

# 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)

# 2023

Department of the Treasury  
Internal Revenue Service

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

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

Open to Public Inspection

**A** For the 2023 calendar year, or tax year beginning **APR 1, 2023** and ending **MAR 31, 2024**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>AKRON COMMUNITY FOUNDATION</b>		<b>D</b> Employer identification number <b>34-1087615</b>
	Doing business as		<b>E</b> Telephone number <b>330-376-8522</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>345 WEST CEDAR ST</b>		
	City or town, state or province, country, and ZIP code <b>AKRON, OH 44307-2407</b>		<b>G</b> Gross receipts \$ <b>91,226,339.</b>
<b>F</b> Name and address of principal officer: <b>JOHN T. PETURES, JR.</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.AKRONCF.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>1955</b>
			<b>M</b> State of legal domicile: <b>OH</b>

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>23</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>23</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>21</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>23</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>4,352.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>3,352.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>8,950,295.</b>	<b>23,711,939.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>3,056,260.</b>	<b>10,257,815.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-98,515.</b>	<b>-162,580.</b>
		<b>11,908,040.</b>	<b>33,807,174.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13,950,378.</b>	<b>17,738,321.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>2,656,003.</b>	<b>2,692,753.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>1,430,643.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,563,450.</b>	<b>1,516,215.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18,169,831.</b>	<b>21,947,289.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-6,261,791.</b>	<b>11,859,885.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>259,622,677.</b>	<b>297,142,559.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>33,769,974.</b>	<b>37,307,665.</b>
	<b>225,852,703.</b>	<b>259,834,894.</b>	

## Part II Signature Block

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

<b>Sign Here</b>	Signature: <b>JOHN T. PETURES, JR.</b>	Date:			
	Type or print name and title: <b>JOHN T. PETURES, JR., PRESIDENT AND CEO</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name: <b>CHRISTOPHER B. ANDERSON</b>	Preparer's signature:	Date:	Check if self-employed: <input type="checkbox"/>	PTIN: <b>P00226559</b>
	Firm's name: <b>MALONEY + NOVOTNY LLC</b>	Firm's EIN: <b>34-0677006</b>	Firm's address: <b>4774 MUNSON STREET NW, SUITE 402 CANTON, OH 44718-3634</b>	Phone no.: <b>(330) 966-9400</b>	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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 [X] No

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

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

4a (Code: ) (Expenses \$ 18,956,702. including grants of \$ 17,738,321. ) (Revenue \$ 0. ) DURING FISCAL YEAR 2024, 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 \$10,931,692 VIA 1,586 GRANTS AND OTHER DISTRIBUTIONS TOTALED OVER \$6,806,629 THROUGH ENDOWMENT FUND VIA 547 GRANTS AND OTHER DISTRIBUTIONS. AKRON COMMUNITY FOUNDATION AWARDED OVER 196 SCHOLARSHIPS TOTALING \$551,389.

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 18,956,702.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

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, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 23		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 23		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed OH, 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.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
JOHN T. PETURES, JR. - 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			304,577.	0.	97,558.	
(2) STEVEN H. SCHLOENBACH VICE PRESIDENT, CFO	40.00			X			172,916.	0.	33,618.	
(3) JOHN GAROFALO VP OF COMMUNITY INVESTMENT	40.00			X			150,490.	0.	18,400.	
(4) MARGARET MEDZIE VP OF DEVEL.(UNTIL 12/23)	40.00			X			149,698.	0.	17,283.	
(5) DENNIS JANSKY DIRECTOR OF ACCOUNTING & ADMIN.	40.00					X	108,847.	0.	37,482.	
(6) TRACY BURT DIRECTOR OF MARKETING	40.00					X	106,896.	0.	37,603.	
(7) LAURA LEDERER VP OF DEVEL.(BEG. 12/23)	40.00			X			104,876.	0.	27,142.	
(8) MARTY HAUSER CHAIR/STRATEGIC PLANNING	2.00	X		X			0.	0.	0.	
(9) J. BRET TREIER TREASURER/FINANCE CHAIR	2.00	X		X			0.	0.	0.	
(10) S. THERESA CARTER SECRETARY	2.00	X		X			0.	0.	0.	
(11) SYLVIA TRUNDLE IMMEDIATE PAST CHAIR	2.00	X		X			0.	0.	0.	
(12) CARLA CHAPMAN TRUSTEE	1.50	X					0.	0.	0.	
(13) MARK BACHMANN TRUSTEE	1.50	X					0.	0.	0.	
(14) TRACY DOWE TRUSTEE	1.50	X					0.	0.	0.	
(15) TRACY CARTER TRUSTEE	1.50	X					0.	0.	0.	
(16) LAURA CULP TRUSTEE	1.50	X					0.	0.	0.	
(17) JODY KONSTAND COMMUNITY INVESTMENT CHAIR	2.00	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (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) JAMES PICKARD VICE CHAIR/AUDIT CHAIR	2.00	X		X				0.	0.	0.
(19) BILL STEERE COMMUNITY RELATIONS CHAIR	2.00	X		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.
<b>1b Subtotal</b>								1,098,300.	0.	269,086.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,098,300.	0.	269,086.

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 7

	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
HUNTINGTON BANK 106 S. MAIN ST, AKRON, OH 44303	INVESTMENT MANAGEMENT SERVICES	130,000.
PNC CAPITAL ADVISORS, LLC 1 CASCADE PLAZA, 6TH FLOOR, AKRON, OH 44308	INVESTMENT MANAGEMENT SERVICES	129,916.
DIAMOND HILL CAPITAL MANAGEMENT, 325 JOHN H MCCONNELL BLVD, COLUMBUS, OH 43215	INVESTMENT MANAGEMENT SERVICES	120,000.
LEGACY STRATEGIC ASSET MANAGEMENT, 1737 GEORGETOWN ROAD, SUITE H, HUDSON, OH 44236	ADVISOR	114,906.
BROADLEAF PARTNER EQUITY 9 AURORA ST, HUDSON, OH 44326	INVESTMENT MANAGEMENT SERVICES	104,793.

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 6

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>	425,658.			
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	23,286,281.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 4,117,394.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		23,711,939.			
Program Service Revenue	<b>2 a</b>	_____	<b>Business Code</b>				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	_____					
	<b>e</b>	_____					
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		8,162,581.	4,352.	8158229.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real			
				(ii) Personal			
	<b>b</b>	Less: rental expenses ...	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities			
				(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	59,227,000.			
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	57,131,766.			
	<b>d</b>	Net gain or (loss) .....		2,095,234.		2095234.	
<b>8 a</b>	Gross income from fundraising events (not including \$ 425,658. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
<b>b</b>	Less: direct expenses .....	<b>8b</b>	124,819.				
<b>c</b>	Net income or (loss) from fundraising events .....		287,399.				
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b>	Less: direct expenses .....	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....		-162,580.		-162,580.		
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>	_____	<b>Business Code</b>				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....					
<b>12</b>	<b>Total revenue.</b> See instructions .....		33,807,174.	0.	4,352.	10090883.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	17,186,932.	17,186,932.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	551,389.	551,389.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,068,487.	384,655.	299,177.	384,655.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,127,771.	419,298.	296,056.	412,417.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	363,072.	130,706.	101,660.	130,706.
<b>10</b> Payroll taxes	133,423.	48,032.	37,358.	48,033.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	15,303.	5,186.	4,041.	6,076.
<b>c</b> Accounting	32,086.	10,873.	8,472.	12,741.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	643,526.		643,526.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	12,672.	4,294.	3,346.	5,032.
<b>12</b> Advertising and promotion	196,538.	27,524.	13,482.	155,532.
<b>13</b> Office expenses	50,412.	17,985.	14,015.	18,412.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	67,034.	24,198.	18,855.	23,981.
<b>17</b> Travel	6,119.	2,209.	1,721.	2,189.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	31,001.	8,850.	13,380.	8,771.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	180,304.	61,100.	47,608.	71,596.
<b>23</b> Insurance	36,633.	12,414.	9,673.	14,546.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>EQUIP. RENTAL&amp;MAINT.</u>	141,843.	51,203.	39,896.	50,744.
<b>b</b> <u>RESEARCH&amp;SPECIAL PROJ.</u>	66,079.	0.	0.	66,079.
<b>c</b> <u>DUES AND SUBSCRIPTIONS</u>	36,665.	9,854.	7,678.	19,133.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	21,947,289.	18,956,702.	1,559,944.	1,430,643.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	138,704.	<b>1</b>	207,459.
	<b>2</b> Savings and temporary cash investments .....	10,793,114.	<b>2</b>	10,773,640.
	<b>3</b> Pledges and grants receivable, net .....	156,748.	<b>3</b>	58,815.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	216,434.	<b>7</b>	87,357.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	104,321.	<b>9</b>	135,702.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,659,039.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,036,248.		
	<b>11</b> Investments - publicly traded securities .....	3,683,739.	<b>10c</b>	3,622,791.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	180,968,783.	<b>11</b>	221,673,242.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	30,691,006.	<b>12</b>	27,579,793.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	32,869,828.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	259,622,677.	<b>15</b>	33,003,760.	
		<b>16</b>	297,142,559.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	779,173.	<b>17</b>	1,183,528.
	<b>18</b> Grants payable .....	465,914.	<b>18</b>	285,250.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	32,524,887.	<b>25</b>	35,838,887.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	33,769,974.	<b>26</b>	37,307,665.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	101,889,904.	<b>27</b>	143,965,894.
	<b>28</b> Net assets with donor restrictions .....	123,962,799.	<b>28</b>	115,869,000.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	225,852,703.	<b>32</b>	259,834,894.
	<b>33</b> Total liabilities and net assets/fund balances .....	259,622,677.	<b>33</b>	297,142,559.

**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	33,807,174.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,947,289.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,859,885.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	225,852,703.
5	Net unrealized gains (losses) on investments	5	22,122,306.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	259,834,894.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
1		
2a		X
b	X	
c	X	
3a		X
3b		

Form 990 (2023)



**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	11553844.	22353578.	19758048.	8950295.	23711939.	86327704.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	11553844.	22353578.	19758048.	8950295.	23711939.	86327704.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						5684191.
<b>6 Public support.</b> Subtract line 5 from line 4.						80643513.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	11553844.	22353578.	19758048.	8950295.	23711939.	86327704.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	5302920.	7961608.	10030527.	6541824.	8158229.	37995108.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....				161,003.	4,352.	165,355.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						124488167
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	64.78	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	64.98	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (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 (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. 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 - 2022. 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> 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>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined 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>		
<b>c</b> 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>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> 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>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023

**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, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

**AKRON COMMUNITY FOUNDATION**

Employer identification number

**34-1087615**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>850,000.</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>6,935,386.</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>1,542,028.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>1,101,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</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>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>AKRON COMMUNITY FOUNDATION</b>	Employer identification number  <b>34-1087615</b>
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**Part 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>1,717,731.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>2,060,692.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	PUBLICLY-TRADED SECURITIES _____ _____ _____	\$ <u>1,717,731.</u>	_____
8	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>2,060,692.</u>	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	321	
2 Aggregate value of contributions to (during year) .....	10,343,790.	
3 Aggregate value of grants from (during year) .....	8,104,096.	
4 Aggregate value at end of year .....	72,148,607.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

(ii) Assets included in Form 990, Part X .....

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

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

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

**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 in 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	97,518,000.	241,651,000.	236,577,000.	173,186,000.	180,879,000.
b Contributions	1,283,000.	7,509,000.	17,966,000.	20,438,000.	10,755,000.
c Net investment earnings, gains, and losses	6,557,000.	-8,054,000.	5,247,000.	64,307,000.	-18,448,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,072,000.	18,975,000.	18,139,000.	21,354,000.	
f Administrative expenses					
g End of year balance	103,286,000.	222,131,000.	241,651,000.	236,577,000.	173,186,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
  - b Permanent endowment 46.9967 %
  - c Term endowment 53.0033 %
- 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? |     |    |
- 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		590,674.		590,674.
b Buildings	552,000.	2,865,432.	592,700.	2,824,732.
c Leasehold improvements				
d Equipment		593,078.	443,548.	149,530.
e Other		57,855.		57,855.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,622,791.

**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	14,996,709.	END-OF-YEAR MARKET VALUE
(B) COMMON TRUST FUNDS	12,583,084.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	<b>27,579,793.</b>	

**Part VIII Investments - Program Related.**

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

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

**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	125,112.
(2) ACCRUED INVESTMENT INCOME	353,761.
(3) FUNDS HELD AS AGENCY ENDOWMENT OBLIGATIONS	32,524,887.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	<b>33,003,760.</b>

**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	35,838,887.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>35,838,887.</b>

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	55,573,353.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	22,122,306.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	287,399.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	22,409,705.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	33,163,648.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	643,526.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	643,526.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	33,807,174.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	21,591,162.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	287,399.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	287,399.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	21,303,763.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	643,526.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	643,526.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	21,947,289.

**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:**

EXPENSES RELATED TO FUNDRAISING 287,399.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

EXPENSES RELATED TO FUNDRAISING 287,399.

**PART V, LINE 4:**

THE FOUNDATION'S ENDOWMENT CONSISTS OF DONOR-RESTRICTED ENDOWMENT FUNDS.

AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NET ASSETS

ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE

EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

**Part XIII** Supplemental Information (continued)

PART V, LINE 1A, CURRENT YEAR COLUMN:

THE BEGINNING BALANCE ON ENDOWMENT ASSETS FOR THE CURRENT YEAR DECREASED BY \$124,613,000 DUE TO A RECLASSIFICATION OF BOARD-DESIGNATED AND OTHER FUNDS DURING THE FINANCIAL STATEMENT AUDIT.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

Employer identification number

**AKRON COMMUNITY FOUNDATION**

**34-1087615**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		3,243,577.
<b>3 a</b> Subtotal .....	0	0			3,243,577.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			3,243,577.







**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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2023

**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 (add col. (a) through col. (c))	
		POLSKY DINNER (event type)	SUGAR PLUM (event type)	12 (total number)		
Revenue	1	Gross receipts	187,081.	165,992.	197,404.	550,477.
	2	Less: Contributions	144,961.	141,042.	139,655.	425,658.
	3	Gross income (line 1 minus line 2)	42,120.	24,950.	57,749.	124,819.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	48,736.	19,857.	89,690.	158,283.
	8	Entertainment	19,435.	6,900.	7,305.	33,640.
	9	Other direct expenses	16,603.	32,632.	46,241.	95,476.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				287,399.
11	Net income summary. Subtract line 10 from line 3, column (d)				-162,580.	

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

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

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

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

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

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

b If "Yes," explain: \_\_\_\_\_







**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
OHIO & ERIE CANALWAY COALITION 47 WEST EXCHANGE STREET AKRON, OH 44308-1012	34-1636766	501(C)(3)	1,042,750.	0.			TO SUPPORT FREE STUDENT NIGHTS AND PAY WHAT YOU WILL PERFORMANCES OF CLASSICAL THEATRE
AKRON COMMUNITY FOUNDATION 345 WEST CEDAR STREET AKRON, OH 44307-2407	34-1087615	501(C)(3)	1,012,470.	0.			FOR GENERAL OPERATING SUPPORT
GREATER AKRON CHAMBER FOUNDATION 388 SOUTH MAIN STREET, SUITE 205 AKRON, OH 44311-1035	34-1202413	501(C)(3)	707,000.	0.			ANNUAL DISTRIBUTION
IBH FOUNDATION INC. 3445 SOUTH MAIN STREET AKRON, OH 44319	34-1597850	501(C)(3)	601,742.	0.			FOR A CONFERENCE THAT EMPOWERS, EDUCATES, AND SUPPORTS LGBTQ+ STUDENTS AND ALLIES IN GRADES 7-12
SUMMIT EDUCATION INITIATIVE 120 EAST MILL STREET, SUITE 330 AKRON, OH 44308-1745	34-1843220	501(C)(3)	566,664.	0.			FOR GENERAL OPERATING SUPPORT
THE UNIVERSITY OF AKRON FOUNDATION DEPARTMENT OF DEVELOPMENT THE UNIVERSITY OF AKRON - AKRON, OH 44325-2603	34-6575496	501(C)(3)	435,602.	0.			TO SUPPORT DEVELOPING HEROES: IN-SCHOOL GROUP MENTORING FOR URBAN ADOLESCENTS IN AKRON

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **387.**

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

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

Schedule I (Form 990) 2023

**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
UNITED WAY OF SUMMIT AND MEDINA MANDEL COMMUNITY CENTER AT THE SOJOURNER TRUTH BUILDING 37 NORTH HIGH STREET	34-1169257	501(C)(3)	422,974.	0.			FOR THE ALAN AND JANICE WOLL FAMILY ENDOWMENT FUND FOR JEWISH EDUCATION
SUMMIT METRO PARKS FOUNDATION 975 TREATY LINE ROAD AKRON, OH 44313-5837	34-1683837	501(C)(3)	375,275.	0.			FOR GENERAL SUPPORT
LEADERSHIP AKRON 37 NORTH HIGH STREET, SUITE C AKRON, OH 44308	31-1655877	501(C)(3)	341,656.	0.			FOR GENERAL PROGRAM SUPPORT
SUMMA HEALTH 1077 GORGE BLVD. AKRON, OH 44310-2408	34-1887844	501(C)(3)	309,250.	0.			FOR GENERAL OPERATIONS
DOWNTOWN AKRON PARTNERSHIP INC. GREYSTONE HALL 103 SOUTH HIGH STREET, 4TH FLOOR - AKRON, OH 44308-1461	34-1823835	501(C)(3)	267,000.	0.			FOR GENERAL OPERATING SUPPORT IN HONOR OF KIM HUFF IN SUPPORT OF HER WOMAN OF IMPACT
ART RESOURCES TRANSFORMATIONS DBA: CURATED STOREFRONT - 526 SOUTH MAIN ST #503A - AKRON, OH 44311-4402	83-3743218	501(C)(3)	258,933.	0.			FOR GENERAL PROGRAM SUPPORT
ST. VINCENT PARISH FOUNDATION 164 WEST MARKET STREET AKRON, OH 44303	34-1603828	501(C)(3)	250,000.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-1801	34-0813426	501(C)(3)	221,910.	0.			TO SUPPORT GENERAL OPERATIONS
SUMMA FOUNDATION P.O. BOX 2090 AKRON, OH 44309-2090	34-1219001	501(C)(3)	221,083.	0.			TO PROVIDE DIVERSITY, EQUITY, AND INCLUSION EDUCATION TO STUDENTS IN SUMMIT COUNTY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUDSON CITY SCHOOL DISTRICT TREASURER'S OFFICE 76 NORTH HAYDEN HUDSON, OH 44236-3150	34-6001451	115	206,100.	0.			TO SUPPORT GENERAL OPERATIONS FOR CHILDREN, TEEN, AND YOUNG FAMILIES' PROGRAMING IN KENMORE
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)(3)	194,750.	0.			FOR THE BENEFIT OF REACHING ABOVE HOPELESSNESS AND BROKENNESS MINISTRIES
BUSINESS VOLUNTEERS UNLIMITED DBA: BVU: THE CENTER FOR NONPROFIT EXCELLENCE - 1300 EAST 9TH STREET, SUITE 1220 - CLEVELAND, OH 44114	34-1724581	501(C)(3)	176,350.	0.			FOR JANE'S SUNSHINE FUND IN RECOGNITION OF WONDERFUL EVENT HELD ON 9/30/2023
AKRON PUBLIC SCHOOLS 10 NORTH MAIN STREET AKRON, OH 44308-1991	34-6000033	115	173,576.	0.			TO BE USED TOWARDS THE PURCHASE OF A 2023 FORD TRANSIT VAN
COMMUNITY HALL FOUNDATION PROGRAM ENDOWMENT DBA: AKRON CIVIC THEATRE - 182 SOUTH MAIN STREET - AKRON, OH 44308-1316	34-1015948	501(C)(3)	172,981.	0.			TO SUPPORT ARTS AND CULTURE ACTIVITIES IN HIGHLAND SQUARE, INCLUDING PORCHROKR AND
LET'S GROW AKRON INC. 467 HARVEY AVENUE AKRON, OH 44314-3217	34-1632443	501(C)(3)	163,000.	0.			FOR VISION BUILDER
MOODY BIBLE INSTITUTE OF CHICAGO 820 NORTH LASALLE BLVD. CHICAGO, IL 60610-9805	26-2660679	501(C)(3)	155,500.	0.			FOR PEER RECOVERY SUPPORT TARGETING UNDERSERVED YOUTH
HUMANE SOCIETY OF SUMMIT COUNTY 7996 DARROW ROAD, SUITE 30 TWINSBURG, OH 44087-6823	23-7060744	501(C)(3)	152,448.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING JUNE 30, 2023
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK - 1403 WEST HINES HILL ROAD - PENINSULA, OH 44264-9646	34-1917257	501(C)(3)	145,735.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER AKRON AMENITIES INC. 77 EAST MILL STREET AKRON, OH 44308	01-0675880	501(C)(3)	135,000.	0.			SCHOLARSHIP/LIEGL, GAVIN ID#:025381 04
CLEVELAND CLINIC FOUNDATION PHILANTHROPY INSTITUTE P.O. BOX 931 CLEVELAND, OH 44193-1655	34-0714585	501(C)(3)	126,193.	0.			FOR GENERAL PROGRAM SUPPORT IN 2024
CHILD GUIDANCE & FAMILY SOLUTIONS INC. - 18 NORTH FORGE STREET - AKRON, OH 44304-1317	34-0726083	501(C)(3)	124,250.	0.			FOR BEHAVIORAL HEALTHCARE AND WELLNESS PROGRAM
BOYS AND GIRLS CLUBS OF NORTHEAST OHIO - P.O. BOX 72090 OPC833 295 HUNTINGTON CIRCLE - AKRON, OH 44307	34-1856214	501(C)(3)	123,044.	0.			FOR HUMANE SOCIETY OF SUMMIT COUNTY VIA THE 2023 WISH BOOK TO SUPPORT ITS PET FOOD PANTRY
BUILDING FOR TOMORROW 100 WEST CEDAR STREET AKRON, OH 44307-2569	27-4254089	501(C)(3)	119,618.	0.			FOR INTERVAL BROTHERHOOD HOMES CORP. DBA: IBH ADDICTION RECOVERY VIA THE 2023 WISH BOOK TO
THE UNIVERSITY OF AKRON STUDENT ACCOUNTS/BURSAR P.O. BOX 22 AKRON, OH 44309-2260	34-6002924	115	104,410.	0.			TO SUPPORT THE MAHONING VALLEY CAMPUS IN HONOR OF PAUL DUTTON
SOCIETY OF ST. VINCENT DE PAUL C/O ST. HILARY CHURCH 2750 WEST MARKET STREET - FAIRLAWN, OH 44333-4236	51-0434414	501(C)(3)	103,500.	0.			FOR THE GREENHOUSE FUND
WALSH JESUIT HIGH SCHOOL 4550 WYOGA LAKE ROAD CUYAHOGA FALLS, OH 44224	53-0196617	501(C)(3)	101,961.	0.			FOR GENERAL OPERATING SUPPORT
LOVE AKRON P.O. BOX 2971 AKRON, OH 44309	20-8035010	501(C)(3)	101,700.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 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.)

(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
ST. JUDE CHILDREN'S RESEARCH HOSPITAL INC. - 501 ST. JUDE PLACE - MEMPHIS, TN 38105-1905	62-0646012	501(C)(3)	100,573.	0.			FOR THE 151 FIRST PROJECT - CAPITAL
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - SCHOOL OF JOURNALISM 313 CARROLL HALL, BOX 3365 - CHAPEL HILL, NC 27599-3365	56-6001393	501(C)(3)	100,000.	0.			SCHOLARSHIP/BRODIE, BROOKE A ID#:264672
STAN HYWET HALL & GARDENS INC. 714 NORTH PORTAGE PATH AKRON, OH 44303-1363	34-0819149	501(C)(3)	98,939.	0.			OF WHICH \$25,000 IS FOR RESTAURANT TRAINING AND \$25,000 IS FOR CHRISTMAS GIFT CARDS TO BE
BATTERED WOMEN'S SHELTER 974 EAST MARKET STREET AKRON, OH 44305-2445	34-1249342	501(C)(3)	97,647.	0.			TO SUPPORT GENERAL OPERATIONS DURING EXPANSION
OHIO STATE UNIVERSITY FOUNDATION ATTN: GIFT PROCESSING P.O. BOX 7108 COLUMBUS, OH 43271	31-1145986	501(C)(3)	90,823.	0.			TO SUPPORT LABOERS OF LOVE MINISTRY
WELL COMMUNITY DEVELOPMENT CORPORATION - 647 EAST MARKET STREET - AKRON, OH 44304-1620	81-2680851	501(C)(3)	82,750.	0.			FOR GENERAL PROGRAM SUPPORT
RECOVERY CENTER OF MEDINA COUNTY 528 WEST LIBERTY STREET MEDINA, OH 44256	82-3284997	501(C)(3)	82,500.	0.			FOR GENERAL OPERATIONS
STEWART'S CARING PLACE 3501 RIDGE PARK DRIVE FAIRLAWN, OH 44333-8203	20-0181338	501(C)(3)	82,080.	0.			FOR DANCING CLASSROOMS NORTHEAST OHIO VIA THE 2023 WISH BOOK TO ADOPT A SUMMIT COUNTY CLASSROOM
CITY OF AKRON POLICE DEPARTMENT 217 SOUTH HIGH STREET, SUITE #311 AKRON, OH 44308-1636	34-6000020	115	80,000.	0.			FOR THE MOODY RADIO BROADCAST

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 COMMUNITY SERVICE CENTER & URBAN LEAGUE - 440 VERNON ODOM BLVD. - AKRON, OH 44307-2108	34-0714520	501(C)(3)	77,661.	0.			TO SUPPORT THE COVENTRY LIVING ROOM PROJECT IN COVENTRY VILLAGE, OHIO
NATIONAL INVENTORS HALL OF FAME INC. - 3701 HIGHLAND PARK STREET NW - NORTH CANTON, OH 44720-4535	34-1580038	501(C)(3)	72,729.	0.			TO SUPPORT THE TRANSPORTATION AND HANDLING OF DONATED FURNITURE WITHIN SUMMIT
PASTORAL COUNSELING SERVICES OF SUMMIT COUNTY DBA: RED OAK BEHAVIORAL HEALTH - 611 WEST MARKET STREET - AKRON, OH 44303	34-1282145	501(C)(3)	72,000.	0.			FOR GENERAL OPERATING SUPPORT
OPPORTUNITY PARISH ECUMENICAL NEIGHBORHOOD MINISTRY DBA: OPEN M - 941 PRINCETON STREET - AKRON, OH 44311-1922	34-1046107	501(C)(3)	71,231.	0.			FOR LOCAL OPERATING SUPPORT TO CAPTURE CONTINUED GROWTH OF COLLEGE PIPELINE PROGRAM
CUYAHOGA VALLEY PRESERVATION AND SCENIC RAILWAY ASSOCIATION - P.O. BOX 158 - PENINSULA, OH 44264-0158	23-7198801	501(C)(3)	64,792.	0.			FOR GENERAL OPERATING SUPPORT
FAMILY PROMISE OF SUMMIT COUNTY INC. - P.O. BOX 10076 - AKRON, OH 44310	75-3101718	501(C)(3)	64,300.	0.			FOR GENERAL OPERATING SUPPORT
VICTIM ASSISTANCE PROGRAM INC. 137 SOUTH MAIN STREET, SUITE 300 AKRON, OH 44308	38-3142753	501(C)(3)	62,144.	0.			TO SUPPORT INTERSCHOLASTIC WHEELCHAIR BASKETBALL FOR STUDENTS WITH
PLANNED PARENTHOOD OF GREATER OHIO 206 EAST STATE STREET COLUMBUS, OH 43215	34-1015976	501(C)(3)	61,457.	0.			FOR GENERAL PROGRAM SUPPORT
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO - 550 COPLEY ROAD - AKRON, OH 44320-2324	34-0766170	501(C)(3)	60,765.	0.			TO STOCK THE SHELVES IN MEMORY OF SUE AND MAL 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
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE SPARKS, NV 89437-5400	94-2924979	501(C)(3)	60,000.	0.			TO SUPPORT AFFORDABLE HOMEOWNERSHIP IN NORTH HILL
AKRON GENERAL FOUNDATION CLEVELAND CLINIC PHILANTHROPY INSTITUTE P.O. BOX 931517 - CLEVELAND, OH 4419	34-1127047	501(C)(3)	58,772.	0.			TO SUPPORT THE FOOD PANTRY'S DISTRIBUTION AND HOT MEAL TO CLIENTS THAT ARE UNDERSERVED
THE OHIO STATE UNIVERSITY OFFICE OF THE UNIVERSITY BURSAR-EXTERNAL SCHOLARSHIPS PO BOX 183248 - COLUMB	31-6025986	115	58,299.	0.			TO SUPPORT OUR FOOD PANTRY
CLAPP FOR ART 49 MOUNT VIEW AVENUE AKRON, OH 44303	34-1841587	501(C)(3)	57,950.	0.			FOR ONGOING SUPPORT AND SUSTAINABILITY OF CROWN POINT
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET, SUITE 8000 - ANN ARBOR, MI 48109-1288	38-6006309	501(C)(3)	57,370.	0.			FOR PROGRAM SUPPORT OF THE AKRON URBAN ARTS ACADEMY
PHI DELTA THETA FOUNDATION 2 SOUTH CAMPUS AVENUE OXFORD, OH 45056-1801	34-6539803	501(C)(3)	55,000.	0.			FOR GENERAL OPERATING SUPPORT IN GRATEFUL APPRECIATION FOR YOUR PARTICIPATION AT AKRON
THE SALVATION ARMY OF GREATER CLEVELAND - 2507 EAST 22ND STREET - CLEVELAND, OH 44115	13-5562351	501(C)(3)	54,483.	0.			TO SPONSOR CHILDREN FOR CAMP
FUND FOR OUR ECONOMIC FUTURE OF NORTHEAST OHIO - 1422 EUCLID AVENUE, SUITE 400 - CLEVELAND, OH 44115	27-0606927	501(C)(3)	54,000.	0.			FOR FREE CLINIC OF MEDINA COUNTY VIA THE 2023 WISH BOOK TO SUPPORT HYPERTENSION COMPLIANCE
KEEPERS OF THE ART EDUCATION 639 CRESTVIEW DRIVE AKRON, OH 44320	27-2894857	501(C)(3)	53,000.	0.			TO SUPPORT THE BAYARD RUSTIN LGBTQ+ RESOURCE CENTER

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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NORTH AKRON COMMUNITY DEVELOPMENT CORPORATION - 760 ELMA STREET - AKRON, OH 44310	82-1696531	501(C)(3)	52,500.	0.			FOR THE GENERAL FUND
GIRL SCOUTS OF NORTH EAST OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 44056-2156	34-0726094	501(C)(3)	51,000.	0.			SCHOLARSHIP/WELLMAN, VANESSA E ID#:M15563797
OHIO LOCAL INFORMATION INITIATIVE INC. DBA: SIGNAL OHIO - C/O CRABBE BROWN & JAMES 500 SOUTH FRONT STREET, 12TH FLOOR - COLUMBUS, OH	87-3337208	501(C)(1)	51,000.	0.			FOR GENERAL PROGRAM SUPPORT IN HONOR OF EVERLEE HALL
AKRON CHILDREN'S MUSEUM 216 SOUTH MAIN STREET AKRON, OH 44308-1315	46-3118462	501(C)(3)	50,500.	0.			TO SUPPORT THE ECONOMIC AND COMMUNITY DEVELOPMENT INSTITUTE (ECDI) AKRON'S SMALL BUSINESS CAPITAL
HAWAII COMMUNITY FOUNDATION 827 FORT STREET MALL HONOLULU, HI 96813-4317	99-0261283	501(C)(3)	50,500.	0.			TO SUPPORT THE LIGHTS OUT PROGRAM
ALPINE BIBLE CHURCH 719 DUTCH VALLEY DRIVE NE SUGARCREEK, OH 44681	34-1874078	501(C)(3)	50,000.	0.			FOR TRI-COUNTY JOBS FOR OHIO'S GRADUATES VIA THE 2023 WISH BOOK TO SUPPORT AZTEC HIGH SCHOOL
EDWINS LEADERSHIP AND RESTAURANT INSTITUTE - 13101 SHAKER SQUARE - CLEVELAND, OH 44120	26-0656263	501(C)(3)	50,000.	0.			TO SUPPORT ADVENTURES FOR SUMMIT COUNTY FAMILIES
THE OAK CLINIC 3838 MASSILLON ROAD, SUITE 360 UNIONTOWN, OH 44685-7965	34-1930683	501(C)(3)	50,000.	0.			FOR GENERAL PROGRAM SUPPORT
CASCADE LOCKS PARK ASSOCIATION 248 FERNDAL STREET AKRON, OH 44304-1016	34-1621024	501(C)(3)	49,500.	0.			TO EXTEND HOUSEHOLD RESOURCES THRU TARGETING FOOD INSECURITIES

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CHILDREN'S CONCERT SOCIETY OF AKRON - 198 HILL STREET - AKRON, OH 44325-0501	34-0923479	501(C)(3)	49,098.	0.			FOR COMMUNITY AIDS NETWORK/AKRON PRIDE INITIATIVE AKA: CANAPI VIA THE 2023 WISH BOOK TO
YMCA OF AKRON OHIO 50 SOUTH MAIN STREET, SUITE LL 100 AKRON, OH 44308-1859	34-0714727	501(C)(3)	49,000.	0.			FOR INTERVENTION FOR YOUTH IN CRISIS PROGRAM
FAMILY & COMMUNITY SERVICES INC. 705 OAKWOOD STREET, SUITE 221 RAVENNA, OH 44266-2196	34-1902451	501(C)(3)	47,235.	0.			FOR GENERAL PROGRAM SUPPORT
YMCA ENDOWMENT FOUNDATION OF AKRON 50 SOUTH MAIN STREET, SUITE LL 100 AKRON, OH 44308-1859	34-1791819	501(C)(3)	47,218.	0.			TO MITIGATE INCREASING OVERHEAD COSTS, PARTICULARLY UTILITIES
AKRON INNER CITY SOCCER CLUB 3117 DOWLING DRIVE AKRON, OH 44333	34-1875816	501(C)(3)	46,750.	0.			FOR PENINSULA FOUNDATION, INC. VIA THE 2023 WISH BOOK TO CREATE A HANDICAP ACCESSIBLE PARKING AREA
AXESSPOINTE COMMUNITY HEALTH CENTER INC. - 1400 SOUTH ARLINGTON STREET, SUITE 38 P.O. BOX 7695 - AKRON, OH 44306	34-1735884	501(C)(3)	44,000.	0.			FOR THE SUPPORT OF LEADERSHIP AKRON
KENT STATE UNIVERSITY BURSAR'S OFFICE P.O. BOX 5190 KENT, OH 44242-0001	31-6402079	115	41,484.	0.			SCHOLARSHIP RENEWAL/NKWOCHA, CHIKA
REACHING ABOVE HOPELESSNESS & BROKENNESS MINISTRIES INC. DBA: RAHAB MINISTRIES - 3480 WEST MARKET STREET, SUITE 303 - AKRON,	20-3285531	501(C)(3)	41,250.	0.			FOR THE VISION CARE OUTREACH (VCO) PROGRAM, SERVING SUMMIT COUNTY
BOY SCOUTS OF AMERICA COUNCIL 4500 HUDSON DRIVE STOW, OH 44224-1702	34-0737790	501(C)(3)	40,411.	0.			SCHOLARSHIP RENEWAL/BROOKS-DONNIE, ASHANTI S ID#:811097230

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INTERNATIONAL SOAP BOX DERBY INC. 1000 GEORGE WASHINGTON BLVD. AKRON, OH 44312-3004	34-1141558	501(C)(3)	40,000.	0.			SCHOLARSHIP RENEWAL/BERNEL, KYLEE ID#:KB634221
PROJECT GRAD AKRON 10 NORTH MAIN STREET, SUITE 503 AKRON, OH 44303-1958	16-1639511	501(C)(3)	40,000.	0.			FOR GENERAL PROGRAM SUPPORT
ST. MATTHEW EVANGELICAL LUTHERAN CHURCH - 400 NORTH BROADWAY STREET - MEDINA, OH 44256-1933	34-1158557	501(C)(3)	40,000.	0.			TO SUPPORT THE BUDGET ENDOWMENT
TORCHBEARERS P.O. BOX 1443 AKRON, OH 44309-1443	20-1869314	501(C)(3)	40,000.	0.			FOR THE BENEFIT OF THE 2023 ANNUAL FUNDS
UNIVERSITY PARISH NEWMAN CENTER 1424 HORNING ROAD KENT, OH 44240-7657	34-1949373	501(C)(3)	40,000.	0.			FOR THE WRA FUND TO CELEBRATE THE 35TH REUNION OF THE CLASS OF 1988
JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO INC. - 4353 EXECUTIVE CIRCLE NW - CANTON, OH 44718-2999	34-0940986	501(C)(3)	39,748.	0.			TO SUPPORT THE MOMS AND BABIES FIRST PROGRAM TO REDUCE THE NUMBER OF LOW-WEIGHT BABIES AND
ST. HILARY PARISH FOUNDATION 2750 WEST MARKET STREET AKRON, OH 44333-4236	34-0893059	501(C)(3)	39,481.	0.			TO PROVIDE CONTINUED SUPPORT FOR OLDER ADULT AND MENTAL HEALTH SERVICES IN AKRON
BROKEN CHAINS JAIL & PRISON MINISTRY - P.O. BOX 502 - AKRON, OH 44309-0502	54-2139891	501(C)(3)	39,000.	0.			TO SUPPORT THE 2023 BLOSSOM MUSIC FESTIVAL
MAGICAL THEATRE COMPANY 565 WEST TUSCARAWAS AVENUE P.O. BOX BARBERTON, OH 44203-0386	34-1196629	501(C)(3)	38,900.	0.			FOR THE AKRON COMMUNITY SERVICE CENTER & URBAN LEAGUE VIA THE 2023 WISH BOOK TO PROVIDE COMPUTERS

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GARDEN CLUB OF OHIO INC. DBA: AKRON GARDEN CLUB - 332 SPYGLASS DRIVE - FAIRLAWN, OH 44333	34-6542204	501(C)(3)	38,728.	0.			FOR ENDOWMENT OF SYNAGOGUE, GENERAL PROGRAM SUPPORT
GRACE HOUSE AKRON INC. 475 NORTH HOWARD STREET AKRON, OH 44310	81-4420042	501(C)(3)	37,752.	0.			FOR ADDITIONAL SUPPORT OF LOW VISION NIGHT AT THE CLEVELAND ORCHESTRA WITHOUT BENEFITS (FUND
COMMUNITY LEGAL AID SERVICES INC. 50 SOUTH MAIN STREET, SUITE 800 AKRON CENTRE PLAZA - AKRON, OH 44308-1823	34-0753560	501(C)(3)	37,500.	0.			FOR GENERAL OPERATING SUPPORT FOR THE FEEDING HOPE FOOD PANTRY
CASA BOARD VOLUNTEER ASSOCIATION INC. - 650 DAN STREET - AKRON, OH 44310-3909	34-1856268	501(C)(3)	37,400.	0.			FOR THE BASEBALL ATHLETIC PROGRAM
BRIDGE THE VILLAGE 2312 16TH STREET CUYAHOGA FALLS, OH 44223	85-2246601	501(C)(3)	37,000.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 2022 FOR GENERAL OPERATING EXPENSES OF
CROWN POINT ECOLOGY CENTER P.O. BOX 484 3220 IRA ROAD BATH, OH 44210-0484	27-2817313	501(C)(3)	36,468.	0.			FOR GENERAL PROGRAM SUPPORT
REVERE ROAD SYNAGOGUE 646 NORTH REVERE ROAD AKRON, OH 44333-2913	34-6003712	501(C)(3)	36,300.	0.			FOR YOUTH FINANCIAL LITERACY
AMERICAN RED CROSS NORTHERN OHIO REGION - 501 WEST MARKET STREET - AKRON, OH 44303-1898	53-0196605	501(C)(3)	36,200.	0.			FOR THE HARRINGTON DISCOVERY INSTITUTE JAMES AND SUSAN RATNER SCHOLARS IN ALZHEIMER'S
CATHOLIC CHARITIES DIOCESE OF CLEVELAND - 7911 DETROIT AVENUE - CLEVELAND, OH 44102-2815	34-1318541	501(C)(3)	35,417.	0.			PORTION OF THE ANNUAL SPENDABLE INCOME FOR THE CHARITABLE WORKS OF THE KNIGHTS OF COLUMBUS

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SUMMIT METRO PARKS 975 TREATY LINE ROAD AKRON, OH 44313	34-6553677	115	35,000.	0.			TO SUPPORT EXPANSION OF EVIDENCE-BASED THERAPEUTIC APPROACHES
CLEVELAND METROPOLITAN SCHOOL DISTRICT - 1111 SUPERIOR AVENUE - CLEVELAND, OH 44114	34-6000662	115	34,786.	0.			TO SUPPORT THE TAPS PROGRAM
VANTAGE AGING 388 SOUTH MAIN STREET, SUITE 325 AKRON, OH 44311	51-0148544	501(C)(3)	34,269.	0.			FOR THE STEM CENTER OF EXCELLENCE
INTERVAL BROTHERHOOD HOMES CORPORATION DBA IBH ADDICTION RECOVERY - 3445 SOUTH MAIN STREET - AKRON, OH 44319	23-7090131	501(C)(3)	33,594.	0.			FOR GENERAL OPERATING SUPPORT
UNIVERSITY HOSPITALS HEALTH SYSTEM INC. - INSTITUTIONAL RELATIONS AND DEVELOPMENT 11100 EUCLID AVENUE MCCO-5062 - CLEVELAND, OH	34-0714775	501(C)(3)	33,568.	0.			TO SUPPORT HOUSING SERVICES FOR REFUGEES AND IMMIGRANTS
TUESDAY MUSICAL ASSOCIATION 1041 WEST MARKET STREET, SUITE 200 AKRON, OH 44313-7103	34-0786212	501(C)(3)	33,550.	0.			FOR THE BENEFIT OF BOY SCOUTS OF AMERICA, GREAT TRAIL COUNCIL VIA THE 2023 WISH BOOK TO UPDATE
GIRLS ON THE RUN NORTHEAST OHIO 8929 BRECKSVILLE ROAD BRECKSVILLE, OH 44141-2301	47-0991498	501(C)(3)	33,500.	0.			FOR GENERAL OPERATIONS
INTERNATIONAL INSTITUTE OF AKRON INC. - 530 SOUTH MAIN STREET, SUITE 1762 - AKRON, OH 44311	34-0733161	501(C)(3)	33,000.	0.			FOR GENERAL PROGRAM SUPPORT IN MEMORY OF MICHAEL JAMES CARMACK
WESTERN RESERVE LAND CONSERVANCY 3850 CHAGRIN RIVER ROAD MORELAND HILLS, OH 44022-1131	34-1571233	501(C)(3)	32,000.	0.			FOR GENERAL PROGRAM SUPPORT

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TRULY REACHING YOU 587 BAIRD STREET AKRON, OH 44311-1804	75-3223368	501(C)(3)	30,075.	0.			FOR GENERAL PROGRAM SUPPORT
BLESSED TRINITY PARISH 300 EAST TALLMADGE AVENUE AKRON, OH 44310-2373	27-1262139	501(C)(3)	30,000.	0.			TO SUPPORT THE HEAL PROJECT'S MEDICAL-LEGAL PARTNERSHIP WORK IN SUMMIT COUNTY
NORTHSIDE CHRISTIAN CHURCH 7615 RIDGE ROAD WADSWORTH, OH 44281	34-1270306	501(C)(3)	30,000.	0.			TO SUPPORT THE BEDS FOR KIDS PROGRAM OF SUMMIT COUNTY CHILDREN SERVICES
GREATER AKRON MUSICAL ASSOCIATION INC. - 92 NORTH MAIN STREET - AKRON, OH 44308-1932	34-6003828	501(C)(3)	29,025.	0.			TO SUPPORT THE FIRST SERVE SUMMER INTERN PROGRAM
RAPE CRISIS CENTER 974 EAST MARKET STREET AKRON, OH 44305-2445	34-1836495	501(C)(3)	29,000.	0.			FOR APRIL ALLOCATION
ACCESS INC. 230 WEST MARKET STREET AKRON, OH 44303	34-1395246	501(C)(3)	28,000.	0.			FOR GENERAL PROGRAM SUPPORT
CUYAHOGA VALLEY YOUTH BALLET DBA: BALLET EXCEL OHIO - P.O. BOX 3131 - CUYAHOGA FALLS, OH 44223-0431	34-1318396	501(C)(3)	27,588.	0.			FOR THE BENEFIT OF TUESDAY MUSICAL ASSOCIATION VIA THE 2023 WISH BOOK TO PROVIDE FREE
SAINT SEBASTIAN PARISH FOUNDATION 476 MULL AVENUE AKRON, OH 44320	23-7115850	501(C)(3)	27,500.	0.			FOR SANCTUARY AND AUDIO-VISUAL IMPROVEMENTS
ST. VINCENT DE PAUL PARISH 164 WEST MARKET STREET AKRON, OH 44303-2373	34-0718409	501(C)(3)	26,487.	0.			FOR GENERAL SUPPORT

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WEATHERVANE COMMUNITY PLAYHOUSE INC. - 1301 WEATHERVANE LANE - AKRON, OH 44313-5103	34-6560923	501(C)(3)	26,121.	0.			TO SUPPORT STARTING A NEW BAND PROGRAM
STUDENTS WITH A GOAL: SWAG P.O. BOX 4531 AKRON, OH 44310-0531	81-2016003	501(C)(3)	25,500.	0.			FOR THE AKRON ART MUSEUM VIA THE 2023 WISH BOOK TO SUPPORT COMMUNITY ENGAGEMENT BY PROVIDING
MIRACLE LEAGUE OF NORTHEAST OHIO P.O. BOX 1966 MEDINA, OH 44258	36-4752462	501(C)(3)	25,205.	0.			FOR CONCESSION BUILDINGS CONSTRUCTION
BETHANY MENNONITE CHURCH 3497 EDISON STREET HARTVILLE, OH 44632	80-0082593	501(C)(3)	25,000.	0.			FOR THE GALA
BRIMFIELD HISTORICAL SOCIETY 4158 STATE ROUTE 43 KENT, OH 44240-6916	34-6596932	501(C)(3)	25,000.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING SEPTEMBER 30, 2023
CANTORS ASSEMBLY INC. 55 SOUTH MILLER ROAD, SUITE 201 AKRON, OH 44333-4168	13-1959506	501(C)(3)	25,000.	0.			PORTION OF THE ANNUAL SPENDABLE INCOME
CATHOLIC FOUNDATION OF MICHIGAN 1145 WEST LONG LAKE ROAD #201 BLOOMFIELD HILLS, MI 48302	81-4107324	501(C)(3)	25,000.	0.			FOR CHILDREN'S CONCERT SOCIETY OF AKRON VIA THE 2023 WISH BOOK TO SUPPORT LOWERING THE ADMISSION
KEYS TO SERENITY 907 MAGNOLIA AVENUE CUYAHOGA FALLS, OH 44221	82-3599656	501(C)(3)	25,000.	0.			PORTION OF THE ANNUAL SPENDABLE INCOME
PURE GIFT OF GOD P.O. BOX 292 ALLIANCE, OH 44610	46-2511321	501(C)(3)	25,000.	0.			PORTION OF THE ANNUAL SPENDABLE INCOME

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SOLON COMMUNITY LIVING 6790 RIDGECLIFF DRIVE SOLON, OH 44139	83-3861819	501(C)(3)	25,000.	0.			FOR JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO VIA THE 2023 WISH BOOK TO PROVIDE PROFESSIONAL
SUMMIT RECOVERY HUB 2926 STATE ROAD, SUITE 124 CUYAHOGA FALLS, OH 44223	88-3143030	501(C)(3)	25,000.	0.			SCHOLARSHIP RENEWAL/CRANGLE, ANA ID#2841820
URBAN OUNCE OF PREVENTION BEHAVIORAL HEALTH SERVICES INC. - 1735 SOUTH HAWKINS AVENUE - AKRON, OH 44320	34-1624923	501(C)(3)	25,000.	0.			TO SUPPORT EXPERIENTIAL LEARNING OF INDIGENOUS CULTURE AND HISTORY FOR AKRON STUDENTS
FREEDOM HOUSE FOR WOMEN INC. 1101 7TH AVENUE AKRON, OH 44306-1727	02-0691301	501(C)(3)	24,500.	0.			SCHOLARSHIP RENEWAL/DANG, JEREMY N ID#:Y00840272
HABITAT FOR HUMANITY OF SUMMIT COUNTY INC. - 2301 ROMIG ROAD - AKRON, OH 44320-3824	34-1518873	501(C)(3)	24,500.	0.			FOR THE BENEFIT OF COMMUNITY HALL FOUNDATION PROGRAM ENDOWMENT DBA: AKRON CIVIC THEATRE VIA
WESTERN RESERVE HISTORICAL SOCIETY 10825 EAST BLVD. CLEVELAND, OH 44106-1703	34-0714724	501(C)(3)	24,097.	0.			WHICH REPRESENTS THE SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 2023
CENTER FOR APPLIED DRAMA AND AUTISM - 140 EAST MARKET STREET - AKRON, OH 44308	83-0462908	501(C)(3)	24,000.	0.			FOR GENERAL PROGRAM SUPPORT
HOSPICE OF THE WESTERN RESERVE, INC. - 17876 SAINT CLAIR AVENUE - CLEVELAND, OH 44110-2602	34-1256377	501(C)(3)	24,000.	0.			PORTION OF THE ANNUAL SPENDABLE INCOME
CHABAD JEWISH RELIGIOUS ASSOCIATION - 599 PEBBLE BEACH DRIVE - AKRON, OH 44333-2835	34-1274750	501(C)(3)	23,600.	0.			FOR THINK STEM: SOCIAL ENTREPRENEURS AT WORK

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AKRON ROTARY CAMP FOR CHILDREN WITH SPECIAL NEEDS INC. - 4460 REX LAKE DRIVE - AKRON, OH 44319-3430	34-6557819	501(C)(3)	23,000.	0.			FOR GENERAL PROGRAM SUPPORT
LEGACY III, INC. 87 SOUTH ARLINGTON STREET AKRON, OH 44306	34-1824527	501(C)(3)	23,000.	0.			FOR GENERAL SUPPORT IN HONOR OF DR. RACHEL TALTON FOR HER HEARTFELT GRATITUDE, FOR HER TIME,
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106-7035	34-1018992	501(C)(3)	22,548.	0.			FOR GENERAL SUPPORT IN HONOR OF TRACY YEAGER
TRUTH & HONOR INC. 6330 CARIBOU DRIVE CLINTON, OH 44216	84-2056948	501(C)(3)	22,500.	0.			FOR THE BENEFIT OF BIG BROTHERS BIG SISTERS OF SUMMIT, MEDINA & STARK COUNTIES VIA THE 2023
PROJECT LEARN OF SUMMIT COUNTY 60 SOUTH HIGH STREET AKRON, OH 44326-1000	34-1491695	501(C)(3)	22,284.	0.			TO SUPPORT PROSTATE CANCER RESEARCH, AWARENESS AND EDUCATION AT CLEVELAND CLINIC AKRON
GROVE CITY COLLEGE 100 CAMPUS DRIVE GROVE CITY, PA 16127	25-1065148	115	22,000.	0.			FOR MONTHLY TITHE
VICTORY GALLOP INC. 1745 NORTH HAMETOWN ROAD P.O. BOX 5 BATH, OH 44210-0551	34-1787436	501(C)(3)	21,828.	0.			FOR GENERAL PROGRAM SUPPORT
MUSICAL ARTS ASSOCIATION DBA: THE CLEVELAND ORCHESTRA - SEVERANCE HALL 11001 EUCLID AVENUE - CLEVELAND, OH 44106-9822	34-0714468	501(C)(3)	21,821.	0.			QUARTERLY DISTRIBUTION
BALLET THEATRE OF OHIO 265 NORTH MAIN STREET #3 MUNROE FALLS, OH 44262-1090	34-1772850	501(C)(3)	21,643.	0.			FOR OPERATIONAL SUPPORT

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UNIVERSITY SCHOOL 2785 SOM CENTER ROAD HUNTING VALLEY, OH 44022-9972	34-0714720	501(C)(3)	21,500.	0.			FOR TECHNOLOGY UPGRADE
COLEMAN PROFESSIONAL SERVICES INC. DBA: COLEMAN HEALTH SERVICES - 5982 RHODES ROAD - KENT, OH 44240-8100	34-1240178	501(C)(3)	21,095.	0.			FOR GENERAL PROGRAM SUPPORT IN RECOGNITION OF STEVE MILLARD'S LEADERSHIP
HAPPY TRAILS FARM ANIMAL SANCTUARY 5623 NEW MILFORD ROAD RAVENNA, OH 44266-3830	34-1968434	501(C)(3)	21,000.	0.			FOR GENERAL OPERATIONS OF THE JUVE CENTER FOR BEHAVIORAL HEALTH
UNITED DISABILITY SERVICES INC. 701 SOUTH MAIN STREET AKRON, OH 44311-1019	34-1374195	501(C)(3)	21,000.	0.			FOR THE BENEFIT OF CHRIST CHILD SOCIETY OF AKRON VIA THE 2023 WISH BOOK TO SUPPORT ITS SHOE VOUCHER
CATHOLIC COMMUNITY FOUNDATION 1404 EAST 9TH STREET, SUITE 800 CLEVELAND, OH 44114-9970	34-1908579	501(C)(3)	20,834.	0.			FOR THE BENEFIT OF COLEMAN PROFESSIONAL SERVICES VIA THE 2023 WISH BOOK TO SUPPORT
KENMORE NEIGHBORHOOD ALLIANCE 1028 KENMORE BLVD. AKRON, OH 44314-2114	81-3402431	501(C)(3)	20,750.	0.			TO SUPPORT THE 2023 ANNUAL CAMPAIGN IN MEMORY OF BRYAN KINNAMON
AKRON-SUMMIT COUNTY PUBLIC LIBRARY 60 SOUTH HIGH STREET AKRON, OH 44326-1000	34-6000031	115	20,735.	0.			FOR GENERAL PROGRAM SUPPORT AND BUILDING/CONSTRUCTION COST SUPPORT FOR THE
AKRON CREATIVE INC. AKA: THE NIGHTLIGHT CINEMA - 30 NORTH HIGH STREET - AKRON, OH 44308-1974	26-0855272	501(C)(3)	20,500.	0.			FOR GENERAL PROGRAM SUPPORT
FIRST GLANCE STUDENT CENTER INC. 943 KENMORE BLVD. AKRON, OH 44314-2149	20-2610539	501(C)(3)	20,500.	0.			TO SUPPORT SUMMIT COUNTY STUDENT PARTICIPATION IN FILMSLAM & FILMSLAM STREAMS 2023 - 2024

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 AIDS COLLABORATIVE 652 WEST EXCHANGE STREET AKRON, OH 44302	30-0449421	501(C)(3)	20,000.	0.			TO SUPPORT THE STUDENT-RUN FREE CLINIC (SRFC) IN PROVIDING QUALITY, INTEGRATED
CONXUSNEO 388 SOUTH MAIN STREET, SUITE 205 AKRON, OH 44311	34-2019627	501(C)(3)	20,000.	0.			FOR GENERAL PROGRAM SUPPORT
DOYLESTOWN COMMUNITY FOOD CUPBOARD 153 CHURCH STREET DOYLESTOWN, OH 44230-1402	47-3983777	501(C)(3)	20,000.	0.			FOR MEDINA TITHE
HE BROUGHT US OUT MINISTRY AKA NORTH HILL COMMUNITY HOUSE - 526 NORTH HOWARD STREET - AKRON, OH 44310	34-1950491	501(C)(3)	20,000.	0.			FOR 2023-24 CHABAD CALENDAR
NEWPOINTE COMMUNITY CHURCH 5305 BROADMOOR CIRCLE NW CANTON, OH 44709-4026	34-1423911	501(C)(3)	20,000.	0.			FOR THE BRIGGS SURVIVORSHIP LIFE INSURANCE POLICY
RELINK 1755 ENTERPRISE PARKWAY TWINSBURG, OH 44087	47-1588465	501(C)(3)	20,000.	0.			TO PROVIDE SERVICES TO CHILDREN AND FAMILIES THROUGH SCHOOL AND COMMUNITY MENTAL HEALTH
RESTORE ADDICTION RECOVERY 2650 SANITARIUM ROAD AKRON, OH 44312	82-0832531	501(C)(3)	20,000.	0.			FOR GENERAL PROGRAM SUPPORT
SAFE HARBOR NORTON 126 WINDSOR CIRCLE AURORA, OH 44202	83-4603377	501(C)(3)	20,000.	0.			FOR BENNETT GAINES LEGACY ACCOUNT
SARAH'S HOUSE INC. 414 PINE STREET AKRON, OH 44307	27-1948149	501(C)(3)	20,000.	0.			FOR IMPLEMENTING A MORE DYNAMIC COMMUNITY DEVELOPMENT SYSTEM IN AKRON - PHASE III

Schedule I (Form 990)

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SHC FOUNDATION 4283 PARADISE ROAD SEVILLE, OH 44273	90-0805201	501(C)(3)	20,000.	0.			FOR GENERAL PROGRAM SUPPORT
YOUTH EXCELLENCE PERFORMING ARTS WORKSHOP AKA: YEPAW - 2857 RIVIERA DRIVE 2ND FLOOR - AKRON, OH 44333	34-1967561	501(C)(3)	19,980.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 2023
KEEP AKRON BEAUTIFUL 850 EAST MARKET STREET AKRON, OH 44305-2424	34-1341298	501(C)(3)	19,788.	0.			TO SUPPORT THE BREAKING FREE PROJECT
ARTSNOW PO BOX 22576 AKRON, OH 44302	47-5513742	501(C)(3)	19,750.	0.			FOR GENERAL OPERATING SUPPORT
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON DBA: AKRON CHILDREN'S HOSPITAL - ONE PERKINS SQUARE - AKRON, OH 44308-1062	34-0714357	501(C)(3)	19,622.	0.			TO SUPPORT FAMILIES IMPACTED BY INFLATION AND THE REDUCTION OF PANDEMIC SUPPLEMENTAL BENEFITS
MEDINA COUNTY SPCA 8790 GUILFORD ROAD SEVILLE, OH 44273-9341	34-1507786	501(C)(3)	19,588.	0.			FOR GENERAL PROGRAM SUPPORT
URBAN VISION 749 BLAINE AVENUE AKRON, OH 44310-3035	34-1720630	501(C)(3)	19,500.	0.			TO ASSIST WITH TIRE RECYCLING IN AKRON
ONE OF A KIND PET RESCUE INC. ADMINISTRATION/ACCOUNTING 1485 MARION AVENUE - AKRON, OH 44313-7625	20-4631002	501(C)(3)	19,400.	0.			FOR SUPPORT OF THE WONDER FUND
HAVEN OF REST MINISTRIES INC. 175 EAST MARKET STREET P.O. BOX 547 AKRON, OH 44309-0547	34-0750345	501(C)(3)	19,318.	0.			FOR GENERAL PROGRAM SUPPORT

Schedule I (Form 990)

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FEEDING MEDINA COUNTY 650 WEST SMITH ROAD, C8 MEDINA, OH 44256	45-4049528	501(C)(3)	19,250.	0.			TO SUPPORT THE THIRD ANNUAL 2023 ALL-STARS AT THE ALLEY TO BENEFIT UDS ALL-STAR TRAINING CLUB
WESTERN RESERVE ACADEMY ADVANCEMENT OFFICE 115 COLLEGE STRE HUDSON, OH 44236	34-0714390	501(C)(3)	19,250.	0.			FOR THE BENEFIT OF GOOD SAMARITAN HUNGER CENTER VIA THE 2023 WISH BOOK TO SUPPORT GROCERY
GOOD SAMARITAN HUNGER CENTER INC. P.O. BOX 5753 AKRON, OH 44372-5753	34-1374539	501(C)(3)	18,250.	0.			OF WHICH \$2,200 IS FOR THE LYNN BUDNICK AWARD AND \$1,000 IS FOR THE ANNUAL BREAKFAST WITHOUT
LIMITLESS AMBITION INC. P.O. BOX 2358 STOW, OH 44224-1200	46-3789485	501(C)(3)	18,250.	0.			FOR GENERAL OPERATING SUPPORT
GREENLEAF FAMILY CENTER 580 GRANT STREET AKRON, OH 44311-9910	34-0714398	501(C)(3)	18,076.	0.			OF WHICH \$7,000 IS FOR THE GENERAL FUND AND \$3,000 IS FOR THE MISSION FUND
EMPOWER HER NETWORK 8 NORTH RIDGE LANE NEW LONDON, CT 06320	82-2102421	501(C)(3)	18,000.	0.			TO SUPPORT GLOBAL EDUCATION AND MULTICULTURAL DIVERSITY PROGRAMING
PARK SYNAGOGUE 27500 SHAKER BLVD. LYNDHURST, OH 44124-5050	34-0714533	501(C)(3)	18,000.	0.			TO SUPPORT OPERATIONS AT DR. BOB'S HOME, THE BIRTHPLACE OF ALCOHOLICS ANONYMOUS
PARKSIDE CHURCH 7100 PETTIBONE ROAD CHAGRIN FALLS, OH 44023-4907	34-1137025	501(C)(3)	18,000.	0.			FOR GENERAL OPERATING SUPPORT OF AKRON PREGNANCY SERVICES
TRI-COUNTY JOBS FOR OHIO'S GRADUATES - 1333 HOME AVENUE - AKRON, OH 44310	31-1204720	501(C)(3)	17,600.	0.			FOR THE BENEFIT OF PROJECT LEARN OF SUMMIT COUNTY VIA THE 2023 WISH BOOK FOR IMPROVING

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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ASIAN SERVICES IN ACTION INC. 370 EAST MARKET STREET AKRON, OH 44304-1526	34-1798850	501(C)(3)	17,500.	0.			TO SUPPORT THE AKRON BEACON JOURNAL'S ONLINE VOTER GUIDE, PRODUCED IN PARTNERSHIP WITH THE
PREGNANCY SUPPORT CENTER DBA: PREGNANCY CHOICES - 4500 22ND STREET NW - CANTON, OH 44708	34-1461765	501(C)(3)	17,500.	0.			FOR TWO \$2,500 SCHOLARSHIPS TO BE AWARDED TO GRADUATING SENIORS IN THE MEDINA
RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST OHIO INC. - 141 WEST STATE STREET - AKRON, OH 44302	34-1269123	501(C)(3)	17,150.	0.			OF WHICH \$250 IS FOR GENERAL OPERATING SUPPORT AND \$250 IS FOR MEDICAL COSTS
AKRON CHILDREN'S HOSPITAL FOUNDATION - ONE PERKINS SQUARE - AKRON, OH 44308-1063	23-7114013	501(C)(3)	17,072.	0.			FOR GENERAL PROGRAM SUPPORT
CHRIST CHILD SOCIETY OF AKRON P.O. BOX 13411 AKRON, OH 44334-8811	34-1225803	501(C)(3)	16,652.	0.			TO SUPPORT VETERAN PROJECTS
SUMMIT COUNTY FATHERHOOD INITIATIVE - C/O WILLIAMS CHALLENGE 2081 MEADOW GATE - AKRON, OH 44313	74-3061888	501(C)(3)	16,500.	0.			FOR GENERAL PROGRAM SUPPORT IN MEMORY OF MICHAEL JAMES CARMACK
PROYECTO RAICES 4472 MANNINGTON BLVD. STOW, OH 44224	80-0383971	501(C)(3)	16,300.	0.			FOR NAMI SUMMIT COUNTY VIA THE 2023 WISH BOOK TO SUPPORT THE CREATIVE KIDS PROGRAM
SERVICE CORPS OF RETIRED EXECUTIVES ASSOCIATION DBA: AKRON SCORE - SUMMIT COUNTY OHIO BUILDING 175 SOUTH MAIN STREET,	52-1067290	501(C)(3)	16,250.	0.			FOR GENERAL OPERATING SUPPORT IN SUMMIT COUNTY
FRIENDS OF 91.3 DBA FRIENDS OF THE SUMMIT - 309 WOLF AVENUE - AKRON, OH 44312	26-4312124	501(C)(3)	16,000.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 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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SAFETY FORCES SUPPORT CENTER 501 WEST MARKET STREET, SUITE 313 AKRON, OH 44303	83-1269383	501(C)(3)	16,000.	0.			FOR IMPROVEMENTS, MAINTENANCE AND PROGRAM SUPPORT
NAMI SUMMIT COUNTY 150 CROSS STREET AKRON, OH 44311	34-1569301	501(C)(3)	15,910.	0.			FOR THE TOM AND JEANNE LAROSE FAMILY MEMORIAL SCHOLARSHIP ENDOWMENT
AKRON MARATHON CHARITABLE CORPORATION - 155 EAST VORIS STREET - AKRON, OH 44311-1513	42-1531773	501(C)(3)	15,500.	0.			FOR THE BICENTENNIAL FUND
WOODRIDGE FOUNDATION 4440 QUICK ROAD PENINSULA, OH 44264	34-1863669	501(C)(3)	15,160.	0.			TO ACTIVATE AND PROGRAM THE MUSTILL STORE, LOCATED JUST NORTH OF DOWNTOWN AKRON ALONG THE
AKRON COOPERATIVE FARMS P.O. BOX 4871 AKRON, OH 44310	87-4716374	501(C)(3)	15,000.	0.			TO IMPROVE SERVICES TO DV SURVIVORS WITH SUBSTANCE USE ISSUES AND MENTAL HEALTH NEEDS
APOLLO'S FIRE THE CLEVELAND BAROQUE ORCHESTRA - 3091 MAYFIELD ROAD, SUITE 217 - CLEVELAND HEIGHTS, OH 44118-1777	34-1696842	501(C)(3)	15,000.	0.			MENTAL HEALTH-SUBSTANCE ABUSE PREVENTION/TREATMENT PROGRAMS/OPERATIONS
PACKARD INSTITUTE, INC. 461 WEST MARKET STREET AKRON, OH 44303	20-8830510	501(C)(3)	15,000.	0.			FOR GENERAL OPERATIONS
SUMMIT CHORAL SOCIETY INC. 140 EAST MARKET STREET AKRON, OH 44308	34-1658034	501(C)(3)	15,000.	0.			TO PURCHASE TWO BUILDINGS THAT HOUSE THE ORGANIZATION'S HEADQUARTERS AND A FARM
THE SALVATION ARMY OF WADSWORTH 527 COLLEGE STREET P.O. BOX 300 WADSWORTH, OH 44282	13-3485289	501(C)(3)	15,000.	0.			SOLELY FOR THE PURPOSE OF FUNDING THE CONSTRUCTION OF THE LOCK 3 GARDEN PARK

Schedule I (Form 990)

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WOMEN REVIVED MINISTRIES DBA TOTAL LIFE WELLNESS - 17 MANOR ROAD, APT. C - AKRON, OH 44313	84-3465269	501(C)(3)	15,000.	0.			TO SUPPORT AKRON ARTISTIC AND OUTREACH ACTIVITIES
MONTROSE ZION UNITED METHODIST CHURCH - 565 NORTH CLEVELAND-MASSILLON ROAD - AKRON, OH 44333-2299	34-1415202	501(C)(3)	14,583.	0.			FOR GENERAL PROGRAM SUPPORT
BIG BROTHERS AND SISTERS OF SUMMIT, MEDINA & STARK COUNTIES INC. - 50 SOUTH MAIN STREET, SUITE LL 110 - AKRON, OH 44308	34-1104356	501(C)(3)	14,500.	0.			FOR GENERAL OPERATING SUPPORT IN HONOR OF KIM KOVESCI FOR HIS TIME AND KINDNESS WITH THE
HEART TO HEART COMMUNICATIONS INC. DBA HEART TO HEART LEADERSHIP INC. - 37 NORTH HIGH STREET, SUITE B - AKRON, OH 44308-1973	34-1630357	501(C)(3)	14,500.	0.			TO SUPPORT THE CONTINUUM OF MUSICAL TRAINING FOR CHILDREN AND ADULTS
AUTISM SOCIETY OF GREATER AKRON 580 GRANT STREET AKRON, OH 44311	47-1129984	501(C)(3)	14,150.	0.			TO SUPPORT THE 'AGING IN PLACE' PROGRAM
OHIO UNIVERSITY ATTN: OUTSIDE AGENCY SCHOLARSHIPS C ATHENS, OH 45701	31-6402113	501(C)(3)	13,833.	0.			FOR COMMUNITY-RESPONSIVE PROGRAMMING AT THE SUMMIT LAKE NATURE CENTER
HIGHLAND SQUARE NEIGHBORHOOD ASSOCIATION - 641 WEST MARKET STREET - AKRON, OH 44303	20-5074506	501(C)(3)	13,500.	0.			TO HELP FUND THE BERNARD SCHOLARSHIP MATCH FOR SHOWCASE
AKRON SOUL TRAIN 121 SOUTH MAIN STREET, SUITE 500 AKRON, OH 44308-1426	81-1199928	501(C)(3)	13,400.	0.			TO PROVIDE CERTIFIED PEER SUPPORT TO INDIVIDUALS IN EARLY RECOVERY FROM A SUBSTANCE USE DISORDER
FREE CLINIC OF MEDINA COUNTY 970 EAST WASHINGTON STREET, SUITE 1 MEDINA, OH 44256	30-0092944	501(C)(3)	13,400.	0.			TO SUPPORT THE 2023-24 SUMMIT COUNTY CONCERT SERIES AND COMMUNITY ACCESS INITIATIVE

Schedule I (Form 990)

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WINDHAM EXEMPTED VILLAGE SCHOOLS 9530 BAUER AVENUE WINDHAM, OH 44288-1004	34-6003096	115	13,000.	0.			FOR MEDINA CREATIVE HOUSING INC. VIA THE 2023 WISH BOOK TO SUPPORT "RIDERSHIPS" AT ITS
GROUNDWORKS DANCETHEATER 13125 SHAKER SQUARE, SUITE 102 SHAKER HEIGHTS, OH 44120-2399	34-1856594	501(C)(3)	12,750.	0.			FOR GENERAL SUPPORT
OUR LADY OF THE ELMS SCHOOL 1375 WEST EXCHANGE STREET AKRON, OH 44313-7619	34-1910169	501(C)(3)	12,739.	0.			TRANSFER FOR QUARTER BEGINNING APRIL 2023
ST. VINCENT-ST. MARY HIGH SCHOOL 15 NORTH MAPLE STREET AKRON, OH 44303-2326	34-1686290	501(C)(3)	12,708.	0.			FOR GENERAL PROGRAM SUPPORT
ART SPARKS P.O. BOX 1061 CUYAHOGA FALLS, OH 44223-0061	45-5629269	501(C)(3)	12,500.	0.			TO PURCHASE ESSENTIAL ITEMS FOR THE PERSONAL HYGIENE CLOSET
COLLEGE NOW GREATER CLEVELAND INC. 1500 WEST 3RD STREET, SUITE 125 CLEVELAND, OH 44113-1422	34-6580096	501(C)(3)	12,500.	0.			FOR THE YOUTH ENTREPRENEURSHIP & FINANCIAL LITERACY CLUB (MOGULS IN THE MAKING)
COMPASS NORTH CHURCH INC. 2268 SOUTH ARLINGTON ROAD AKRON, OH 44319	45-5345327	501(C)(3)	12,500.	0.			PORTION OF THE ANNUAL SPENDABLE INCOME
FOREVER R CHILDREN P.O. BOX 1201 AKRON, OH 44309	84-3487950	501(C)(3)	12,500.	0.			TO SUPPORT THE TAKE ME OUT TO THE BALLET PROGRAM FOR AKRON SCHOOL CHILDREN
GLOBAL TIES AKRON 6595 MANCHESTER ROAD CLINTON, OH 44216	34-1433786	501(C)(3)	12,500.	0.			FOR GENERAL OPERATING SUPPORT IN 2024

Schedule I (Form 990)



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JOANNA HOUSE LL 387 WEST BARTGES STREET AKRON, OH 44307	38-3802031	501(C)(3)	12,500.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 2023
NORTHEAST OHIO MEDICAL UNIVERSITY FOUNDATION - 4209 STATE ROUTE 44 P.O. BOX 95 - ROOTSTOWN, OH 44272-0095	34-1264220	501(C)(3)	12,500.	0.			TO PROVIDE ACADEMIC SUPPORT, ENHANCE LANGUAGE SKILLS, AND PRESENT ENRICHMENT OPPORTUNITIES
OHIOCAN CHANGE ADDICTION NOW 2298 COMET CIRCLE NW NORTH CANTON, OH 44720	82-5205372	501(C)(3)	12,500.	0.			TO SUPPORT THE DETERRA PROJECT: PREVENTING PRESCRIPTION MEDICINE ABUSE
GOOD NEIGHBORS INC. 1453 GOODYEAR BLVD. AKRON, OH 44305-4170	34-6560957	501(C)(3)	12,390.	0.			FOR GENERAL OPERATING SUPPORT
IDEASTREAM PUBLIC MEDIA IDEA CENTER 1375 EUCLID AVENUE CLEVELAND, OH 44115-1835	34-1943865	501(C)(3)	12,250.	0.			TO SUPPORT BRUBAKER AND HUMBLE BEGINNINGS PERMANENT HOUSING PROGRAMS
BATH CHURCH, UNITED CHURCH OF CHRIST - P.O. BOX 496 - BATH, OH 44210-0496	34-1927041	501(C)(3)	12,000.	0.			TO SUPPORT MEDINA COUNTY SV SURVIVORS' EMERGENCY NEEDS
HEALTHNETWORK FOUNDATION 3550 LANDER ROAD, SUITE 225 PEPPER PIKE, OH 44124	04-3804600	501(C)(3)	12,000.	0.			TO SUPPORT LGBTQ+ ARTISTS AND PERFORMERS FOR THE GREATER AKRON AREA IN A WEEKEND-LONG CELEBRATION
VFW OF THE UNITED STATES DEPARTMENT OF OHIO - FAIRLAWN VFW POST 349 1070 SANBORN DRIVE - AKRON, OH 44333-2959	34-1513225	501(C)(19)	12,000.	0.			QUARTERLY DISTRIBUTION
BRIGHT STAR BOOKS INC. 8893 LANGSTON COURT MACEDONIA, OH 44056-1547	46-5624952	501(C)(3)	11,750.	0.			FOR THE BENEFIT OF BOYS & GIRLS CLUBS OF NORTHEAST OHIO VIA THE 2023 WISH BOOK TO SUPPORT THE STEVE

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AKRON BLIND CENTER & WORKSHOP INC. P.O. BOX 1864 AKRON, OH 44309	34-0742708	501(C)(3)	11,500.	0.			FOR CASA BOARD VOLUNTEER ASSOCIATION INC. VIA THE 2023 WISH BOOK TO SUPPORT CASA'S BELOVED CANINE
AKRON YOUTH MENTORSHIP 647 EAST MARKET STREET AKRON, OH 44304	45-2883406	501(C)(3)	11,500.	0.			TO CELEBRATE THE 25TH ANNIVERSARY AND SUPPORT SUMMIT COUNTY PROGRAMMING AND EDUCATIONAL OUTREACH
COMMUNITY SUPPORT SERVICES INC. 150 CROSS STREET AKRON, OH 44311-1026	23-7029146	501(C)(3)	11,500.	0.			OF WHICH \$10,000 IS FOR THE MELINDA BOND REMINGTON MEMORIAL SCHOLARSHIP AND \$5,000 IS
COMMUNITY AIDS NETWORK/AKRON PRIDE INITIATIVE - 759 WEST MARKET STREET, 1ST FLOOR - AKRON, OH 44303-1015	31-1506671	501(C)(3)	11,250.	0.			TO SUPPORT ROMAIAH MINISTRY
WEST HILL BAPTIST CHURCH 605 NORTH REVERE ROAD FAIRLAWN, OH 44333-2982	34-6003858	501(C)(3)	11,250.	0.			TO ASSIST WITH THE PURCHASE OF A VAN FOR TRANSPORTING KIDS
ARCHBISHOP HOBAN HIGH SCHOOL INC. ONE HOLY CROSS BLVD. AKRON, OH 44306-1500	34-0770684	501(C)(3)	11,211.	0.			FOR GREATER AKRON FORE YOUTH DEVELOPMENT INC. DBA FIRST TEE - GREATER AKRON VIA THE 2023 WISH
FIRST PRESBYTERIAN CHURCH OF GRANVILLE - 110 WEST BROADWAY - GRANVILLE, OH 43023	23-6393377	501(C)(3)	11,000.	0.			FOR COOPER CANCER INSTITUTE
HOPE MEADOWS FOUNDATION 4820 RIDGE ROAD GRANGER TOWNSHIP, OH 44281	35-2327253	501(C)(3)	11,000.	0.			FOR FAMILY & COMMUNITY SERVICES INC. VIA THE 2023 WISH BOOK FOR A DELIVERY VEHICLE
MILITARY AVIATION PRESERVATION SOCIETY - 2260 INTERNATIONAL PARKWAY - NORTH CANTON, OH 44720-1375	34-1651715	501(C)(3)	11,000.	0.			TO FOCUS ON HEALTH AND HUMAN SERVICES

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THE PETER MAURIN CENTER OF AKRON P.O. BOX 1105 HUDSON, OH 44236	30-0712679	501(C)(3)	11,000.	0.			TO MARK ITS 100TH ANNIVERSARY
GARDEN CITY CHURCH 350 SOUTH PORTAGE PATH AKRON, OH 44320-2336	37-1955934	501(C)(3)	10,800.	0.			FOR CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK VIA THE 2023 WISH BOOK TO TELL THE STORIES
AKRON SYMPHONIC WINDS 46 RAVENNA STREET, SUITE B6 HUDSON, OH 44236	81-3257904	501(C)(3)	10,650.	0.			TO SUPPORT SUMMIT COUNTY LOW INCOME RESIDENTS WITH FOOD ASSISTANCE
STEPHEN A. COMUNALE JR. CHARITABLE FOUNDATION - P.O. BOX 13805 - AKRON, OH 44334-3805	20-4345267	501(C)(3)	10,639.	0.			FOR GENERAL PROGRAM SUPPORT
FAITHFUL SERVANTS MISSION INC. 65 COMMUNITY ROAD, SUITE F TALLMADGE, OH 44278-2358	45-4734159	501(C)(3)	10,620.	0.			FOR GENERAL OPERATING SUPPORT
ALCHEMY INC. P.O. BOX 4041 COPLEY, OH 44321-0041	06-1653765	501(C)(3)	10,500.	0.			IN SUPPORT OF NEOHIO IDEASTREAM PUBLIC MEDIA
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVENUE CLEVELAND, OH 44115-1854	34-6516654	501(C)(3)	10,500.	0.			FOR THE BUTTERFLY RELEASE ON JUNE 24, 2023, TO SUPPORT GRIEVING MOTHERS WHO HAVE LOST CHILDREN
WAYNE COUNTY COMMUNITY FOUNDATION 517 NORTH MARKET STREET WOOSTER, OH 44691-3405	34-1281026	501(C)(3)	10,500.	0.			FOR OPERATING SUPPORT
JEWISH FAMILY SERVICE OF AKRON OHIO - 750 WHITE POND DRIVE - AKRON, OH 44320-1128	34-0714444	501(C)(3)	10,300.	0.			FOR THE BUILDING BLOCKS SUMMER PROGRAM

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	13-5613797	501(C)(3)	10,250.	0.			FOR YOUTH EXCELLENCE PERFORMING ARTS WORKSHOP AKA: YEPAW VIA THE 2023 WISH BOOK FOR THE YOUNG
CANINE COMPANIONS FOR INDEPENDENCE INC. - 7480 NEW ALBANY-CONDIT ROAD - NEW ALBANY, OH 43054	94-2494324	501(C)(3)	10,068.	0.			FOR GENERAL OPERATING SUPPORT
3R FOUNDATION REENTRY RECONNECT, RESTORATION - 537 HERITAGE WOODS DRIVE - COPLEY, OH 44309	85-4241967	501(C)(3)	10,000.	0.			FOR GENERAL OPERATIONS TO SUPPORT A CONNECTED TALENT ECOSYSTEM TO BUILD A THRIVING WORKFORCE
AKRON BIBLE CHURCH 783 BROWN STREET AKRON, OH 44311	34-1321296	501(C)(3)	10,000.	0.			FOR THE GENERAL SCHOLARSHIP FUND
AKRON DEVELOPMENT CORPORATION 166 SOUTH HIGH STREET, SUITE 202 AKRON, OH 44308-1628	34-1308327	501(C)(3)	10,000.	0.			SCHOLARSHIP/BIRD, JACKSON T ID#:A01237019
AKRON URBAN ARTS ACADEMY FA: KEEPERS OF THE ART - 639 CRESTVIEW AVENUE - AKRON, OH 44320	APPLIED FOR	501(C)(3)	10,000.	0.			TO SUPPORT FOSTERING RESILIENCE: PROMOTING HEALTH AND WELLNESS FOR AKRON'S LAW ENFORCEMENT
BARBERTON AREA COMMUNITY MINISTRIES - 939 NORTON AVENUE - BARBERTON, OH 44203	31-1502393	501(C)(3)	10,000.	0.			FOR AKRON-SUMMIT COUNTY PUBLIC LIBRARY VIA THE 2023 WISH BOOK TO SUPPORT OUTREACH TO METRO RTA FOR
BESSIE'S ANGELS 17017 MILES AVENUE CLEVELAND, OH 44128	47-4200543	501(C)(3)	10,000.	0.			FOR PROGRAM SUPPORT AS OUTLINED IN RELEVANT GRANT APPLICATIONS, OF WHICH \$2,500 IS FOR
CLEVELAND MODERN DANCE ASSOCIATION DBA DANCECLEVELAND - 13110 SHAKER SQUARE, SUITE 106 - CLEVELAND, OH 44120	34-6561006	501(C)(3)	10,000.	0.			FOR EDUCATIONAL SCHOLARSHIPS AND PROGRAMS IN THE WOODRIDGE SCHOOL DISTRICT

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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COLLIER RESOURCE CENTER P.O. BOX 110905 NAPLES, FL 34108	47-3120388	501(C)(3)	10,000.	0.			FOR THE STUDENT TRAVEL FUND
COMMUNITY OUTREACH RESOURCES EXCHANGE DBA: CORE FURNITURE BANK - P.O. BOX 1192 - CUYAHOGA FALLS, OH 44223-0192	26-3336894	501(C)(3)	10,000.	0.			FOR 2023 SCHOLARSHIPS AND AWARDS
COMMUNITY PREGNANCY CENTER INC. DBA: EMBRACE CLINIC & CARE CENTER - 180 1ST STREET NW - BARBERTON, OH 44203	34-1645865	501(C)(3)	10,000.	0.			SCHOLARSHIP REFUND REISSUE/ADRION, MELISSA ID#:4743867
DEBORAH ANOINTING FOUNDATION 1311 BROWN STREET AKRON, OH 44301	88-4222822	501(C)(3)	10,000.	0.			TO BENEFIT WADSWORTH CITY SCHOOL DISTRICT FOR THE SUPPORT AND DEVELOPMENT OF INDIVIDUAL EDUCATIONAL
DIVERSITY CENTER OF NORTHEAST OHIO 3659 GREEN ROAD, SUITE 220 CLEVELAND, OH 44122	20-1966761	501(C)(3)	10,000.	0.			TO SUPPORT 2023 EDUCATIONAL SCHOLARSHIPS FOR WINDHAM HIGH SCHOOL GRADUATING STUDENTS
FIRST CONGREGATIONAL CHURCH OF HUDSON - 47 AURORA STREET - HUDSON, OH 44236-2997	34-0762813	501(C)(3)	10,000.	0.			FOR RABBI MENDY TORAH CELEBRATION
GAY, LESBIAN AND STRAIGHT EDUCATION NETWORK-NORTHEAST OHIO - P.O. BOX 93513 - CLEVELAND, OH 44101-5513	04-3234202	501(C)(3)	10,000.	0.			FOR THE 2023 GALA TO SUPPORT AKRON SYMPHONY ORCHESTRA WITHOUT BENEFITS
GUY'S AND GAL'S COMMUNITY PARTNERSHIP INC. - P.O. BOX 5191 - FAIRLAWN, OH 44334	82-2927618	501(C)(3)	10,000.	0.			OF WHICH \$6,600 IS FOR GENERAL OPERATIONS AND \$900 IS FOR FAITH PROMISE MISSIONS
HARMONY HOUSE P.O. BOX 7502 AKRON, OH 44306	90-0719742	501(C)(3)	10,000.	0.			FOR GENERAL PROGRAM SUPPORT

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

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HEART 4 THE CITY 954 EASTLAND AVENUE AKRON, OH 44305	82-4427911	501(C)(3)	10,000.	0.			PORTION OF THE ANNUAL SPENDABLE INCOME
KAITLYN ECKELBERRY MEMORIAL FUND 5484 FLEETWOOD AVENUE N.W. CANTON, OH 44718-1440	85-1724593	501(C)(3)	10,000.	0.			SCHOLARSHIP/JENSEN, JOANNA F ID#:0020461163
LAKEVIEW UNITED METHODIST CHURCH 211 THIRD STREET NW BARBERTON, OH 44203	83-3326054	501(C)(3)	10,000.	0.			FOR GENERAL OPERATIONS
LIFE OF RECOVERY SOBER HOUSING 1222 GIRARD STREET AKRON, OH 44301	87-3635581	501(C)(3)	10,000.	0.			FOR THE OHIO EPSILLON LEADERSHIP DEVELOPMENT FUND
MINDS MATTER OF CLEVELAND OHIO P.O. BOX 14219 CLEVELAND, OH 44114	26-2155951	501(C)(3)	10,000.	0.			1ST INSTALLMENT TO SUPPORT SUMMIT METRO PARKS VALLEY VIEW RIVER ACCESS AREA PROJECT, IN
NEW EXODUS CHRISTIAN FELLOWSHIP CHURCH - 1063 SOUTH ARLINGTON STREET - AKRON, OH 44306	26-1153123	501(C)(3)	10,000.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING JUNE 30, 2023
NONE TOO FRAGILE INC. P.O. BOX 2790 AKRON, OH 44309	47-2822553	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
OHIO DOMESTIC VIOLENCE NETWORK 1855 E. DUBLIN-GRANVILLE ROAD, SUIT COLUMBUS, OH 43229	34-1622848	501(C)(3)	10,000.	0.			FOR GENERAL PROGRAM SUPPORT
PHI GAMMA DELTA EDUCATIONAL FOUNDATION - P.O. BOX 4599 - LEXINGTON, KY 40544-4599	52-6036185	501(C)(3)	10,000.	0.			FOR WEATHERVANE COMMUNITY PLAYHOUSE VIA THE 2023 WISH BOOK TO SUPPORT THE INSTALLATION OF

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PORTAGE PATH BEHAVIORAL HEALTH 340 SOUTH BROADWAY STREET AKRON, OH 44308-1529	34-1096055	501(C)(3)	10,000.	0.			TO SUPPORT THE PURCHASE OF FOOD FOR FAMILIES IN NEED IN OUR COMMUNITY
RACHELS ANGELS INC 227 PORTAGE TRAIL EXTENSION WEST #4 CUYAHOGA FALLS, OH 44223	82-1515397	501(C)(3)	10,000.	0.			TO SUPPORT DANCE OUTREACH ACTIVITIES IN SUMMIT COUNTY WITH DANCECLEVELAND'S VISITING
SUMMIT COUNTY COMMUNITY PARTNERSHIP - P.O. BOX 14 - AKRON, OH 44309-0014	34-1818660	501(C)(3)	10,000.	0.			TO PROVIDE STUDENT FINANCIAL SUPPORT TO THE EARLY CHILDHOOD DEVELOPMENT PROGRAM AT
THE FRONT PORCH FELLOWSHIP 130 W. SOUTH STREET AKRON, OH 44311	31-1515804	501(C)(3)	10,000.	0.			TO SUPPORT KENT STATE'S LAST DOLLAR SCHOLARSHIP FUND
THE SHRINERS HOSPITALS FOR CHILDREN - P.O. 31356 - TAMPA, FL 33631-3356	04-2121377	501(C)(3)	10,000.	0.			FOR THE JIMMY MALONE SCHOLARSHIP FUND
UNITY HOLINESS MINISTRIES 1019 HARPSTER AVENUE AKRON, OH 44314	34-1921554	501(C)(3)	10,000.	0.			TO SUPPORT THE 2023 NAACP SCHOLARSHIP GOLF OUTING IN HONOR OF THERESA CARTER & JUDI HILL
ZOAR COMMUNITY ASSOCIATION P.O. BOX 621 ZOAR, OH 44697-0621	23-7422147	501(C)(3)	10,000.	0.			FOR MAINTENANCE AND OPERATING EXPENSES OF THE HISTORICAL SOCIETY
KENT STATE UNIVERSITY FOUNDATION 350 SOUTH LINCOLN STREET P.O. BOX 5 KENT, OH 44242-0001	34-6576307	501(C)(3)	9,738.	0.			TO PROVIDE SOCIAL AND EMOTIONAL LEARNING THROUGH AN EQUINE ASSISTED MODALITY TO
GREATER AKRON FORE YOUTH DEVELOPMENT INC. DBA: FIRST TEE - GREATER AKRON - 2000 SOUTH HAWKINS AVENUE - AKRON, OH 44314-2530	34-1886744	501(C)(3)	9,625.	0.			FOR SEASON SPONSORSHIP OF AAU BASKETBALL TEAM

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BOWLING GREEN STATE UNIVERSITY OFFICE OF THE BURSAR 1851 N. RESEARCH DRIVE - BOWLING GREEN, OH 43403	34-6007199	115	9,500.	0.			FOR CONSTRUCTION OF A NEW ANNOUNCER BOOTH FOR THEIR SPECIALIZED BASEBALL FIELD
THE CHILDREN'S CENTER OF MEDINA COUNTY - 724 EAST SMITH ROAD - MEDINA, OH 44256-2662	42-1749846	501(C)(3)	9,500.	0.			FOR QUARTERLY GENERAL OPERATING SUPPORT
ST. MARY SCHOOL, AKRON 750 SOUTH MAIN STREET AKRON, OH 44311	34-0812382	501(C)(3)	9,086.	0.			TO BE UTILIZED AS DIRECTED BY THE CEO
CARVE YOUR OWN PATH 840 ROTHROCK RD STE 203 COPLEY, OH 44321-0000	83-3389324	501(C)(3)	9,000.	0.			FOR VICTIM ASSISTANCE PROGRAM VIA THE 2023 WISH BOOK TO SUPPORT SUMMER FUN DAY 2023
CLEVELAND INTERNATIONAL FILM FESTIVAL INC. - 2510 MARKET AVENUE - CLEVELAND, OH 44113-3434	34-1262368	501(C)(3)	9,000.	0.			FOR PEER RECOVERY SERVICES AND PREVENTIONS
CUYAHOGA VALLEY ART CENTER 2131 FRONT STREET CUYAHOGA FALLS, OH 44221-3219	34-1319079	501(C)(3)	9,000.	0.			TO SUPPORT PROGRAMMING AT STAN HYWET HALL & GARDENS AND AKRON ART MUSEUM
PREVENT BLINDNESS OHIO HILLCREST MEDICAL BUILDING 6803 MAYFIELD ROAD, SUITE 111 - CLEVELAND, OH 441	31-6063433	501(C)(3)	9,000.	0.			SCHOLARSHIP RENEWAL/GARDNER, BREYA R ID#:36730190
EMMANUEL CHRISTIAN ACADEMY 350 SOUTH PORTAGE PATH AKRON, OH 44320	34-1765117	501(C)(3)	8,961.	0.			TO SUPPORT DLM FOOD AND RESOURCES, AN OUTREACH OF HOLY TRINITY LUTHERAN CHURCH, AKRON, TO
AKRON ROUNDTABLE P.O. BOX 1051 CUYAHOGA FALLS, OH 44223-0051	34-1249338	501(C)(3)	8,750.	0.			TO SUPPORT THE NATIONAL INTERSTATE 1 MILE EVENT IN HONOR OF JEANNINE MARKS AND HER 100 MILE

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HOLY TRINITY LUTHERAN CHURCH 50 NORTH PROSPECT STREET AKRON, OH 44304-1273	34-0714341	501(C)(3)	8,718.	0.			TO PROVIDE INCLUSIVE ACCESSIBILITY FOR THE SUPERVISED FOSTER CARE VISITATION PROGRAM
ECONOMIC AND COMMUNITY DEVELOPMENT INSTITUTE (ECDI) - ATTN: MAUREEN THOMAS 1655 OLD LEONARD AVENUE - COLUMBUS, OH 43219	31-1145544	501(C)(3)	8,500.	0.			FOR SOUTH AKRON YOUTH MENTORSHIP VIA THE 2023 WISH BOOK TO HIRE A FUND DEVELOPMENT CONSULTANT TO
OHIO CONTEMPORARY BALLET 3558 LEE ROAD SHAKER HEIGHTS, OH 44120	34-1645238	501(C)(3)	8,500.	0.			FOR GENERAL PROGRAM SUPPORT
PENINSULA FOUNDATION, INC. 6138 RIVERVIEW ROAD, SUITE F PENINSULA, OH 44264-9651	31-1534973	501(C)(3)	8,500.	0.			TO SUPPORT ONGOING OPERATIONS VIA THE ANNUAL EVENT
WADSWORTH CITY SCHOOL DISTRICT 524 BROAD STREET WADSWORTH, OH 44281	34-6002962	115	8,320.	0.			TO ENLARGE THE REACH OF A WALK IN THEIR SHOES AND CELEBRATE RECOVERY
AKRON ZOOLOGICAL PARK 500 EDGEWOOD AVENUE AKRON, OH 44307-2199	34-6003866	501(C)(3)	8,250.	0.			TO SUPPORT THE DYNAMITE DUOS PROGRAM FOR STUDENTS WITH DISABILITIES IN THE AKRON PUBLIC SCHOOLS
LEAGUE OF WOMEN VOTERS OF THE AKRON AREA EDUCATION FUND - P.O. BOX 46 - CUYAHOGA FALLS, OH 44222-0046	34-1499181	501(C)(3)	8,250.	0.			TO SUPPORT COMMUNITY-FOCUSED, PROJECT-BASED MENTORING FOR SUMMIT COUNTY MIDDLE
DANCING CLASSROOMS NORTHEAST OHIO 1085 ROCKSIDE ROAD, SUITE 6 PARMA, OH 44134-2700	26-2300532	501(C)(3)	8,000.	0.			TO ADDRESS THE FOOD INSECURITY OF CHILDREN AND FAMILIES IN SUMMIT COUNTY
FAIRLAWN WEST UNITED CHURCH OF CHRIST - 2095 WEST MARKET STREET - AKRON, OH 44313-6903	34-0748502	501(C)(3)	8,000.	0.			FOR THE GRANT PROGRAM

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MEDINA RAPTOR CENTER P.O. BOX 74 SPENCER, OH 44275-0074	31-1498428	501(C)(3)	8,000.	0.			FOR POWER OF PLAY CAPITAL CAMPAIGN
WOMEN'S AUXILIARY BOARD OF THE SUMMIT COUNTY CHILDREN'S HOME INC. - 264 SOUTH ARLINGTON STREET - AKRON, OH 44306	34-0757175	501(C)(3)	8,000.	0.			TO SUPPORT THE DISTRIBUTION OF DREAM KITS TO AKRON AREA GIRLS FOR THE COMING ONE YEAR
GRIEFCARE PLACE INC. 4499 DARROW ROAD STOW, OH 44224-1854	31-1531471	501(C)(3)	7,900.	0.			FOR GENERAL OPERATING SUPPORT IN LOVING MEMORY OF MS. JUDITH MACE, MOTHER OF STEVE COX, ON
MEDINA CREATIVE HOUSING INC. 232 NORTH COURT STREET MEDINA, OH 44256	34-1712565	501(C)(3)	7,525.	0.			FOR GIRLS ON THE RUN NORTHEAST OHIO VIA THE 2023 WISH BOOK TO SUPPORT ADAPTIVE AIDS AND
BACK ON MY FEET 1730 EAST HOLLY AVENUE, SUITE 826 EL SEGUNDO, CA 90245-4404	26-2109809	501(C)(3)	7,500.	0.			FOR THE BENEFIT OF THE AUTISM SOCIETY OF GREATER AKRON VIA THE 2023 WISH BOOK TO SUPPORT THE 2023
BIG LOVE NETWORK 111 CAREY AVENUE AKRON, OH 44314-1975	83-0716170	501(C)(3)	7,500.	0.			TO SUPPORT SUMMIT CO. IS BETTER TOGETHER: WORKING TOGETHER TO PREVENT OPIOID USE & REDUCE
COMMUNITY OF CHRIST CHURCH DBA ARC RECOVERY SERVICES - 834 GRANT STREET - AKRON, OH 44311	34-1687728	501(C)(3)	7,500.	0.			TO SUPPORT THEATRICAL EDUCATIONAL OPPORTUNITIES AND YOUTH PERFORMANCES IN 2023/2024
HIMALAYAN ARTS LANGUAGE AND CULTURAL ACADEMY - 1011 GORGE BLVD. - AKRON, OH 44310	65-0350357	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING SUPPORT
HOPE FARM INC. 3465 ANTHONY LANE TWINSBURG, OH 44087	81-1041785	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING SUPPORT

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NORTHEAST OHIO CENTER FOR CHOREOGRAPHY DBA NATIONAL CENTER FOR CHOREOGRAPHY - THE UNIVERSITY OF AKRON GUZZETTA HALL 398 -	47-5231350	501(C)(3)	7,500.	0.			FOR THE GENERAL FUND
OHIOGUIDESTONE 343 EAST BAGLEY ROAD BEREA, OH 44017-2090	34-0720558	501(C)(3)	7,500.	0.			FOR GENERAL PROGRAM SUPPORT TO GET KIDS OUT OF OF THE SYSTEM WITH A FOREVER HOME
OPEN ARMS ADOPTIONS INC. 11 RIVER STREET, SUITE B KENT, OH 44240-3581	47-3674005	501(C)(3)	7,500.	0.			TO STOCK THE SHELVES IN MEMORY OF MARTIN ECKERT
THE SHELBY COUNTY HISTORICAL SOCIETY - ROSS HISTORICAL CENTER P.O. BOX 376 - SIDNEY, OH 45365-0376	34-1317780	501(C)(3)	7,500.	0.			FOR WINNING ACAR'S ANNUAL GRANT APPLICATION PROCESS
YOUNGSTOWN STATE UNIVERSITY ONE UNIVERSITY PLAZA YOUNGSTOWN, OH 44555-3505	34-1011998	115	7,250.	0.			FOR GENERAL OPERATING SUPPORT
OLD TRAIL SCHOOL ATTN: DEVELOPMENT OFFICE P.O. BOX 8 BATH, OH 44210-0827	34-0737805	501(C)(3)	7,106.	0.			FOR GENERAL OPERATING SUPPORT
A KID AGAIN NORTHERN OHIO CHAPTER 9347 RAVENNA TWINSBURG, OH 44087	31-1440073	501(C)(3)	7,000.	0.			PORTION OF THE ANNUAL SPENDABLE INCOME TO SUPPORT THE MEALS ON WHEELS (MOWNEO) PROGRAM
CITIZENS AKRON CHURCH 647 EAST MARKET STREET AKRON, OH 44304	84-5134549	501(C)(3)	7,000.	0.			DISTRIBUTION
LAW AND LEADERSHIP INSTITUTE 1700 LAKE SHORE DRIVE COLUMBUS, OH 43204-4895	26-4709314	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT

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OPEN TONE MUSIC, LLC 140 EAST MARKET STREET AKRON, OH 44308	27-3088230	501(C)(3)	7,000.	0.			FOR CHAPTER HOUSE EDUCATION FUND (CHEF) GRANTS DESIGNATED FOR THE ALPHA OMICRON CHAPTER AT
SPRING GARDEN WALDORF SCHOOL 1791 SOUTH JACOBY ROAD COPLEY, OH 44321	34-1512962	501(C)(3)	7,000.	0.			FOR GENERAL PROGRAM SUPPORT VIA AN ANNUAL BOARD GIFT FROM MEMBER AMY BURG COLE, IN MEMORY
WOODRIDGE LOCAL SCHOOLS 4411 QUICK ROAD PENINSULA, OH 44264-9706	34-6000295	115	7,000.	0.			FOR THE PRESIDENT KARL ERTLE ENDOWMENT FUND FOR TUITION ASSISTANCE IN HONOR OF KARL J. ERTLE
UNITARIAN UNIVERSALIST CHURCH OF AKRON - 3300 MOREWOOD ROAD - AKRON, OH 44333-3459	34-0792930	501(C)(3)	6,905.	0.			FOR GENERAL PROGRAM SUPPORT OF THE OHIO CHAPTER
CLINTON PRESBYTERIAN CHURCH 402 NORTH CENTER STREET CLINTON, IL 61727	22-1863674	501(C)(3)	6,631.	0.			TO SUPPORT LYDIA'S HOME ACCESS TO RECOVERY PROGRAM
CORNERSTONE OF HOPE INC. AKA: BOBBY TRIPODI FOUNDATION - 5905 BRECKSVILLE ROAD - INDEPENDENCE, OH 44131	34-1945499	501(C)(3)	6,300.	0.			FOR GENERAL OPERATING SUPPORT
EMBRACING FUTURES INC. 50 SOUTH MAIN STREET, SUITE LL 100 AKRON, OH 44308-1859	34-6543299	501(C)(3)	6,242.	0.			TO DISCOVER NEW APPROACHES TO CORRECT THE STRUCTURE AND FUNCTION OF DEFECTIVE GENE PRODUCT
RONALD MCDONALD HOUSE CHARITIES OF GREATER CINCINNATI - 341 ERKENBRECHER AVENUE - CINCINNATI, OH 45229	31-0965333	501(C)(3)	6,125.	0.			FOR #013779 UF HEALTH PROTON THERAPY FACILITY SUPPORT, IN HONOR OF DR. NANCY MENDENHALL
ADAPTIVE SPORTS PROGRAM OF OHIO 1720 ENTERPRISE PARKWAY, SUITE C WOOSTER, OH 44691	27-1144442	501(C)(3)	6,000.	0.			SCHOLARSHIP/WAMMES, NATALIE M ID#:12656270

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AKRON PARKS COLLABORATIVE 647 E. MARKET STREET, UNIT 6 AKRON, OH 44304	82-4927742	501(C)(3)	6,000.	0.			FOR THE 2023 ST. JUDE MEMPHIS MARATHON WEEKEND (PARTICIPANT EDWARD JAMES)
AKRON PROMISE, INC. 526 SOUTH MAIN STREET, SUITE 124R AKRON, OH 44311-4402	81-3253260	501(C)(3)	6,000.	0.			SCHOLARSHIP/FEHR, LIAM G ID#:UNKNOWN
CLEVELAND BALLET 23020 MILES ROAD CLEVELAND, OH 44128	38-3945001	501(C)(3)	6,000.	0.			FOR HIMALAYAN ARTS, LANGUAGE & CULTURAL ACADEMY (HALCA) GENERAL OPERATING SUPPORT
DREAMS ACADEMY INTERNATIONAL P.O. BOX 13383 AKRON, OH 44334	81-3518258	501(C)(3)	6,000.	0.			TO SUPPORT FREE FATHERHOOD CLASSES AND SERVICES THROUGH A COMMUNITY PARTNERSHIP
FLORIDA GULF COAST UNIVERSITY CASHIER'S OFFICE 10501 FGCU BLVD. S FORT MYERS, FL 33965-6565	63-0403969	501(C)(3)	6,000.	0.			FOR FAMILY PROMISE OF SUMMIT COUNTY VIA THE 2023 WISH BOOK TO PURCHASE COMMERCIAL
INTEGRATED COMMUNITY SOLUTIONS, INC. - 2315 SHARON COPLEY ROAD - MEDINA, OH 44256	86-3793349	501(C)(3)	6,000.	0.			FOR TRULY REACHING YOU VIA THE 2023 WISH BOOK TO OFFER AREA CHILDREN WITH INCARCERATED PARENTS A
NATURE CONSERVANCY INC. 4245 NORTH FAIRFAX DRIVE, SUITE 100 ARLINGTON, VA 22203-1606	53-0242652	501(C)(3)	6,000.	0.			TO BE USED WHEREVER NEEDED
OHIO NORTHERN UNIVERSITY CONTROLLER'S OFFICE 525 SOUTH MAIN ADA, OH 45810	34-4429091	501(C)(3)	6,000.	0.			TO SUPPORT HISPANIC WOMEN ENTREPRENEURS (PHASE II)
FIRST UNITED METHODIST CHURCH 245 PORTAGE TRAIL CUYAHOGA FALLS, OH 44221-3274	34-0805301	501(C)(3)	5,869.	0.			TO SUPPORT FOOD INSECURITY AND THE POTENTIAL LOSS OF THE FACILITY

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
LEGACIES OF SUCCESS COMMUNITY DEVELOPMENT CORPORATION - 67 FRANCES AVENUE - AKRON, OH 44310	27-1408423	501(C)(3)	5,750.	0.			FOR AKRON SOUL TRAIN VIA THE 2023 WISH BOOK TO SUPPORT EXHIBITIONS FOR THE REGION'S EMERGING
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE - AKRON BRANCH 230 WEST CENTER STREET - AKRON, OH 44302-1808	34-6596175	501(C)(3)	5,700.	0.			FOR GENERAL PROGRAM SUPPORT
UNIVERSITY OF CINCINNATI OFFICE OF THE BURSAR/SPONSORED STUDENT ACCOUNTS P.O. BOX 210140 - CINCINNATI	31-0896555	501(C)(3)	5,600.	0.			FOR GENERAL PROGRAM SUPPORT
BOULE FOUNDATION 260 PEACHTREE STREET N.W., SUITE 16 ATLANTA, GA 30303	34-1304336	501(C)(3)	5,598.	0.			TO PROMOTE OBSTACLE-FREE POSTSECONDARY PATHWAYS, SOCIAL AND EMOTIONAL HEALTH, AND MEANINGFUL
ACE MENTOR PROGRAM OF GREATER AKRON-CANTON - 190 NORTH UNION STREET, SUITE 400 - AKRON, OH 44304	32-0545893	501(C)(3)	5,500.	0.			TO SUPPORT FREE LIVE CONCERTS FOR THE COMMUNITY AND WORK WITH THE CHILDREN IN SUMMIT
HABITAT FOR HUMANITY OF MEDINA COUNTY - 233 LAFAYETTE ROAD - MEDINA, OH 44256	34-1658090	501(C)(3)	5,500.	0.			FOR GENERAL PROGRAM SUPPORT OF BETTER KENMORE COMMUNITY DEVELOPMENT CORPORATION
IN OUR BACKYARDS, INC. P.O. BOX 4668 #74253 NEW YORK, NY 10163-4668	26-3283639	501(C)(3)	5,500.	0.			TO SUPPORT DREAMS AND QUEENS ACADEMY
LITERACY COUNCIL OF MEDINA COUNTY INC. DBA PROJECT: LEARN OF MEDINA COUNTY - 105 WEST LIBERTY STREET - MEDINA, OH 44256	34-1728940	501(C)(3)	5,500.	0.			TO SUPPORT THE ST. MARGARET OF CASTELLO FUND
RUBBER CITY SHAKESPEARE COMPANY DBA RUBBER CITY THEATRE - THE UNIVERSITY OF AKRON GUZZETTA HALL, ROOM 394 - AKRON, OH 44325-1005	47-2484892	501(C)(3)	5,500.	0.			FOR GRACE HOUSE AKRON, INC. VIA THE 2023 WISH BOOK TO PROVIDE FOR THE EXTRAORDINARY NEEDS OF

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
SHANTI COMMUNITY FARMS INC. PO BOX 22573 AKRON, OH 44302	82-1090052	501(C)(3)	5,500.	0.			FOR COMMUNITY OUTREACH AND ENGAGEMENT
CLEVELAND STATE UNIVERSITY 2121 EUCLID AVENUE, UN 340 CLEVELAND, OH 44115	34-0966056	115	5,300.	0.			FOR GENERAL OPERATING SUPPORT IN GRATEFUL APPRECIATION FOR YOUR PARTICIPATION AT AKRON
FORGET-ME-NOT BASKETS INC. 127 EAST LIBERTY STREET, SUITE 390 WOOSTER, OH 44691	27-1172295	501(C)(3)	5,250.	0.			TO SUPPORT HEALING VOICE III
INTERNATIONAL STUDENT SERVICES ASSOCIATION INC - 675 ALPHA DRIVE #G - HIGHLAND HEIGHTS, OH 44143	85-0787797	501(C)(3)	5,250.	0.			FOR GENERAL OPERATING SUPPORT
JULIE BILLIART SCHOOLS 4982 CLUBSIDE ROAD LYNDHURST, OH 44124	34-0827831	501(C)(3)	5,250.	0.			TO EMPOWER AND STRENGTHEN KIDS AND THEIR FAMILIES AS THEY BATTLE LIFE THREATENING ILLNESSES
MOOREDUNSON CO., LLC 140 EAST MARKET STREET AKRON, OH 44308	85-1795020		5,250.	0.			TO SUPPORT ECONOMIC EMPOWERMENT FOR AKRON TRAFFICKING SURVIVORS
WARRIORS' JOURNEY HOME MINISTRY INC. - P.O. BOX 67121 - CUYAHOGA FALLS, OH 44222-7121	90-0726265	501(C)(3)	5,250.	0.			TO SUPPORT THE 7TH ANNUAL HOOP FOR COOP ADULT BASKETBALL TIP OFF AND 5TH ANNUAL YOUTH HEALTH
GRAND VALLEY PUBLIC LIBRARY 1 NORTH SCHOOL STREET P.O. BOX 188 ORWELL, OH 44076	34-0909091	115	5,068.	0.			FOR BARRIER REMOVAL AND SUSTAINABILITY FOR INDIVIDUALS AND FAMILIES AFFECTED BY SUD
HENDERSON MEMORIAL PUBLIC LIBRARY 54 EAST JEFFERSON STREET JEFFERSON, OH 44047	34-0923948	115	5,068.	0.			TO SUPPORT THE FAMILY PROGRAM

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
KINGSVILLE PUBLIC LIBRARY 6006 ACADEMY STREET P.O. BOX 57 KINGSVILLE, OH 44048	34-1033935	115	5,068.	0.			FOR GENERAL OPERATING SUPPORT
ORWELL NORTH PRESBYTERIAN CHURCH P.O. BOX 127 135 NORTH MAPLE AVENUE ORWELL, OH 44076	34-0929752	501(C)(3)	5,068.	0.			FOR GENERAL PROGRAM SUPPORT
ROCK CREEK PUBLIC LIBRARY 2988 HIGH STREET ROCK CREEK, OH 44084	34-6006834	115	5,068.	0.			TO SUPPORT FRIENDS OF PARKS GROUPS AND THEIR WORK IN ACTIVATING NEIGHBORHOOD PARKS
CLEVELAND POPS ORCHESTRA 23245 MERCANTILE ROAD, SUITE B HIGHLAND HILLS, OH 44122-5922	34-1769835	501(C)(3)	5,068.	0.			TO SUPPORT GIFTS OF RECOVERY



**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	196	551,389.	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 GRANTEES 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: OHIO & ERIE CANALWAY COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT FREE STUDENT NIGHTS AND PAY WHAT YOU WILL PERFORMANCES OF CLASSICAL THEATRE PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT: DOWNTOWN AKRON PARTNERSHIP INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT IN

**Part IV** Supplemental Information

HONOR OF KIM HUFF IN SUPPORT OF HER WOMAN OF IMPACT NOMINATION

NAME OF ORGANIZATION OR GOVERNMENT: AKRON-CANTON REGIONAL FOODBANK

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE BENEFIT OF REACHING ABOVE HOPELESSNESS AND BROKENNESS MINISTRIES INC. AKA RAHAB MINISTRIES VIA THE 2023 WISH BOOK TO SUPPORT TRAUMA-INFORMED TRAINING TO STAFF WORKING WITH THOSE AFFECTED BY SEX TRAFFICKING

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY HALL FOUNDATION PROGRAM ENDOWMENT DBA: AKRON CIVIC THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ARTS AND CULTURE ACTIVITIES IN HIGHLAND SQUARE, INCLUDING PORCHROKR AND FILM FEST

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS AND GIRLS CLUBS OF NORTHEAST OHIO

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR HUMANE SOCIETY OF SUMMIT COUNTY VIA THE 2023 WISH BOOK TO SUPPORT ITS PET FOOD PANTRY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: BUILDING FOR TOMORROW

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR INTERVAL BROTHERHOOD HOMES CORP. DBA: IBH ADDICTION RECOVERY VIA THE 2023 WISH BOOK TO PROVIDE A RECOVERY COMMUNITY ROOM FOR MALE RESIDENTIAL TREATMENT CLIENTS

NAME OF ORGANIZATION OR GOVERNMENT: STAN HYWET HALL & GARDENS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: OF WHICH \$25,000 IS FOR RESTAURANT TRAINING AND \$25,000 IS FOR CHRISTMAS GIFT CARDS TO BE DISTRIBUTED EVENLY TO ALL STAFF MEMBERS

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: STEWART'S CARING PLACE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR DANCING CLASSROOMS NORTHEAST OHIO VIA THE 2023 WISH BOOK TO ADOPT A SUMMIT COUNTY CLASSROOM AND PROVIDE A DANCE RESIDENCY PROGRAM TO ITS STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL INVENTORS HALL OF FAME INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE TRANSPORTATION AND HANDLING OF DONATED FURNITURE WITHIN SUMMIT COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: VICTIM ASSISTANCE PROGRAM INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT INTERSCHOLASTIC WHEELCHAIR BASKETBALL FOR STUDENTS WITH DISABILITIES IN SUMMIT COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: PHI DELTA THETA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT IN GRATEFUL APPRECIATION FOR YOUR PARTICIPATION AT AKRON COMMUNITY FOUNDATION'S COMMUNITY ISSUES SESSION ON APRIL 25, 2023

NAME OF ORGANIZATION OR GOVERNMENT:

FUND FOR OUR ECONOMIC FUTURE OF NORTHEAST OHIO

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR FREE CLINIC OF MEDINA COUNTY VIA THE 2023 WISH BOOK TO SUPPORT HYPERTENSION COMPLIANCE AND EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: AKRON CHILDREN'S MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ECONOMIC AND COMMUNITY DEVELOPMENT INSTITUTE (ECDI) AKRON'S SMALL BUSINESS CAPITAL READINESS SERIES PROGRAM

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ALPINE BIBLE CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR TRI-COUNTY JOBS FOR OHIO'S GRADUATES VIA THE 2023 WISH BOOK TO SUPPORT AZTEC HIGH SCHOOL EQUIVALENCY SOFTWARE FOR OUT OF SCHOOL YOUTHS

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S CONCERT SOCIETY OF AKRON

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR COMMUNITY AIDS NETWORK/AKRON PRIDE INITIATIVE AKA: CANAPI VIA THE 2023 WISH BOOK TO SUPPORT HOMELESS LGBTQ+ YOUNG PEOPLE OF THE GREATER AKRON AREA

NAME OF ORGANIZATION OR GOVERNMENT:

JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE MOMS AND BABIES FIRST PROGRAM TO REDUCE THE NUMBER OF LOW-WEIGHT BABIES AND INFANT DEATHS WITHIN THE BLACK COMMUNITIES OF SUMMIT COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: MAGICAL THEATRE COMPANY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE AKRON COMMUNITY SERVICE CENTER & URBAN LEAGUE VIA THE 2023 WISH BOOK TO PROVIDE COMPUTERS FOR OUT-OF-SCHOOL TIME PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT: GRACE HOUSE AKRON INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR ADDITIONAL SUPPORT OF LOW VISION NIGHT AT THE CLEVELAND ORCHESTRA WITHOUT BENEFITS (FUND #T56496)

NAME OF ORGANIZATION OR GOVERNMENT: BRIDGE THE VILLAGE

(H) PURPOSE OF GRANT OR ASSISTANCE: SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 2022 FOR GENERAL OPERATING EXPENSES OF HALE FARM AND

**Part IV** Supplemental Information

VILLAGE

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN RED CROSS NORTHERN OHIO REGION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE HARRINGTON DISCOVERY

INSTITUTE JAMES AND SUSAN RATNER SCHOLARS IN ALZHEIMER'S DISCOVERY FUND

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES DIOCESE OF CLEVELAND

(H) PURPOSE OF GRANT OR ASSISTANCE: PORTION OF THE ANNUAL SPENDABLE

INCOME FOR THE CHARITABLE WORKS OF THE KNIGHTS OF COLUMBUS COUNCIL #14054

NAME OF ORGANIZATION OR GOVERNMENT: TUESDAY MUSICAL ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE BENEFIT OF BOY SCOUTS OF

AMERICA, GREAT TRAIL COUNCIL VIA THE 2023 WISH BOOK TO UPDATE THE

CLIMBING TOWER

NAME OF ORGANIZATION OR GOVERNMENT:

CUYAHOGA VALLEY YOUTH BALLET DBA: BALLET EXCEL OHIO

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE BENEFIT OF TUESDAY MUSICAL

ASSOCIATION VIA THE 2023 WISH BOOK TO PROVIDE FREE CONCERT TICKETS TO ALL

STUDENTS AND BUS FUNDING TO SCHOOLS AND COMMUNITY ORGANIZATIONS

NAME OF ORGANIZATION OR GOVERNMENT: STUDENTS WITH A GOAL: SWAG

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE AKRON ART MUSEUM VIA THE

2023 WISH BOOK TO SUPPORT COMMUNITY ENGAGEMENT BY PROVIDING ART SUPPLIES

FOR OPEN STUDIO & ART BAR SPACES

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC FOUNDATION OF MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CHILDREN'S CONCERT SOCIETY OF AKRON VIA THE 2023 WISH BOOK TO SUPPORT LOWERING THE ADMISSION PRICE FOR THE SPRING CONCERT HALL SERIES

NAME OF ORGANIZATION OR GOVERNMENT: SOLON COMMUNITY LIVING

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO VIA THE 2023 WISH BOOK TO PROVIDE PROFESSIONAL DEVELOPMENT TRAINING FOR STAFF SO THEY CAN IMPROVE THEIR SKILLS AND BETTER SERVE THE ORGANIZATION'S STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT:

HABITAT FOR HUMANITY OF SUMMIT COUNTY INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE BENEFIT OF COMMUNITY HALL FOUNDATION PROGRAM ENDOWMENT DBA: AKRON CIVIC THEATRE VIA THE 2023 WISH BOOK TO SUPPORT THE FOR THE ARTS INCLUSION INCUBATOR

NAME OF ORGANIZATION OR GOVERNMENT: LEGACY III, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT IN HONOR OF DR. RACHEL TALTON FOR HER HEARTFELT GRATITUDE, FOR HER TIME, LEADERSHIP AND ENLIGHTMENT ON THE ESG TOPIC

NAME OF ORGANIZATION OR GOVERNMENT: TRUTH & HONOR INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE BENEFIT OF BIG BROTHERS BIG SISTERS OF SUMMIT, MEDINA & STARK COUNTIES VIA THE 2023 WISH BOOK TO SUPPORT THE SAFETY OF YOUTH SERVED THROUGH IN-HOUSE VOLUNTEER BACKGROUND CHECKS

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT LEARN OF SUMMIT COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PROSTATE CANCER RESEARCH, AWARENESS AND EDUCATION AT CLEVELAND CLINIC AKRON GENERAL

NAME OF ORGANIZATION OR GOVERNMENT: UNITED DISABILITY SERVICES INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE BENEFIT OF CHRIST CHILD SOCIETY OF AKRON VIA THE 2023 WISH BOOK TO SUPPORT ITS SHOE VOUCHER PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE BENEFIT OF COLEMAN PROFESSIONAL SERVICES VIA THE 2023 WISH BOOK TO SUPPORT CHILD THERAPY CLIENTS WITH TOOLS TO HELP THEM BOTH PLAY AND RECOVER IN SESSION

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

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL PROGRAM SUPPORT AND BUILDING/CONSTRUCTION COST SUPPORT FOR THE MEDINA SHELTER

NAME OF ORGANIZATION OR GOVERNMENT: AKRON AIDS COLLABORATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE STUDENT-RUN FREE CLINIC (SRFC) IN PROVIDING QUALITY, INTEGRATED HEALTHCARE SERVICES TO THE UNDERSERVED COMMUNITY MEMBERS OF NORTHEAST OHIO

NAME OF ORGANIZATION OR GOVERNMENT: RELINK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SERVICES TO CHILDREN AND FAMILIES THROUGH SCHOOL AND COMMUNITY MENTAL HEALTH PREVENTION, INTERVENTION AND TREATMENT PROGRAMS



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: WESTERN RESERVE ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE BENEFIT OF GOOD SAMARITAN HUNGER CENTER VIA THE 2023 WISH BOOK TO SUPPORT GROCERY DISTRIBUTION AND KIDS BAG DELIVERY

NAME OF ORGANIZATION OR GOVERNMENT: GOOD SAMARITAN HUNGER CENTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: OF WHICH \$2,200 IS FOR THE LYNN BUDNICK AWARD AND \$1,000 IS FOR THE ANNUAL BREAKFAST WITHOUT BENEFITS

NAME OF ORGANIZATION OR GOVERNMENT: TRI-COUNTY JOBS FOR OHIO'S GRADUATES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE BENEFIT OF PROJECT LEARN OF SUMMIT COUNTY VIA THE 2023 WISH BOOK FOR IMPROVING STUDENT SERVICES AND ACCESSIBILITY

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE AKRON BEACON JOURNAL'S ONLINE VOTER GUIDE, PRODUCED IN PARTNERSHIP WITH THE LEAGUE OF WOMEN VOTERS OF GREATER AKRON

NAME OF ORGANIZATION OR GOVERNMENT:

PREGNANCY SUPPORT CENTER DBA: PREGNANCY CHOICES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR TWO \$2,500 SCHOLARSHIPS TO BE AWARDED TO GRADUATING SENIORS IN THE MEDINA HIGH SCHOOL STRING ORCHESTRA PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: WOODRIDGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ACTIVATE AND PROGRAM THE MUSTILL STORE, LOCATED JUST NORTH OF DOWNTOWN AKRON ALONG THE TOWPATH TRAIL

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SUMMIT CHORAL SOCIETY INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE TWO BUILDINGS THAT HOUSE THE ORGANIZATION'S HEADQUARTERS AND A FARM MARKET KITCHEN SPACE

NAME OF ORGANIZATION OR GOVERNMENT:

BIG BROTHERS AND SISTERS OF SUMMIT, MEDINA & STARK COUNTIES INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT IN HONOR OF KIM KOVESCİ FOR HIS TIME AND KINDNESS WITH THE PERSONAL TOUR OF THE MUSEUM HE PROVIDED FOR MY FAMILY AND IN RECOGNITION OF HIS OUTSTANDING LEADERSHIP AND VISION IN FULFILLING THE WORK AND MISSION OF HIS

NAME OF ORGANIZATION OR GOVERNMENT: WINDHAM EXEMPTED VILLAGE SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR MEDINA CREATIVE HOUSING INC. VIA THE 2023 WISH BOOK TO SUPPORT "RIDERSHIPS" AT ITS THERAPY RANCH FOR INDIVIDUALS WITH DISABILITIES

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHEAST OHIO MEDICAL UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE ACADEMIC SUPPORT, ENHANCE LANGUAGE SKILLS, AND PRESENT ENRICHMENT OPPORTUNITIES TO THE IMMIGRANT AND REFUGEE STUDENTS IN ASIA'S INTERNATIONAL COMMUNITY EMPOWERMENT PROJECT (ICEP) PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: BRIGHT STAR BOOKS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE BENEFIT OF BOYS & GIRLS CLUBS OF NORTHEAST OHIO VIA THE 2023 WISH BOOK TO SUPPORT THE STEVE WISE

Part IV Supplemental Information

CLUB GAME ROOM

NAME OF ORGANIZATION OR GOVERNMENT: AKRON BLIND CENTER & WORKSHOP INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CASA BOARD VOLUNTEER ASSOCIATION INC. VIA THE 2023 WISH BOOK TO SUPPORT CASA'S BELOVED CANINE COMPANION TATOR TOT!

NAME OF ORGANIZATION OR GOVERNMENT: AKRON YOUTH MENTORSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CELEBRATE THE 25TH ANNIVERSARY AND SUPPORT SUMMIT COUNTY PROGRAMMING AND EDUCATIONAL OUTREACH ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY SUPPORT SERVICES INC.

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

NAME OF ORGANIZATION OR GOVERNMENT: ARCHBISHOP HOBAN HIGH SCHOOL INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GREATER AKRON FORE YOUTH DEVELOPMENT INC. DBA FIRST TEE - GREATER AKRON VIA THE 2023 WISH BOOK FOR A SIX-PERSON LIMO-STYLE GOLF CART TO TRANSPORT CHILDREN AROUND THE GOLF COURSE

NAME OF ORGANIZATION OR GOVERNMENT: GARDEN CITY CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK VIA THE 2023 WISH BOOK TO TELL THE STORIES OF THE CUYAHOGA VALLEY NATIONAL PARK THROUGH THE BOSTON ARTS PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN HEART ASSOCIATION INC.

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR YOUTH EXCELLENCE PERFORMING ARTS WORKSHOP AKA: YEPAW VIA THE 2023 WISH BOOK FOR THE YOUNG ADULT TRANSFORMATION CONFERENCE

NAME OF ORGANIZATION OR GOVERNMENT:

AKRON URBAN ARTS ACADEMY FA: KEEPERS OF THE ART

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT FOSTERING RESILIENCE: PROMOTING HEALTH AND WELLNESS FOR AKRON'S LAW ENFORCEMENT COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: BARBERTON AREA COMMUNITY MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR AKRON-SUMMIT COUNTY PUBLIC LIBRARY VIA THE 2023 WISH BOOK TO SUPPORT OUTREACH TO METRO RTA FOR A DIGITAL DISPLAY AND CHARGING STATION TO PROMOTE THE LIBRARY ON THE GO PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: BESSIE'S ANGELS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PROGRAM SUPPORT AS OUTLINED IN RELEVANT GRANT APPLICATIONS, OF WHICH \$2,500 IS FOR BARBER CLC , \$2,500 IS FOR CROUSE CLC, \$2,500 IS FOR FIRESTONE PARK CLC , \$2,500 IS FOR RESNIK CLC, \$2,500 IS FOR RIMER CLC, AND \$2,500 IS FOR VORIS CLC

NAME OF ORGANIZATION OR GOVERNMENT: DEBORAH ANOINTING FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BENEFIT WADSWORTH CITY SCHOOL DISTRICT FOR THE SUPPORT AND DEVELOPMENT OF INDIVIDUAL EDUCATIONAL SCHOLARSHIPS AND EDUCATIONAL PROGRAMS WITHIN THE DISTRICT

NAME OF ORGANIZATION OR GOVERNMENT: DIVERSITY CENTER OF NORTHEAST OHIO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT 2023 EDUCATIONAL

**Part IV** Supplemental Information

SCHOLARSHIPS FOR WINDHAM HIGH SCHOOL GRADUATING STUDENTS PURSUING A  
POST-SECONDARY EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: MINDS MATTER OF CLEVELAND OHIO

(H) PURPOSE OF GRANT OR ASSISTANCE: 1ST INSTALLMENT TO SUPPORT SUMMIT  
METRO PARKS VALLEY VIEW RIVER ACCESS AREA PROJECT, IN RECOGNITION OF  
AKRON GARDEN CLUB'S 2024 CENTENNIAL FROM THE AKRON GARDEN CLUB ENDOWMENT  
FUND

NAME OF ORGANIZATION OR GOVERNMENT:

PHI GAMMA DELTA EDUCATIONAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR WEATHERVANE COMMUNITY PLAYHOUSE  
VIA THE 2023 WISH BOOK TO SUPPORT THE INSTALLATION OF COMMERCIAL LAUNDRY  
EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: RACHELS ANGELS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT DANCE OUTREACH ACTIVITIES  
IN SUMMIT COUNTY WITH DANSECLEVELAND'S VISITING ARTISTS

NAME OF ORGANIZATION OR GOVERNMENT: SUMMIT COUNTY COMMUNITY PARTNERSHIP

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

NAME OF ORGANIZATION OR GOVERNMENT: KENT STATE UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SOCIAL AND EMOTIONAL  
LEARNING THROUGH AN EQUINE ASSISTED MODALITY TO AT-RISK YOUTH IN SUMMIT  
COUNTY

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: EMMANUEL CHRISTIAN ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT DLM FOOD AND RESOURCES, AN OUTREACH OF HOLY TRINITY LUTHERAN CHURCH, AKRON, TO CONTINUE TO PROVIDE FOOD AND OTHER RESOURCES TO THE MOST NEEDY IN THE AKRON AREA.

NAME OF ORGANIZATION OR GOVERNMENT: AKRON ROUNDTABLE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE NATIONAL INTERSTATE 1 MILE EVENT IN HONOR OF JEANNINE MARKS AND HER 100 MILE CHALLENGE

NAME OF ORGANIZATION OR GOVERNMENT:

ECONOMIC AND COMMUNITY DEVELOPMENT INSTITUTE (ECDI)

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SOUTH AKRON YOUTH MENTORSHIP VIA THE 2023 WISH BOOK TO HIRE A FUND DEVELOPMENT CONSULTANT TO RESEARCH NEW GRANTS, UPDATE THE DONOR MANAGEMENT AND GRANT TRACKING SYSTEMS, AND TRAIN STAFF ON BEST PRACTICES

NAME OF ORGANIZATION OR GOVERNMENT:

LEAGUE OF WOMEN VOTERS OF THE AKRON AREA EDUCATION FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT COMMUNITY-FOCUSED, PROJECT-BASED MENTORING FOR SUMMIT COUNTY MIDDLE SCHOOL STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN'S AUXILIARY BOARD OF THE SUMMIT COUNTY CHILDREN'S HOME INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE DISTRIBUTION OF DREAM KITS TO AKRON AREA GIRLS FOR THE COMING ONE YEAR PERIOD

NAME OF ORGANIZATION OR GOVERNMENT: GRIEFCARE PLACE INC.

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT IN LOVING MEMORY OF MS. JUDITH MACE, MOTHER OF STEVE COX, ON BEHALF OF ACF'S BOARD OF DIRECTORS & STAFF

NAME OF ORGANIZATION OR GOVERNMENT: MEDINA CREATIVE HOUSING INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GIRLS ON THE RUN NORTHEAST OHIO VIA THE 2023 WISH BOOK TO SUPPORT ADAPTIVE AIDS AND PERSONAL CARE ITEMS FOR GIRLS

NAME OF ORGANIZATION OR GOVERNMENT: BACK ON MY FEET

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE BENEFIT OF THE AUTISM SOCIETY OF GREATER AKRON VIA THE 2023 WISH BOOK TO SUPPORT THE 2023 WATER SAFETY PROGRAM FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

NAME OF ORGANIZATION OR GOVERNMENT: BIG LOVE NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SUMMIT CO. IS BETTER TOGETHER: WORKING TOGETHER TO PREVENT OPIOID USE & REDUCE OVERDOSE DEATHS

NAME OF ORGANIZATION OR GOVERNMENT: OPEN TONE MUSIC, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CHAPTER HOUSE EDUCATION FUND (CHEF) GRANTS DESIGNATED FOR THE ALPHA OMICRON CHAPTER AT THE UNIVERSITY OF AKRON

NAME OF ORGANIZATION OR GOVERNMENT: SPRING GARDEN WALDORF SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL PROGRAM SUPPORT VIA AN ANNUAL BOARD GIFT FROM MEMBER AMY BURG COLE, IN MEMORY OF H. PETER BURG

NAME OF ORGANIZATION OR GOVERNMENT: FLORIDA GULF COAST UNIVERSITY

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR FAMILY PROMISE OF SUMMIT COUNTY VIA THE 2023 WISH BOOK TO PURCHASE COMMERCIAL QUALITY BUNK BEDS AND FURNITURE FOR THE FAMILY UNITS AT GLENDORA HOUSE

NAME OF ORGANIZATION OR GOVERNMENT: INTEGRATED COMMUNITY SOLUTIONS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR TRULY REACHING YOU VIA THE 2023 WISH BOOK TO OFFER AREA CHILDREN WITH INCARCERATED PARENTS A FESTIVE, SAFE HOLIDAY GATHERING

NAME OF ORGANIZATION OR GOVERNMENT:

LEGACIES OF SUCCESS COMMUNITY DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR AKRON SOUL TRAIN VIA THE 2023 WISH BOOK TO SUPPORT EXHIBITIONS FOR THE REGION'S EMERGING ARTISTS

NAME OF ORGANIZATION OR GOVERNMENT: BOULE FOUNDATION

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

NAME OF ORGANIZATION OR GOVERNMENT:

ACE MENTOR PROGRAM OF GREATER AKRON-CANTON

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT FREE LIVE CONCERTS FOR THE COMMUNITY AND WORK WITH THE CHILDREN IN SUMMIT COUNTY PUBLIC SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT:

RUBBER CITY SHAKESPEARE COMPANY DBA RUBBER CITY THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GRACE HOUSE AKRON, INC. VIA THE 2023 WISH BOOK TO PROVIDE FOR THE EXTRAORDINARY NEEDS OF TERMINALLY ILL



**Part IV** Supplemental Information

RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT: CLEVELAND STATE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT IN GRATEFUL APPRECIATION FOR YOUR PARTICIPATION AT AKRON COMMUNITY FOUNDATION'S COMMUNITY ISSUES SESSION ON APRIL 25, 2023

NAME OF ORGANIZATION OR GOVERNMENT: JULIE BILLIART SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EMPOWER AND STRENGTHEN KIDS AND THEIR FAMILIES AS THEY BATTLE LIFE THREATENING ILLNESSES WITH THE HELP OF CUSTOM SHOES PLUS PROJECT OTRUN SIGNATURE SWAG

NAME OF ORGANIZATION OR GOVERNMENT: WARRIORS' JOURNEY HOME MINISTRY INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE 7TH ANNUAL HOOP FOR COOP ADULT BASKETBALL TIP OFF AND 5TH ANNUAL YOUTH HEALTH FAIR AND SPORTS CLINIC

NAME OF ORGANIZATION OR GOVERNMENT: BOYS AND GIRLS CLUB OF MASSILLON

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE BUILDING OF "DISAGREEMENT FITNESS," THAT THEN WORKS TO BUILD "BROAD BASED TRUST," THAT THEN MAY ALLOW CIVIC "SOLUTIONS" TO EMERGE FROM MULTIPLE VIEWPOINTS

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY LIFE COLLABORATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PUBLIC ART INITIATIVES THAT INCREASE ACCESSIBILITY TO CONTEMPORARY ART, PROMOTE ECONOMIC DEVELOPMENT, AND SUPPORT THE ARTIST ECOSYSTEM IN AND AROUND DOWNTOWN AKRON

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

FRIENDS OF CROWELL HILAKA DBA FRIENDS OF RICHFIELD HERITAGE PRESERVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT BEES, BUGS AND

BUTTERFLIES: HOW POLLINATORS HELP THE CUYAHOGA REGION BLOOM EXHIBIT,

POLLINATOR GARDENS AND PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT:

MODE - MIRACLES OCCUR DAYS ENRICHED A NON-PROFIT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT INDIGENT WARDS IN NEED OF

A SURROGATE DECISION MAKER BY RECRUITING VOLUNTEER GUARDIANS WHILE

INCREASING THE KNOWLEDGE BASE OF OUR CURRENT GUARDIANS

NAME OF ORGANIZATION OR GOVERNMENT: PROVIDENCE HOUSE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT URBAN FARMING,

SUSTAINABLE GROWING PRACTICES AND EDUCATION, AND COMMUNITY BUILDING IN

NORTH HILL AND GREATER AKRON

NAME OF ORGANIZATION OR GOVERNMENT: THE SALVATION ARMY OF CANTON CITADEL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT WOMEN WITH SUBSTANCE USE

DISORDER BY PROVIDING A SAFE AND STABLE RECOVERY HOUSE WITH MENTORSHIP

AND EDUCATION PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF FLORIDA FOUNDATION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR WARRIORS' JOURNEY HOME

MINISTRY, INC. VIA THE 2023 WISH BOOK TO PROVIDE FUNDING FOR ONE LOCAL

VIETNAM VETERAN TO PARTICIPATE IN "RETURN TO VIETNAM" PROGRAM

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**AKRON COMMUNITY FOUNDATION**

Employer identification number

**34-1087615**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

**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)	294,052.	10,525.	0.	69,617.	27,941.	402,135.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEVEN H. SCHLOENBACH VICE PRESIDENT, CFO	(i)	169,360.	3,556.	0.	0.	33,618.	206,534.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOHN GAROFALO VP OF COMMUNITY INVESTMENT	(i)	147,434.	3,056.	0.	0.	18,400.	168,890.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARGARET MEDZIE VP OF DEVEL.(UNTIL 12/23)	(i)	147,198.	2,500.	0.	0.	17,283.	166,981.	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 \$69,617 FOR PRESIDENT JOHN T. PETURES, JR.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	44	4,117,394.	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**

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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2023

**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.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number

34-1087615

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO IDENTIFY, ACTIVATE, AND SUPPORT INFORMED AND PASSIONATE

PHILANTHROPISTS WHO STRIVE TO IMPROVE THE QUALITY OF LIFE IN OUR

COMMUNITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO IDENTIFY, ACTIVATE, AND SUPPORT INFORMED AND PASSIONATE

PHILANTHROPISTS WHO STRIVE TO IMPROVE THE QUALITY OF LIFE IN OUR

COMMUNITY. WE ACCOMPLISH THIS BY:

- BUILDING A PERMANENT SOURCE OF CHARITABLE FUNDING

- CULTIVATING STRATEGIC RELATIONSHIPS WITH DIVERSE CHARITABLE

INDIVIDUALS, PROFESSIONAL ADVISORS, AND COMMUNITY ORGANIZATIONS

- INSPIRING NEW DONORS BY CAPTURING AND SHARING COMPELLING EXAMPLES OF

THE POSITIVE IMPACT OF PHILANTHROPY IN OUR COMMUNITY

- EDUCATING AND CONNECTING DONORS TO NONPROFIT ORGANIZATIONS WHOSE

NEEDS MATCH THE DONOR'S INTERESTS

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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23



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

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 OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990, AND AUDITED FINANCIAL STATEMENTS UPON WRITTEN REQUEST.

FORM 990, PART XII, LINE 2C

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

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ACF PROPERTIES, LLC - 92-0182198 345 WEST CEDAR ST. AKRON, OH 44307-2407	OWN AND HOLD REAL ESTATE AS INVESTMENT, OTHER ACTIVIES PERMITTED BY LAW	OHIO	115,083.	252,691.	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	341.	6,531.	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) 2023

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

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

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

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

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

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

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

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

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

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

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



**Part VII** Supplemental Information

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

Lined area for supplemental information.