

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2022 calendar year, or tax year beginning **APR 1, 2022** and ending **MAR 31, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AKRON COMMUNITY FOUNDATION Doing business as MALONEY + NOVOTNY LLC Number and street (or P.O. box if mail is not delivered to) and city or town, state or province, country, and ZIP or foreign postal code 345 WEST CEDAR ST AKRON, OH 44307-2407	D Employer identification number ** - *** 7615 E Telephone number 330-376-8522 G Gross receipts \$ 78,079,969. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.AKRONCF.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1955 M State of legal domicile: OH

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: TO IMPROVE THE QUALITY OF LIFE IN THE GREATER AKRON AREA.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2022 (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	161,003.
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	160,003.
			Prior Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	19,758,048.	8,950,295.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,528,335.	3,056,260.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-44,141.	-98,515.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,242,242.	11,908,040.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,096,635.	13,950,378.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,586,226.	2,656,003.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 1,386,358.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,776,019.	1,563,450.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,458,880.	18,169,831.
19 Revenue less expenses. Subtract line 18 from line 12	11,783,362.	-6,261,791.	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	279,695,721.	259,622,677.
	21 Total liabilities (Part X, line 26)	34,210,411.	33,769,974.
22 Net assets or fund balances. Subtract line 21 from line 20	245,485,310.	225,852,703.	

Part II Signature Block

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

Sign Here	Signature of officer: JOHN T. PETURES, JR. Type or print name and title	Date: _____
Paid Preparer Use Only	Print/Type preparer's name: CHRISTOPHER B. ANDERSON Preparer's signature: _____ Date: _____ Check if self-employed: <input type="checkbox"/> PTIN: P00226559	Firm's name: MALONEY + NOVOTNY LLC Firm's EIN: ** - *** 7006 Firm's address: 4774 MUNSON STREET NW, SUITE 402 CANTON, OH 44718-3634 Phone no.: (330) 966-9400

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: AKRON COMMUNITY FOUNDATION'S MISSION IS TO IMPROVE THE QUALITY OF LIFE IN THE GREATER AKRON AREA BY BUILDING PERMANENT ENDOWMENTS AND PROVIDING PHILANTHROPIC LEADERSHIP THAT ENABLES DONORS TO MAKE LASTING INVESTMENTS IN THE COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

4a (Code:) (Expenses \$ 15,164,790. including grants of \$ 13,950,378.) (Revenue \$) DURING FISCAL YEAR 2023, AKRON COMMUNITY FOUNDATION CONTINUED ITS FOCUS ON FOUR DEFINED GRANT-MAKING PRIORITIES. THOSE INCLUDE SUPPORTING PROGRAMS IN THE COMMUNITY THAT ARE FOCUSED ON ARTS & CULTURE, EDUCATION, HEALTH & HUMAN SERVICES, AND CIVIC AFFAIRS. TOTAL GRANT MAKING BACK TO THE COMMUNITY THROUGH UNRESTRICTED AND ADVISED FUND TOTALED OVER \$9,501,158 VIA 1,735 GRANTS AND OTHER DISTRIBUTIONS TOTALED OVER \$3,482,850 THROUGH ENDOWMENT FUND VIA 468 GRANTS AND OTHER DISTRIBUTIONS. AKRON COMMUNITY FOUNDATION AWARDED OVER 187 SCHOLARSHIPS TOTALING \$443,570.

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 15,164,790.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Description, Yes, No. Rows 22-38 covering various IRS schedule requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Description, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 24; 1b Enter the number of voting members included... 24; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c 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; 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; 16b 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, FL
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. [X] Own website [] Another's website [X] 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. - 330-376-8522
345 WEST CEDAR ST, AKRON, OH 44307-2407

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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, box 6 of 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			295,641.	0.	92,610.	
(2) STEVEN H. SCHLOENBACH VICE PRESIDENT, FINANCE & CFO	40.00			X			162,994.	0.	35,489.	
(3) MARGARET MEDZIE VICE PRESIDENT, DEVELOPMENT	40.00			X			156,507.	0.	20,180.	
(4) JOHN GAROFALO VICE PRESIDENT, COMMUNITY INVESTMENT	40.00			X			144,665.	0.	16,793.	
(5) DENNIS JANSKY DIRECTOR OF ACCOUNTING AND ADMINISTRATION	40.00					X	103,325.	0.	35,383.	
(6) TRACY BURT DIRECTOR OF MARKETING	40.00					X	101,440.	0.	35,443.	
(7) SYLVIA TRUNDLE CHAIR	2.00	X		X			0.	0.	0.	
(8) MARTY HAUSER VICE CHAIR/STRATEGIC PLANNING CHAIR	1.50	X		X			0.	0.	0.	
(9) J. BRET TREIER TREASURER/FINANCE CHAIR	1.50	X		X			0.	0.	0.	
(10) JAMES PICKARD SECRETARY	1.50	X		X			0.	0.	0.	
(11) RICHARD FEDOROVICH IMMEDIATE PAST CHAIR	1.50	X		X			0.	0.	0.	
(12) JODY KONSTAND COMMUNITY INVESTMENT CHAIR	1.50	X		X			0.	0.	0.	
(13) BILL STEERE COMMUNITY RELATIONS CHAIR	1.50	X		X			0.	0.	0.	
(14) RACHEL TALTON GOVERNANCE CHAIR	1.50	X		X			0.	0.	0.	
(15) MIKE ZELEZNIK AUDIT CHAIR	1.50	X		X			0.	0.	0.	
(16) S. THERESA CARTER TRUSTEE	1.50	X					0.	0.	0.	
(17) TRACY CARTER 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) CARLA CHAPMAN TRUSTEE	1.50	X						0.	0.	0.
(19) CLAUDIA DIAZ-SINGER TRUSTEE	1.50	X						0.	0.	0.
(20) KIM HAWS FALASCO TRUSTEE	1.50	X						0.	0.	0.
(21) BENNETT GAINES TRUSTEE	1.50	X						0.	0.	0.
(22) DOUG KUCZYNSKI TRUSTEE	1.50	X						0.	0.	0.
(23) SHEFALI MAHESH TRUSTEE	1.50	X						0.	0.	0.
(24) ANGELINA MILO TRUSTEE	1.50	X						0.	0.	0.
(25) BRIAN MOORE TRUSTEE	1.50	X						0.	0.	0.
(26) ERNEST POUTTU TRUSTEE	1.50	X						0.	0.	0.
1b Subtotal								964,572.	0.	235,898.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								964,572.	0.	235,898.

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 6

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PNC CAPITAL ADVISORS, LLC 1 CASCADE PLAZA, 6TH FLOOR, AKRON, OH 44308	CUSTODY SERVICES, INVESTMENT MANAGEMEN	127,595.
DIAMOND HILL CAPITAL MANAGEMENT, 325 JOHN H MCCONNELL BLVD, COLUMBUS, OH 43215	INVESTMENT MANAGEMENT SERVICES	124,834.
LEGACY STRATEGIC ASSET MANAGEMENT, 1737 GEORGETOWN ROAD, SUITE H, HUDSON, OH 44236	ADVISOR	112,831.
BROADLEAF PARTNER EQUITY 9 AURORA ST, HUDSON, OH 44326	INVESTMENT MANAGEMENT SERVICES	105,926.

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	444,534.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	8,505,761.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,050,332.				
	h Total. Add lines 1a-1f		8,950,295.				
Program Service Revenue			Business Code				
	2 a _____						
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		6,702,827.		161,003.	6541824.	
	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				
				62,331,000.			
	b Less: cost or other basis and sales expenses	7b	65,977,567.				
	c Gain or (loss)	7c	-3,646,567.				
	d Net gain or (loss)		-3,646,567.			-3646567.	
8 a Gross income from fundraising events (not including \$ 444,534. of contributions reported on line 1c). See Part IV, line 18	8a		95,847.				
			194,362.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-98,515.		-98,515.		
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			Business Code				
	11 a _____						
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			11,908,040.	0.	161,003.	2796742.	

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	13,506,808.	13,506,808.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	443,570.	443,570.		
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	951,345.	351,527.	257,613.	342,205.
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	1,165,626.	426,614.	324,236.	414,776.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	409,545.	150,362.	112,439.	146,744.
10 Payroll taxes	129,487.	47,541.	35,550.	46,396.
11 Fees for services (nonemployees):				
a Management				
b Legal	5,146.	1,764.	1,323.	2,059.
c Accounting	37,713.	12,926.	9,699.	15,088.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	707,402.		707,402.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	19,863.	6,808.	5,108.	7,947.
12 Advertising and promotion	159,772.	21,563.	16,181.	122,028.
13 Office expenses	48,562.	17,558.	13,140.	17,864.
14 Information technology				
15 Royalties				
16 Occupancy	59,235.	21,768.	16,277.	21,190.
17 Travel	8,226.	3,023.	2,260.	2,943.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	53,716.	19,740.	14,761.	19,215.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	165,686.	56,786.	42,612.	66,288.
23 Insurance	43,186.	14,801.	11,107.	17,278.
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 <u>EQUIP. RENTAL&MAINT.</u>	134,440.	49,405.	36,943.	48,092.
b <u>RESEARCH&SPECIAL PROJ.</u>	80,445.			80,445.
c <u>DUES AND SUBSCRIPTIONS</u>	40,058.	12,226.	12,032.	15,800.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	18,169,831.	15,164,790.	1,618,683.	1,386,358.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	125,139.	1	138,704.
	2 Savings and temporary cash investments	10,576,942.	2	10,793,114.
	3 Pledges and grants receivable, net	240,697.	3	156,748.
	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	343,197.	7	216,434.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	108,416.	9	104,321.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,539,682.		
	b Less: accumulated depreciation	10b 855,943.	10c	3,683,739.
	11 Investments - publicly traded securities	218,015,964.	11	180,968,783.
	12 Investments - other securities. See Part IV, line 11	0.	12	30,691,006.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	46,499,102.	15	32,869,828.
16 Total assets. Add lines 1 through 15 (must equal line 33)	279,695,721.	16	259,622,677.	
Liabilities	17 Accounts payable and accrued expenses	718,611.	17	779,173.
	18 Grants payable	382,975.	18	465,914.
	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	33,108,825.	25	32,524,887.
	26 Total liabilities. Add lines 17 through 25	34,210,411.	26	33,769,974.
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	127,706,323.	27	101,889,904.
	28 Net assets with donor restrictions	117,778,987.	28	123,962,799.
	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	245,485,310.	32	225,852,703.
	33 Total liabilities and net assets/fund balances	279,695,721.	33	259,622,677.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,908,040.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,169,831.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,261,791.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	245,485,310.
5	Net unrealized gains (losses) on investments	5	-13,954,754.
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	583,938.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	225,852,703.

Part XII Financial Statements and Reporting

Check 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 <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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	X	
2c	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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
3b	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 (2022)

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10763024.	11553844.	22353578.	19758048.	8950295.	73378789.
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	10763024.	11553844.	22353578.	19758048.	8950295.	73378789.
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)						1812650.
6 Public support. Subtract line 5 from line 4.						71566139.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	10763024.	11553844.	22353578.	19758048.	8950295.	73378789.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6759446.	5302920.	7961608.	10030527.	6541824.	36596325.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	161,003.	161,003.
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						110136117
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 2022 (line 6, column (f), divided by line 11, column (f))	14	64.98	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	65.62	%
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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).		

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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number

**** - *** 7615**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization AKRON COMMUNITY FOUNDATION	Employer identification number ** - ***7615
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>507,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>420,413.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>413,861.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>392,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AKRON COMMUNITY FOUNDATION	Employer identification number ** - ***7615
---------------------------------------------------------------	-----------------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>232,151.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>199,004.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AKRON COMMUNITY FOUNDATION	Employer identification number ** - ***7615
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>3</u>	PUBLICLY-TRADED SECURITIES _____ _____ _____	\$ <u>420,413.</u>	<u>10/05/22</u>
<u>4</u>	PUBLICLY-TRADED SECURITIES _____ _____ _____	\$ <u>413,861.</u>	<u>12/20/22</u>
<u>9</u>	PUBLICLY-TRADED SECURITIES _____ _____ _____	\$ <u>199,004.</u>	<u>03/09/23</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization AKRON COMMUNITY FOUNDATION	Employer identification number ** - *** 7615
---------------------------------------------------------------	------------------------------------------------------------

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

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

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

2022

Open to Public Inspection

Name of the organization AKRON COMMUNITY FOUNDATION Employer identification number ** - *** 7615

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements (2a-2d), and yes/no questions about monitoring and reporting.

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.

Form with questions (1a, 1b, 2) regarding art and historical treasures, including checkboxes and dollar amount fields for revenue and assets.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	241,651,000.	236,577,000.	173,186,000.	180,879,000.	179,975,000.
b Contributions	7,509,000.	17,966,000.	20,438,000.	10,755,000.	9,943,000.
c Net investment earnings, gains, and losses	-8,054,000.	5,247,000.	64,307,000.	-18,448,000.	4,138,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	18,975,000.	18,139,000.	21,354,000.		13,177,000.
f Administrative expenses					
g End of year balance	222,131,000.	241,651,000.	236,577,000.	173,186,000.	180,879,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 51.1440 %
 - b Permanent endowment 26.2300 %
 - c Term endowment 22.6260 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------------------------------------------------------------------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		580,024.		580,024.
b Buildings	552,000.	2,849,558.	491,640.	2,909,918.
c Leasehold improvements				
d Equipment		553,100.	364,303.	188,797.
e Other		5,000.		5,000.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,683,739.

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) ALTERNATIVE INVESTMENTS	19,598,562.	END-OF-YEAR MARKET VALUE
(B) COMMON TRUST FUNDS	11,092,444.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	30,691,006.	

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	39,388.
(2) ACCRUED INVESTMENT INCOME	305,553.
(3) FUNDS HELD AS AGENCY ENDOWMENT OBLIGATIONS	32,524,887.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	32,869,828.

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 AS AGENCY ENDOWMENTS	32,524,887.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	32,524,887.

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	-2,498,211.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-13,954,754.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	61,543.
e	Add lines 2a through 2d	2e	-13,893,211.
3	Subtract line 2e from line 1	3	11,395,000.
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	707,402.
b	Other (Describe in Part XIII.)	4b	-194,362.
c	Add lines 4a and 4b	4c	513,040.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	11,908,040.

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	17,134,397.
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	194,362.
e	Add lines 2a through 2d	2e	194,362.
3	Subtract line 2e from line 1	3	16,940,035.
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	707,402.
b	Other (Describe in Part XIII.)	4b	522,394.
c	Add lines 4a and 4b	4c	1,229,796.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	18,169,831.

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 XI, LINE 2D - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT TRANSACTIONS 61,543.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES RELATED TO FUNDRAISING -194,362.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES RELATED TO FUNDRAISING 194,362.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT TRANSACTIONS 522,394.

Part XIII Supplemental Information *(continued)*

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 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

Part V Supplemental Information

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.

Multiple horizontal lines for supplemental information.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		POLSKY DINNER (event type)	SUGAR PLUM (event type)	12 (total number)	(add col. (a) through col. (c))
Revenue	1	185,775.	163,838.	190,768.	540,381.
	2	146,740.	142,783.	155,011.	444,534.
	3	39,035.	21,055.	35,757.	95,847.
Direct Expenses	4				
	5				
	6				
	7	43,469.	15,779.	44,025.	103,273.
	8	14,192.	5,400.	2,906.	22,498.
	9	13,538.	31,411.	23,642.	68,591.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-98,515.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1			
Direct Expenses	2				
	3				
	4				
	5				
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **AKRON COMMUNITY FOUNDATION** Employer identification number **** - *** 7615**

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
A KID AGAIN NORTHERN OHIO CHAPTER TWINSBURG, OH 44087	** - *** 0073	501(C)(3)	6,250.	0.			TO SUPPORT THERAPEUTIC RECREATION OPPORTUNITIES FOR FAMILIES WITH KIDS SUFFERING
ACCESS INC. 230 WEST MARKET STREET AKRON, OH 44303	** - *** 5246	501(C)(3)	42,200.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON AIDS COLLABORATIVE (FA: FIRST GRACE UNITED CHURCH OF CHRIST) - 1265 SOUTH CLEVELAND MASSILLON ROAD - COPLEY, OH 44321	** - *** 8182	501(C)(3)	10,000.	0.			TO SUPPORT BAYARD RUSTIN LGBTQ+ RESOURCE CENTER
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-1801	** - *** 3426	501(C)(3)	185,732.	0.			FOR GENERAL OPERATING SUPPORT
AKRON BLIND CENTER & WORKSHOP INC. P.O. BOX 1864 AKRON, OH 44309	** - *** 2708	501(C)(3)	17,000.	0.			FOR GENERAL OPERATING SUPPORT
AKRON CHILDREN'S HOSPITAL FOUNDATION - ONE PERKINS SQUARE - AKRON, OH 44308-1063	** - *** 4013	501(C)(3)	47,000.	0.			FOR GENERAL PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 294.

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

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

Schedule I (Form 990) 2022

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 CHILDREN'S MUSEUM 216 SOUTH MAIN STREET AKRON, OH 44308-1315	**-***8462	501(C)(3)	37,000.	0.			FOR GENERAL OPERATING SUPPORT
AKRON COMMUNITY SERVICE CENTER & URBAN LEAGUE - 440 VERNON ODOM BLVD. - AKRON, OH 44307-2108	**-***4520	501(C)(3)	70,250.	0.			FOR GENERAL OPERATING SUPPORT
AKRON CREATIVE INC. AKA: THE NIGHTLIGHT CINEMA - 30 NORTH HIGH STREET - AKRON, OH 44308-1974	**-***5272	501(C)(3)	24,000.	0.			FOR GENERAL OPERATING SUPPORT
AKRON DEVELOPMENT CORPORATION 166 SOUTH HIGH STREET, SUITE 202 AKRON, OH 44308-1628	**-***8327	501(C)(3)	70,000.	0.			TO CONTINUE TO INCREASE THE VIBRANCY OF TARGETED BUSINESS DISTRICTS WITHIN THE CITY OF AKRON
AKRON GENERAL FOUNDATION 1 AKRON GENERAL AVENUE AKRON, OH 44307-2432	**-***7047	501(C)(3)	68,000.	0.			FOR GENERAL PROGRAM SUPPORT FOR 2022 AND 2023
AKRON INNER CITY SOCCER CLUB 3117 DOWLING DRIVE AKRON, OH 44333	**-***5816	501(C)(3)	12,000.	0.			TO SUPPORT YOUTH DEVELOPMENT AND AFTER SCHOOL SOCCER PROGRAM FOR THE LOW-INCOME FAMILIES
AKRON MARATHON CHARITABLE CORPORATION - 155 EAST VORIS STREET - AKRON, OH 44311-1513	**-***1773	501(C)(3)	122,750.	0.			TO SUPPORT 20-YEAR ENHANCEMENTS AND THE 2022 AKRON MARATHON
AKRON PARKS COLLABORATIVE 647 E. MARKET STREET, UNIT 6 AKRON, OH 44304	**-***7742	501(C)(3)	11,000.	0.			TO SUPPORT FRIENDS OF PARKS GROUPS AND THEIR WORK IN ACTIVATING NEIGHBORHOOD PARKS
AKRON PROMISE, INC. 526 SOUTH MAIN STREET, SUITE 124R AKRON, OH 44311-4402	**-***3260	501(C)(3)	6,000.	0.			TO PROMOTE SOCIAL AND EMOTIONAL HEALTH AND OBSTACLE-FREE POSTSECONDARY PATHWAYS

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 PUBLIC SCHOOLS 10 NORTH MAIN STREET AKRON, OH 44308-1991	**-***0033	501(C)(3)	90,686.	0.			TO SUPPORT A PARTNER BROKER POSITION FOR MIDDLE SCHOOLS AND FOR ARTS CAN TEACH (ACT)
AKRON ROTARY CAMP FOR CHILDREN WITH SPECIAL NEEDS INC. - 4460 REX LAKE DRIVE - AKRON, OH 44319-3430	**-***7819	501(C)(3)	93,500.	0.			FOR CAMP SPONSORSHIP, GENERAL PROGRAM SUPPORT AND TO SUPPORT THE CHILI OPEN
AKRON ROUNDTABLE P.O. BOX 1051 CUYAHOGA FALLS, OH 44223-0051	**-***9338	501(C)(3)	10,750.	0.			FOR SPONSORSHIP AND FOR GENERAL PROGRAM SUPPORT
AKRON SOUL TRAIN 121 SOUTH MAIN STREET, SUITE 500 AKRON, OH 44308-1426	**-***9928	501(C)(3)	8,000.	0.			FOR GENERAL OPERATING SUPPORT
AKRON SYMPHONIC WINDS C/O JIM FELTER HUDSON, OH 44236	**-***7904	501(C)(3)	9,000.	0.			TO SUPPORT FREE LIVE CONCERTS FOR THE COMMUNITY AND TO BRING LIVE MUSIC TO HALE FARM
AKRON ZOOLOGICAL PARK 500 EDGEWOOD AVENUE AKRON, OH 44307-2199	**-***3866	501(C)(3)	12,850.	0.			TO SUPPORT IN-SCHOOL PROGRAMMING FOR APS STUDENTS AS THEY TRANSITION TO
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	**-***9388	501(C)(3)	162,800.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON-SUMMIT COUNTY PUBLIC LIBRARY 60 SOUTH HIGH STREET AKRON, OH 44326-1000	**-***0031	115	16,000.	0.			FOR JAZZ CONCERTS AND OTHER CULTURAL PROGRAMS FOR 2023
ALCHEMY INC. P.O. BOX 4041 COPLEY, OH 44321-0041	**-***3765	501(C)(3)	10,000.	0.			TO SUPPORT DEVELOPING HEROES: IN-SCHOOL GROUP MENTORING FOR URBAN ADOLESCENTS IN AKRON

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
AMERICAN HEART ASSOCIATION INC. 1575 CORPORATE WOODS PARKWAY, SUITE UNIONTOWN, OH 44685	**-***3797	501(C)(3)	10,500.	0.			FOR GO RED FOR WOMEN - AKRON/CANTON REGION
AMERICAN RED CROSS NORTHERN OHIO REGION - 501 WEST MARKET STREET - AKRON, OH 44303-1898	**-***6605	501(C)(3)	46,700.	0.			TO SUPPORT DISASTER CYCLE SERVICES IN MEDINA AND SUMMIT COUNTIES, TO SUPPORT ACTS OF COURSE
APOLLO'S FIRE THE CLEVELAND BAROQUE ORCHESTRA - 3091 MAYFIELD ROAD, SUITE 217 - CLEVELAND HEIGHTS, OH 44118-1777	**-***6842	501(C)(3)	14,000.	0.			FOR GENERAL OPERATING SUPPORT
ARCHBISHOP HOBAN HIGH SCHOOL INC. ONE HOLY CROSS BLVD. AKRON, OH 44306-1500	**-***0684	501(C)(3)	18,029.	0.			FOR GENERAL PROGRAM SUPPORT
ART RESOURCES TRANSFORMATIONS DBA: CURATED STOREFRONT - 526 S MAIN ST STE 503A - AKRON, OH 44311-4402	**-***3218	501(C)(3)	324,150.	0.			FOR GENERAL PROGRAM SUPPORT
ART SPARKS P.O. BOX 1061 CUYAHOGA FALLS, OH 44223-0061	**-***9269	501(C)(3)	10,000.	0.			TO SUPPORT THE DYNAMITE DUOS PROGRAM AND ADD AN AFTER-SCHOOL COMPONENT FOR OUR APS STUDENTS WITH
ARTSNOW 175 SOUTH MAIN STREET, OHIO BUILDING, STE 100 - AKRON, OH 44308	**-***3742	501(C)(3)	96,500.	0.			FOR GENERAL OPERATING SUPPORT
ASIAN SERVICES IN ACTION INC. 370 EAST MARKET STREET AKRON, OH 44304-1526	**-***8850	501(C)(3)	25,000.	0.			TO IMBED MENTAL HEALTH PROGRAMMING AND ACTIVITIES WITHIN ASIA'S INTERNATIONAL COMMUNITY
AUTISM SOCIETY OF GREATER AKRON 580 GRANT STREET AKRON, OH 44311	**-***9984	501(C)(3)	7,000.	0.			TO EXPAND INCLUSIVE SOCIAL AND RECREATIONAL OPPORTUNITIES FOR INDIVIDUALS WITH AUTISM

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
AXESSPOINTE COMMUNITY HEALTH CENTER INC. - 1400 SOUTH ARLINGTON STREET, SUITE 38 - AKRON, OH 44306	**_***5884	501(C)(3)	22,000.	0.			TO SUPPORT HEALTH AND WELLNESS IN MARGINALIZED INDIVIDUALS IN SUMMIT COUNTY
BACK ON MY FEET 1730 EAST HOLLY AVENUE, SUITE 826 EL SEGUNDO, CA 90245-4404	**_***9809	501(C)(3)	7,000.	0.			FOR GENERAL PROGRAM SUPPORT
BALLET THEATRE OF OHIO 265 NORTH MAIN STREET, SUITE 13 MUNROE FALLS, OH 44262-1090	**_***2850	501(C)(3)	27,105.	0.			TO BE USED FOR PRODUCTION EXPENSES FOR CHILDREN'S BALLET THEATRE
BATH CHURCH, UNITED CHURCH OF CHRIST - P.O. BOX 496 - BATH, OH 44210-0496	**_***7041	501(C)(3)	12,000.	0.			FOR GENERAL PROGRAM SUPPORT
BATTERED WOMEN'S SHELTER 974 EAST MARKET STREET AKRON, OH 44305-2445	**_***9342	501(C)(3)	102,012.	0.			FOR GENERAL OPERATING SUPPORT
BIG BROTHERS AND SISTERS OF SUMMIT, MEDINA & STARK COUNTIES INC. - 50 SOUTH MAIN STREET, SUITE LL 110 - AKRON, OH 44308	**_***4356	501(C)(3)	26,000.	0.			TO SUPPORT ONE-TO-ONE MENTORING FOR CHILDREN IN SUMMIT COUNTY
BIG LOVE NETWORK 111 CAREY AVENUE AKRON, OH 44314-1975	**_***6170	501(C)(3)	7,500.	0.			TO SUPPORT THE CITY REPAIR PROJECT
BLACK ECONOMIC AND WELLNESS COALITION OF AKRON (FA: UNITED BLACK FUND OF GREATER - P.O. BOX 13701 - AKRON, OH 44334	**_***6892	501(C)(3)	25,000.	0.			TO SUPPORT INFRASTRUCTURE DEVELOPMENT, HOUSING INITIATIVE AND MATCHING DOLLARS
BLESSED TRINITY PARISH 300 EAST TALLMADGE AVENUE AKRON, OH 44310-2373	**_***2139	501(C)(3)	10,000.	0.			TO STOCK THE SHELVES OF THE FOOD PANTRY IN MEMORY OF MAL AND SUE AMES

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
BLICK CLINIC INC. DBA THE BLICK CENTER - 640 WEST MARKET STREET - AKRON, OH 44303-1413	**-***6525	501(C)(3)	7,500.	0.			FOR REDESIGN OF BUILDINGS ENTRYWAY FOR ACCESSIBILITY
BOUNCE INNOVATION HUB 526 SOUTH MAIN STREET AKRON, OH 44311-4401	**-***1373	501(C)(3)	12,500.	0.			TO SUPPORT CAPACITY-BUILDING AND FOR THE WORKSHOP, WHICH PROVIDES TOOLS, TRAINING,
BOY SCOUTS OF AMERICA COUNCIL 4500 HUDSON DRIVE STOW, OH 44224-1702	**-***7790	501(C)(3)	67,246.	0.			FOR GENERAL OPERATING SUPPORT
BOY SCOUTS OF AMERICA, LAKE ERIE COUNCIL - P.O. BOX 93388 - CLEVELAND, OH 44101-5388	**-***4322	501(C)(3)	5,500.	0.			FOR CHARITY EVENT, WITHOUT BENEFITS (REFERENCE: T. POE)
BOYS & GIRLS CLUBS OF NORTHEAST OHIO - BGCNEO6854 - CLEVELAND, OH 44127	**-***6214	501(C)(3)	7,250.	0.			IN HONOR OF MARK (BOARD MEMBER/PAST CHAIR) AND CAROL BACHMANN, FOR THEIR PAST AND CONTINUED
BOYS AND GIRLS CLUBS OF NORTHEAST OHIO - P.O. BOX 72090 OPC833 - AKRON, OH 44307	**-***6214	501(C)(3)	119,542.	0.			FOR GENERAL OPERATING SUPPORT
BRIDGE THE VILLAGE 2312 16TH STREET CUYAHOGA FALLS, OH 44223	**-***6601	501(C)(3)	7,000.	0.			FOR GENERAL PROGRAM SUPPORT
BRIGHT STAR BOOKS INC. 8893 LANGSTON COURT MACEDONIA, OH 44056-1547	**-***4952	501(C)(3)	10,000.	0.			TO SUPPORT CHILDREN'S BOOK-GIVING PROGRAMMING IN SUMMIT COUNTY
BROKEN CHAINS JAIL & PRISON MINISTRY - P.O. BOX 502 - AKRON, OH 44309-0502	**-***9891	501(C)(3)	40,500.	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.)

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BRUNSWICK CITY SCHOOLS 3643 CENTER ROAD BRUNSWICK, OH 44212-3619	**_***0443	501(C)(3)	10,000.	0.			TO SUPPORT THE BUILDING OF A BRUNSWICK INCLUSIVE PLAYGROUND
BUILDING FOR TOMORROW 100 WEST CEDAR STREET AKRON, OH 44307-2569	**_***4089	501(C)(3)	108,933.	0.			TO SUPPORT EARLY CHILDHOOD HOME VISITING TO AMHA RESIDENTS IN SUMMIT COUNTY
BUSINESS VOLUNTEERS UNLIMITED DBA: BVU: THE CENTER FOR NONPROFIT EXCELLENCE - 1300 EAST 9TH STREET, SUITE 1220 - CLEVELAND, OH	**_***4581	501(C)(3)	196,304.	0.			TRANSFER FOR QUARTER BEGINNING JANUARY 2023
CANINE COMPANIONS FOR INDEPENDENCE INC. - 7480 NEW ALBANY-CONDIT ROAD - NEW ALBANY, OH 43054	**_***4324	501(C)(3)	9,640.	0.			TO PROVIDE SERVICE DOGS AT NO COST TO CHILDREN, ADULTS, AND VETERANS WITH DISABILITIES IN SUMMIT
CANTORS ASSEMBLY INC. 55 SOUTH MILLER ROAD, SUITE 201 AKRON, OH 44333-4168	**_***9506	501(C)(3)	25,000.	0.			FOR THE ALAN AND JANICE WOLL FAMILY ENDOWMENT FUND FOR JEWISH EDUCATION
CASA BOARD VOLUNTEER ASSOCIATION INC. - 650 DAN STREET - AKRON, OH 44310-3909	**_***6268	501(C)(3)	21,000.	0.			FOR GENERAL OPERATING SUPPORT
CASE WESTERN RESERVE UNIVERSITY OFFICE OF ADVANCEMENT SERVICES CLEVELAND, OH 44106-7035	**_***8992	501(C)(3)	39,380.	0.			FOR SCHOOL OF LAW SCHOLARSHIPS
CATHOLIC CHARITIES OF SUMMIT COUNTY - 812 BIRUTA STREET - AKRON, OH 44307-1104	**_***8541	501(C)(3)	20,431.	0.			TO SUPPORT THE CATHOLIC CHARITIES SUMMIT ADULT DAY SERVICES
CATHOLIC COMMUNITY FOUNDATION 1404 EAST 9TH STREET, SUITE 800 CLEVELAND, OH 44114-9970	**_***8579	501(C)(3)	16,667.	0.			FOR AREA OF GREATEST NEED IN AKRON AND CLEVELAND, OHIO

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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CENTER FOR APPLIED THEATRE AND ACTIVE CULTURE - 220 SOUTH BALCH STREET - AKRON, OH 44302	**-***2908	501(C)(3)	17,000.	0.			FOR INVESTMENT IN EQUIPMENT UPGRADES THAT IMPROVE COMMUNITY OUTREACH, EXPERIENCE AND
CHABAD JEWISH RELIGIOUS ASSOCIATION - 599 PEBBLE BEACH DRIVE - AKRON, OH 44333-2835	**-***4750	501(C)(3)	66,100.	0.			FOR RABBI MENDY TORAH
CHAIR-ITY INC. 3643 NORTH SHORE DRIVE AKRON, OH 44333	**-***8771	501(C)(3)	14,500.	0.			FOR GENERAL OPERATING SUPPORT
CHILD GUIDANCE & FAMILY SOLUTIONS INC. - 18 NORTH FORGE STREET - AKRON, OH 44304-1317	**-***6083	501(C)(3)	86,000.	0.			TO SUPPORT THE TODDLERS AND PRESCHOOLERS SUCCEEDING (TAPS) PROGRAM
CHILDREN'S CONCERT SOCIETY OF AKRON - E.J. THOMAS PERFORMING ARTS HALL - AKRON, OH 44325-0501	**-***3479	501(C)(3)	28,772.	0.			FOR GENERAL PROGRAM SUPPORT
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON DBA: AKRON CHILDREN'S HOSPITAL - ONE PERKINS SQUARE - AKRON, OH 44308-1062	**-***4357	501(C)(3)	113,166.	0.			FOR A PARENT SUPPORT GROUP AT THE CENTER FOR GENDER AFFIRMING MEDICINE
CHRIST CHILD SOCIETY OF AKRON P.O. BOX 13411 AKRON, OH 44334-8811	**-***5803	501(C)(3)	15,874.	0.			TO PROVIDE CLOTHING AND SHOES TO LOW INCOME STUDENTS
CHRIST CHURCH MADISON 5944 SEMINOLE CENTRE COURT, SUITE 1 FITCHBURG, WI 53711-5019	**-***3884	501(C)(3)	25,500.	0.			FOR GENERAL PROGRAM SUPPORT
CITIZENS AKRON CHURCH 647 EAST MARKET STREET AKRON, OH 44305	**-***4549	501(C)(3)	6,000.	0.			FOR THE GENERAL OPERATING SUPPORT OF THE VINCENT HOUSE, AN AFTERSCHOOL PROGRAM AND SAFE SPACE

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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CITY OF AKRON DEPT. PLANNING & URBAN DEVELOPMENT AKRON, OH 44308	**-***0020	501(C)(3)	55,000.	0.			TO SUPPORT THE MAYOR'S CITIZENS INSTITUTE CIVIC ENGAGEMENT PROGRAM
CLEVELAND CLINIC FOUNDATION PHILANTHROPY INSTITUTE CLEVELAND, OH 44193-1655	**-***4585	501(C)(3)	22,640.	0.			FOR THE 2023 ANNUAL APPEAL, WITH \$500 EACH FOR THE RESEARCH WORK OF DR. BRIAN GRIFFITH AND
CLEVELAND FOUNDATION 1422 EUCLID AVENUE, SUITE 1300 CLEVELAND, OH 44115-2001	**-***4588	501(C)(3)	1,502,701.	0.			FOR MEDICAL MUTUAL OF OHIO CHARITABLE GIFT FUND
CLEVELAND INTERNATIONAL FILM FESTIVAL INC. - 2510 MARKET AVENUE - CLEVELAND, OH 44113-3434	**-***2368	501(C)(3)	7,000.	0.			FOR FUND SPONSORSHIP OF THE TOM AND GINNY KNOLL FAMILY AWARD: IN CELEBRATION OF ACTS OF
CLEVELAND MODERN DANCE ASSOCIATION DBA DANCECLEVELAND - 13110 SHAKER SQUARE, SUITE 106 - CLEVELAND, OH 44120	**-***1006	501(C)(3)	10,000.	0.			TO SUPPORT BRINGING WORLD-CLASS DANCE ENSEMBLE GIBNEY COMPANY TO AKRON FOR A
CLEVELAND MUSEUM OF NATURAL HISTORY - 1 WADE OVAL DRIVE - CLEVELAND HEIGHTS, OH 44106-1701	**-***4338	501(C)(3)	7,500.	0.			TO SUPPORT THIRD GRADE READING SUCCESS IN AKRON PUBLIC SCHOOLS THROUGH DIG IN, AKRON!, A
CLINTON PRESBYTERIAN CHURCH 402 NORTH CENTER STREET CLINTON, IL 61727	**-***3674	501(C)(3)	6,505.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING DECEMBER 31, 2022
COLEMAN PROFESSIONAL SERVICES INC. DBA: COLEMAN HEALTH SERVICES - 5982 RHODES ROAD - KENT, OH 44240-8100	**-***0178	501(C)(3)	26,003.	0.			TO SUPPORT UNMUTE THE UNCOMFORTABLE, A SYMPOSIUM ON RACIAL EQUITY, SHATTERING THE
COLLEGE NOW GREATER CLEVELAND INC. 1500 WEST 3RD STREET, SUITE 125 CLEVELAND, OH 44113-1422	**-***0096	501(C)(3)	12,500.	0.			FOR SUMMIT COUNTY STUDENT FINANCIAL AID AND STUDENT LOAN COUNSELING CAPACITY BUILDING

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COMMUNITY AIDS NETWORK/AKRON PRIDE INITIATIVE - 759 WEST MARKET STREET, 1ST FLOOR - AKRON, OH 44303-1015	**-***6671	501(C)(3)	14,354.	0.			TO SUPPORT THE AKRON PRIDE FESTIVAL
COMMUNITY HALL FOUNDATION PROGRAM ENDOWMENT DBA: AKRON CIVIC THEATRE - 182 SOUTH MAIN STREET - AKRON, OH 44308-1316	**-***5948	501(C)(3)	169,842.	0.			TO SUPPORT THE MILLIENNIAL THEATRE PROJECT'S 2023 PRODUCTIONS
COMMUNITY LEGAL AID SERVICES INC. 50 SOUTH MAIN STREET, SUITE 800 AKRON, OH 44308-1823	**-***3560	501(C)(3)	36,750.	0.			TO PROVIDE EMERGENCY LEGAL SERVICES TO LOW-INCOME VICTIMS OF DOMESTIC VIOLENCE AND
COMMUNITY ORIENTED RECOVERY 526 CANTON ROAD, SUITE 201 AKRON, OH 44312	**-***9632	501(C)(3)	10,000.	0.			FOR PEER SUPPORT FOR SUMMIT COUNTY RESIDENTS
COMMUNITY OUTREACH RESOURCES EXCHANGE DBA: CORE FURNITURE BANK - P.O. BOX 1192 - CUYAHOGA FALLS, OH 44223-0192	**-***6894	501(C)(3)	17,000.	0.			FOR GENERAL OPERATING SUPPORT
COMMUNITY SUPPORT SERVICES INC. 150 CROSS STREET AKRON, OH 44311-1026	**-***9146	501(C)(3)	6,000.	0.			FOR THE BEHAVIORAL HEALTHCARE AND WELLNESS PROGRAM
CONXUSNEO P.O. BOX 2047 AKRON, OH 44309	**-***9627	501(C)(3)	20,000.	0.			FOR GENERAL OPERATIONS TO SUPPORT A CONNECTED TALENT ECOSYSTEM TO BUILD A THRIVING WORKFORCE
COPLEY UNITED METHODIST CHURCH 1518 SOUTH CLEVELAND-MASSILLON ROAD COPLEY, OH 44321-1908	**-***0244	501(C)(3)	6,000.	0.			FOR THE COPLEY OUTREACH CENTER AND ITS COPLEY-FAIRLAWN CARES PROGRAM FOR CHILDREN
CRAFTY MART 526 SOUTH MAIN STREET, SUITE 217 AKRON, OH 44311-4403	**-***7945	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING

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CRAWFORD HERITAGE COMMUNITY FOUNDATION - P.O. BOX 933 - MEADVILLE, PA 16335-6933	**-***3245	501(C)(3)	7,000.	0.			TO SUPPORT CRAWFORD GIVES, WITH \$2,000 BEING FOR ACADEMY THEATRE AND \$5,000 FOR SOUTH LAKE
CROWN POINT ECOLOGY CENTER P.O. BOX 484 BATH, OH 44210-0484	**-***7313	501(C)(3)	44,422.	0.			FOR SEEDS AND SOIL AMENDMENTS FOR 2023 SEASON
CUYAHOGA VALLEY ART CENTER 2131 FRONT STREET CUYAHOGA FALLS, OH 44221-3219	**-***9079	501(C)(3)	9,000.	0.			FOR GENERAL PROGRAM SUPPORT
CUYAHOGA VALLEY COUNTRYSIDE CONSERVANCY - 4965 QUICK ROAD - PENINSULA, OH 44264-9574	**-***6395	501(C)(3)	11,681.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING SEPTEMBER 30, 2022
CUYAHOGA VALLEY PRESERVATION AND SCENIC RAILWAY ASSOCIATION - P.O. BOX 158 - PENINSULA, OH 44264-0158	**-***8801	501(C)(3)	45,450.	0.			FOR GENERAL PROGRAM SUPPORT
CUYAHOGA VALLEY YOUTH BALLET DBA: BALLET EXCEL OHIO - P.O. BOX 3131 - CUYAHOGA FALLS, OH 44223-0431	**-***8396	501(C)(3)	23,948.	0.			FOR GENERAL PROGRAM SUPPORT
DANCING CLASSROOMS NORTHEAST OHIO 1085 ROCKSIDE ROAD, SUITE 6 PARMA, OH 44134-2700	**-***0532	501(C)(3)	17,500.	0.			FOR GENERAL OPERATING SUPPORT
DIVERSITY CENTER OF NORTHEAST OHIO 3659 GREEN ROAD, SUITE 220 CLEVELAND, OH 44122	**-***6761	501(C)(3)	8,000.	0.			TO SUPPORT EQUITY AND INCLUSION EDUCATION TO STUDENTS IN AKRON PUBLIC SCHOOLS
DNA RISING 503 EAST 200TH STREET, #103 CLEVELAND, OH 44119	**-***0320	501(C)(3)	10,000.	0.			FOR THE 2022 HOME FOR ALL COMMUNITY FUND AWARD TO A LOCAL HOUSING NON-PROFIT

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
DOCTORS WITHOUT BORDERS USA INC. P.O. BOX 5030 HAGERSTOWN, MD 21741-5030	**_***3452	501(C)(3)	7,000.	0.			FOR TURKEY / SYRIAN EARTHQUAKE RELIEF
DOWNTOWN AKRON PARTNERSHIP INC. GREYSTONE HALL AKRON, OH 44308-1461	**_***3835	501(C)(3)	86,500.	0.			FOR STAFF APPRECIATION IN HONOR OF SUZIE GRAHAM
DOYLESTOWN COMMUNITY FOOD CUPBOARD 153 CHURCH STREET DOYLESTOWN, OH 44230-1402	**_***3777	501(C)(3)	10,000.	0.			TO STOCK THE SHELVES IN MEMORY OF MARTIN ECKERT
DREAMS ACADEMY INTERNATIONAL P.O. BOX 13383 AKRON, OH 44334	**_***8258	501(C)(3)	11,750.	0.			TO SUPPORT DREAMS ACADEMY PROGRAMMING AT EAST CLC
ECONOMIC AND COMMUNITY DEVELOPMENT INSTITUTE (ECDI) - ATTN: MAUREEN THOMAS - COLUMBUS, OH 43219	**_***5544	501(C)(3)	7,500.	0.			TO SUPPORT AKRON AREA SMALL BUSINESS OWNERS THROUGH FINANCING, WORKSHOPS, EVENTS AND
ECONOMICS CENTER FOR EDUCATION AND RESEARCH - 225 CALHOUN STREET, SUITE 370 - CINCINNATI, OH 45219	**_***8481	501(C)(3)	7,500.	0.			TO SUPPORT FINANCIAL EDUCATION FOR STUDENTS IN SUMMIT COUNTY
EMBRACING FUTURES INC. 50 SOUTH MAIN STREET, SUITE LL 100 AKRON, OH 44308-1859	**_***3299	501(C)(3)	16,475.	0.			FOR GENERAL OPERATING SUPPORT
EMMANUEL CHRISTIAN ACADEMY 350 SOUTH PORTAGE PATH AKRON, OH 44320	**_***5117	501(C)(3)	6,387.	0.			TO SUPPORT THE SCHOOL'S MISSION
EMPOWER HER NETWORK 8 NORTH RIDGE LANE NEW LONDON, CT 06320	**_***2421	501(C)(3)	17,000.	0.			TO SUPPORT PATHS TO FISCAL INDEPENDENCE FOR FEMALE TRAFFICKING SURVIVORS IN AKRON

Schedule I (Form 990)

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FAIRLAWN WEST UNITED CHURCH OF CHRIST - 2095 WEST MARKET STREET - AKRON, OH 44313-6903	**_***8502	501(C)(3)	8,000.	0.			FOR GENERAL PROGRAM SUPPORT
FAITH LUTHERAN CHURCH 2726 WEST MARKET STREET AKRON, OH 44333-4236	**_***4294	501(C)(3)	10,300.	0.			FOR THE GENERAL FUND
FAITHFUL SERVANTS MISSION INC. 65 COMMUNITY ROAD, SUITE F TALLMADGE, OH 44278-2358	**_***4159	501(C)(3)	10,000.	0.			TO SUPPORT ONGOING OPERATIONS VIA THE ANNUAL EVENT
FAMILY & COMMUNITY SERVICES INC. 705 OAKWOOD STREET, SUITE 221 RAVENNA, OH 44266-2196	**_***2451	501(C)(3)	26,578.	0.			FOR GENERAL OPERATING SUPPORT FOR MOBILE MEALS
FAMILY PROMISE OF SUMMIT COUNTY INC. - P.O. BOX 10076 - AKRON, OH 44310	**_***1718	501(C)(3)	30,500.	0.			TO PROVIDE FAMILY SUPPORT SERVICES TAILORED TO HOMELESS SINGLE MOTHERS
FATHERS AND SONS OF NORTHEAST OHIO 1382 HART STREET AKRON, OH 44306	**_***0084	501(C)(3)	25,000.	0.			TO SUPPORT SUMMIT COUNTY FATHERS IN RECOVERY
FEEDING MEDINA COUNTY 650 WEST SMITH ROAD, C8 MEDINA, OH 44256	**_***9528	501(C)(3)	18,500.	0.			FOR GENERAL PROGRAM SUPPORT
FIRST CONGREGATIONAL CHURCH OF HUDSON - 47 AURORA STREET - HUDSON, OH 44236-2997	**_***2813	501(C)(3)	7,000.	0.			TO SUPPORT FIRST SERVE SUMMER INTERN PROGRAM
FIRST GLANCE STUDENT CENTER INC. 943 KENMORE BLVD. AKRON, OH 44314-2149	**_***0539	501(C)(3)	10,000.	0.			TO SUPPORT THE CONNECT PROGRAM FOR YOUNG MOMS AND FAMILIES

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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FIRST PRESBYTERIAN CHURCH OF GRANVILLE - 110 WEST BROADWAY - GRANVILLE, OH 43023	**_***3377	501(C)(3)	6,000.	0.			FOR GENERAL PROGRAM SUPPORT
FIRST UNITED METHODIST CHURCH 245 PORTAGE TRAIL CUYAHOGA FALLS, OH 44221-3274	**_***5301	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT FOR MARCH, 2023 (ENVELOPE #1180)
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE SPARKS, NV 89437-5400	**_***4979	501(C)(3)	20,000.	0.			TO STOCK THE SHELVES AND TRIBAL PANTRIES
FREEDOM HOUSE FOR WOMEN INC. 1101 7TH AVENUE AKRON, OH 44306-1727	**_***1301	501(C)(3)	19,000.	0.			FOR GENERAL OPERATING SUPPORT
FRIENDS OF 91.3 DBA FRIENDS OF THE SUMMIT - 309 WOOLF AVENUE - AKRON, OH 44312	**_***2124	501(C)(3)	16,750.	0.			FOR THE ANNUAL CAMPAIGN
FRONT EXHIBITION COMPANY 1460 WEST 29TH STREET CLEVELAND, OH 44113	**_***6023	501(C)(3)	17,500.	0.			FOR GENERAL PROGRAM SUPPORT
FUND FOR OUR ECONOMIC FUTURE OF NORTHEAST OHIO - 4415 EUCLID AVENUE, SUITE 203 - CLEVELAND, OH 44103-3758	**_***6927	501(C)(3)	34,000.	0.			FOR GENERAL OPERATING SUPPORT
GARDEN CITY CHURCH 350 SOUTH PORTAGE PATH AKRON, OH 44320-2336	**_***5934	501(C)(3)	10,150.	0.			FOR QUARTERLY GENERAL OPERATING SUPPORT
GARDEN CLUB OF OHIO INC. DBA: AKRON GARDEN CLUB - 332 SPYGLASS DRIVE - FAIRLAWN, OH 44333	**_***2204	501(C)(3)	5,060.	0.			TO SUPPORT THE GOALS OF AKRON GARDEN CLUB

Schedule I (Form 990)

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GASP: GUARDIANS ADVOCATING CHILD SAFETY AND PROTECTION - 53 UNIVERSITY AVENUE, 4TH FLOOR - AKRON, OH 44308-1608	**_***8396	501(C)(3)	6,500.	0.			TO PURCHASE SUPPLIES FOR CHILD ID KIT CREATION
GIRL SCOUTS OF NORTH EAST OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 44056-2156	**_***6094	501(C)(3)	33,350.	0.			FOR GENERAL OPERATING SUPPORT
GIRLS ON THE RUN NORTHEAST OHIO 8929 BRECKSVILLE ROAD BRECKSVILLE, OH 44141-2301	**_***1498	501(C)(3)	32,250.	0.			TO SUPPORT THE PHYSICAL, SOCIAL & EMOTIONAL WELL-BEING OF SUMMIT COUNTY GIRLS
GLOBAL TIES AKRON 6595 MANCHESTER ROAD CLINTON, OH 44216	**_***3786	501(C)(3)	12,500.	0.			TO SUPPORT GLOBAL EDUCATION INITIATIVES BENEFITING STUDENTS OF SUMMIT COUNTY
GRACE HOUSE AKRON INC. 475 NORTH HOWARD STREET AKRON, OH 44310	**_***0042	501(C)(3)	33,777.	0.			TO PROVIDE PERSONAL CARE NEEDS FOR TERMINALLY ILL, VULNERABLE WOMEN
GREATER AKRON AMENITIES INC. 77 EAST MILL STREET AKRON, OH 44308	**_***5880	501(C)(3)	20,000.	0.			FOR THE AKRON HISTORY CENTER TO SUPPORT EXHIBITS AT THE DISCRETION OF THE CEO AND
GREATER AKRON CHAMBER FOUNDATION 388 SOUTH MAIN STREET, SUITE 205 AKRON, OH 44311-1035	**_***2413	501(C)(3)	100,000.	0.			TO CREATE AN EMPLOYER WORK EXPERIENCE PORTAL SUPPORTING ECOSYSTEM PARTNER EFFORTS TO
GREATER AKRON FORE YOUTH DEVELOPMENT INC. DBA: FIRST TEE - GREATER AKRON - 2000 SOUTH HAWKINS AVENUE - AKRON, OH	**_***6744	501(C)(3)	7,500.	0.			TO EXPAND CAPACITY BY ADDING A NEW COLLEGE INTERNSHIP PROGRAM
GREATER AKRON MUSICAL ASSOCIATION INC. - 92 NORTH MAIN STREET - AKRON, OH 44308-1932	**_***3828	501(C)(3)	28,000.	0.			FOR GENERAL OPERATING SUPPORT AT THE MAESTRO LEVEL

Schedule I (Form 990)

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GREENLEAF FAMILY CENTER 580 GRANT STREET AKRON, OH 44311-9910	**-***4398	501(C)(3)	18,541.	0.			FOR GENERAL PROGRAM SUPPORT IN HONOR OF SUE PIERSON
GROUNDWORKS DANCETHEATER 13125 SHAKER SQUARE, SUITE 102 SHAKER HEIGHTS, OH 44120-2399	**-***6594	501(C)(3)	11,250.	0.			FOR GENERAL OPERATIONS
GUY'S AND GAL'S COMMUNITY PARTNERSHIP INC. - P.O. BOX 5191 - FAIRLAWN, OH 44334	**-***7618	501(C)(3)	10,000.	0.			TO SUPPORT THE HOOP FOR COOP ADULT AND YOUTH HEALTH FAIR AND BASKETBALL TIP OFF/SPORTS
HABITAT FOR HUMANITY OF SUMMIT COUNTY INC. - 2301 ROMIG ROAD - AKRON, OH 44320-3824	**-***8873	501(C)(3)	40,000.	0.			FOR GENERAL OPERATING SUPPORT
HAPPY TRAILS FARM ANIMAL SANCTUARY 5623 NEW MILFORD ROAD RAVENNA, OH 44266-3830	**-***8434	501(C)(3)	11,000.	0.			FOR GENERAL PROGRAM SUPPORT
HARMONY HOUSE P.O. BOX 7502 AKRON, OH 44306	**-***9742	501(C)(3)	15,750.	0.			FOR GENERAL OPERATING SUPPORT
HAVEN OF REST MINISTRIES INC. 175 EAST MARKET STREET AKRON, OH 44309-0547	**-***0345	501(C)(3)	19,288.	0.			FOR GENERAL PROGRAM SUPPORT
HE BROUGHT US OUT MINISTRY P.O. BOX 1183 AKRON, OH 44309-1183	**-***0491	501(C)(3)	10,000.	0.			IN SUPPORT OF OPERATIONS FOR NORTH HILL COMMUNITY HOUSE
HEALTHNETWORK FOUNDATION 3550 LANDER ROAD, SUITE 225 PEPPER PIKE, OH 44124	**-***4600	501(C)(3)	10,000.	0.			FOR GENERAL PROGRAM SUPPORT

Schedule I (Form 990)

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HEART 4 THE CITY 954 EASTLAND AVENUE AKRON, OH 44305	**-***7911	501(C)(3)	10,000.	0.			FOR GENERAL PROGRAM SUPPORT
HEART TO HEART COMMUNICATIONS INC. DBA HEART TO HEART LEADERSHIP INC. - 37 NORTH HIGH STREET, SUITE B - AKRON, OH 44308-1973	**-***0357	501(C)(3)	27,000.	0.			FOR GENERAL PROGRAM SUPPORT
HIGHLAND SQUARE NEIGHBORHOOD ASSOCIATION - 641 WEST MARKET STREET - AKRON, OH 44303	**-***4506	501(C)(3)	13,000.	0.			TO SUPPORT PORCHROKR AND HIGHLAND SQUARE FILM FESTIVAL
HIMALAYAN ARTS LANGUAGE AND CULTURAL ACADEMY - 1011 GORGE BLVD. - AKRON, OH 44310	**-***0357	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING SUPPORT
HUDSON CITY SCHOOL DISTRICT TREASURER'S OFFICE HUDSON, OH 44236-3150	**-***1451	115	24,221.	0.			FOR THE MCDOWELL SENSORY GARDEN
HUMANE SOCIETY OF SUMMIT COUNTY 7996 DARROW ROAD, SUITE 30 TWINSBURG, OH 44087-6823	**-***0744	501(C)(3)	119,263.	0.			FOR GENERAL OPERATING SUPPORT
HUMILITY OF MARY HOUSING AKA H.M. LIFE OPPORTUNITY SERVICES - 2251 FRONT STREET, SUITE 210 - CUYAHOGA FALLS, OH 44221-2578	**-***2420	501(C)(3)	6,000.	0.			TO SUPPORT YOUTH SERVICES PROGRAMMING FOR CHILDREN TRANSITIONING FROM HOMELESSNESS
IBH FOUNDATION INC. 3445 SOUTH MAIN STREET AKRON, OH 44319	**-***7850	501(C)(3)	251,698.	0.			FOR IMPROVEMENTS, MAINTENANCE AND PROGRAM SUPPORT
IDEASTREAM PUBLIC MEDIA IDEA CENTER CLEVELAND, OH 44115-1835	**-***3865	501(C)(3)	12,660.	0.			OF WHICH \$1,200 IS FOR WKSU IDEA LEADER MEMBERSHIP DONATION, \$600 IS FOR WVIZ

Schedule I (Form 990)

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INTERNATIONAL DOCUMENTARY ASSOCIATION - 3600 WILSHIRE BLVD, #1810 - LOS ANGELES, CA 90010-2622	**-***1227	501(C)(3)	25,000.	0.			TO SUPPORT A FILM DOCUMENTARY ABOUT MENTAL HEALTH IN AKRON
INTERNATIONAL INSTITUTE OF AKRON INC. - 20 OLIVE STREET, SUITE 201 - AKRON, OH 44310	**-***3161	501(C)(3)	21,000.	0.			TO SUPPORT AN EXTENDED SOCIAL SERVICES PROGRAM FOR REFUGEES AND IMMIGRANTS
INTERNATIONAL SOAP BOX DERBY INC. 1000 GEORGE WASHINGTON BLVD. AKRON, OH 44312-3004	**-***1558	501(C)(3)	42,000.	0.			TO SUPPORT GIRLS RACING TO STEM CAREERS 2.0
INTERVAL BROTHERHOOD HOMES CORPORATION - 3445 SOUTH MAIN STREET - AKRON, OH 44319	**-***0131	501(C)(3)	31,094.	0.			TO SUPPORT WOMEN'S RESIDENTIAL TREATMENT
JEWISH FAMILY SERVICE OF AKRON OHIO - 750 WHITE POND DRIVE - AKRON, OH 44320-1128	**-***4444	501(C)(3)	10,300.	0.			FOR GENERAL OPERATIONS FOR OLDER ADULT AND MENTAL HEALTH SERVICES IN AKRON
JOANNA HOUSE LL 387 WEST BARTGES STREET AKRON, OH 44307	**-***2031	501(C)(3)	10,000.	0.			FOR PEER SUPPORT SERVICES & PREVENTION EDUCATION
JULIE BILLIART SCHOOLS 4982 CLUBSIDE ROAD LYNDHURST, OH 44124	**-***7831	501(C)(3)	68,500.	0.			FOR THE AKRON CAPITAL CAMPAIGN - CREATE ADDITIONAL CLASSROOM SPACE
JUMP ON BOARD FOR SUCCESS 2308 24TH STREET SW AKRON, OH 44314	**-***5939	501(C)(3)	5,500.	0.			TO SUPPORT A JOB SKILLS TRAINING AND MENTORING PROGRAM FOR AT-RISK, LOW INCOME GIRLS AND WOMEN
JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO INC. - 4353 EXECUTIVE CIRCLE NW - CANTON, OH 44718-2999	**-***0986	501(C)(3)	35,535.	0.			TO SUPPORT THE PROCESS OF CREATING A THREE-YEAR STRATEGIC PLAN

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KAITLYN ECKELBERRY MEMORIAL FUND 5484 FLEETWOOD AVENUE N.W. CANTON, OH 44718-1440	**-***4593	501(C)(3)	6,000.	0.			FOR GENERAL PROGRAM SUPPORT
KAREN COMMUNITY OF AKRON, INC. 1582 EAST MARKET STREET AKRON, OH 44305	**-***5525	501(C)(3)	7,500.	0.			TO SUPPORT THE KAREN NATIONAL MARTYRE'S DAY CELEBRATION EVENT
KEEP AKRON BEAUTIFUL 850 EAST MARKET STREET AKRON, OH 44305-2424	**-***1298	501(C)(3)	23,750.	0.			FOR GENERAL PROGRAM SUPPORT IN MEMORY OF THOMAS BUSCHKO
KEEPERS OF THE ART EDUCATION 639 CRESTVIEW DRIVE AKRON, OH 44320	**-***4857	501(C)(3)	10,000.	0.			TO SUPPORT THE 2022-2023 KEEPERS OF THE ART "HIP-HOP PRESERVATION PROJECT"
KENMORE NEIGHBORHOOD ALLIANCE 1028 KENMORE BLVD. AKRON, OH 44314-2114	**-***2431	501(C)(3)	26,000.	0.			TO SUPPORT THE ONGOING REVITALIZATION OF THE KENMORE COMMUNITY AND AKRON'S LARGEST
KENT STATE UNIVERSITY BURSAR'S OFFICE KENT, OH 44242-0001	**-***2079	501(C)(3)	10,000.	0.			TO SUPPORT THE KENT STATE UNIVERSITY CHILD DEVELOPMENT CENTER IN PROVIDING DAY CARE IN
KENT STATE UNIVERSITY FOUNDATION 350 SOUTH LINCOLN STREET KENT, OH 44242-0001	**-***6307	501(C)(3)	210,201.	0.			TO SUPPORT FIRST STAR SUMMER ENRICHMENT ACTIVITIES FOR STUDENTS IMPACTED BY FOSTER CARE
KIDNEY FOUNDATION OF OHIO, INC. 2831 PROSPECT AVENUE CLEVELAND, OH 44115	**-***7748	501(C)(3)	23,179.	0.			TO SUPPORT EXPENDITURES FOR MEDICATION AND/OR TRANSPORTATION OF KIDNEY PATIENTS RESIDING IN
LAW AND LEADERSHIP INSTITUTE 1700 LAKE SHORE DRIVE COLUMBUS, OH 43204-4895	**-***9314	501(C)(3)	7,000.	0.			FOR LOCAL OPERATING SUPPORT TO CAPTURE GROWTH OPPORTUNITY OF COLLEGE PIPELINE PROGRAM

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LEADERSHIP AKRON 37 NORTH HIGH STREET, SUITE C AKRON, OH 44308	**-***5877	501(C)(3)	133,375.	0.			FOR GENERAL OPERATING SUPPORT VIA THE FOUNDERS SOCIETY
LEBRON JAMES FAMILY FOUNDATION 3800 EMBASSY PARKWAY, SUITE 360 AKRON, OH 44333-8389	**-***6277	501(C)(3)	9,700.	0.			FOR HTT DREAM GALA DONATION WITHOUT BENEFITS
LEGACY III, INC. 87 SOUTH ARLINGTON STREET AKRON, OH 44306	**-***4527	501(C)(3)	17,500.	0.			TO SUPPORT THE PATHWAYS TO FREEDOM, A SUPPORTIVE HOUSING PROGRAM FOR HOMELESS WOMEN
LES DLICES P.O. BOX 602187 CLEVELAND, OH 44102-0187	**-***1272	501(C)(3)	7,500.	0.			TO SUPPORT THE WINDS OF CHANGE PROJECT
LET'S GROW AKRON INC. 467 HARVEY AVENUE AKRON, OH 44314-3217	**-***2443	501(C)(3)	20,500.	0.			FOR GENERAL PROGRAM SUPPORT
LIMITLESS AMBITION INC. P.O. BOX 2358 STOW, OH 44224-1200	**-***9485	501(C)(3)	29,500.	0.			TO EXPAND AN EMPOWERING ART ENRICHMENT ENTREPRENEURSHIP PROGRAM FOR TEEN GIRLS IN SUMMIT
LINKS COMMUNITY & FAMILY SERVICES 741 UPSON STREET AKRON, OH 44305-1552	**-***3659	501(C)(3)	13,500.	0.			FOR GENERAL PROGRAM SUPPORT
LITERACY COUNCIL OF MEDINA COUNTY INC. DBA PROJECT: LEARN OF MEDINA COUNTY - 105 WEST LIBERTY STREET - MEDINA, OH 44256	**-***8940	501(C)(3)	8,500.	0.			FOR GENERAL PROGRAM SUPPORT OF PROJECT LEARN MEDINA COUNTY
LOVE AKRON P.O. BOX 2971 AKRON, OH 44309	**-***5010	501(C)(3)	36,000.	0.			FOR GENERAL OPERATING SUPPORT

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MAGICAL THEATRE COMPANY 565 WEST TUSCARAWAS AVENUE BARBERTON, OH 44203-0386	**-***6629	501(C)(3)	39,800.	0.			TO SUPPORT MAGICAL THEATRE COMPANY'S KIDSCRIPT PROGRAM IN HONOR OF DENNIS O'CONNELL
MEDINA COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS DBA: MEDINA COUNT - 8790 GUILFORD ROAD - SEVILLE, OH 44273-9341	**-***7786	501(C)(3)	11,000.	0.			OF WHICH \$250 IS FOR GENERAL OPERATING SUPPORT AND \$250 IS FOR MEDICAL COSTS
MEDINA RAPTOR CENTER P.O. BOX 74 SPENCER, OH 44275-0074	**-***8428	501(C)(3)	8,000.	0.			FOR GENERAL PROGRAM SUPPORT
MONTROSE ZION UNITED METHODIST CHURCH - 565 NORTH CLEVELAND-MASSILLON ROAD - AKRON, OH 44333-2299	**-***5202	501(C)(3)	14,142.	0.			FOR GENERAL OPERATING SUPPORT
MUSICAL ARTS ASSOCIATION DBA: THE CLEVELAND ORCHESTRA - SEVERANCE HALL - CLEVELAND, OH 44106-9822	**-***4468	501(C)(3)	24,300.	0.			FOR THE GENERAL FUND
NAMI SUMMIT COUNTY 150 CROSS STREET AKRON, OH 44311	**-***9301	501(C)(3)	10,000.	0.			TO SUPPORT THE REEDY HOUSEWARMING PROGRAM
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE - AKRON BRANCH - AKRON, OH 44302-1808	**-***6175	501(C)(4)	18,000.	0.			FOR GENERAL PROGRAM SUPPORT IN MEMORY OF H. PETER BURG
NATIONAL INVENTORS HALL OF FAME INC. - 3701 HIGHLAND PARK STREET NW - NORTH CANTON, OH 44720-4535	**-***0038	501(C)(3)	73,068.	0.			TO SUPPORT SUMMIT COUNTY STUDENTS EDUCATIONAL SUCCESS WITH A FOCUS ON AKRON PUBLIC SCHOOLS
NATURE CONSERVANCY INC. 4245 NORTH FAIRFAX DRIVE, SUITE 100 ARLINGTON, VA 22203-1606	**-***2652	501(C)(3)	5,500.	0.			FOR GENERAL PROGRAM SUPPORT

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NEWBRIDGE PLACE 645 WOOSTER STREET LODI, OH 44254	**_***8275	501(C)(3)	9,500.	0.			FOR GENERAL SUPPORT
NEWPOINTE COMMUNITY CHURCH 5305 BROADMOOR CIRCLE NW CANTON, OH 44709-4026	**_***3911	501(C)(3)	15,000.	0.			FOR ANNUAL TITHE TO BE USED AT THE CANTON CAMPUS, OF WHICH \$5,000 IS FOR MISSIONS AND
NONE TOO FRAGILE INC. P.O. BOX 2790 AKRON, OH 44309	**_***2553	501(C)(3)	15,500.	0.			FOR MAKING OUR THEATRE HANDICAP-ACCESSIBLE AND SAFE
NORTH AKRON COMMUNITY DEVELOPMENT CORPORATION - 760 ELMA STREET - AKRON, OH 44310	**_***6531	501(C)(3)	26,000.	0.			TO SUPPORT WOMEN-OWNED BUSINESSES DEVELOP MARKETING STRATEGIES & CREATING A MARKETING
NORTHEAST OHIO CENTER FOR CHOREOGRAPHY DBA NATIONAL CENTER FOR CHOREOGRAPHY - THE UNIVERSITY OF AKRON - AKRON, OH	**_***1350	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING SUPPORT
NORTHSIDE CHRISTIAN CHURCH 7615 RIDGE ROAD WADSWORTH, OH 44281	**_***0306	501(C)(3)	30,500.	0.			FOR MEDINA TITHE
OHIO & ERIE CANALWAY COALITION 47 WEST EXCHANGE STREET AKRON, OH 44308-1012	**_***6766	501(C)(3)	232,300.	0.			FOR THE 2023 HUNTINGTON TOWPATH CENTURY RIDE WITHOUT BENEFITS - DAVID THOMAS/TEAM PHIPPS
OHIO DEBATE COMMISSION INC. 850 EUCLID AVENUE, 2ND FLOOR CLEVELAND, OH 44114-3306	**_***0547	501(C)(3)	10,000.	0.			TO SUPPORT THE 2022 GENERAL ELECTION DEBATES FOR US SENATE AND OHIO GOVERNOR IN AKRON
OHIO STATE UNIVERSITY FOUNDATION P.O. BOX 710811 COLUMBUS, OH 43271	**_***5986	501(C)(3)	10,526.	0.			FOR THE MEDINA COUNTY 4H EDUCATOR SUPPORT FUND, FUND #483935

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
OHIOCAN CHANGE ADDICTION NOW 2298 COMET CIRCLE NW NORTH CANTON, OH 44720	**-***5372	501(C)(3)	10,000.	0.			TO SUPPORT SUMMITCAN BLESSINGS
OLD TRAIL SCHOOL ATTN: DEVELOPMENT OFFICE BATH, OH 44210-0827	**-***7805	501(C)(3)	10,660.	0.			FOR THE OTS FUND
ONE OF A KIND PET RESCUE INC. ADMINISTRATION/ACCOUNTING AKRON, OH 44313-7625	**-***1002	501(C)(3)	11,000.	0.			FOR GENERAL PROGRAM SUPPORT
OPEN ARMS ADOPTIONS INC. 11 RIVER STREET, SUITE B KENT, OH 44240-3581	**-***4005	501(C)(3)	7,000.	0.			TO SUPPORT KEEPING SIBLINGS TOGETHER AND SPECIAL NEEDS ADOPTIONS
OPPORTUNITY PARISH ECUMENICAL NEIGHBORHOOD MINISTRY DBA OPEN M - 941 PRINCETON STREET - AKRON, OH 44311-1922	**-***6107	501(C)(3)	73,168.	0.			FOR GENERAL PROGRAM SUPPORT
OST NETWORK (FS: SUMMIT EDUCATION INITIATIVE) - 120 EAST MILL STREET #330 - AKRON, OH 44308	**-***3220	501(C)(3)	37,500.	0.			TO SUPPORT INFRASTRUCTURE DEVELOPMENT, HOUSING INITIATIVE AND MATCHING DOLLARS
OUR LADY OF THE ELMS SCHOOL 1375 WEST EXCHANGE STREET AKRON, OH 44313-7619	**-***0169	501(C)(3)	11,029.	0.			FOR THE ELMS FUND FOR EXCELLENCE
PARKSIDE CHURCH 7100 PETTIBONE ROAD CHAGRIN FALLS, OH 44023-4907	**-***7025	501(C)(3)	16,500.	0.			FOR MONTHLY TITHE
PASTORAL COUNSELING SERVICES OF SUMMIT COUNTY DBA: RED OAK BEHAVIORAL HEALTH - 611 WEST MARKET STREET - AKRON, OH 44303	**-***2145	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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PENINSULA FOUNDATION, INC. 6138 RIVERVIEW ROAD, SUITE F PENINSULA, OH 44264-9651	**-***4973	501(C)(3)	17,000.	0.			TO MAKE THE HISTORIC G.A.R. HALL ADA ACCESSIBLE
PHI GAMMA DELTA EDUCATIONAL FOUNDATION - P.O. BOX 4599 - LEXINGTON, KY 40544-4599	**-***6185	501(C)(3)	6,750.	0.			FOR CHAPTER HOUSE EDUCATIONAL FOUNDATION FOR ALPHA OMICRON CHAPTER AT THE UNIVERSITY OF
PLANNED PARENTHOOD OF GREATER OHIO 444 WEST EXCHANGE STREET AKRON, OH 44302-1711	**-***5976	501(C)(3)	62,537.	0.			TO SUPPORT A COMPREHENSIVE SEXUAL HEALTH EDUCATION CURRICULUM TO STUDENTS IN
PLAYHOUSE SQUARE FOUNDATION 1501 EUCLID AVENUE SUITE 200 CLEVELAND, OH 44115-2108	**-***4942	501(C)(3)	6,800.	0.			FOR GENERAL OPERATING SUPPORT AT THE DONOR CIRCLE GOLD LEVEL, WITHOUT BENEFITS
PORTAGE PATH BEHAVIORAL HEALTH 340 SOUTH BROADWAY STREET AKRON, OH 44308-1529	**-***6055	501(C)(3)	21,500.	0.			FOR GENERAL PROGRAM SUPPORT IN MEMORY OF H. PETER BURG
PREGNANCY SUPPORT CENTER DBA: PREGNANCY CHOICES - 4500 22ND STREET NW - CANTON, OH 44708	**-***1765	501(C)(3)	7,500.	0.			FOR GENERAL PROGRAM SUPPORT OF AKRON PREGNANCY SERVICES
PREVENT BLINDNESS OHIO HILLCREST MEDICAL BUILDING CLEVELAND, OH 44124	**-***3433	501(C)(3)	8,000.	0.			FOR THE SUMMIT COUNTY VISION CARE OUTREACH (VCO) PROGRAM
PROJECT GRAD AKRON 10 NORTH MAIN STREET, SUITE 503 AKRON, OH 44303-1958	**-***9511	501(C)(3)	36,200.	0.			TO SUPPORT BRIDGE TO KINDERGARTEN
PROJECT LEARN OF SUMMIT COUNTY 60 SOUTH HIGH STREET AKRON, OH 44326-1000	**-***1695	501(C)(3)	23,334.	0.			TO SUPPORT AN HSE+ COURSE IN WEST AKRON

Schedule I (Form 990)

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PROJECT UJIMA INC. 1015 SOUTH HAWKINS AVENUE AKRON, OH 44320	**-***5852	501(C)(3)	7,500.	0.			TO SUPPORT QUEEN'S VILLAGE AKRON
PROYECTO RAICES 4472 MANNINGTON BLVD. STOW, OH 44224	**-***3971	501(C)(3)	10,000.	0.			TO SUPPORT HISPANIC YOUTH IN THE GREATER AKRON AREA
RACHELS ANGELS INC 227 PORTAGE TRAIL EXTENSION WEST #4 CUYAHOGA FALLS, OH 44223	**-***5397	501(C)(3)	10,000.	0.			TO SUPPORT RACHEL'S ANGELS HEALING VOICE II
RAPE CRISIS CENTER 974 EAST MARKET STREET AKRON, OH 44305-2445	**-***6495	501(C)(3)	15,500.	0.			TO SUPPORT CRISIS INTERVENTION SERVICES FOR PERSONS IMPACTED BY SEXUAL VIOLENCE
REACHING ABOVE HOPELESSNESS & BROKENNESS MINISTRIES INC. DBA: RAHAB MINISTRIES - 3480 WEST MARKET STREET, SUITE 303 - AKRON,	**-***5531	501(C)(3)	25,750.	0.			FOR GENERAL PROGRAM SUPPORT
REBUILDING TOGETHER NORTHEAST OHIO 3465 ARLINGTON ROAD, SUITE E #141 AKRON, OH 44312	**-***4515	501(C)(3)	21,000.	0.			TO SUPPORT SHE BUILDS
REGENTS OF THE UNIVERSITY OF MICHIGAN - GIFT & RECORDS ADMINISTRATION - DEVELOPMENT SERVICES - ANN ARBOR, MI	**-***6309	501(C)(3)	50,000.	0.			FOR THE STEERE GENERATIONAL SCHOLARSHIP FUND (700399)
REGINA HEALTH CENTER 5232 BROADVIEW ROAD RICHFIELD, OH 44286-9608	**-***2394	501(C)(3)	7,500.	0.			TO SUPPORT BUILDING AN OUTDOOR ACTIVITY PAVILION
RELINK 1755 ENTERPRISE PARKWAY TWINSBURG, OH 44087	**-***8465	501(C)(3)	20,000.	0.			FOR PULLING IT ALL TOGETHER: USING TECHNOLOGY TO CONNECT SUMMIT COUNTY PROVIDERS

Schedule I (Form 990)

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RESTORE ADDICTION RECOVERY P. O. BOX 456 LAKEMORE, OH 44250	**-***2531	501(C)(3)	25,000.	0.			FOR THE COMMUNITY OUTREACH PROGRAM
REVERE YOUTH FOOTBALL ASSOCIATION 2430 WENDLING DRIVE AKRON, OH 44333	**-***0683	501(C)(3)	10,000.	0.			TO SUPPORT REVERE FOOTBALL
RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST OHIO INC. - 141 WEST STATE STREET - AKRON, OH 44302	**-***9123	501(C)(3)	16,300.	0.			FOR GENERAL PROGRAM SUPPORT OF RONALD MCDONALD HOUSE OF AKRON
RUBBER CITY SHAKESPEARE COMPANY DBA RUBBER CITY THEATRE - THE UNIVERSITY OF AKRON - AKRON, OH 44325-1005	**-***4892	501(C)(3)	5,500.	0.			TO SUPPORT THE 2022-2023 SEASON
SAFETY FORCES SUPPORT CENTER 501 WEST MARKET STREET, SUITE 313 AKRON, OH 44303	**-***9383	501(C)(3)	17,900.	0.			TO HELP SUPPORT THEIR ONGOING EFFORTS
SAINT MARY'S PARISH OF MASSILLON 726 FIRST STREET NE MASSILLON, OH 44646	**-***4655	501(C)(3)	10,000.	0.			IN FOND MEMORY OF ALICE PERL AND IN APPRECIATION FOR THE BEAUTIFUL MEMORIAL SERVICE
SAINT SEBASTIAN PARISH FOUNDATION 476 MULL AVENUE AKRON, OH 44320	**-***5850	501(C)(3)	252,500.	0.			FOR THE TOM AND JEANNE LAROSE FAMILY MEMORIAL SCHOLARSHIP ENDOWMENT
SERVICE CORPS OF RETIRED EXECUTIVES ASSOCIATION DBA: AKRON SCORE - SUMMIT COUNTY OHIO BUILDING - AKRON, OH 44308	**-***7290	501(C)(3)	13,250.	0.			FOR OPERATING FUNDS FOR SMALL BUSINESS MENTORING AND WORKSHOPS
SHELTER CARE INC. 32 SOUTH AVENUE TALLMADGE, OH 44278-2802	**-***2458	501(C)(3)	17,500.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

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SOUTH AKRON YOUTH MENTORSHIP P.O. BOX 26563 AKRON, OH 44319-6563	**_***3406	501(C)(3)	12,500.	0.			TO SUPPORT COMMUNITY COLLABORATION EFFORTS IN EDUCATION INITIATIVES FOR SUMMIT COUNTY YOUTH
SOUTH STREET MINISTRIES INC. 130 WEST SOUTH STREET AKRON, OH 44311-1964	**_***0679	501(C)(3)	72,200.	0.			TO SUPPORT RICH KIDS AFTER-SCHOOL ENRICHMENT PROGRAM
SOZO COALITION P.O. BOX 12213 DALLAS, TX 75225	**_***3402	501(C)(3)	7,500.	0.			FOR GENERAL PROGRAM SUPPORT
SPRING GARDEN WALDORF SCHOOL 1791 SOUTH JACOBY ROAD COPLEY, OH 44321	**_***2962	501(C)(3)	7,000.	0.			FOR GENERAL PROGRAM SUPPORT
ST. HILARY PARISH 2750 WEST MARKET STREET AKRON, OH 44333-4236	**_***3059	501(C)(3)	18,500.	0.			TO SUPPORT THE ST. VINCENT DEPAUL SOCIETY AT ST. HILARY CATHOLIC CHURCH
ST. JUDE CHILDREN'S RESEARCH HOSPITAL INC. - 501 ST. JUDE PLACE - MEMPHIS, TN 38105-1905	**_***6012	501(C)(3)	6,526.	0.			FOR GENERAL PROGRAM SUPPORT IN HONOR OF FLETCHER ROLLINSON AND ON BEHALF OF JUDITH J.
ST. MARY PARISH SCHOOL 750 SOUTH MAIN STREET AKRON, OH 44311-1020	**_***6617	501(C)(3)	75,000.	0.			TO SUPPORT ST. MARY SCHOOL BUDGET 2022-2023
ST. MATTHEW EVANGELICAL LUTHERAN CHURCH - 400 NORTH BROADWAY STREET - MEDINA, OH 44256-1933	**_***8557	501(C)(3)	40,000.	0.			QUARTERLY DISTRIBUTION
ST. VINCENT DE PAUL PARISH SCHOOL 17 SOUTH MAPLE STREET AKRON, OH 44303-2119	**_***8409	501(C)(3)	20,882.	0.			FOR CATHOLIC EDUCATION SUPPORT BY PROVIDING TUITION PAYMENTS FOR STUDENTS WITH FINANCIAL

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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ST. VINCENT-ST. MARY HIGH SCHOOL 15 NORTH MAPLE STREET AKRON, OH 44303-2326	**-***6290	501(C)(3)	17,529.	0.			FOR TSE / FIELD HOUSE RENOVATION
STAN HYWET HALL & GARDENS INC. 714 NORTH PORTAGE PATH AKRON, OH 44303-1363	**-***9149	501(C)(3)	71,233.	0.			FOR GENERAL PROGRAM SUPPORT FOR 2022 AND 2023
STEWART'S CARING PLACE 3501 RIDGE PARK DRIVE FAIRLAWN, OH 44333-8203	**-***1338	501(C)(3)	73,055.	0.			TO PROVIDE SUPPORT AND WELLNESS PROGRAMS FOR SUMMIT COUNTY WOMEN IMPACTED BY CANCER
STOW-MUNROE FALLS PUBLIC LIBRARY 3512 DARROW ROAD SILVER LAKE, OH 44224	**-***9199	501(C)(3)	10,805.	0.			INVESTMENT INCOME FOR THE BUSINESS, INDUSTRIAL TECHNOLOGY AND/OR HOME ECONOMICS COLLECTIONS OF
STUDENTS WITH A GOAL: SWAG P.O. BOX 4531 AKRON, OH 44310-0531	**-***6003	501(C)(3)	20,750.	0.			FOR GENERAL OPERATING EXPENSE FOR STUDENTS WITH A GOAL (SWAG) FOR FISCAL YEAR 2023
SUMMA FOUNDATION P.O. BOX 2090 AKRON, OH 44309-2090	**-***9001	501(C)(3)	22,400.	0.			FOR THE COOPER CANCER CENTER IN HONOR OF JESSICA HUDSON
SUMMA HEALTH 1077 GORGE BLVD. AKRON, OH 44310-2408	**-***7844	501(C)(3)	122,500.	0.			FOR IMPROVED LIMITED ENGLISH PROFICIENCY MATERNAL HEALTH SERVICES
SUMMIT ARTSPACE 140 EAST MARKET STREET AKRON, OH 44308-2014	**-***1587	501(C)(3)	36,000.	0.			TO PROVIDE LOW-COST ENTREPRENEURIAL ARTIST PROGRAMMING FOR LOCAL WOMEN ARTISTS
SUMMIT CHORAL SOCIETY INC. 140 EAST MARKET STREET AKRON, OH 44308	**-***8034	501(C)(3)	20,750.	0.			FOR GENERAL PROGRAM SUPPORT

Schedule I (Form 990)

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SUMMIT COUNTY COMMUNITY PARTNERSHIP - P.O. BOX 14 - AKRON, OH 44309-0014	**-***8660	501(C)(3)	10,359.	0.			TO SUPPORT THE DETERRA PROJECT: PREVENTING PRESCRIPTION MEDICINE ABUSE
SUMMIT COUNTY FATHERHOOD INITIATIVE - C/O WILLIAMS CHALLENGE - AKRON, OH 44313	**-***1888	501(C)(3)	15,000.	0.			TO SUPPORT FREE FATHERHOOD CLASSES AND SERVICES THROUGH A COMMUNITY PARTNERSHIP
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO - 550 COPLEY ROAD - AKRON, OH 44320-2324	**-***6170	501(C)(3)	75,655.	0.			FOR MARCH ALLOCATION
SUMMIT EDUCATION INITIATIVE 120 EAST MILL STREET, SUITE 330 AKRON, OH 44308-1745	**-***3220	501(C)(3)	655,484.	0.			TO SUPPORT READINESS COALITIONS TO PROMOTE COMMUNITY COLLABORATION AND KINDERGARTEN
SUMMIT METRO PARKS FOUNDATION 975 TREATY LINE ROAD AKRON, OH 44313-5837	**-***3837	501(C)(3)	12,750.	0.			TO SUPPORT THE COMMUNITY ARCHAEOLOGY SUMMER PROGRAM (CASP)
THE AKRON HISTORY CENTER 172 SOUTH MAIN STREET AKRON, OH 44308	**-***5880	501(C)(3)	100,000.	0.			TO SUPPORT DESIGN AND FABRICATION OF EXHIBITS OF AKRON HISTORY IN A NEW PERMANENT SETTING
THE CHILDREN'S CENTER OF MEDINA COUNTY - 724 EAST SMITH ROAD - MEDINA, OH 44256-2662	**-***9846	501(C)(3)	11,000.	0.			FOR GENERAL PROGRAM SUPPORT IN 2023
THE OAK CLINIC 3838 MASSILLON ROAD, SUITE 360 UNIONTOWN, OH 44685-7965	**-***0683	501(C)(3)	55,000.	0.			IN MEMORY OF GERRY OELSCHLAGER AND CELEBRATION OF THE LIFE OF AN AMAZING WOMAN AND
THE SALVATION ARMY 190 SOUTH MAPLE STREET AKRON, OH 44302-0549	**-***2351	501(C)(3)	65,555.	0.			FOR GENERAL PROGRAM SUPPORT OF THE AKRON BRANCH FOR 2022 AND 2023

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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THE SHELBY COUNTY HISTORICAL SOCIETY - ROSS HISTORICAL CENTER - SIDNEY, OH 45365-0376	**-***7780	501(C)(3)	7,500.	0.			FOR GENERAL PROGRAM SUPPORT
THE SHRINERS HOSPITALS FOR CHILDREN - ATTN: TRUST & INVESTMENT ACCOUNTING MANAGER - TAMPA, FL 33631-3356	**-***1377	501(C)(3)	10,000.	0.			SEMI ANNUAL DISTRIBUTION
THE UNIVERSITY OF AKRON STUDENT ACCOUNTS/BURSAR AKRON, OH 44309-2260	**-***2924	115	48,850.	0.			OF WHICH \$3,600 IS FOR UA WOMEN'S COMMITTEE (FOR SLA) AND \$7,200 IS FOR THE SUMMER LEADERSHIP
THE UNIVERSITY OF AKRON FOUNDATION DEPARTMENT OF DEVELOPMENT AKRON, OH 44325-2603	**-***5496	501(C)(3)	348,203.	0.			TO SUPPORT SUMMIT COUNTY K-3 TEACHERS IN EVIDENCE-BASED READING INSTRUCTION FOR AT-RISK
THE VINE FELLOWSHIP CHURCH 3676 COMMUNITY LANE, SUITE 100 COPLEY, OH 44321-1675	**-***3377	501(C)(3)	10,000.	0.			FOR GENERAL PROGRAM SUPPORT FOR 2022 AND 2023
TORCHBEARERS P.O. BOX 1443 AKRON, OH 44309-1443	**-***9314	501(C)(3)	10,000.	0.			FOR 2023 ADVOCATE LEVEL SPONSORSHIP
TRI-COUNTY JOBS FOR OHIO'S GRADUATES - 1333 HOME AVENUE - AKRON, OH 44310	**-***4720	501(C)(3)	14,500.	0.			TO SUPPORT WORK-BASED LEARNING FOR OPPORTUNITY YOUTH
TRULY REACHING YOU 587 BAIRD STREET AKRON, OH 44311-1804	**-***3368	501(C)(3)	109,750.	0.			FOR GENERAL PROGRAM SUPPORT
TUESDAY MUSICAL ASSOCIATION 1041 WEST MARKET STREET, SUITE 200 AKRON, OH 44313-7103	**-***6212	501(C)(3)	56,000.	0.			TO SUPPORT THE ANNUAL 2023 MARGARET WATTS HUNTER SCHOLARSHIP FOR CLASSICAL GUITAR

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UNITED DISABILITY SERVICES INC. 701 SOUTH MAIN STREET AKRON, OH 44311-1019	**-***4195	501(C)(3)	35,500.	0.			FOR GENERAL OPERATING SUPPORT
UNITED WAY OF SUMMIT AND MEDINA MANDEL COMMUNITY CENTER AT THE SOJOURNER TRUTH BUILDING - AKRON, OH 44308-19	**-***9257	501(C)(3)	502,210.	0.			FOR GENERAL OPERATING SUPPORT IN 2023
UNIVERSITY HOSPITALS HEALTH SYSTEM INC. - INSTITUTIONAL RELATIONS AND DEVELOPMENT - CLEVELAND, OH 44106-9845	**-***4775	501(C)(3)	32,140.	0.			FOR THE RESEARCH FUND FOR DIGESTIVE HEALTH INSTITUTE IN HONOR OF DR. JEFFREY KATZ
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726-4090	**-***3975	501(C)(3)	100,000.	0.			TO SUPPORT THE WAISMAN CENTER - ALEXANDER DISEASE RESEARCH (FUND #: 112446633)
UNIVERSITY PARISH NEWMAN CENTER 1424 HORNING ROAD KENT, OH 44240-7657	**-***9373	501(C)(3)	40,000.	0.			FOR GENERAL PROGRAM SUPPORT FOR FIRST QUARTER OF 2023
URBAN VISION 749 BLAINE AVENUE AKRON, OH 44310-3035	**-***0630	501(C)(3)	24,000.	0.			TO SUPPORT THE 2022-23 SET ON SUCCESS (S.O.S.) AFTERSCHOOL PROGRAM
VANTAGE AGING 388 SOUTH MAIN STREET, SUITE 325 AKRON, OH 44311	**-***8544	501(C)(3)	31,500.	0.			FOR GENERAL OPERATING SUPPORT OF HOME WELLNESS SOLUTIONS
VERB BALLETS 3558 LEE ROAD SHAKER HEIGHTS, OH 44120	**-***5238	501(C)(3)	7,500.	0.			TO SUPPORT ARTISTIC AND OUTREACH PROGRAMMING IN THE CITY OF AKRON
VICTIM ASSISTANCE PROGRAM INC. 137 SOUTH MAIN STREET, SUITE 300 AKRON, OH 44308	**-***2753	501(C)(3)	61,312.	0.			FOR GENERAL PROGRAM SUPPORT

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VICTORY GALLOP INC. 1745 NORTH HAMETOWN ROAD BATH, OH 44210-0551	**_***7436	501(C)(3)	14,074.	0.			TO SUPPORT AN EQUINE THERAPY PROGRAM FOR ADOLESCENT GIRLS WITH SPECIAL NEEDS
WALSH JESUIT HIGH SCHOOL 4550 WYOGA LAKE ROAD CUYAHOGA FALLS, OH 44224	**_***6617	501(C)(3)	21,329.	0.			FOR THE WARRIOR FUND
WAYNE COUNTY COMMUNITY FOUNDATION 517 NORTH MARKET STREET WOOSTER, OH 44691-3405	**_***1026	501(C)(3)	10,000.	0.			FOR THE BRIGGS SURVIVORSHIP LIFE INSURANCE POLICY
WEATHERVANE COMMUNITY PLAYHOUSE INC. - 1301 WEATHERVANE LANE - AKRON, OH 44313-5103	**_***0923	501(C)(3)	23,630.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING DECEMBER 31, 2022
WELL COMMUNITY DEVELOPMENT CORPORATION - 647 EAST MARKET STREET - AKRON, OH 44304-1620	**_***0851	501(C)(3)	128,875.	0.			TO SUPPORT WOMEN AND MOTHERS WITH CAREER DEVELOPMENT
WEST HILL BAPTIST CHURCH 605 NORTH REVERE ROAD FAIRLAWN, OH 44333-2982	**_***3858	501(C)(3)	15,000.	0.			OF WHICH \$13,000 IS FOR GENERAL OPERATIONS AND \$2,000 IS FOR FAITH PROMISE MISSIONS
WESTERN RESERVE ACADEMY ADVANCEMENT OFFICE HUDSON, OH 44236	**_***4390	501(C)(3)	15,250.	0.			FOR 2022 ANNUAL GIVING (DAVID M. HUNTER, CLASS OF 1968)
WESTERN RESERVE COMMUNITY FUND INC. - 47 NORTH MAIN STREET - AKRON, OH 44308	**_***8451	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
WESTERN RESERVE HISTORICAL SOCIETY 10825 EAST BLVD. CLEVELAND, OH 44106-1703	**_***4724	501(C)(3)	26,269.	0.			TO SUPPORT THE RESTORATION AND REPURPOSING OF THE EDWARD CRANZ FARM INTO THE CRANZ

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
WESTERN RESERVE LAND CONSERVANCY 3850 CHAGRIN RIVER ROAD MORELAND HILLS, OH 44022-1131	**-***1233	501(C)(3)	28,500.	0.			FOR THE GENERAL FUND
WESTERN RESERVE PLAYHOUSE 3326 EVERETT ROAD RICHFIELD, OH 44286	**-***4799	501(C)(3)	7,000.	0.			TO SUPPORT THE 2023 EDUCATION CAMPS
WOMEN'S AUXILIARY BOARD OF THE SUMMIT COUNTY CHILDREN'S HOME INC. - 264 SOUTH ARLINGTON STREET - AKRON, OH 44306	**-***7175	501(C)(3)	9,000.	0.			TO SUPPORT THE BEDS FOR KIDS PROGRAM
WOODLANDS CENTER FOR THE PERFORMING ARTS - 2005 LAKE ROBBINS DRIVE - THE WOODLANDS, TX 77380	**-***6606	501(C)(3)	7,000.	0.			FOR THE 2023 WINE EVENT, IN MEMORY OF VINCE CARACIO AND IN HONOR OF SYLVIA CARACIO
WOODRIDGE FOUNDATION 4440 QUICK ROAD PENINSULA, OH 44264	**-***3669	501(C)(3)	15,207.	0.			TO FINANCIALLY SUPPORT GRADUATES OF WOODRIDGE HIGH SCHOOL TO ASSIST IN THEIR POST-SECONDARY
WORLD CENTRAL KITCHEN 200 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20001	**-***1132	501(C)(3)	5,250.	0.			FOR GENERAL PROGRAM SUPPORT
YMCA ENDOWMENT FOUNDATION OF AKRON 50 SOUTH MAIN STREET, SUITE LL 100 AKRON, OH 44308-1859	**-***1819	501(C)(3)	45,559.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING DECEMBER 31, 2022
YMCA OF AKRON OHIO 50 SOUTH MAIN STREET, SUITE LL 100 AKRON, OH 44308-1859	**-***4727	501(C)(3)	48,400.	0.			TO SUPPORT HIGH QUALITY EARLY CARE AND EDUCATION PROGRAMMING
YOUNGSTOWN STATE UNIVERSITY FOUNDATION - 606 WICK AVENUE - YOUNGSTOWN, OH 44502	**-***6610	501(C)(3)	250,000.	0.			FOR SCHOLARSHIP & PROFESSORSHIP IN ACTUARIAL SCIENCE

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	187	443,570.	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: A KID AGAIN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THERAPEUTIC RECREATION OPPORTUNITIES FOR FAMILIES WITH KIDS SUFFERING LIFE-THREATENING CONDITIONS

NAME OF ORGANIZATION OR GOVERNMENT: AKRON INNER CITY SOCCER CLUB

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT YOUTH DEVELOPMENT AND AFTER SCHOOL SOCCER PROGRAM FOR THE LOW-INCOME FAMILIES IN AKRON

NAME OF ORGANIZATION OR GOVERNMENT: AKRON PROMISE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE SOCIAL AND EMOTIONAL HEALTH AND OBSTACLE-FREE POSTSECONDARY PATHWAYS FOR INNES AND GARFIELD CLC LEARNERS

NAME OF ORGANIZATION OR GOVERNMENT: AKRON PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A PARTNER BROKER POSITION FOR MIDDLE SCHOOLS AND FOR ARTS CAN TEACH (ACT) PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: AKRON SYMPHONIC WINDS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT FREE LIVE CONCERTS FOR THE COMMUNITY AND TO BRING LIVE MUSIC TO HALE FARM AND VILLAGE

NAME OF ORGANIZATION OR GOVERNMENT: AKRON ZOOLOGICAL PARK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT IN-SCHOOL PROGRAMMING FOR APS STUDENTS AS THEY TRANSITION TO KINDERGARTEN

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN RED CROSS NORTHERN OHIO REGION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT DISASTER CYCLE SERVICES IN MEDINA AND SUMMIT COUNTIES, TO SUPPORT ACTS OF COURSE AND FOR GENERAL PROGRAM SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: ART SPARKS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE DYNAMITE DUOS PROGRAM

Part IV Supplemental Information

AND ADD AN AFTER-SCHOOL COMPONENT FOR OUR APS STUDENTS WITH DEVELOPMENTAL DISABILITIES

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMBED MENTAL HEALTH PROGRAMMING AND ACTIVITIES WITHIN ASIA'S INTERNATIONAL COMMUNITY EMPOWERMENT PROJECT (ICEP) THAT SERVES IMMIGRANTS AND REFUGEE YOUTH

NAME OF ORGANIZATION OR GOVERNMENT: AUTISM SOCIETY OF GREATER AKRON

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND INCLUSIVE SOCIAL AND RECREATIONAL OPPORTUNITIES FOR INDIVIDUALS WITH AUTISM THAT ALLOW THEM TO MAKE SOCIAL CONNECTIONS IN 2023 IN A SAFE AND SUPPORTIVE SPACE

NAME OF ORGANIZATION OR GOVERNMENT: BOUNCE INNOVATION HUB

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CAPACITY-BUILDING AND FOR THE WORKSHOP, WHICH PROVIDES TOOLS, TRAINING, AND EDUCATION TO COMMUNITY MEMBERS TO LEARN HANDS-ON SKILLS THAT CAN TRANSLATE INTO NEW SMALL BUSINESSES

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUBS OF NORTHEAST OHIO

(H) PURPOSE OF GRANT OR ASSISTANCE: IN HONOR OF MARK (BOARD MEMBER/PAST CHAIR) AND CAROL BACHMANN, FOR THEIR PAST AND CONTINUED PERSONAL AND PROFESSIONAL CONTRIBUTIONS TO THE ORGANIZATION'S MISSION

NAME OF ORGANIZATION OR GOVERNMENT:

CANINE COMPANIONS FOR INDEPENDENCE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SERVICE DOGS AT NO COST

Part IV Supplemental Information

TO CHILDREN, ADULTS, AND VETERANS WITH DISABILITIES IN SUMMIT COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER FOR APPLIED THEATRE AND ACTIVE CULTURE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR INVESTMENT IN EQUIPMENT UPGRADES THAT IMPROVE COMMUNITY OUTREACH, EXPERIENCE AND ACCESSIBILITY

NAME OF ORGANIZATION OR GOVERNMENT: CITIZENS AKRON CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE GENERAL OPERATING SUPPORT OF THE VINCENT HOUSE, AN AFTERSCHOOL PROGRAM AND SAFE SPACE FOR K-12 STUDENTS AND THEIR FAMILIES IN THE MIDDLEBURY NEIGHBORHOOD.

NAME OF ORGANIZATION OR GOVERNMENT: CLEVELAND CLINIC FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE 2023 ANNUAL APPEAL, WITH \$500 EACH FOR THE RESEARCH WORK OF DRs. BRIAN GRIFFITH AND LARS SVENSSON OF THE HEART, THORACIC & VASCULAR INSTITUTE

NAME OF ORGANIZATION OR GOVERNMENT:

CLEVELAND INTERNATIONAL FILM FESTIVAL INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR FUND SPONSORSHIP OF THE TOM AND GINNY KNOLL FAMILY AWARD: IN CELEBRATION OF ACTS OF KINDNESS

NAME OF ORGANIZATION OR GOVERNMENT:

CLEVELAND MODERN DANCE ASSOCIATION DBA DANCECLEVELAND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT BRINGING WORLD-CLASS DANCE ENSEMBLE GIBNEY COMPANY TO AKRON FOR A PERFORMANCE, WORKSHOPS AND EDUCATIONAL RESIDENCY

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CLEVELAND MUSEUM OF NATURAL HISTORY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THIRD GRADE READING

SUCCESS IN AKRON PUBLIC SCHOOLS THROUGH DIG IN, AKRON!, A MULTIFACETED,
MULTIDISCIPLINARY SCIENCE, LITERACY, AND MATH LEARNING PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

COLEMAN PROFESSIONAL SERVICES INC. DBA: COLEMAN HEALTH SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT UNMUTE THE UNCOMFORTABLE,
A SYMPOSIUM ON RACIAL EQUITY, SHATTERING THE STIGMA AND CHANGING THE GAME

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY LEGAL AID SERVICES INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EMERGENCY LEGAL SERVICES
TO LOW-INCOME VICTIMS OF DOMESTIC VIOLENCE AND STALKING

NAME OF ORGANIZATION OR GOVERNMENT:

CRAWFORD HERITAGE COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CRAWFORD GIVES, WITH
\$2,000 BEING FOR ACADEMY THEATRE AND \$5,000 FOR SOUTH LAKE PRESERVE

NAME OF ORGANIZATION OR GOVERNMENT:

ECONOMIC AND COMMUNITY DEVELOPMENT INSTITUTE (ECDI)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AKRON AREA SMALL BUSINESS
OWNERS THROUGH FINANCING, WORKSHOPS, EVENTS AND TRAINING

NAME OF ORGANIZATION OR GOVERNMENT: GREATER AKRON AMENITIES INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE AKRON HISTORY CENTER TO
SUPPORT EXHIBITS AT THE DISCRETION OF THE CEO AND IN HONOR OF DAVE

LIEBERTH

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: GREATER AKRON CHAMBER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CREATE AN EMPLOYER WORK EXPERIENCE PORTAL SUPPORTING ECOSYSTEM PARTNER EFFORTS TO INCREASE HIGH SCHOOL, COLLEGE AND YOUNG ADULT WORK EXPERIENCE PARTICIPATION, ESPECIALLY IN THE BLACK COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT:

GUY'S AND GAL'S COMMUNITY PARTNERSHIP INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE HOOP FOR COOP ADULT AND YOUTH HEALTH FAIR AND BASKETBALL TIP OFF/SPORTS CLINICS

NAME OF ORGANIZATION OR GOVERNMENT: IDEASTREAM PUBLIC MEDIA

(H) PURPOSE OF GRANT OR ASSISTANCE: OF WHICH \$1,200 IS FOR WKSU IDEA LEADER MEMBERSHIP DONATION, \$600 IS FOR WVIZ MEMBERSHIP DONATION , AND \$200 IS FOR WCLV MEMBERSHIP DONATION

NAME OF ORGANIZATION OR GOVERNMENT: JUMP ON BOARD FOR SUCCESS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A JOB SKILLS TRAINING AND MENTORING PROGRAM FOR AT-RISK, LOW INCOME GIRLS AND WOMEN AGED 13-35

NAME OF ORGANIZATION OR GOVERNMENT: KENMORE NEIGHBORHOOD ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ONGOING REVITALIZATION OF THE KENMORE COMMUNITY AND AKRON'S LARGEST NEIGHBORHOOD BUSINESS DISTRICT, KENMORE BOULEVARD

NAME OF ORGANIZATION OR GOVERNMENT: KENT STATE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE KENT STATE UNIVERSITY

Part IV Supplemental Information

CHILD DEVELOPMENT CENTER IN PROVIDING DAY CARE IN PORTAGE, SUMMIT AND
MEDINA COUNTIES FOR POOR WORKING PARENTS/GUARDIANS

NAME OF ORGANIZATION OR GOVERNMENT: KENT STATE UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT FIRST STAR SUMMER

ENRICHMENT ACTIVITIES FOR STUDENTS IMPACTED BY FOSTER CARE IN SUMMIT
COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: KIDNEY FOUNDATION OF OHIO, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EXPENDITURES FOR

MEDICATION AND/OR TRANSPORTATION OF KIDNEY PATIENTS RESIDING IN MEDINA
COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: LIMITLESS AMBITION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND AN EMPOWERING ART

ENRICHMENT ENTREPRENEURSHIP PROGRAM FOR TEEN GIRLS IN SUMMIT COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: NEWPOINTE COMMUNITY CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR ANNUAL TITHE TO BE USED AT THE

CANTON CAMPUS, OF WHICH \$5,000 IS FOR MISSIONS AND \$10,000 IS FOR THE
GENERAL CHURCH FUND

NAME OF ORGANIZATION OR GOVERNMENT:

NORTH AKRON COMMUNITY DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT WOMEN-OWNED BUSINESSES

DEVELOP MARKETING STRATEGIES & CREATING A MARKETING RESOURCE SPACE

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

PHI GAMMA DELTA EDUCATIONAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CHAPTER HOUSE EDUCATIONAL FOUNDATION FOR ALPHA OMICRON CHAPTER AT THE UNIVERSITY OF AKRON

NAME OF ORGANIZATION OR GOVERNMENT: PLANNED PARENTHOOD OF GREATER OHIO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A COMPREHENSIVE SEXUAL HEALTH EDUCATION CURRICULUM TO STUDENTS IN SUMMIT COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: RELINK

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PULLING IT ALL TOGETHER: USING TECHNOLOGY TO CONNECT SUMMIT COUNTY PROVIDERS AND THE COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL PROGRAM SUPPORT IN HONOR OF FLETCHER ROLLINSON AND ON BEHALF OF JUDITH J. THOMAS

NAME OF ORGANIZATION OR GOVERNMENT: ST. VINCENT DE PAUL PARISH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CATHOLIC EDUCATION SUPPORT BY PROVIDING TUITION PAYMENTS FOR STUDENTS WITH FINANCIAL NEED

NAME OF ORGANIZATION OR GOVERNMENT: STOW-MUNROE FALLS PUBLIC LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: INVESTMENT INCOME FOR THE BUSINESS, INDUSTRIAL TECHNOLOGY AND/OR HOME ECONOMICS COLLECTIONS OF THE LIBRARY

NAME OF ORGANIZATION OR GOVERNMENT: SUMMIT EDUCATION INITIATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT READINESS COALITIONS TO PROMOTE COMMUNITY COLLABORATION AND KINDERGARTEN READINESS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: THE OAK CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: IN MEMORY OF GERRY OELSCHLAGER AND CELEBRATION OF THE LIFE OF AN AMAZING WOMAN AND WITH DEEPEST SYMPATHY TO HER FAMILY

NAME OF ORGANIZATION OR GOVERNMENT: THE UNIVERSITY OF AKRON

(H) PURPOSE OF GRANT OR ASSISTANCE: OF WHICH \$3,600 IS FOR UA WOMEN'S COMMITTEE (FOR SLA) AND \$7,200 IS FOR THE SUMMER LEADERSHIP ACADEMY (SLA)

NAME OF ORGANIZATION OR GOVERNMENT: THE UNIVERSITY OF AKRON FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SUMMIT COUNTY K-3 TEACHERS IN EVIDENCE-BASED READING INSTRUCTION FOR AT-RISK READERS THROUGH AN EQUITY-INFORMED MULTI-TIERED SYSTEM OF SUPPORTS

NAME OF ORGANIZATION OR GOVERNMENT: WESTERN RESERVE HISTORICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE RESTORATION AND REPURPOSING OF THE EDWARD CRANZ FARM INTO THE CRANZ FARM INN AND EVENT CENTER

NAME OF ORGANIZATION OR GOVERNMENT: WOODRIDGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FINANCIALLY SUPPORT GRADUATES OF WOODRIDGE HIGH SCHOOL TO ASSIST IN THEIR POST-SECONDARY EDUCATION THROUGH SCHOLARSHIPS AND/OR SUPPORT TEACHER GRANT PROGRAMS, WHICHEVER IS NEEDED ON AN ANNUAL BASIS AT THE DISCRETION OF WOODRIDGE FOUNDATION

**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

2022

Open to Public
Inspection

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number

**** - ***7615**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

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)	285,378.	10,263.	0.	66,562.	26,048.	388,251.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEVEN H. SCHLOENBACH VICE PRESIDENT, FINANCE & CFO	(i)	159,734.	3,260.	0.	0.	35,489.	198,483.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARGARET MEDZIE VICE PRESIDENT, DEVELOPMENT	(i)	153,629.	2,878.	0.	0.	20,180.	176,687.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOHN GAROFALO VICE PRESIDENT, COMMUNITY INVESTMENT	(i)	141,787.	2,878.	0.	0.	16,793.	161,458.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 \$66,562 FOR PRESIDENT JOHN T. PETURES, JR.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

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.

Department of the Treasury
Internal Revenue Service

Name of the organization **AKRON COMMUNITY FOUNDATION** Employer identification number ****-***7615**

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	31	2,050,332.	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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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.

Horizontal lines for supplemental 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

2022

Open to Public
Inspection

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number

** - ***7615

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

FORM 990 REVIEW - 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:

MONITORING AND ENFORCEMENT OF CONFLICT POLICY - AKRON COMMUNITY FOUNDATION
COLLECTS SIGNED CONFLICT STATEMENTS FROM ALL OFFICERS AND TRUSTEES ON AN
ANNUAL BASIS. INDIVIDUAL RESPONSES ARE MONITORED AT QUARTERLY EXECUTIVE
COMMITTEE MEETINGS. IF A CONFLICT ARISES, THE PERSON WITH THE CONFLICT IS
NOT PERMITTED TO VOTE ON THE TRANSACTION. THE DECISION ABOUT THE
TRANSACTION IS MADE BY BOARD MEMBERS WHO ARE INDEPENDENT OF THE PERSON WITH
THE CONFLICT IN THE BEST INTERESTS OF THE FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION REVIEW AND APPROVAL - 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. THE MEMBERS OF THE COMPENSATION COMMITTEE ARE
INDEPENDENT OF THE PRESIDENT/CEO, AND THE PROCESS IS DOCUMENTED IN THE
MINUTES OF THE COMPENSATION COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABILITY OF DOCUMENTS - AKRON COMMUNITY FOUNDATION WILL PROVIDE COPIES

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

Schedule O (Form 990) 2022

Name of the organization AKRON COMMUNITY FOUNDATION	Employer identification number ** - ***7615
---------------------------------------------------------------	-------------------------------------------------------

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:

AGENCY ENDOWMENT TRANSACTIONS	583,938.
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FORM 990, PART XII, LINE 2C

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **AKRON COMMUNITY FOUNDATION** Employer identification number ****-***7615**

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	138,008.	246,658.	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	676.	6,769.	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) 2022

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

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

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

	Yes	No
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 VII Supplemental Information

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

Multiple horizontal lines for providing supplemental information.