA FUND						
III, LP						10,548.
BPEA IV, LP						-272.
CITYMARK CAPITAL						
U.S. APARTMENT						
FUND II						147,431.
BPEA V, LP						275.
TOTAL TO 4797, PART I, LINE 2						513,638.

Form **8865**Department of the Treasury
Internal Revenue Service**Return of U.S. Persons With Respect to
Certain Foreign Partnerships**▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2021, and ending **DEC 31**, 2021

OMB No. 1545-1668

2021Attachment
Sequence No. **865**

Name of person filing this return

AKRON COMMUNITY FOUNDATION

Filer's identification number

34-1087615

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):1 ☒ 2 ☐ 3 ☒ 4 ☐**B** Filer's tax year beginning **APR 1**, 2021, and ending **MAR 31**, 2022**C** Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions ☐**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership**ELIZABETH PARK EVENT DRIVEN MASTER FUND,
LTD.****29525 CHARGRIN BLVD., STE. 318****PEPPER PIKE, OH 44122****2(a)** EIN (if any)**98-1281064****2(b)** Reference ID number**3** Country under whose laws organized**CAYMAN ISLANDS**

4 Date of organization 02/02/2016	5 Principal place of business CAYMAN ISLANDS	6 Principal business activity code number 523900	7 Principal business activity TRADING SECURITIES	8a Functional currency USD	8b Exchange rate (see instructions)
--	---	---	---	---	--

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States
ELIZABETH PARK CAPITAL MANAGEMENT, LT
29525 CHARGRIN BLVD., STE. 318
PEPPER PIKE, OH 44122

2 Check if the foreign partnership must file:☐ Form 1042 ☐ Form 8804 ☒ Form 1065

Service Center where Form 1065 is filed:

E-FILE

3 Name and address of foreign partnership's agent in country of organization, if any
MOURANT OZANNES CORPORATE SERVICES
42 N. CHURCH ST PO BOX 13
GRAND CAYMAN, CAYMAN ISLANDS KY1-110

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

ELIZABETH PARK CAPITAL MANAGEMENT, LT
29525 CHARGRIN BLVD., STE. 318
PEPPER PIKE, OH 44122

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions▶ ☐ Yes ☒ No

If "Yes," enter the total amount of the disallowed deductions

▶ \$

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?▶ ☐ Yes ☒ No**7** Were any special allocations made by the foreign partnership?▶ ☒ Yes ☐ No**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions**9** How is this partnership classified under the law of the country in which it's organized?▶ **EXEMPT COMPANY****10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section

1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b

▶ ☐ Yes ☒ No**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?▶ ☐ Yes ☐ No**11** Does this partnership meet both of the following requirements?

1. The partnership's total receipts for the tax year were less than \$250,000.

2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.

If "Yes," don't complete Schedules L, M-1, and M-2.

▶ ☐ Yes ☒ No**LHA** For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.Form **8865** (2021)

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N? ☐ Yes ☒ No
- b** If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) ▶ _____
- c** If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI ▶ _____
- d** If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI ▶ _____
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶ _____
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? ☐ Yes ☒ No
- 15 a** Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regulations section 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions ☐ Yes ☒ No
- b** Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment ☐ Yes ☒ No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return.	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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.			
	▶ _____ Signature of general partner or limited liability company member			▶ _____ Date
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ▶	Firm's EIN ▶		
Paid Preparer Use Only	Firm's address ▶		Phone no.	

Schedule A **Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a ☒ Owns a direct interest **b** ☐ Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person
ELIZABETH PARK EVENT DRIVE	42 N. CHURCH ST.		<input checked="" type="checkbox"/>
	GRAND CAYMAN, CAYMAN ISLAND		

Schedule A-2 **Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner? ☐ Yes ☐ No

Schedule A-3 **Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

Form 8865 (2021)

Schedule B Income Statement - Trade or Business Income**Caution:** Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales	1a		
	b Less returns and allowances	1b		1c
	2 Cost of goods sold			2
	3 Gross profit. Subtract line 2 from line 1c			3
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4
	5 Net farm profit (loss) (attach Schedule F (Form 1040))			5
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6
	7 Other income (loss) (attach statement)			7
8 Total income (loss). Combine lines 3 through 7			8	
Deductions <small>(see instructions for limitations)</small>	9 Salaries and wages (other than to partners) (less employment credits)			9
	10 Guaranteed payments to partners			10
	11 Repairs and maintenance			11
	12 Bad debts			12
	13 Rent			13
	14 Taxes and licenses			14
	15 Interest (see instructions)			15
	16 a Depreciation (if required, attach Form 4562)	16a		
	b Less depreciation reported elsewhere on return	16b		16c
	17 Depletion (Don't deduct oil and gas depletion.)			17
	18 Retirement plans, etc.			18
	19 Employee benefit programs			19
	20 Other deductions (attach statement)			20
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20			21	
22 Ordinary business income (loss) from trade or business activities. Subtract line 21 from line 8			22 0.	
Tax and Payment	23 Reserved for future use			23
	24 Reserved for future use			24
	25 Reserved for future use			25
	26 Reserved for future use			26
	27 Reserved for future use			27
	28 Reserved for future use			28
	29 Reserved for future use			29
	30 Reserved for future use			30

Schedule K Partners' Distributive Share Items

			Total amount
Income (Loss)	1 Ordinary business income (loss) (Schedule B, line 22)	1	0.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3 a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Guaranteed payments: a Services 4a b Capital 4b		
	c Total. Add line 4a and line 4b	4c	
	5 Interest income	5	
	6 Dividends and dividend equivalents: a Ordinary dividends 6a		
	b Qualified dividends 6b		
	c Dividend equivalents 6c		
	7 Royalties	7	
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
	9 a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
	b Collectibles (28%) gain (loss) 9b		
c Unrecaptured section 1250 gain (attach statement) 9c			
10 Net section 1231 gain (loss) (attach Form 4797)	10		
11 Other income (loss) (see instr.) (1) Type (2) Amount	11		
Deductions	12 Section 179 deduction (attach Form 4562)	12	
	13 a Contributions	13a	
	b Investment interest expense	13b	
	c Section 59(e)(2) expenditures: (1) Type (2) Amount	13c(2)	
	d Other deductions (see instr.) (1) Type (2) Amount	13d(2)	

Schedule K		Partners' Distributive Share Items (continued)	Total amount	
Self-Employment	14 a	Net earnings (loss) from self-employment	14a	
	b	Gross farming or fishing income	14b	
	c	Gross nonfarm income	14c	
Credits	15 a	Low-income housing credit (section 42(j)(5))	15a	
	b	Low-income housing credit (other)	15b	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c	
	d	Other rental real estate credits (see instructions) Type ▶	15d	
	e	Other rental credits (see instructions) Type ▶	15e	
	f	Other credits (see instructions) Type ▶	15f	
International Transactions	16	Attach Schedule K-2 (Form 8865), Partners' Distributive Share Items - International, and check this box to indicate that you are reporting items of international tax relevance <input type="checkbox"/>		
Alternative Minimum Tax (AMT) Items	17 a	Post-1986 depreciation adjustment	17a	
	b	Adjusted gain or loss	17b	
	c	Depletion (other than oil and gas)	17c	
	d	Oil, gas, and geothermal properties - gross income	17d	
	e	Oil, gas, and geothermal properties - deductions	17e	
	f	Other AMT items (attach statement)	17f	
Other Information	18 a	Tax-exempt interest income	18a	
	b	Other tax-exempt income	18b	
	c	Nondeductible expenses	18c	
	19 a	Distributions of cash and marketable securities	19a	
	b	Distributions of other property	19b	
	20 a	Investment income	20a	
	b	Investment expenses	20b	
	c	Other items and amounts (attach statement)		
	21	Total foreign taxes paid or accrued	21	

Schedule L Balance Sheets per Books. (Not required if Item H11, page 1, is answered "Yes.")

Assets		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
1	Cash				
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. Government obligations				
5	Tax-exempt securities				
6	Other current assets (attach statement) ...				
7a	Loans to partners (or persons related to partners)				
b	Mortgage and real estate loans				
8	Other investments (attach statement)				
9a	Buildings and other depreciable assets ...				
b	Less accumulated depreciation				
10a	Depletable assets				
b	Less accumulated depletion				
11	Land (net of any amortization)				
12a	Intangible assets (amortizable only)				
b	Less accumulated amortization				

Schedule L Balance Sheets per Books. (Not required if Item H11, page 1, is answered "Yes.") (continued)

	Beginning of tax year		End of tax year		
	(a)	(b)	(c)	(d)	
13 Other assets (attach statement)					
14 Total assets					
Liabilities and Capital					
15 Accounts payable					
16 Mortgages, notes, bonds payable in less than 1 year					
17 Other current liabilities (attach statement)					
18 All nonrecourse loans					
19a Loans from partners (or persons related to partners)					
b Mortgages, notes, bonds payable in 1 year or more					
20 Other liabilities (attach statement)					
21 Partners' capital accounts					
22 Total liabilities and capital					

Schedule M Balance Sheets for Interest Allocation

	(a) Beginning of tax year	(b) End of tax year
1 Total U.S. assets		
2 Total foreign assets:		
a Passive category		
b General category		
c Other (attach statement)		

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return. (Not required if Item H11, page 1, is answered "Yes.")

1 Net income (loss) per books		6 Income recorded on books this tax year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this tax year (itemize): \$		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 21, not charged against book income this tax year (itemize):	
4 Expenses recorded on books this tax year not included on Schedule K, lines 1 through 13d, and 21 (itemize):		a Depreciation \$	
a Depreciation \$		8 Add lines 6 and 7	
b Travel and entertainment \$		9 Income (loss). Subtract line 8 from line 5	
5 Add lines 1 through 4			

Schedule M-2 Analysis of Partners' Capital Accounts. (Not required if Item H11, page 1, is answered "Yes.")

1 Balance at beginning of tax year		6 Distributions: a Cash	
2 Capital contributed:		b Property	
a Cash		7 Other decreases (itemize): \$	
b Property		8 Add lines 6 and 7	
3 Net income (loss) per books		9 Balance at end of tax year. Subtract line 8 from line 5	
4 Other increases (itemize): \$			
5 Add lines 1 through 4			

Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1 Sales of inventory				
2 Sales of property rights (patents, trademarks, etc.) ...				
3 Compensation received for technical, managerial, engineering, construction, or like services				
4 Commissions received				
5 Rents, royalties, and license fees received				
6 Distributions received	258,694.			
7 Interest received				
8 Other				
9 Add lines 1 through 8	258,694.			
10 Purchases of inventory				
11 Purchases of tangible property other than inventory				
12 Purchases of property rights (patents, trademarks, etc.)				
13 Compensation paid for technical, managerial, engineering, construction, or like services				
14 Commissions paid				
15 Rents, royalties, and license fees paid				
16 Distributions paid				
17 Interest paid				
18 Other				
19 Add lines 10 through 18 ...				
20 Amounts borrowed (enter the maximum loan balance during the tax year). See instructions				
21 Amounts loaned (enter the maximum loan balance during the tax year). See instructions				

Form 8865 (2021)

**SCHEDULE O
(Form 8865)**

(Rev. October 2021)
Department of the Treasury
Internal Revenue Service

**Transfer of Property to a Foreign Partnership
(Under Section 6038B)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**
▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor AKRON COMMUNITY FOUNDATION		Filer's identifying number 34-1087615	
Name of foreign partnership ELIZABETH PARK EVENT DRIVEN MASTE LTD.		EIN (if any) 98-1281064	Reference ID number (see instr)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions ☐ Yes ☒ No
- b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? ☐ Yes ☐ No
- 2** 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

Part I Transfers Reportable Under Section 6038B STMT 7

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) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	01/01/21		26,397.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			258,694.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer **100** % (b) After the transfer **100** %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? ☐ Yes ☒ No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 10-2021

FORM 8865

SCHEDULE O - CASH TRANSFERS

STATEMENT 7

(A) DATE OF TRANSFER	(B) NUMBER OF ITEMS TRANSFER'D	(C) FMV ON DATE OF TRANSFER	(D) COST OR OTHER BASIS	(E) SEC 704(C) ALLOCATION METHOD	(F) GAIN RECOGNIZED ON TRANSFER
01/01/21		26,397.			
02/01/21		3,033.			
03/01/21		5,255.			
04/01/21		22,174.			
05/01/21		5,279.			
06/01/21		16,894.			
07/01/21		168,943.			
10/01/21		9,503.			
12/01/21		1,216.			

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

OMB No. 1545-0026

► Go to www.irs.gov/Form926 for instructions and the latest information.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

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

Name of transferor AKRON COMMUNITY FOUNDATION	Identifying number (see instructions) 34-1087615
---	--

- 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
TOWNSEND REAL ESTATE ALPHA FUND III, LP	81-3134103

- 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)

4 Name of transferee (foreign corporation) CROSSBAY TOWNSEND FEEDER SCSP	5a Identifying number, if any
---	--------------------------------------

6 Address (including country) 12 C IMOASSES DROSBACH LUXEMBOURG, LUXEMBOURG	5b Reference ID number CROSSBAY001
--	---

7 Country code of country of incorporation or organization
LU

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	12/31/2021		47,928.		

- 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					
Totals					

- 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)						
Totals						

- 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)**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 18.400 % (b) After 18.400 %
- 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) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Gain recognition under section 904(f)(5)(F) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Recapture under section 1503(d) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Exchange gain under section 987 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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

Form **926** (Rev. 11-2018)

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

OMB No. 1545-0026

► Go to www.irs.gov/Form926 for instructions and the latest information.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

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

Name of transferor

AKRON COMMUNITY FOUNDATION

Identifying number (see instructions)

34-1087615

- 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
TOWNSEND REAL ESTATE ALPHA FUND III, LP	81-3134103

- 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)

4 Name of transferee (foreign corporation)

GRAMERCY PROPERTY EUROPE IV TOWNSEND FEEDER LIMITED

5a Identifying number, if any

98-1474663

6 Address (including country)

**CASTLE STREET
ST. HEILER, JERSEY JERSEY**

5b Reference ID number

GRAMERCY002

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	12/31/2021		96,385.		

- 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					
Totals					

- 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)						
Totals						

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- 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)**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 _____ % (b) After _____ %
- 17** Type of nonrecognition transaction (see instructions) ► _____
- 18** Indicate whether any transfer reported in Part III is subject to any of the following.
- | | | |
|--|------------------------------|--|
| a Gain recognition under section 904(f)(3) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Gain recognition under section 904(f)(5)(F) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Recapture under section 1503(d) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Exchange gain under section 987 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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

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