

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

**2024**

Open to Public  
Inspection

**A** For the **2024** calendar year, or tax year beginning **APR 1, 2024** and ending **MAR 31, 2025**

<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 <div style="border: 1px solid black; padding: 2px;">AKRON COMMUNITY FOUNDATION</div> Doing business as <div style="border: 1px solid black; padding: 2px;">Number and street (or P.O. box if mail is not delivered to street address) Room/suite</div> <div style="border: 1px solid black; padding: 2px;">345 WEST CEDAR ST</div> City or town, state or province, country, and ZIP or foreign postal code <div style="border: 1px solid black; padding: 2px;">AKRON, OH 44307-2407</div> <b>F</b> Name and address of principal officer: <b>JOHN F. GAROFALO</b> <div style="border: 1px solid black; padding: 2px;">SAME AS C ABOVE</div>	<b>D</b> Employer identification number <div style="border: 1px solid black; padding: 2px;">34-1087615</div> <b>E</b> Telephone number <div style="border: 1px solid black; padding: 2px;">330-376-8522</div> <b>G</b> Gross receipts \$ <b>141,868,462.</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**

<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>24</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>24</b>
<b>5</b>	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>21</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>24</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-141,936.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b>	<b>23,711,939.</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b>	<b>0.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	<b>10,257,815.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>	<b>-162,580.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	<b>33,807,174.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b>	<b>17,738,321.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>	<b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b>	<b>2,692,753.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>	<b>0.</b>
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>16b</b>	<b>1,561,941.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>17</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</b>	<b>21,947,289.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b>	<b>11,859,885.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>20</b>	<b>297,142,559.</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b>	<b>37,307,665.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</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 of officer <b>JOHN F. GAROFALO, PRESIDENT AND CEO</b> Type or print name and title	Date		
<b>Paid Preparer Use Only</b>	Preparer's name <b>CHRISTOPHER B. ANDERSON</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed 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. (330) 966-9400		

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

**Part III** Statement of Program Service AccomplishmentsCheck 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

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

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

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

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

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

**4a** (Code: ) (Expenses \$ **16,814,993.** including grants of \$ **15,513,159.** ) (Revenue \$ **0.** )

**DURING THE FISCAL YEAR 2025, 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 \$16,701,202 VIA 1,692 GRANTS AND OTHER DISTRIBUTIONS, ENDOWMENT FUND TOTALED OVER \$4,793,115 VIA 395 GRANTS AND OTHER DISTRIBUTIONS. AKRON COMMUNITY FOUNDATION AWARDED 230 SCHOLARSHIPS TOTALING \$669,063.**

**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 **16,814,993.**

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 40	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

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

**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**

	1a	1b	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.	24			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		24		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....			2	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? .....			3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....			4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....			5	X
<b>6</b> Did the organization have members or stockholders? .....			6	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? .....			7a	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? .....			7b	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? .....			8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			8b	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 .....			9	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? .....	10a	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? .....	10b	
<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? .....	11a	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 .....	12a	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12b	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 .....	12c	X
<b>13</b> Did the organization have a written whistleblower policy? .....	13	X
<b>14</b> Did the organization have a written document retention and destruction policy? .....	14	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 .....	15a	X
<b>b</b> Other officers or key employees of the organization .....	15b	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? .....	16a	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? .....	16b	

**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 F. GAROFALO - 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				313,841.	0.	100,691.
(2) STEVEN H. SCHLOENBACH VICE PRESIDENT, CFO	40.00			X				183,123.	0.	28,216.
(3) JOHN GAROFALO VP OF COMMUNITY INVESTMENT	40.00			X				157,634.	0.	18,158.
(4) DENNIS JANSKY DIRECTOR OF ACCOUNTING & ADMIN.	40.00					X		114,215.	0.	38,388.
(5) TRACY BURT DIRECTOR OF MARKETING	40.00					X		112,893.	0.	37,304.
(6) LAURA LEDERER VP & CDO	40.00			X				121,226.	0.	26,528.
(7) MARTY HAUSER CHAIR	2.00	X		X				0.	0.	0.
(8) J. BRET TREIER TRUSTEE	1.50	X						0.	0.	0.
(9) S. THERESA CARTER SECRETARY	2.00	X		X				0.	0.	0.
(10) SYLVIA TRUNDLE IMMEDIATE PAST CHAIR	2.00	X		X				0.	0.	0.
(11) CARLA CHAPMAN COMMUNITY INVESTMENT CO-CHAIR	2.00	X		X				0.	0.	0.
(12) MARK BACHMANN TRUSTEE	1.50	X						0.	0.	0.
(13) TRACY DOWE TRUSTEE	1.50	X						0.	0.	0.
(14) TRACY CARTER TRUSTEE	1.50	X						0.	0.	0.
(15) LAURA CULP TRUSTEE	1.50	X						0.	0.	0.
(16) JODY KONSTAND GOVERNANCE CHAIR	2.00	X		X				0.	0.	0.
(17) JAMES PICKARD VICE CHAIR/AUDIT 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) BILL STEERE TRUSTEE	1.50	X						0.	0.	0.
(19) KIM HAWS FALASCO COMMUNITY RELATIONS CHAIR	2.00	X		X				0.	0.	0.
(20) DOUG KUCZYNSKI TRUSTEE	1.50	X						0.	0.	0.
(21) SHEFALI MAHESH TRUSTEE	1.50	X						0.	0.	0.
(22) ANGELINA MILO TRUSTEE	1.50	X						0.	0.	0.
(23) BRIAN MOORE TRUSTEE	1.50	X						0.	0.	0.
(24) ERNEST POUTTU TREASURER/FINANCE CHAIR	2.00	X		X				0.	0.	0.
(25) STEVE SCHMIDT COMMUNITY INVESTMENT CO-CHAIR	2.00	X		X				0.	0.	0.
(26) KATIE SMUCKER TRUSTEE	1.50	X						0.	0.	0.
<b>1b Subtotal</b> .....								1,002,932.	0.	249,285.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								1,002,932.	0.	249,285.

**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

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- 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 .....
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....

	Yes	No
3		X
4	X	
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	165,245.
WOODROW NASH STUDIOS 800 COPLEY ROAD, AKRON, OH 44320	SOJOURNER TRUTH PLAZA WORK	145,000.
BROADLEAF PARTNER EQUITY 9 AURORA ST, HUDSON, OH 44326	INVESTMENT MANAGEMENT SERVICES	133,545.
DIAMOND HILL CAPITAL MANAGEMENT, 325 JOHN H MCCONNELL BLVD, COLUMBUS, OH 43215	INVESTMENT MANAGEMENT SERVICES	117,319.
PNC CAPITAL ADVISORS, LLC 1 CASCADE PLAZA, 6TH FLOOR, AKRON, OH 44308	INVESTMENT MANAGEMENT SERVICES	111,838.

**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

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SEE PART VII, SECTION A CONTINUATION SHEETS

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

[illegible]

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns .....	1a				
	b	Membership dues .....	1b				
	c	Fundraising events .....	1c	394,858.			
	d	Related organizations .....	1d				
	e	Government grants (contributions) .....	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	16,633,037.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 5,206,813.			
	h	Total. Add lines 1a-1f .....		17,027,895.			
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue .....					
	g	Total. Add lines 2a-2f .....					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) .....		7,126,595.		-141,936.
4		Income from investment of tax-exempt bond proceeds .....					
5		Royalties .....					
6 a		Gross rents .....	6a	(i) Real	(ii) Personal		
b		Less: rental expenses ...	6b				
c		Rental income or (loss) .....	6c				
d		Net rental income or (loss) .....					
7 a		Gross amount from sales of assets other than inventory .....	7a	(i) Securities	(ii) Other		
b		Less: cost or other basis and sales expenses .....	7b				
c		Gain or (loss) .....	7c				
d		Net gain or (loss) .....					
8 a		Gross income from fundraising events (not including \$ 394,858. of contributions reported on line 1c). See Part IV, line 18 .....	8a		109,972.		
b		Less: direct expenses .....	8b		267,483.		
c		Net income or (loss) from fundraising events .....			-157,511.		-157,511.
9 a		Gross income from gaming activities. See Part IV, line 19 .....	9a				
b	Less: direct expenses .....	9b					
c	Net income or (loss) from gaming activities .....						
10 a	Gross sales of inventory, less returns and allowances .....	10a					
b	Less: cost of goods sold .....	10b					
c	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d	All other revenue .....					
	e	Total. Add lines 11a-11d .....					
	12	Total revenue. See instructions .....		20,297,406.	0.	-141,936.	3411447.

**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	14,844,096.	14,844,096.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	669,063.	669,063.		
<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	976,867.	361,441.	263,754.	351,672.
<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	1,291,758.	461,823.	353,536.	476,399.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	417,105.	154,329.	112,618.	150,158.
<b>10</b> Payroll taxes	138,496.	51,244.	37,393.	49,859.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	25,763.	8,759.	6,441.	10,563.
<b>c</b> Accounting	48,952.	16,644.	12,238.	20,070.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	700,997.		700,997.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	33,390.	11,353.	8,347.	13,690.
<b>12</b> Advertising and promotion	195,996.	28,100.	19,991.	147,905.
<b>13</b> Office expenses	54,451.	19,216.	15,805.	19,430.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	66,023.	24,052.	17,934.	24,037.
<b>17</b> Travel	12,725.	4,636.	3,456.	4,633.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	23,585.	8,592.	6,406.	8,587.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	176,704.	60,000.	44,738.	71,966.
<b>23</b> Insurance	53,856.	18,287.	13,635.	21,934.
<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>	168,192.	61,272.	45,686.	61,234.
<b>b</b> <u>RESEARCH&amp;SPECIAL PROJ.</u>	114,650.	0.	0.	114,650.
<b>c</b> <u>DUES AND SUBSCRIPTIONS</u>	36,251.	12,086.	9,011.	15,154.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	20,048,920.	16,814,993.	1,671,986.	1,561,941.
<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 .....	207,459.	<b>1</b>	136,059.
	<b>2</b> Savings and temporary cash investments .....	10,773,640.	<b>2</b>	15,212,504.
	<b>3</b> Pledges and grants receivable, net .....	58,815.	<b>3</b>	163,000.
	<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 .....	87,357.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	135,702.	<b>9</b>	119,808.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,686,054.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,202,454.	<b>10c</b>	3,483,600.
	<b>11</b> Investments - publicly traded securities .....	221,673,242.	<b>11</b>	214,088,225.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	27,579,793.	<b>12</b>	34,463,461.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	33,003,760.	<b>15</b>	37,790,850.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	297,142,559.	<b>16</b>	305,457,507.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,183,528.	<b>17</b>	1,199,967.
	<b>18</b> Grants payable .....	285,250.	<b>18</b>	395,255.
	<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 .....	35,838,887.	<b>25</b>	37,346,080.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	37,307,665.	<b>26</b>	38,941,302.
<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 .....	143,965,894.	<b>27</b>	254,375,205.
	<b>28</b> Net assets with donor restrictions .....	115,869,000.	<b>28</b>	12,141,000.
	<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 .....	259,834,894.	<b>32</b>	266,516,205.
	<b>33</b> Total liabilities and net assets/fund balances .....	297,142,559.	<b>33</b>	305,457,507.

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**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	20,297,406.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	20,048,920.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	248,486.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	259,834,894.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	6,432,825.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	266,516,205.

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
<b>3a</b> 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? _____		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2024)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2024

**Open to Public Inspection**

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number	
--------------------------------	--

34-1087615

<b>Part I</b>	<b>Reason for Public Charity Status.</b> (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1** ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

**2** ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

**3** ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

**4** ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_

**5** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

**6** ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

**7** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

**8** ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

**9** ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_

**10** ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

**11** ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

**12** ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

**a** ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

**b** ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

**c** ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

**d** ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

**e** ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

**f** Enter the number of supported organizations \_\_\_\_\_

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

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	22353578.	19758048.	8950295.	23711939.	17027895.	91801755.
<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 .....	22353578.	19758048.	8950295.	23711939.	17027895.	91801755.
<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) .....						5237815.
<b>6 Public support.</b> Subtract line 5 from line 4.						86563940.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	22353578.	19758048.	8950295.	23711939.	17027895.	91801755.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	7961608.	10030527.	6541824.	8158229.	7268450.	39960638.
<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						131927748
<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 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	65.61	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	64.78	%
<b>16a 33 1/3% support test - 2024.</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 - 2023.</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 - 2024.</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 - 2023.</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"/>

Schedule A (Form 990) 2024

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 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**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2023 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2024.** 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 - 2023.** 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</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</b> <b>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>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</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? If "No," describe in <b>Part VI</b> 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.		
<b>1</b>		
<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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<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>1</b>		
<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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<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 <b>Part VI</b> 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? If "Yes," then in <b>Part VI</b> 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.			
<b>2a</b>			
<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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<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? If "Yes" or "No," provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<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).		

Schedule A (Form 990) 2024

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

		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>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 (describe in <b>Part VI</b> ). 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 2024 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)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, 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 2024. 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 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			

Schedule A (Form 990) 2024

## 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.)

**Schedule B  
(Form 990)**

(Rev. December 2024)  
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

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).

Name of organization

Employer identification number

**AKRON COMMUNITY FOUNDATION****34-1087615****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
<u>1</u>		\$ <u>765,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>5,015,944.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>2,127,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>755,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>416,425.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)





Employer identification number

34-1087615

## Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	PUBLICLY-TRADED SECURITIES	\$ 2,127,000.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	PUBLICLY-TRADED SECURITIES	\$ 357,474.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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

Part III

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

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D  
(Form 990)

(Rev. December 2024)

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

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	343	
2 Aggregate value of contributions to (during year)	8,281,182.	
3 Aggregate value of grants from (during year)	7,737,993.	
4 Aggregate value at end of year	74,129,869.	
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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 \$

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

Schedule D (Form 990) (Rev. 12-2024)

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	103,286,000.	97,518,000.	241,651,000.	236,577,000.	173,186,000.
b Contributions	-103,286,000.	1,283,000.	7,509,000.	17,966,000.	20,438,000.
c Net investment earnings, gains, and losses		6,557,000.	-8,054,000.	5,247,000.	64,307,000.
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	0.	103,286,000.	222,131,000.	241,651,000.	236,577,000.

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

a Board designated or quasi-endowment .0000 %

b Permanent endowment .0000 %

c Term endowment .0000 %

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:

(i) Unrelated organizations? \_\_\_\_\_

(ii) Related organizations? \_\_\_\_\_

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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	550,348.	2,882,197.	695,658.	2,736,887.
c Leasehold improvements				
d Equipment		588,425.	506,796.	81,629.
e Other		74,410.		74,410.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,483,600.

Schedule D (Form 990) (Rev. 12-2024)

**Part VII Investments - Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) <b>ALTERNATIVE INVESTMENTS</b>	<b>22,322,776.</b>	<b>END-OF-YEAR MARKET VALUE</b>
(B) <b>COMMON TRUST FUNDS</b>	<b>12,140,685.</b>	<b>END-OF-YEAR MARKET VALUE</b>
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	<b>34,463,461.</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) <b>CASH VALUE OF LIFE INSURANCE</b>	<b>129,024.</b>
(2) <b>ACCRUED INVESTMENT INCOME</b>	<b>315,746.</b>
(3) <b>FUNDS HELD AS AGENCY ENDOWMENT OBLIGATIONS</b>	<b>37,346,080.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	<b>37,790,850.</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) <b>FUNDS HELD AS AGENCY ENDOWMENTS</b>	<b>37,346,080.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>37,346,080.</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 ... ☐

Schedule D (Form 990) (Rev. 12-2024)

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

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

1	Total revenue, gains, and other support per audited financial statements	1	26,296,717.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	6,432,825.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	267,483.
e	Add lines 2a through 2d	2e	6,700,308.
3	Subtract line 2e from line 1	3	19,596,409.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	700,997.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	700,997.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	20,297,406.

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

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

1	Total expenses and losses per audited financial statements	1	19,615,406.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	267,483.
e	Add lines 2a through 2d	2e	267,483.
3	Subtract line 2e from line 1	3	19,347,923.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	700,997.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	700,997.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	20,048,920.

**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** 267,483.**PART XII, LINE 2D - OTHER ADJUSTMENTS:****EXPENSES RELATED TO FUNDRAISING** 267,483.**PART V, LINE 1A, CURRENT YEAR COLUMN:**

THE BEGINNING BALANCE ON ENDOWMENT ASSETS FOR THE PRIOR YEAR COLUMN DECREASED BY \$124,613,000 DUE TO A RECLASSIFICATION OF BOARD-DESIGNATED AND OTHER FUNDS DURING THE FINANCIAL STATEMENT AUDIT. DURING THE CURRENT YEAR FINANCIAL STATEMENT AUDIT, ENDOWMENT FUNDS WERE RESTATED TO \$0 TO ACCURATELY REFLECT THE FOUNDATION'S RIGHT TO EXERCISE VARIANCE POWER OVER CERTAIN NET ASSETS WITH DONOR RESTRICTIONS. WE HAVE REFLECTED THIS ADJUSTMENT AS A NEGATIVE CONTRIBUTION ON LINE 1B IN THE CURRENT YEAR COLUMN.

<b>Part XIII</b>	<b>Supplemental Information</b> <i>(continued)</i>
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This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper. There are no margins, text, or other markings on the page.

(Rev. December 2024)  
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

**Open to Public Inspection**

Name of the organization

Employer identification number

AKRON COMMUNITY FOUNDATION

34-1087615

<b>Part I</b>	<b>General Information on Activities Outside the United States.</b> 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		1,452,281.
<b>3 a</b> Subtotal .....	0	0			1,452,281.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			1,452,281.

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

Schedule F (Form 990) (Rev. 12-2024)



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

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

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

**3** Enter total number of other organizations or entities .....

<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
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Part III can be duplicated if additional space is needed.

[illegible]

**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) (Rev. 12-2024)

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.

SCHEDULE G
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
Open to Public
Inspection

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of nongovernment grants
f Solicitation of government grants
g Special fundraising events
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be
compensated at least \$5,000 by the organization.

Table with 6 main columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		POLSKY DINNER	SUGAR PLUM	9		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts .....	168,162.	160,387.	176,281.	504,830.
	2	Less: Contributions .....	126,902.	143,902.	124,054.	394,858.
	3	Gross income (line 1 minus line 2) .....	41,260.	16,485.	52,227.	109,972.
Direct Expenses	4	Cash prizes .....				
	5	Noncash prizes .....				
	6	Rent/facility costs .....				
	7	Food and beverages .....	48,671.	960.	94,038.	143,669.
	8	Entertainment .....	12,402.	9,472.	15,990.	37,864.
	9	Other direct expenses .....	17,266.	38,551.	30,133.	85,950.
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....				267,483.
	11	Net income summary. Subtract line 10 from line 3, column (d) .....				-157,511.

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

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

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

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

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

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

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

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

c If "Yes," enter the name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

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

<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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
A KID AGAIN 9347 RAVENNA ROAD, UNIT D TWINSBURG, OH 44087	31-1440073	501(C)(3)	7,500.	0.			TO SUPPORT 2024-2025 ADVENTURES FOR SUMMIT COUNTY FAMILIES
ACCESS INC. 230 WEST MARKET STREET AKRON, OH 44303	34-1395246	501(C)(3)	400,229.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON 200 INC. 121 SOUTH MAIN STREET #103 AKRON, OH 44308	01-0675880	501(C)(3)	126,000.	0.			TO SUPPORT AKRON'S BICENTENNIAL CELEBRATIONS
AKRON AIDS COLLABORATIVE 652 WEST EXCHANGE STREET AKRON, OH 44302	30-0449421	501(C)(3)	22,000.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-1801	34-0813426	501(C)(3)	316,655.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON BLIND CENTER & WORKSHOP INC. P.O. BOX 1864 AKRON, OH 44309	34-0742708	501(C)(3)	10,000.	0.			TO SUPPORT CRITICAL AND UNIQUE SERVICES AND PROGRAMS OTHERWISE NOT PROVIDED TO ALL LEVELS OF

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **332.**
- 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) (Rev. 12-2024)**

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AKRON CHILDREN'S HOSPITAL FOUNDATION - ONE PERKINS SQUARE - AKRON, OH 44308-1063	23-7114013	501(C)(3)	12,185.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON CHILDREN'S MUSEUM 216 SOUTH MAIN STREET AKRON, OH 44308-1315	46-3118462	501(C)(3)	43,950.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON COMMUNITY SERVICE CENTER & URBAN LEAGUE - 440 VERNON ODOM BLVD. - AKRON, OH 44307-2108	34-0714520	501(C)(3)	53,075.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON COOPERATIVE FARMS P.O. BOX 4871 AKRON, OH 44310	87-4716374	501(C)(3)	15,000.	0.			TO SUPPORT URBAN GARDENING, NATIVE FARMING AND SUSTAINABLE GROWING PRACTICES, DEVELOP SOCIAL
AKRON CREATIVE INC. AKA: THE NIGHTLIGHT CINEMA - 30 NORTH HIGH STREET - AKRON, OH 44308-1974	26-0855272	501(C)(3)	20,250.	0.			TO SUPPORT THE NIGHTLIGHT'S GENERAL OPERATIONS THROUGHOUT EXPANSION
AKRON DEVELOPMENT CORPORATION 166 SOUTH HIGH STREET, SUITE 202 AKRON, OH 44308-1628	34-1308327	501(C)(3)	22,500.	0.			TO PROVIDE THE FUNDS FOR THE PURCHASE FOR NEW ICE SKATES AND ASSOCIATED EQUIPMENT FOR LOCK 3
AKRON GENERAL FOUNDATION 1 AKRON GENERAL AVENUE AKRON, OH 44307	34-1127047	501(C)(3)	62,729.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON INNER CITY SOCCER CLUB 3117 DOWLING DRIVE FAIRLAWN, OH 44333	34-1875816	501(C)(3)	18,500.	0.			TO SUPPORT YOUTH DEVELOPMENT AND AFTER SCHOOL SOCCER PROGRAM FOR THE LOW-INCOME FAMILIES
AKRON MARATHON CHARITABLE CORPORATION - 155 EAST VORIS STREET - AKRON, OH 44311-1513	42-1531773	501(C)(3)	18,000.	0.			FOR GENERAL OPERATING 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
AKRON PARKS COLLABORATIVE 647 EAST MARKET STREET, UNIT 6 AKRON, OH 44304	82-4927742	501(C)(3)	8,500.	0.			TO SUPPORT FRIENDS OF PARKS GROUPS AND THEIR WORK IN ACTIVATING NEIGHBORHOOD PARKS
AKRON PUBLIC SCHOOLS 10 NORTH MAIN STREET AKRON, OH 44308-1991	34-6000033	501(C)(3)	220,824.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON ROTARY CAMP FOR CHILDREN WITH SPECIAL NEEDS INC. - 4460 REX LAKE DRIVE - AKRON, OH 44319-3430	34-6557819	501(C)(3)	121,350.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON ROUNDTABLE P.O. BOX 1051 CUYAHOGA FALLS, OH 44223-0051	34-1249338	501(C)(3)	12,750.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON SNOW ANGELS P.O. BOX 107 CUYAHOGA FALLS, OH 44222-0107	47-3230140	501(C)(3)	15,674.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON SOUL TRAIN 121 SOUTH MAIN STREET, SUITE 104 AKRON, OH 44308-1426	81-1199928	501(C)(3)	8,000.	0.			FOR GENERAL OPERATING SUPPORT
AKRON SYMPHONIC WINDS 46 RAVENNA STREET, SUITE E6 HUDSON, OH 44236	81-3257904	501(C)(3)	7,000.	0.			TO SUPPORT FREE LIVE CONCERTS FOR THE COMMUNITY AND WORK WITH THE CHILDREN IN SUMMIT
AKRON YOUTH MENTORSHIP 647 EAST MARKET STREET AKRON, OH 44304	45-2883406	501(C)(3)	24,200.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON ZOOLOGICAL PARK 500 EDGEWOOD AVENUE AKRON, OH 44307-2199	34-6003866	501(C)(3)	9,500.	0.			FOR SCHOOL TRANSITIONS, WHICH INCLUDES STORY-TIMES, ANIMAL DEMONSTRATIONS AND

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-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)(3)	243,010.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON-SUMMIT COUNTY PUBLIC LIBRARY 60 SOUTH HIGH STREET AKRON, OH 44326-1000	34-6000031	115	16,000.	0.			FOR JAZZ CONCERTS AND OTHER CULTURAL PROGRAMS FOR 2024
ALCHEMY INC. P.O. BOX 4041 COPLEY, OH 44321-0041	06-1653765	501(C)(3)	8,500.	0.			TO SUPPORT DEVELOPING HEROES: IN-SCHOOL GROUP MENTORING FOR URBAN ADOLESCENTS IN AKRON
ALWAYS CLIMBING PROJECT 1040 HARDESTY BLVD. AKRON, OH 44320	88-2440696	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT
AMERICAN RED CROSS P.O. BOX 37243 WASHINGTON, DC 20013-7243	53-0196605	501(C)(3)	7,000.	0.			FOR GENERAL PROGRAM SUPPORT
AMERICAN RED CROSS NORTHERN OHIO REGION - 501 WEST MARKET STREET - AKRON, OH 44303-1898	53-0196605	501(C)(3)	55,200.	0.			FOR GENERAL OPERATING SUPPORT
AMERICAN SKIN ASSOCIATION 335 MADISON AVENUE, 22ND FLOOR NEW YORK, NY 10017	13-3401320	501(C)(3)	10,000.	0.			FOR GENERAL PROGRAM SUPPORT RELATED TO SPRING EFFORTS
APOLLO'S FIRE BAROQUE 3091 MAYFIELD ROAD, SUITE 217 CLEVELAND HEIGHTS, OH 44118-1777	34-1696842	501(C)(3)	21,500.	0.			FOR GENERAL PROGRAM SUPPORT
ARCHBISHOP HOBAN HIGH SCHOOL INC. ONE HOLY CROSS BLVD. AKRON, OH 44306-1500	34-0770684	501(C)(3)	16,912.	0.			FOR GENERAL PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA STATE UNIVERSITY FOUNDATION - P.O. BOX 2260 - TEMPE, AZ 85280-2260	86-6051042	501(C)(3)	10,000.	0.			FOR THE 1946 FUND IN HONOR OF OUTGOING DEAN DR. SANJEEV KHAGRAM
ART RESOURCES TRANSFORMATIONS, DBA CURATED STOREFRONT - 526 SOUTH MAIN ST #503A - AKRON, OH 44311-4402	83-3743218	501(C)(3)	34,550.	0.			FOR GENERAL PROGRAM SUPPORT
ART SPARKS P.O. BOX 1061 CUYAHOGA FALLS, OH 44223-0061	45-5629269	501(C)(3)	12,000.	0.			FOR GENERAL PROGRAM SUPPORT
ARTSNOW P.O. BOX 22576 AKRON, OH 44302	47-5513742	501(C)(3)	49,000.	0.			FOR GENERAL OPERATING SUPPORT AND ARTSFORWARD
ASIAN SERVICES IN ACTION INC. 370 EAST MARKET STREET AKRON, OH 44304-1526	34-1798850	501(C)(3)	22,250.	0.			TO PROVIDE ACADEMIC SUPPORT, ENHANCE LANGUAGE SKILLS, AND PRESENT ENRICHMENT OPPORTUNITIES
AUTISM SOCIETY OF GREATER AKRON 580 GRANT STREET AKRON, OH 44311	47-1129984	501(C)(3)	7,000.	0.			FOR GENERAL PROGRAM SUPPORT RELATED TO SPRING EFFORTS
AXESSPOINTE COMMUNITY HEALTH CENTER INC. - 1400 SOUTH ARLINGTON STREET, SUITE 38 - AKRON, OH 44306	34-1735884	501(C)(3)	86,000.	0.			TO SUPPORT A NEW JOINT INITIATIVE ADDRESSING HUNGER AMONG SENIORS AND DISABLED INDIVIDUALS IN
BALLET THEATRE OF OHIO 265 NORTH MAIN STREET #3 MUNROE FALLS, OH 44262-1090	34-1772850	501(C)(3)	12,291.	0.			TO BE USED FOR PRODUCTION EXPENSES FOR CHILDREN'S BALLET THEATRE (BEAUTY AND THE BEAST)
BARBERTON AREA COMMUNITY MINISTRIES - 939 NORTON AVENUE - BARBERTON, OH 44203	31-1502393	501(C)(3)	15,000.	0.			FOR/TO SUPPORT BUILDING MAINTENANCE

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
BARROW COMMUNITY FOUNDATION PO BOX 1482 WINDER, GA 30680	20-5103715	501(C)(3)	100,000.	0.			OF WHICH \$50,000 IS FOR THE BARROW COMMUNITY CRISIS FUND AND \$50,000 IS FOR A SCHOLARSHIP
BATH CHURCH, UNITED CHURCH OF CHRIST - P.O. BOX 496 - BATH, OH 44210-0496	34-1927041	501(C)(3)	17,000.	0.			FOR GENERAL PROGRAM SUPPORT
BELMONT UNIVERSITY 1900 BELMONT BLVD. NASHVILLE, TN 37212	62-0465076	501(C)(3)	10,000.	0.			FOR GENERAL PROGRAM SUPPORT
BEN CURTIS FAMILY FOUNDATION 1675 EAST MAIN STREET SUITE 260 KENT, OH 44240-5818	46-1431932	501(C)(3)	6,800.	0.			TO ADDRESS THE FOOD INSECURITY OF CHILDREN AND FAMILIES IN SUMMIT COUNTY BY DISTRIBUTING
BETH EL CONGREGATION 750 WHITE POND DRIVE AKRON, OH 44320-1128	34-0760585	501(C)(3)	5,108.	0.			FOR GENERAL PROGRAM SUPPORT
BETHANY MENNONITE CHURCH 3497 EDISON STREET HARTVILLE, OH 44632	80-0082593	501(C)(3)	20,000.	0.			FOR USE AS NEEDED
BETTER KENMORE COMMUNITY DEVELOPMENT CORPORATION - 1028 KENMORE BLVD. - AKRON, OH 44314-2114	81-3402431	501(C)(3)	22,000.	0.			FOR GENERAL OPERATIONS
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)	64,250.	0.			TO SUPPORT PROVEN ONE-TO-ONE AND SITE-BASED MENTORING PROGRAMS FOR YOUTH
BIG LOVE NETWORK 111 CAREY AVENUE AKRON, OH 44314-1975	83-0716170	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING 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
BIRTHING BEAUTIFUL COMMUNITIES 1652 MERRIMAN ROAD, SUITE 114 AKRON, OH 44313	47-4453278	501(C)(3)	7,500.	0.			TO SUPPORT PERINATAL SUPPORT SERVICES FOR EXPECTANT MOTHERS IN SUMMIT COUNTY
BOUNCE INNOVATION HUB 526 SOUTH MAIN STREET AKRON, OH 44311-4401	82-3351373	501(C)(3)	12,750.	0.			FOR GENERAL PROGRAM SUPPORT
BOY SCOUTS OF AMERICA COUNCIL 4500 HUDSON DRIVE STOW, OH 44224-1702	34-0737790	501(C)(3)	70,671.	0.			FOR GENERAL PROGRAM SUPPORT
BOYS AND GIRLS CLUBS OF NORTHEAST OHIO - P.O. BOX 72090 OPC833 - AKRON, OH 44307	34-1856214	501(C)(3)	125,393.	0.			FOR GENERAL PROGRAM SUPPORT
BRIDGE THE VILLAGE INC. 1056 CADILLAC BLVD. AKRON, OH 44320	85-2246601	501(C)(3)	14,500.	0.			FOR GENERAL OPERATING SUPPORT
BRIGHT STAR BOOKS INC. 8893 LANGSTON COURT MACEDONIA, OH 44056-1547	46-5624952	501(C)(3)	12,250.	0.			TO SUPPORT CHILDREN'S BOOK-GIVING PROGRAMMING IN SUMMIT COUNTY
BRIMFIELD HISTORICAL SOCIETY 4158 STATE ROUTE 43 KENT, OH 44240-6916	34-6596932	501(C)(3)	53,000.	0.			FOR MAINTENANCE AND OPERATING EXPENSES OF THE HISTORICAL SOCIETY
BROKEN CHAINS JAIL & PRISON MINISTRY - P.O. BOX 502 - AKRON, OH 44309-0502	54-2139891	501(C)(3)	31,000.	0.			FOR GENERAL PROGRAM SUPPORT
BUILDING FOR TOMORROW 100 WEST CEDAR STREET AKRON, OH 44307-2569	27-4254089	501(C)(3)	123,828.	0.			FOR GENERAL PROGRAM SUPPORT

Schedule I (Form 990)

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

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BUILDING WITH HOPE MINISTRIES 8377 FOREST RIDGE STREET NW MASSILLON, OH 44646	99-4564538	501(C)(3)	7,500.	0.			FOR SUPPORT RESTRICTED TO FINANCIAL LITERACY PROGRAMMING. THANK YOU FOR YOUR SERVICE TO THE
BUSINESS VOLUNTEERS UNLIMITED DBA: BVU: THE CENTER FOR NONPROFIT EXCELLENCE - 1300 EAST 9TH STREET, SUITE 1220 - CLEVELAND, OH 44114	34-1724581	501(C)(3)	182,719.	0.			FOR GENERAL PROGRAM SUPPORT
CANINE COMPANIONS FOR INDEPENDENCE INC. - 7480 NEW ALBANY-CONDIT ROAD - NEW ALBANY, OH 43054	94-2494324	501(C)(3)	7,966.	0.			TO MATCH AND SUPPORT SERVICE DOG AND FACILITY DOG TEAMS IN SUMMIT COUNTY
CARING FOR KIDS INC. 1100 GRAHAM ROAD CIRCLE STOW, OH 44224	34-1796454	501(C)(3)	7,500.	0.			TO SUPPORT THE FOSTER CARE AND ADOPTION MENTAL HEALTH FACILITY AT OUR NEW LOCATION
CARVE YOUR OWN PATH 840 ROTHROCK RD STE 203 COPLEY, OH 44321-0000	83-3389324	501(C)(3)	16,000.	0.			FOR GENERAL OPERATING SUPPORT
CASA BOARD VOLUNTEER ASSOCIATION INC. - 650 DAN STREET - AKRON, OH 44310-3909	34-1856268	501(C)(3)	33,000.	0.			FOR GENERAL OPERATING SUPPORT
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106-7035	34-1018992	501(C)(3)	12,790.	0.			FOR GENERAL PROGRAM SUPPORT
CATHOLIC CHARITIES OF SUMMIT COUNTY - 812 BIRUTA STREET - AKRON, OH 44307-1104	34-1318541	501(C)(3)	21,389.	0.			TO SUPPORT EMERGENCY ASSISTANCE SERVICES IN SUMMIT COUNTY
CATHOLIC COMMUNITY FOUNDATION 1404 EAST 9TH STREET, SUITE 800 CLEVELAND, OH 44114-9970	34-1908579	501(C)(3)	27,250.	0.			FOR GENERAL PROGRAM SUPPORT

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CELIAC AND ALLERGY FRIENDLY FOOD INITIATIVE - 1166 TALLMADGE ROAD - CUYAHOGA FALLS, OH 44221	82-3705889	501(C)(3)	8,250.	0.			FOR GENERAL PROGRAM SUPPORT
CENTER FOR APPLIED THEATRE AND ACTIVE CULTURE (CATAC) - 220 SOUTH BALCH STREET - AKRON, OH 44302	83-0462908	501(C)(3)	12,000.	0.			FOR GENERAL OPERATING SUPPORT
CENTER FOR IMMERSIVE LEADERSHIP 37 NORTH HIGH STREET AKRON, OH 44308-1973	34-1630357	501(C)(3)	9,000.	0.			FOR GENERAL PROGRAM SUPPORT
CHABAD JEWISH RELIGIOUS ASSOCIATION - 599 PEBBLE BEACH DRIVE - AKRON, OH 44333-2835	34-1274750	501(C)(3)	6,000.	0.			FOR 2024-25 CALENDAR AND EXTRA
CHC ADDICTION SERVICES 725 EAST MARKET STREET AKRON, OH 44305-2421	34-1171699	501(C)(3)	12,000.	0.			TO SUPPORT TOUCHSTONE RENOVATION
CHILD GUIDANCE & FAMILY SOLUTIONS INC. - 18 NORTH FORGE STREET - AKRON, OH 44304-1317	34-0726083	501(C)(3)	143,750.	0.			FOR GENERAL PROGRAM SUPPORT
CHILDREN'S CONCERT SOCIETY OF AKRON - THE UNIVERSITY OF AKRON - AKRON, OH 44325-0501	34-0923479	501(C)(3)	73,294.	0.			TO SUPPORT THE MISSION OF CHILDREN'S CONCERT SOCIETY
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON DBA: AKRON CHILDREN'S HOSPITAL - ONE PERKINS SQUARE - AKRON, OH 44308-1062	34-0714357	501(C)(3)	28,615.	0.			FOR GENERAL PROGRAM SUPPORT
CHRIST CHILD SOCIETY OF AKRON P.O. BOX 13411 AKRON, OH 44334-8811	34-1225803	501(C)(3)	16,980.	0.			FOR GENERAL PROGRAM SUPPORT

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CHRIST COMMUNITY CHAPEL 750 WEST STREETSBO RO STREET HUDSON, OH 44236	34-1339610	501(C)(3)	50,000.	0.			TO SUPPORT EVERY MINUTE MATTERS
CITIZENS AKRON CHURCH 647 EAST MARKET STREET AKRON, OH 44304	84-5134549	501(C)(3)	23,750.	0.			FOR GENERAL PROGRAM SUPPORT OF THE VINCENT HOUSE
CITY OF AKRON 166 SOUTH HIGH STREET, 4TH FLOOR AKRON, OH 44308	34-6000020	501(C)(3)	107,600.	0.			FOR GENERAL PROGRAM SUPPORT
CLEVELAND BALLET 23020 MILES ROAD CLEVELAND, OH 44128	38-3945001	501(C)(3)	6,000.	0.			TO SUPPORT CLEVELAND BALLET'S IMMERSIVE CLASSROOM-TO-THEATER PERFORMANCE EXPERIENCES &
CLEVELAND CLINIC FOUNDATION P.O. BOX 931517 CLEVELAND, OH 44193-1655	34-0714585	501(C)(3)	34,450.	0.			FOR GENERAL PROGRAM SUPPORT
CLEVELAND INTERNATIONAL FILM FESTIVAL INC. - 2510 MARKET AVENUE - CLEVELAND, OH 44113-3434	34-1262368	501(C)(3)	8,500.	0.			FOR GENERAL PROGRAM SUPPORT
CLEVELAND MODERN DANCE ASSOCIATION DBA DANCECLEVELAND - P.O. BOX 18021 - CLEVELAND, OH 44118	34-6561006	501(C)(3)	10,250.	0.			FOR GENERAL PROGRAM SUPPORT
CLEVELAND MUSEUM OF NATURAL HISTORY - 1 WADE OVAL DRIVE - CLEVELAND HEIGHTS, OH 44106-1701	34-0714338	501(C)(3)	5,500.	0.			TO SUPPORT STEM-BASED LITERACY PROGRAMMING FOR SECOND-GRADE STUDENTS IN AKRON PUBLIC SCHOOLS,
CLEVELAND SIGHT CENTER 1909 EAST 101ST STREET CLEVELAND, OH 44106	34-0714652	501(C)(3)	10,000.	0.			FOR GENERAL PROGRAM SUPPORT IN HONOR OF PETER AND MARILYN TSIVITSE

Schedule I (Form 990)

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CLINTON PRESBYTERIAN CHURCH 402 NORTH CENTER STREET CLINTON, IL 61727	22-1863674	501(C)(3)	6,522.	0.			FOR GENERAL PROGRAM SUPPORT
COAR PEACE MISSION 28700 EUCLID AVENUE WICKLIFFE, OH 44092-2585	34-1462492	501(C)(3)	20,000.	0.			FOR GENERAL PROGRAM SUPPORT
COLEMAN PROFESSIONAL SERVICES INC. DBA: COLEMAN HEALTH SERVICES - 5982 RHODES ROAD - KENT, OH 44240-8100	34-1240178	501(C)(3)	19,995.	0.			FOR GENERAL PROGRAM SUPPORT
COLLEGE NOW GREATER CLEVELAND INC. 1500 WEST 3RD STREET, SUITE 125 CLEVELAND, OH 44113-1422	34-6580096	501(C)(3)	41,500.	0.			FOR GENERAL PROGRAM SUPPORT
COLUMBUS STATE COMMUNITY COLLEGE 550 EAST SPRING STREET, RHODES HALL COLUMBUS, OH 43215	31-1035280	501(C)(3)	25,000.	0.			SCHOLARSHIP RENEWAL
COMMUNITY HALL FOUNDATION PROGRAM ENDOWMENT DBA: AKRON CIVIC THEATRE - 182 SOUTH MAIN STREET - AKRON, OH 44308-1316	34-1015948	501(C)(3)	181,347.	0.			FOR GENERAL PROGRAM SUPPORT
COMMUNITY INITIATIVES 1000 BROADWAY #480 OAKLAND, CA 94607	94-3255070	501(C)(3)	10,000.	0.			FOR YIPPEE SPONSORSHIPS FOR NORTHEAST OHIO PUBLIC AND PRIVATE EDUCATORS
COMMUNITY LEGAL AID SERVICES INC. 50 SOUTH MAIN STREET, SUITE 800 AKRON, OH 44308-1823	34-0753560	501(C)(3)	86,000.	0.			FOR GENERAL PROGRAM SUPPORT
COMMUNITY OF CHRIST CHURCH DBA ARC RECOVERY SERVICES - 834 GRANT STREET - AKRON, OH 44311	34-1687728	501(C)(3)	7,500.	0.			TO SUPPORT INDIVIDUALS IN EARLY RECOVERY FROM SUBSTANCE USE DISORDER

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COMMUNITY OUTREACH RESOURCES EXCHANGE DBA: CORE FURNITURE BANK - P.O. BOX 1192 - CUYAHOGA FALLS, OH 44223-0192	26-3336894	501(C)(3)	12,500.	0.			FOR GENERAL OPERATING SUPPORT
COMMUNITY PREGNANCY CENTER INC. DBA: EMBRACE CLINIC & CARE CENTER - 180 1ST STREET NW - BARBERTON, OH 44203	34-1645865	501(C)(3)	10,000.	0.			FOR GENERAL PROGRAM SUPPORT
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK - 1403 WEST HINES HILL ROAD - PENINSULA, OH 44264-9646	34-1917257	501(C)(3)	137,389.	0.			FOR GENERAL PROGRAM SUPPORT
CROWN POINT ECOLOGY CENTER 3220 IRA ROAD BATH, OH 44210-0484	27-2817313	501(C)(3)	15,185.	0.			FOR ONGOING SUPPORT AND SUSTAINABILITY OF CHILDREN'S EDUCATIONAL PROGRAMS AND GARDENS AT
CUPS CAFE INCORPORATED P.O. BOX 83 MEDINA, OH 44256	26-3452478	501(C)(3)	8,000.	0.			FOR GENERAL PROGRAM SUPPORT
CUYAHOGA VALLEY ART CENTER 2131 FRONT STREET CUYAHOGA FALLS, OH 44221-3219	34-1319079	501(C)(3)	10,250.	0.			FOR GENERAL PROGRAM SUPPORT
CUYAHOGA VALLEY CAREER CENTER 8001 BRECKSVILLE ROAD BRECKSVILLE, OH 44141	71-0964061	115	25,000.	0.			FOR THE PETER AND MARILYN TSIVITSE SCHOLARSHIP
CUYAHOGA VALLEY PRESERVATION AND SCENIC RAILWAY ASSOCIATION - P.O. BOX 158 - PENINSULA, OH 44264-0158	23-7198801	501(C)(3)	38,462.	0.			FOR GENERAL OPERATING SUPPORT
CUYAHOGA VALLEY YOUTH BALLET DBA: BALLET EXCEL OHIO - P.O. BOX 3131 - CUYAHOGA FALLS, OH 44223-0431	34-1318396	501(C)(3)	32,000.	0.			FOR GENERAL PROGRAM SUPPORT

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DANCING CLASSROOMS NORTHEAST OHIO 1085 ROCKSIDE ROAD, SUITE 6 PARMA, OH 44134-2700	26-2300532	501(C)(3)	12,900.	0.			FOR THE DANCING CLASSROOMS RESIDENCY PROJECT
DIVERSITY CENTER OF NORTHEAST OHIO 3659 GREEN ROAD, SUITE 230 CLEVELAND, OH 44122	20-1966761	501(C)(3)	10,000.	0.			TO PROVIDE DIVERSITY, EQUITY, AND INCLUSION EDUCATION TO STUDENTS IN SUMMIT COUNTY
DOWNTOWN AKRON PARTNERSHIP INC. 103 SOUTH HIGH STREET, 4TH FLOOR AKRON, OH 44308-1461	34-1823835	501(C)(3)	187,500.	0.			FOR GENERAL OPERATING SUPPORT
DOWNTOWN CUYAHOGA FALLS PARTNERSHIP, INC. - P.O. BOX 382 - CUYAHOGA FALLS, OH 44222	82-5403661	501(C)(3)	15,000.	0.			TO SUPPORT OUTREACH AND BUSINESS RESOURCES
DREAMS ACADEMY INTERNATIONAL P.O. BOX 13383 AKRON, OH 44334	81-3518258	501(C)(3)	7,000.	0.			TO SUPPORT BLACK YOUTH (AGE 10-16) AND THEIR FAMILIES THROUGH AFTER SCHOOL PROGRAMMING AND
EARLY CHILDHOOD RESOURCE CENTER 1718 CLEVELAND AVENUE NW CANTON, OH 44703	34-0714462	501(C)(3)	5,250.	0.			FOR SUPPORTING PARTNERSHIPS TO ASSURE READY KIDS (SPARK) IN SPRINGFIELD SCHOOL
EMBRACING FUTURES INC. 50 SOUTH MAIN STREET, SUITE LL 100 AKRON, OH 44308-1859	34-6543299	501(C)(3)	13,230.	0.			FOR GENERAL PROGRAM SUPPORT
EMMANUEL CHRISTIAN ACADEMY 350 SOUTH PORTAGE PATH AKRON, OH 44320	34-1765117	501(C)(3)	13,897.	0.			TO SUPPORT THE SCHOOL'S MISSION
EMPOWERED NETWORK 8 NORTH RIDGE LANE NEW LONDON, CT 06320	82-2102421	501(C)(3)	6,500.	0.			TO SUPPORT AKRON TRAFFICKING SURVIVORS ON PATHS TO FISCAL INDEPENDENCE

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ENVISION EXCELLENCE IN STEM EDUCATION - P.O. BOX 1908 - MENTOR, OH 44061	20-8622102	501(C)(3)	25,000.	0.			FOR PRINTING COSTS ASSOCIATED WITH THE SCORE WITH STEM PROGRAM
FAIRLAWN WEST UNITED CHURCH OF CHRIST - 2095 WEST MARKET STREET - AKRON, OH 44313-6903	34-0748502	501(C)(3)	8,841.	0.			FOR GENERAL SUPPORT
FAITH LUTHERAN CHURCH 2726 WEST MARKET STREET AKRON, OH 44333-4236	34-1048825	501(C)(3)	10,300.	0.			FOR OPERATIONS SUPPORT
FAMILY PROMISE OF SUMMIT COUNTY INC. - P.O. BOX 10076 - AKRON, OH 44310	75-3101718	501(C)(3)	33,500.	0.			FOR GENERAL PROGRAM SUPPORT
FEEDING MEDINA COUNTY 650 WEST SMITH ROAD, C-8 MEDINA, OH 44256	45-4049528	501(C)(3)	23,000.	0.			FOR GENERAL PROGRAM SUPPORT
FERRELL FOUNDATION FOR TRANSITIONAL HOUSING - 3088 ALBION ROAD - SHAKER HEIGHTS, OH 44120	93-2469110	501(C)(3)	10,000.	0.			FOR BEING SELECTED AS THE 2024 HOME FOR ALL COMMUNITY FUND GRANT RECIPIENT
FIRST CONGREGATIONAL CHURCH OF HUDSON - 47 AURORA STREET - HUDSON, OH 44236-2997	34-0762813	501(C)(3)	10,000.	0.			FOR SUPPORT TO BUILD ADA COMPLIANT BATHROOMS AND RENOVATE COMMUNITY USE SPACES AT 915 N MAIN IN
FIRST GLANCE STUDENT CENTER INC. 943 KENMORE BLVD. AKRON, OH 44314-2149	20-2610539	501(C)(3)	20,500.	0.			FOR GENERAL PROGRAM SUPPORT
FIRST PRESBYTERIAN CHURCH OF GRANVILLE - 110 WEST BROADWAY - GRANVILLE, OH 43023	23-6393377	501(C)(3)	7,000.	0.			FOR GENERAL PROGRAM SUPPORT IN 2025

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FIRST UNITED METHODIST CHURCH 263 EAST MILL STREET AKRON, OH 44308	34-0726092	501(C)(3)	11,494.	0.			FOR/TO SUPPORT THE CHURCH'S MISSION
FORGET-ME-NOT BASKETS INC. 127 EAST LIBERTY STREET, SUITE 390 WOOSTER, OH 44691	27-1172295	501(C)(3)	5,750.	0.			FOR GENERAL PROGRAM SUPPORT
FORT LEWIS COLLEGE FOUNDATION 1000 RIM DRIVE DURANGO, CO 81301	23-7122114	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT
FREEDOM HOUSE FOR WOMEN INC. 1101 7TH AVENUE AKRON, OH 44306-1727	02-0691301	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
FRIENDS OF 91.3 DBA FRIENDS OF THE SUMMIT - 309 WOOLF AVENUE - AKRON, OH 44312	26-4312124	501(C)(3)	17,500.	0.			FOR GENERAL OPERATING SUPPORT
FRIENDS OF CHILDREN EVERYWHERE P.O. BOX 4833 WHEATON, IL 60189	56-2467177	501(C)(3)	25,000.	0.			FOR THE GENERAL FUND
FRIENDS OF CROWELL HILAKA DBA FRIENDS OF RICHFIELD HERITAGE PRESERVE - 100 WANDLE AVENUE - BEDFORD, OH 44146-2656	27-0780916	501(C)(3)	14,904.	0.			FOR GENERAL SUPPORT
FRIENDS OF MEDINA COUNTY PARKS INC. - 6364 DEERVIEW LANE - MEDINA, OH 44256-8008	34-1833809	501(C)(3)	250,000.	0.			TO BE USED FOR THE CREATION OF A NEW PLAYSCAPE AT ALLARDALE PARK, A MEDINA COUNTY
FRIENDS OF THE FRANCISCAN CHAPEL CENTER - 6 CARMENERE COURT - HENDERSON, NV 89011	68-0663628	501(C)(3)	230,000.	0.			FOR THE FCC CAPITAL CAMPAIGN

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FUND FOR OUR ECONOMIC FUTURE OF NORTHEAST OHIO - P.O. BOX 6297 - CLEVELAND, OH 44101	27-0606927	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
GARDEN CITY CHURCH 350 SOUTH PORTAGE PATH AKRON, OH 44320-2336	37-1955934	501(C)(3)	11,500.	0.			FOR GENERAL OPERATING SUPPORT
GARDEN CLUB OF OHIO INC. DBA: AKRON GARDEN CLUB - 332 SPYGLASS DRIVE - FAIRLAWN, OH 44333	34-6542204	501(C)(3)	55,024.	0.			TO SUPPORT THE GOALS OF AKRON GARDEN CLUB
GASP: GUARDIANS ADVOCATING CHILD SAFETY AND PROTECTION - 53 UNIVERSITY AVENUE, 4TH FLOOR - AKRON, OH 44308-1608	06-1778396	501(C)(3)	6,750.	0.			TO SUPPORT CHILD SAFETY PROGRAMS INCLUDING ID KITS AND SAFETY EDUCATION
GIRL SCOUTS OF NORTH EAST OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 44056-2156	34-0726094	501(C)(3)	11,500.	0.			FOR GENERAL PROGRAM SUPPORT
GIRLS ON THE RUN NORTHEAST OHIO 8929 BRECKSVILLE ROAD BRECKSVILLE, OH 44141-2301	47-0991498	501(C)(3)	26,250.	0.			TO SUPPORT THE PHYSICAL, SOCIAL & EMOTIONAL WELL-BEING OF YOUTH IN AKRON
GLOBAL TIES AKRON 259 SOUTH BROADWAY STREET, ROOM 358 AKRON, OH 44308	34-1433786	501(C)(3)	13,250.	0.			TO SUPPORT GLOBAL EDUCATION AND MULTICULTURAL DIVERSITY PROGRAMMING
GLSEN INC. 4097 WASHINGTON BLVD. UNIVERSITY HEIGHTS, OH 44118	04-3234202	501(C)(3)	7,500.	0.			FOR A CONFERENCE THAT EMPOWERS, EDUCATES, AND SUPPORTS LGBTQ+ STUDENTS AND ALLIES IN GRADES 7-12
GOOD NEIGHBORS INC. 1453 GOODYEAR BLVD. AKRON, OH 44305-4170	34-6560957	501(C)(3)	10,365.	0.			FOR GENERAL PROGRAM SUPPORT

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GOOD SAMARITAN HUNGER CENTER INC. P.O. BOX 5753 AKRON, OH 44372-5753	34-1374539	501(C)(3)	12,535.	0.			FOR GENERAL PROGRAM SUPPORT
GRACE HOUSE AKRON INC. 475 NORTH HOWARD STREET AKRON, OH 44310	81-4420042	501(C)(3)	42,799.	0.			FOR GENERAL PROGRAM SUPPORT
GREATER AKRON FORE YOUTH DEVELOPMENT INC. DBA: FIRST TEE - GREATER AKRON - 2000 SOUTH HAWKINS AVENUE - AKRON, OH 44314-2530	34-1886744	501(C)(3)	20,750.	0.			FOR GENERAL PROGRAM SUPPORT
GREATER AKRON MUSICAL ASSOCIATION INC. - 92 NORTH MAIN STREET - AKRON, OH 44308-1932	34-6003828	501(C)(3)	40,878.	0.			FOR GENERAL PROGRAM SUPPORT
GREENLEAF FAMILY CENTER 580 GRANT STREET AKRON, OH 44311-9910	34-0714398	501(C)(3)	108,850.	0.			FOR GENERAL PROGRAM SUPPORT
GROUNDWORKS DANCETHEATER 13125 SHAKER SQUARE, SUITE 102 SHAKER HEIGHTS, OH 44120-2399	34-1856594	501(C)(3)	7,000.	0.			TO SUPPORT GROUNDWORKS SUMMIT COUNTY PROGRAMMING AND EDUCATIONAL OUTREACH ACTIVITIES AND ONGOING
GUYS AND GALS COMMUNITY PARTNERSHIP INC. - P.O. BOX 5191 - FAIRLAWN, OH 44334	82-2927618	501(C)(3)	10,000.	0.			TO SUPPORT THE 8TH ANNUAL HOOP FOR COOP ADULT BASKETBALL TIP OFF AND 7TH ANNUAL YOUTH HEALTH
HABITAT FOR HUMANITY EAST CENTRAL OHIO - 1400 RAFF ROAD SW - CANTON, OH 44710-2320	34-1595372	501(C)(3)	10,000.	0.			FOR SUPPORT RESTRICTED TO FINANCIAL LITERACY PROGRAMMING. THERE IS NO TIME RESTRICTION AS THIS
HABITAT FOR HUMANITY OF SUMMIT COUNTY INC. - 2301 ROMIG ROAD - AKRON, OH 44320-3824	34-1518873	501(C)(3)	41,000.	0.			TO SUPPORT IMPLEMENTATION OF THE NEW HOME CONSTRUCTION PROGRAM

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HAPPY TRAILS FARM ANIMAL SANCTUARY 5623 NEW MILFORD ROAD RAVENNA, OH 44266-3830	34-1968434	501(C)(3)	12,500.	0.			FOR GENERAL PROGRAM SUPPORT
HARMONY HOUSE P.O. BOX 7502 AKRON, OH 44306	90-0719742	501(C)(3)	18,500.	0.			FOR GENERAL SUPPORT
HATTIE LARLHAM FOUNDATION 9772 DIAGONAL ROAD MANTUA, OH 44255	34-1696794	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT OF HATTIE LARLHAM COMMUNITY SERVICES
HAVEN OF REST MINISTRIES INC. P.O. BOX 547 AKRON, OH 44309-0547	34-0750345	501(C)(3)	19,042.	0.			FOR GENERAL PROGRAM SUPPORT
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 GENERAL PROGRAM SUPPORT
HEALTHNETWORK FOUNDATION 3550 LANDER ROAD, SUITE 225 PEPPER PIKE, OH 44124	04-3804600	501(C)(3)	12,000.	0.			FOR GENERAL OPERATING SUPPORT
HEART 4 THE CITY 954 EASTLAND AVENUE AKRON, OH 44305	82-4427911	501(C)(3)	10,000.	0.			FOR GENERAL PROGRAM SUPPORT
HIGHLAND SQUARE NEIGHBORHOOD ASSOCIATION - 641 WEST MARKET STREET - AKRON, OH 44303	20-5074506	501(C)(3)	9,000.	0.			TO SUPPORT PORCHROKR AND HIGHLAND SQUARE FILM FESTIVAL
HIMALAYAN ARTS LANGUAGE AND CULTURAL ACADEMY - 644 EAST TALLMADGE AVENUE - AKRON, OH 44310	65-0350357	501(C)(3)	7,500.	0.			TO SUPPORT SOCIAL-EMOTIONAL WELL-BEING FOR SUMMIT COUNTY YOUTH THROUGH

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
HOLDEN ARBORETUM, DBA HOLDEN FORESTS & GARDENS - 9500 SPERRY ROAD - KIRTLAND, OH 44094	34-0750346	501(C)(3)	29,000.	0.			FOR THE PETER AND MARILYN TSIVITSE SCHOLARSHIP FOR GREEN CORPS, IN HONOR OF PETER AND MARILYN
HONDURAN CHILDREN'S RESCUE FUND 2470 MIRAMAR BLVD. CLEVELAND HEIGHTS, OH 44118	01-0839183	501(C)(3)	20,000.	0.			FOR GENERAL PROGRAM SUPPORT IN HONOR OF PETER AND MARILYN TSIVITSE
HOPE AND HEALING SURVIVOR RESOURCE CENTER AKA: BATTERED WOMEN'S SHELTER - 974 EAST MARKET STREET - AKRON, OH 44305-2445	34-1249342	501(C)(3)	122,317.	0.			FOR GENERAL PROGRAM SUPPORT
HOPE MEADOWS FOUNDATION 4820 RIDGE ROAD GRANGER TOWNSHIP, OH 44281	35-2327253	501(C)(3)	10,500.	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.			FOR GENERAL PROGRAM SUPPORT
HUDSON CITY SCHOOL DISTRICT 76 NORTH HAYDEN PARKWAY HUDSON, OH 44236-3150	34-6001451	115	23,071.	0.			FOR GENERAL PROGRAM SUPPORT
HUMANE SOCIETY OF SUMMIT COUNTY 752 PORTAGE TRAIL EXTENSION WEST AKRON, OH 44313	23-7060744	501(C)(3)	221,654.	0.			FOR GENERAL PROGRAM SUPPORT
HUMILITY OF MARY HOUSING AKA H.M. LIFE OPPORTUNITY SERVICES - 421 GRAHAM ROAD, SUITE I - CUYAHOGA FALLS, OH 44221	25-1592420	501(C)(3)	16,000.	0.			FOR GENERAL PROGRAM SUPPORT
IBH FOUNDATION INC. 3445 SOUTH MAIN STREET AKRON, OH 44319	34-1597850	501(C)(3)	457,747.	0.			FOR IMPROVEMENTS, MAINTENANCE AND PROGRAM SUPPORT

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IDEASTREAM PUBLIC MEDIA 1375 EUCLID AVENUE CLEVELAND, OH 44115-1835	34-1943865	501(C)(3)	25,310.	0.			FOR GENERAL PROGRAM SUPPORT
INTERNATIONAL INSTITUTE OF AKRON INC. - 530 SOUTH MAIN STREET, SUITE 1762 - AKRON, OH 44311	34-0733161	501(C)(3)	41,500.	0.			FOR GENERAL PROGRAM SUPPORT
INTERNATIONAL SOAP BOX DERBY INC. 1000 GEORGE WASHINGTON BLVD. AKRON, OH 44312-3004	34-1141558	501(C)(3)	6,000.	0.			FOR GENERAL PROGRAM SUPPORT
INTERVAL BROTHERHOOD HOMES CORPORATION DBA IBH ADDICTION RECOVERY - 3445 SOUTH MAIN STREET - AKRON, OH 44319	23-7090131	501(C)(3)	34,103.	0.			FOR GENERAL PROGRAM SUPPORT
JEWISH COMMUNITY BOARD OF AKRON INC. - 750 WHITE POND DRIVE - AKRON, OH 44320-1128	34-0174521	501(C)(3)	6,650.	0.			FOR GENERAL PROGRAM SUPPORT
JEWISH COMMUNITY CENTER OF AKRON 750 WHITE POND DRIVE AKRON, OH 44320-1128	34-1884695	501(C)(3)	23,500.	0.			FOR GENERAL PROGRAM SUPPORT
JEWISH FAMILY SERVICE OF AKRON OHIO - 750 WHITE POND DRIVE - AKRON, OH 44320-1128	34-0714444	501(C)(3)	10,000.	0.			TO PROVIDE CONTINUED SUPPORT FOR OLDER ADULT AND MENTAL HEALTH SERVICES IN AKRON
JOSEPH AND FLORENCE MANDEL JEWISH DAY SCHOOL - 26500 SHAKER BLVD. - ORANGE VILLAGE, OH 44122	34-1043767	501(C)(3)	10,000.	0.			FOR SUPPORT RESTRICTED TO FINANCIAL LITERACY PROGRAMMING. THERE IS NO TIME RESTRICTION AS THIS
JULIE BILLIART SCHOOLS 4982 CLUBSIDE ROAD LYNDHURST, OH 44124	34-0827831	501(C)(3)	35,000.	0.			FOR SCHOLARSHIPS FOR AKRON STUDENTS

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JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO INC. - 4353 EXECUTIVE CIRCLE NW - CANTON, OH 44718-2999	34-0940986	501(C)(3)	46,211.	0.			FOR GENERAL PROGRAM SUPPORT
KAITLYN ECKELBERRY MEMORIAL FUND 5484 FLEETWOOD AVENUE N.W. CANTON, OH 44718-1440	85-1724593	501(C)(3)	10,000.	0.			FOR GENERAL PROGRAM SUPPORT
KEEP AKRON BEAUTIFUL 850 EAST MARKET STREET AKRON, OH 44305-2424	34-1341298	501(C)(3)	17,000.	0.			FOR GENERAL PROGRAM SUPPORT
KENT STATE UNIVERSITY P.O. BOX 5190 KENT, OH 44242	31-6402079	501(C)(3)	11,300.	0.			FOR GENERAL PROGRAM SUPPORT
KENT STATE UNIVERSITY FOUNDATION P.O. BOX 5190 KENT, OH 44242-0001	34-6576307	501(C)(3)	11,721.	0.			FOR GENERAL PROGRAM SUPPORT
LAW AND LEADERSHIP INSTITUTE 303 EAST BROAD STREET COLUMBUS, OH 43215	26-4709314	501(C)(3)	6,000.	0.			FOR STRONG ADMINISTRATIVE OVERSIGHT OF AKRON PROGRAMMING
LEADERSHIP AKRON 37 NORTH HIGH STREET, SUITE C AKRON, OH 44308	31-1655877	501(C)(3)	132,550.	0.			FOR GENERAL PROGRAM SUPPORT
LEAGUE OF WOMEN VOTERS OF THE AKRON AREA EDUCATION FUND - P.O. BOX 46 - CUYAHOGA FALLS, OH 44222-0046	34-1499181	501(C)(3)	5,500.	0.			FOR GENERAL PROGRAM SUPPORT
LEGACIES OF SUCCESS COMMUNITY DEVELOPMENT CORPORATION - 67 FRANCES AVENUE - AKRON, OH 44310	27-1408423	501(C)(3)	6,000.	0.			TO SUPPORT AFFORDABLE HOMEOWNERSHIP IN NORTH HILL

Schedule I (Form 990)

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LEGACY III, INC. 87 SOUTH ARLINGTON STREET AKRON, OH 44306	34-1824527	501(C)(3)	9,000.	0.			FOR GENERAL PROGRAM SUPPORT
LET'S GROW AKRON INC. 467 HARVEY AVENUE AKRON, OH 44314-3217	34-1632443	501(C)(3)	14,000.	0.			FOR GENERAL OPERATING SUPPORT
LIBERTY LITTLE LEOPARDS ASSOCIATION INC. - 1090 RAVINE DRIVE - YOUNGSTOWN, OH 44505	34-1274752	501(C)(3)	10,000.	0.			FOR GENERAL OPERATIONS
LIMITLESS AMBITION INC. P.O. BOX 2358 STOW, OH 44224-1200	46-3789485	501(C)(3)	19,500.	0.			TO EMPOWER TEEN GIRLS IN SUMMIT COUNTY TO OVERCOME OBSTACLES AND ACHIEVE THEIR GOALS
LINKS COMMUNITY & FAMILY SERVICES 756 UPSON STREET AKRON, OH 44305-1552	35-2353659	501(C)(3)	12,500.	0.			TO SUPPORT THE SENIOR CONNECTION PROGRAM
LITERACY COUNCIL OF MEDINA COUNTY INC. DBA PROJECT: LEARN OF MEDINA COUNTY - 105 WEST LIBERTY STREET - MEDINA, OH 44256	34-1728940	501(C)(3)	6,000.	0.			FOR GENERAL PROGRAM SUPPORT
LITERACY OF LOVE INC. 1405 WASHINGTON STREET OLEAN, NY 14760	81-4258118	501(C)(3)	50,000.	0.			FOR GENERAL OPERATIONS
LOVE AKRON P.O. BOX 2971 AKRON, OH 44309	20-8035010	501(C)(3)	46,100.	0.			FOR GENERAL OPERATING SUPPORT
MAGICAL THEATRE COMPANY 565 WEST TUSCARAWAS AVENUE BARBERTPN, OH 44203-0386	34-1196629	501(C)(3)	26,800.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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MEDINA COUNTY COMMUNITY FOUNDATION 4996 FOOTE ROAD MEDINA, OH 44256	88-4105033	501(C)(3)	1,099,309.	0.			FOR GENERAL PROGRAM SUPPORT
MEDINA COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS DBA: MEDINA COUNT - 8790 GUILFORD ROAD - SEVILLE, OH 44273-9341	34-1507786	501(C)(3)	6,000.	0.			FOR GENERAL PROGRAM SUPPORT
MEDINA CREATIVE HOUSING INC. 232 NORTH COURT STREET MEDINA, OH 44256	34-1712565	501(C)(3)	51,682.	0.			FOR GENERAL PROGRAM SUPPORT
MEDINA MEOW FIX 530 WEST MILL STREET MEDINA, OH 44256	87-2146640	501(C)(3)	5,250.	0.			FOR GENERAL PROGRAM SUPPORT
MEDINA RAPTOR CENTER P.O. BOX 74 SPENCER, OH 44275-0074	31-1498428	501(C)(3)	8,000.	0.			FOR GENERAL PROGRAM SUPPORT
MILITARY AVIATION PRESERVATION SOCIETY - 2260 INTERNATIONAL PARKWAY - NORTH CANTON, OH 44720-1375	34-1651715	501(C)(3)	11,159.	0.			TO SUPPORT GENERAL OPERATIONS
MONTROSE ZION UNITED METHODIST CHURCH - 565 NORTH CLEVELAND-MASSILLON ROAD - AKRON, OH 44333-2299	34-1415202	501(C)(3)	11,945.	0.			FOR GENERAL OPERATING SUPPORT
MOUNT HOPE CEMETERY CORPORATION 1390 FIRESTONE PARKWAY AKRON, OH 44301	47-4138381	501(C)(13)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
MUSIC FROM THE WESTERN RESERVE P.O. BOX 265 HUDSON, OH 44236	34-1404541	501(C)(3)	5,384.	0.			FOR GENERAL PROGRAM SUPPORT

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MUSICAL ARTS ASSOCIATION DBA: THE CLEVELAND ORCHESTRA - 11001 EUCLID AVENUE - CLEVELAND, OH 44106-9822	34-0714468	501(C)(3)	29,820.	0.			FOR GENERAL PROGRAM SUPPORT
NAMI SUMMIT COUNTY 150 CROSS STREET AKRON, OH 44311	34-1569301	501(C)(3)	12,500.	0.			FOR GENERAL PROGRAM SUPPORT
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE - 230 WEST CENTER STREET - AKRON, OH 44302-1808	34-6596175	501(C)(4)	10,000.	0.			FOR UNRESTRICTED SUPPORT IN MEMORY OF H. PETER BURG
NATIONAL INVENTORS HALL OF FAME INC. - 3701 HIGHLAND PARK STREET NW - NORTH CANTON, OH 44720-4535	34-1580038	501(C)(3)	60,615.	0.			FOR GENERAL PROGRAM SUPPORT
NATURAL RESOURCES DEFENSE COUNCIL, INC. - 40 WEST 20TH STREET, 11TH FLOOR - NEW YORK, NY 10011-4231	13-2654926	501(C)(3)	10,000.	0.			FOR GENERAL PROGRAM SUPPORT
NCH CENTER FOR PHILANTHROPY P.O. BOX 234 NAPLES, FL 34106	59-0694358	501(C)(3)	8,500.	0.			FOR GENERAL SUPPORT IN MEMORY OF THE DONORS' FATHER, TOM H. BARRETT
NEIGHBORHOOD DEVELOPMENT CORPORATION OF AKRON - 662 WOLF LEDGES PARKWAY - AKRON, OH 44311-1511	34-1080125	501(C)(3)	20,000.	0.			TO SUPPORT ALPHA PHI ALPHA'S SUMMER CONCERT SERIES IN THE OHIO AND ERIE CANAL PARK
NORTH AKRON COMMUNITY DEVELOPMENT CORPORATION - 760 ELMA STREET - AKRON, OH 44310	82-1696531	501(C)(3)	22,500.	0.			FOR GENERAL OPERATING SUPPORT
NORTH COAST COMMUNITY HOMES INC. 14221 EROADWAY AVENUE CLEVELAND, OH 44125-1953	34-1455487	501(C)(3)	8,000.	0.			TO SUPPORT THE SUMMIT COUNTY RESIDENTIAL SERVICES PROGRAM

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NORTHEAST OHIO CENTER FOR CHOREOGRAPHY DBA NATIONAL CENTER FOR CHOREOGRAPHY - THE UNIVERSITY OF AKRON - AKRON, OH 44325-1005	47-5231350	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING SUPPORT
NORTHEAST OHIO MEDICAL UNIVERSITY FOUNDATION - 4209 STATE ROUTE 44 - ROOTSTOWN, OH 44272-0095	34-1264220	501(C)(3)	27,500.	0.			FOR THE PARKINSON'S RESEARCH FUND - 72175
NORTHEASTERN EDUCATIONAL TELEVISION OF OHIO INC. DBA: PBS WESTERN RESERVE - 1750 CAMPUS CENTER DRIVE - KENT, OH 44240-5191	34-1123819	501(C)(3)	10,750.	0.			FOR GENERAL PROGRAM SUPPORT
NORTHSIDE CHRISTIAN CHURCH 7615 RIDGE ROAD WADSWORTH, OH 44281	34-1270306	501(C)(3)	30,000.	0.			FOR MEDINA TITHE
OHIO & ERIE CANALWAY COALITION 47 WEST EXCHANGE STREET AKRON, OH 44308-1012	34-1636766	501(C)(3)	40,300.	0.			FOR GENERAL PROGRAM SUPPORT
OHIO CONTEMPORARY BALLET 3558 LEE ROAD SHAKER HEIGHTS, OH 44120	34-1645238	501(C)(3)	8,500.	0.			FOR GENERAL PROGRAM SUPPORT
OHIO DISTRICT KIWANIS FOUNDATION P.O. BOX 668 CIRCLEVILLE, OH 43113	31-1072405	501(C)(3)	5,500.	0.			FOR SUPPORT RESTRICTED TO FINANCIAL LITERACY PROGRAMMING. THANK YOU FOR YOUR SERVICE TO THE
OHIO LOCAL INFORMATION INITIATIVE INC., DBA SIGNAL OHIO - 500 SOUTH FRONT STREET, SUITE 1200 - COLUMBUS, OH 43215	87-3337208	501(C)(3)	85,500.	0.			FOR GENERAL OPERATIONS
OHIO SHAKESPEARE FESTIVAL 103 SOUTH HIGH STREET AKRON, OH 44308	02-0611246	501(C)(3)	6,500.	0.			TO SUPPORT FREE AND HIGHLY DISCOUNTED TICKETS FOR ALL OHIO SHAKESPEARE FESTIVAL SHOWS

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OHIO UNIVERSITY FOUNDATION P.O. BOX 869 ATHENS, OH 45701-0869	31-6402269	501(C)(3)	8,000.	0.			OF WHICH \$4,000 IS FOR THE WHITE SCHOLARSHIP IN FORENSICS (#766364) AND \$4,000 FOR THE WHITE
OLD TRAIL SCHOOL P.O. BOX 827 EATH, OH 44210-0827	34-0737805	501(C)(3)	11,150.	0.			FOR GENERAL OPERATIONS
ONE OF A KIND PET RESCUE INC. 1485 MARION AVENUE AKRON, OH 44313-7625	20-4631002	501(C)(3)	13,500.	0.			FOR GENERAL PROGRAM SUPPORT
OPEN ARMS ADOPTIONS INC. 11 RIVER STREET, SUITE E KENT, OH 44240-3581	47-3674005	501(C)(3)	6,000.	0.			TO SUPPORT RECRUITMENT OF SUMMIT COUNTY INDIVIDUALS AND FAMILIES TO ADOPT CHILDREN FROM FOSTER CARE
OPEN TONE MUSIC, LLC 140 EAST MARKET STREET AKRON, OH 44308	27-3088230	501(C)(3)	11,000.	0.			TO PROVIDE GENERAL PROGRAM SUPPORT
OPPORTUNITY PARISH ECUMENICAL NEIGHBORHOOD MINISTRY DBA: OPEN M - 941 PRINCETON STREET - AKRON, OH 44311-1922	34-1046107	501(C)(3)	59,467.	0.			FOR GENERAL PROGRAM SUPPORT
ORRVILLE UNITED WAY INC. 135 NORTH MAIN STREET ORRVILLE, OH 44667	34-1017865	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
OUR LADY OF THE ELMS SCHOOL 1375 WEST EXCHANGE STREET AKRON, OH 44313-7619	34-1910169	501(C)(3)	12,671.	0.			FOR GENERAL PROGRAM SUPPORT
PARK SYNAGOGUE 27500 SHAKER BLVD. LYNDHURST, OH 44124-5050	34-0714533	501(C)(3)	18,000.	0.			FOR THE ENDOWMENT FUND (NEAL AND PAM MARKS 10 YEAR COMMITMENT)

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PARKSIDE CHURCH 7100 PETTIBONE ROAD CHAGRIN FALLS, OH 44023-4907	34-1137025	501(C)(3)	13,250.	0.			FOR MONTHLY TITHE
PASTORAL COUNSELING SERVICES OF SUMMIT COUNTY DBA: RED OAK BEHAVIORAL HEALTH - 611 WEST MARKET STREET - AKRON, OH 44303	34-1282145	501(C)(3)	43,000.	0.			FOR GENERAL PROGRAM SUPPORT
PENINSULA FOUNDATION, INC. 6138 RIVERVIEW ROAD, SUITE F PENINSULA, OH 44264-9651	31-1534973	501(C)(3)	6,000.	0.			TO SUPPORT THE VOICES IN THE VALLEY MUSIC PROGRAM
PHI DELTA THETA FOUNDATION 2 SOUTH CAMPUS AVENUE OXFORD, OH 45056-1801	34-6539803	501(C)(3)	52,500.	0.			TO GENERAL PROGRAM SUPPORT
PLANNED PARENTHOOD OF GREATER OHIO P.O. BOX 933233 CLEVELAND, OH 44193-0035	34-1015976	501(C)(3)	61,719.	0.			FOR GENERAL PROGRAM SUPPORT
PLAYHOUSE SQUARE FOUNDATION 1501 EUCLID AVENUE SUITE 200 CLEVELAND, OH 44115-2108	23-7304942	501(C)(3)	13,050.	0.			FOR GENERAL OPERATIONS
PM FOUNDATION INC. DBA URBAN COMMUNITY SCHOOL - 4909 LORAIN AVENUE - CLEVELAND, OH 44102	34-6608706	501(C)(3)	10,000.	0.			TO PROVIDE TUITION SUPPORT ONLY FOR THOSE IN FINANCIAL NEED, IN HONOR OF PETER AND MARILYN
POPEYE'S BOXING GYM LLC 451 PERRY ROAD TALLMADGE, OH 44268	87-3105984	501(C)(3)	8,000.	0.			FOR GENERAL PROGRAM SUPPORT
PORTAGE PATH BEHAVIORAL HEALTH 340 SOUTH BROADWAY STREET AKRON, OH 44308-1529	34-1096055	501(C)(3)	26,500.	0.			FOR GENERAL PROGRAM SUPPORT

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PREVENT BLINDNESS OHIO 6803 MAYFIELD ROAD, SUITE 111 CLEVELAND, OH 44124	31-6063433	501(C)(3)	8,000.	0.			FOR THE VISION CARE OUTREACH (VCO) PROGRAM, SERVING SUMMIT COUNTY
PROJECT GRAD AKRON 10 NORTH MAIN STREET, SUITE 503 AKRON, OH 44303-1958	16-1639511	501(C)(3)	35,750.	0.			FOR GENERAL PROGRAM SUPPORT
PROJECT LEARN OF SUMMIT COUNTY 60 SOUTH HIGH STREET AKRON, OH 44326-1000	34-1491695	501(C)(3)	23,239.	0.			FOR GENERAL OPERATING SUPPORT
PROYECTO RAICES 915 NORTH MAIN STREET AKRON, OH 44310	80-0383971	501(C)(3)	21,550.	0.			FOR GENERAL PROGRAM SUPPORT
PURE GIFT OF GOD P.O. BOX 292 ALLIANCE, OH 44610	46-2511321	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT IN LOVING MEMORY OF MARTHA GULD ON BEHALF OF HER HUSBAND FRANK FROM
RAPE CRISIS CENTER 974 EAST MARKET STREET AKRON, OH 44305-2445	34-1836495	501(C)(3)	23,500.	0.			TO SUPPORT CRISIS INTERVENTION SERVICES FOR PERSONS IMPACTED BY SEXUAL VIOLENCE
REACHING ABOVE HOPELESSNESS & BROKENNESS MINISTRIES INC., DBA RAHAB MINISTRIES - 3480 WEST MARKET STREET, SUITE 303 - AKRON,	20-3285531	501(C)(3)	34,500.	0.			TO SUPPORT THE AKRON DROP-IN HOME FOR SEX TRAFFICKING SURVIVORS
REC2CONNECT FOUNDATION 311 TIVERTON COURT WADSWORTH, OH 44281	47-1812391	501(C)(3)	99,670.	0.			TO ESTABLISH A NEW FUND AT CLEVELAND FOUNDATION DUE TO THE ORGANIZATION'S SERVICE AREA BEING
RECLAIM MINISTRIES INC. 25587 CONIFER ROAD #105-311 CONIFER, CO 80433	47-1215089	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT

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RECOVERY CENTER OF MEDINA COUNTY 528 WEST LIBERTY STREET MEDINA, OH 44256	82-3284997	501(C)(3)	10,000.	0.			FOR THE RECOVERY CENTER OF MEDINA COUNTY AND SERENITE CULINARY INSTITUTE
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET, SUITE 8000 - ANN ARBOR, MI 48109-1288	38-6006309	501(C)(3)	50,724.	0.			FOR GENERAL PROGRAM SUPPORT
REMEMBER NHU PO BOX 27000 NEW FRANKLIN, OH 44319-7000	20-1461313	501(C)(3)	10,000.	0.			FOR SUPPORT RESTRICTED TO FINANCIAL LITERACY PROGRAMMING. THANK YOU FOR YOUR SERVICE TO THE
REVERE LOCAL SCHOOL DISTRICT 3496 EVERETT ROAD RICHFIELD, OH 44286	34-6000201	115	25,000.	0.			TO SUPPORT AND DEVELOP INDIVIDUAL EDUCATIONAL SCHOLARSHIPS, EDUCATIONAL PROGRAMS WITHIN THE
REVERE ROAD SYNAGOGUE 646 NORTH REVERE ROAD AKRON, OH 44333-2913	34-6003712	501(C)(3)	24,230.	0.			IN SUPPORT OF PROGRAMS
REVERE SCHOOLS FOUNDATION P.O. BOX 14632 COPLEY, OH 44321-4632	46-4513957	501(C)(3)	10,000.	0.			TO SUPPORT THE BEN CHRISTMAN MEMORIAL SCHOLARSHIP (RECOMMENDED BY GARRETT AND BRANDON
RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST OHIO INC. - 141 WEST STATE STREET - AKRON, OH 44302	34-1269123	501(C)(3)	26,150.	0.			FOR GENERAL PROGRAM SUPPORT
RUBBER CITY SHAKESPEARE COMPANY DBA RUBBER CITY THEATRE - THE UNIVERSITY OF AKRON - AKRON, OH 44325-1005	47-2484892	501(C)(3)	6,500.	0.			FOR GENERAL OPERATING SUPPORT
SACRED HEART OF JESUS PARISH 260 BROAD STREET WADSWORTH, OH 44281-2113	34-0845670	501(C)(3)	13,100.	0.			FOR GENERAL PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFETY FORCES SUPPORT CENTER 501 WEST MARKET STREET, SUITE 313 AKRON, OH 44303	83-1269383	501(C)(3)	10,750.	0.			FOR MENTAL HEALTH COUNSELING AND PEER SUPPORT SERVICES FOR FIRST RESPONDERS IN
SAINT SEBASTIAN PARISH 476 MULL AVENUE AKRON, OH 44320-1213	34-0867165	501(C)(3)	25,000.	0.			FOR FOUNDATION CAPITAL CAMPAIGN
SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607-3000	58-1437002	501(C)(3)	12,000.	0.			FOR GENERAL PROGRAM SUPPORT
SERENITY CONSULTANTS INC., AKA SERENITY RECOVERY NETWORK - P.O. BOX 5467 - CINCINNATI, OH 45205	20-3763855	501(C)(3)	10,000.	0.			FOR THE RRT CAMPAIGN (BARRY DUNAWAY AND PETER MCDERMOTT IN SUPPORT OF THE NOWICKI FAMILY)
SERVICE CORPS OF RETIRED EXECUTIVES ASSOCIATION DBA: AKRON SCORE - 175 SOUTH MAIN STREET, SUITE 204 - AKRON, OH 44308	52-1067290	501(C)(3)	10,000.	0.			FOR OPERATING FUNDS FOR SMALL BUSINESS MENTORING AND WORKSHOPS
SHANTI COMMUNITY FARMS INC. P.O. BOX 22573 AKRON, OH 44302	82-1090052	501(C)(3)	7,500.	0.			TO SUPPORT THE SHANTI COMMUNITY FARMS CULTURAL ARTS PROGRAM
SOCIETY OF ST. VINCENT DE PAUL 2750 WEST MARKET STREET FAIRLAWN, OH 44333-4236	51-0434414	501(C)(3)	95,000.	0.			FOR GENERAL PROGRAM SUPPORT
SOUTH STREET MINISTRIES INC. P.O. BOX 2114 AKRON, OH 44309	26-2660679	501(C)(3)	86,500.	0.			FOR GENERAL PROGRAM SUPPORT
SPRING GARDEN WALDORF SCHOOL 1791 SOUTH JACOBY ROAD COPLEY, OH 44321	34-1512962	501(C)(3)	7,000.	0.			FOR GENERAL PROGRAM SUPPORT

Schedule I (Form 990)

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

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ST. HILARY PARISH 2750 WEST MARKET STREET AKRON, OH 44333-4236	34-0893059	501(C)(3)	25,500.	0.			FOR GENERAL PROGRAM SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL INC. - 501 ST. JUDE PLACE - MEMPHIS, TN 38105-1905	62-0646012	501(C)(3)	260,182.	0.			FOR GENERAL PROGRAM SUPPORT
ST. MARY PARISH SCHOOL 750 SOUTH MAIN STREET AKRON, OH 44311-1020	53-0196617	501(C)(3)	90,000.	0.			FOR GENERAL PROGRAM SUPPORT
ST. MATTHEW EVANGELICAL LUTHERAN CHURCH - 400 NORTH BROADWAY STREET - MEDINA, OH 44256-1933	34-1158557	501(C)(3)	10,000.	0.			QUARTERLY DISTRIBUTION
ST. RITA CHURCH 32820 BALDWIN ROAD SOLOM, OH 44139	34-1908579	501(C)(3)	10,000.	0.			FOR USE BY THE ST. VINCENT DE PAUL HOMELESS HOUSING FUND
ST. VINCENT DE PAUL PARISH 164 WEST MARKET STREET AKRON, OH 44303-2373	34-0718409	501(C)(3)	9,674.	0.			FOR GENERAL PROGRAM SUPPORT
ST. VINCENT DE PAUL PARISH SCHOOL 17 SOUTH MAPLE STREET AKRON, OH 44303-2119	34-0718409	501(C)(3)	22,407.	0.			FOR CATHOLIC EDUCATION SUPPORT BY PROVIDING TUITION PAYMENTS FOR STUDENTS WITH FINANCIAL
ST. VINCENT-ST. MARY HIGH SCHOOL 15 NORTH MAPLE STREET AKRON, OH 44303-2326	34-1686290	501(C)(3)	15,585.	0.			FOR SCHOLARSHIPS
STAN HYWET HALL & GARDENS INC. 714 NORTH PORTAGE PATH AKRON, OH 44303-1363	34-0819149	501(C)(3)	68,309.	0.			FOR GENERAL PROGRAM SUPPORT

Schedule I (Form 990)

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

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STEWART'S CARING PLACE 3501 RIDGE PARK DRIVE FAIRLAWN, OH 44333-8203	20-0181338	501(C)(3)	44,624.	0.			FOR GENERAL OPERATING SUPPORT
STONY BROOK CHILD CARE SERVICES STONY BROOK UNIVERSITY STONY BROOK, NY 11794	11-2828494	501(C)(3)	10,000.	0.			TO FUND THE PURCHASE AND INSTALLATION OF PLAYGROUND EQUIPMENT TO BE USED BY THE CHILDREN
STOW-MUNROE FALLS CITY SCHOOL DISTRICT-HIGHLAND ELEMENTARY SCHOOL - 1843 GRAHAM ROAD - STOW, OH 44224	34-6002738	501(C)(3)	10,000.	0.			FOR EDUCATIONAL EQUIPMENT, MATERIALS AND ACTIVITIES AT HIGHLAND ELEMENTARY SCHOOL
STUDENTS WITH A GOAL: SWAG P.O. BOX 4531 AKRON, OH 44310-0531	81-2016003	501(C)(3)	26,000.	0.			TO SUPPORT OPERATION LIFE SKILLS, WHICH FOSTERS ACADEMIC SUCCESS, SOCIAL-EMOTIONAL
SUMMIT ARTSPACE 140 EAST MARKET STREET AKRON, OH 44308-2014	34-1841587	501(C)(3)	106,250.	0.			FOR GENERAL OPERATING SUPPORT
SUMMIT CHORAL SOCIETY INC. 140 EAST MARKET STREET AKRON, OH 44308	34-1658034	501(C)(3)	30,795.	0.			TO SUPPORT THE CONTINUUM OF MUSICAL TRAINING FOR CHILDREN AND ADULTS
SUMMIT COUNTY COMMUNITY PARTNERSHIP - P.O. BOX 14 - AKRON, OH 44309-0014	34-1818660	501(C)(3)	10,000.	0.			TO SUPPORT THE DETERRA PROJECT: PREVENTING PRESCRIPTION MEDICINE ABUSE
SUMMIT COUNTY CONTINUUM OF CARE 23 SOUTH MAIN STREET, SUITE 302 AKRON, OH 44308	83-0591179	501(C)(3)	7,500.	0.			TO SUPPORT LIFT (LGBTQ+ INCLUSION FOR FUTURE TRIUMPH): A PATH TO SAFE HOUSING
SUMMIT COUNTY FATHERHOOD INITIATIVE - 2081 MEADOW GATE - AKRON, OH 44313	74-3061888	501(C)(3)	15,500.	0.			TO SUPPORT FREE FATHERHOOD CLASSES AND SERVICES THROUGH A COMMUNITY PARTNERSHIP

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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SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO - P.O. BOX 22250 - AKRON, OH 44302	34-0766170	501(C)(3)	65,422.	0.			FOR GENERAL PROGRAM SUPPORT
SUMMIT EDUCATION INITIATIVE 120 EAST MILL STREET, SUITE 330 AKRON, OH 44308-1745	34-1843220	501(C)(3)	519,648.	0.			FOR GENERAL OPERATING SUPPORT
SUMMIT METRO PARKS FOUNDATION 975 TREATY LINE ROAD AKRON, OH 44313-5837	34-1683837	501(C)(3)	266,351.	0.			FOR GENERAL PROGRAM SUPPORT
TECH CORPS 6600 BUSCH BLVD., SUITE 210 COLUMBUS, OH 43229	16-1703355	501(C)(3)	5,750.	0.			TO SUPPORT TECHIE CAMPS, BRINGING CAREER-CONNECTED TECHNOLOGY LEARNING TO MIDDLE SCHOOL STUDENTS IN
THE CHAPEL INC. 135 FIR HILL AKRON, OH 44304	34-0828420	501(C)(3)	6,000.	0.			FOR GENERAL PROGRAM SUPPORT
THE CHILDREN'S CENTER OF MEDINA COUNTY - 724 EAST SMITH ROAD - MEDINA, OH 44256-2662	42-1749846	501(C)(3)	7,484.	0.			FOR GENERAL PROGRAM SUPPORT
THE NATURE CONSERVANCY INC. 4245 NORTH FAIRFAX DRIVE, SUITE 100 ARLINGTON, VA 22203-1606	53-0242652	501(C)(3)	8,000.	0.			FOR GENERAL PROGRAM SUPPORT
THE OAK CLINIC 3838 MASSILLON ROAD, SUITE 360 UNIONTOWN, OH 44685-7965	34-1930683	501(C)(3)	60,000.	0.			FOR GENERAL OPERATING SUPPORT
THE PHILANTHROPIC COLLABORATIVE FOR EDUCATION - 1775 I STREET, SUITE 1150 - WASHINGTON, DC 20006	26-3015634	501(C)(3)	100,000.	0.			TO SUPPORT WORK IN OHIO TO STRENGTHEN STUDENTS' (ESPECIALLY UNDERSERVED STUDENTS) EXPERIENCES

Schedule I (Form 990)

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

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THE SALVATION ARMY 190 SOUTH MAPLE STREET AKRON, OH 44302-0549	13-5562351	501(C)(3)	51,130.	0.			FOR GENERAL PROGRAM SUPPORT
THE SALVATION ARMY OF WADSWORTH 527 COLLEGE STREET WADSWORTH, OH 44282	13-3485289	501(C)(3)	16,574.	0.			FOR GENERAL PROGRAM SUPPORT
THE SHELBY COUNTY HISTORICAL SOCIETY - P.O. BOX 376 - SIDNEY, OH 45365-0376	34-1317780	501(C)(3)	7,500.	0.			FOR GENERAL PROGRAM SUPPORT
THE SHRINERS HOSPITALS FOR CHILDREN - P.O. 31356 - TAMPA, FL 33631-3356	04-2121377	501(C)(3)	10,000.	0.			SEMI ANNUAL DISTRIBUTION
THE UNIVERSITY OF AKRON P.O. BOX 2260 AKRON, OH 44325-6209	34-6002924	115	48,300.	0.			FOR GENERAL PROGRAM SUPPORT
THE UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 44325-2603	34-6575496	501(C)(3)	373,869.	0.			FOR GENERAL PROGRAM SUPPORT
THE WHOLE HUMAN PROJECT P.O. BOX 2312 ARVADA, CO 80001	47-2804799	501(C)(3)	7,500.	0.			TO SUPPORT THE ONGOING EFFORT TO BUILD COMMUNITY FOR TRANSGENDER AND GENDER EXPANSIVE YOUTH
TORCHBEARERS P.O. BOX 1443 AKRON, OH 44309-1443	20-1869314	501(C)(3)	9,000.	0.			TO SUPPORT GENERAL OPERATIONS
TRI-COUNTY JOBS FOR OHIO'S GRADUATES - 1333 HOME AVENUE - AKRON, OH 44310	31-1204720	501(C)(3)	24,000.	0.			TO SUPPORT WORK-BASED LEARNING OPPORTUNITIES FOR AKRON PUBLIC SCHOOL STUDENTS

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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TRULY REACHING YOU 587 BAIRD STREET AKRON, OH 44311-1804	75-3223368	501(C)(3)	62,500.	0.			TO SUPPORT GENERAL OPERATIONS
TRUTH & HONOR INC. 265 KELLY AVENUE AKRON, OH 44306	84-2056948	501(C)(3)	12,500.	0.			FOR GENERAL PROGRAM SUPPORT
TUESDAY MUSICAL ASSOCIATION 1041 WEST MARKET STREET, SUITE 200 AKRON, OH 44313-7103	34-0786212	501(C)(3)	48,250.	0.			TO SUPPORT SIX CONCERTS AS WELL AS RELATED EDUCATION AND COMMUNITY ENGAGEMENT ACTIVITIES IN
UNITARIAN UNIVERSALIST CHURCH OF AKRON - 3300 MOREWOOD ROAD - AKRON, OH 44333-3459	34-0792930	501(C)(3)	5,953.	0.			FOR CASAS DE LUZ AND ITS EFFORTS TO BUILD A HOUSE FOR THE HOMELESS
UNITED DISABILITY SERVICES INC. 701 SOUTH MAIN STREET AKRON, OH 44311-1019	34-1374195	501(C)(3)	29,000.	0.			FOR GENERAL PROGRAM SUPPORT
UNITED WAY OF GREATER STARK COUNTY INC. - 401 MARKET AVENUE NORTH, SUITE 300 - CANTON, OH 44702-1502	13-4254191	501(C)(3)	10,000.	0.			FOR SUPPORT RESTRICTED TO FINANCIAL LITERACY PROGRAMMING. THERE IS NO TIME RESTRICTION AS THIS
UNITED WAY OF SUMMIT AND MEDINA 37 NORTH HIGH STREET AKRON, OH 44308-1973	34-1169257	501(C)(3)	631,898.	0.			FOR GENERAL PROGRAM SUPPORT
UNIVERSITY HOSPITALS HEALTH SYSTEM INC. - 11100 EUCLID AVENUE MCCO-5062 - CLEVELAND, OH 44106-9845	34-0714775	501(C)(3)	382,466.	0.			FOR GENERAL PROGRAM SUPPORT
UNIVERSITY OF MOUNT UNION 1972 CLARK AVENUE ALLIANCE, OH 44601	34-0714687	501(C)(3)	10,000.	0.			FOR THE DENNIS SABOL ENDOWED SCHOLARSHIP FUND, IN MEMORY OF DENNIS SABOL

Schedule I (Form 990)

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

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UNIVERSITY PARISH NEWMAN CENTER 1424 HORNING ROAD KENT, OH 44240-7657	34-1949373	501(C)(3)	40,000.	0.			FOR OPERATING SUPPORT
UNIVERSITY SCHOOL 2785 SOM CENTER ROAD HUNTING VALLEY, OH 44022-9972	34-0714720	501(C)(3)	11,500.	0.			FOR GENERAL PROGRAM SUPPORT
URBAN VISION 749 BLAINE AVENUE AKRON, OH 44310-3035	34-1720630	501(C)(3)	14,750.	0.			FOR GENERAL PROGRAM SUPPORT
VANTAGE AGING 388 SOUTH MAIN STREET, SUITE 325 AKRON, OH 44311	51-0148544	501(C)(3)	31,354.	0.			FOR GENERAL OPERATING SUPPORT
VFW OF THE UNITED STATES DEPARTMENT OF OHIO - 1070 SANBORN DRIVE - AKRON, OH 44333-2959	34-1513225	501(C)(19)	15,000.	0.			FOR GENERAL PROGRAM SUPPORT
VICTIM ASSISTANCE PROGRAM INC. 137 SOUTH MAIN STREET, SUITE 300 AKRON, OH 44308	38-3142753	501(C)(3)	151,500.	0.			FOR GENERAL OPERATING SUPPORT
VICTORY GALLOP INC. 1745 NORTH HAMETOWN ROAD BATH, OH 44210-0551	34-1787436	501(C)(3)	18,071.	0.			FOR GENERAL OPERATING SUPPORT
WALSH JESUIT HIGH SCHOOL 4550 WYOGA LAKE ROAD CUYAHOGA FALLS, OH 44224	53-0196617	501(C)(3)	9,412.	0.			FOR GENERAL PROGRAM SUPPORT
WAYNE COUNTY COMMUNITY FOUNDATION 517 NORTH MARKET STREET WOOSTER, OH 44691-3405	34-1281026	501(C)(3)	10,000.	0.			FOR THE BRIGGS INSURANCE SURVIVORSHIP POLICY

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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WEATHERVANE COMMUNITY PLAYHOUSE INC. - 1301 WEATHERVANE LANE - AKRON, OH 44313-5103	34-6560923	501(C)(3)	17,145.	0.			FOR GENERAL PROGRAM SUPPORT
WEAVER INDUSTRIES INC. 520 SOUTH MAIN STREET #2441 AKRON, OH 44311	34-1086070	501(C)(3)	6,250.	0.			TO SUPPORT AN EMPLOYMENT SERVICES PROGRAM
WELL COMMUNITY DEVELOPMENT CORPORATION - 647 EAST MARKET STREET - AKRON, OH 44304-1620	81-2680851	501(C)(3)	169,300.	0.			FOR GENERAL PROGRAM SUPPORT
WESTERN RESERVE ACADEMY 115 COLLEGE STREET HUDSON, OH 44236	34-0714390	501(C)(3)	57,250.	0.			FOR GENERAL PROGRAM SUPPORT
WESTERN RESERVE HISTORICAL SOCIETY 10825 EAST ELVD. CLEVELAND, OH 44106-1703	34-0714724	501(C)(3)	22,500.	0.			TO SUPPORT EDUCATION AND GENERAL OPERATING FOR HALE FARM AND VILLAGE
WESTERN RESERVE LAND CONSERVANCY 3850 CHAGRIN RIVER ROAD MORELAND HILLS, OH 44022-1131	34-1571233	501(C)(3)	31,500.	0.			FOR GENERAL OPERATING SUPPORT IN SUMMIT COUNTY
WITAN P.O. BOX 13474 AKRON, OH 44334-0448	83-2817231	501(C)(3)	25,000.	0.			DISTRIBUTION TO BE USED TO FUND CIVIC GRANTS
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 BEDS FOR KIDS PROGRAM
WOODRIDGE FOUNDATION 4440 QUICK ROAD PENINSULA, OH 44264	34-1863669	501(C)(3)	15,154.	0.			TO FINANCIALLY SUPPORT GRADUATES OF WOODRIDGE HIGH SCHOOL TO ASSIST IN THEIR POST-SECONDARY

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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YMCA ENDOWMENT FOUNDATION OF AKRON 50 SOUTH MAIN STREET, SUITE LL 100 AKRON, OH 44308-1859	34-1791819	501(C)(3)	48,211.	0.			FOR GENERAL PROGRAM SUPPORT
YMCA OF AKRON OHIO 50 SOUTH MAIN STREET, SUITE LL 100 AKRON, OH 44308-1859	34-0714727	501(C)(3)	59,500.	0.			FOR GENERAL PROGRAM SUPPORT
YOUNG LEADERS PROGRAM P.O. BOX 19388 EUCLID, OH 44119	47-1674937	501(C)(3)	7,500.	0.			FOR SUPPORT RESTRICTED TO FINANCIAL LITERACY PROGRAMMING. THERE IS NO TIME RESTRICTION AS THIS
YOUTH EXCELLENCE PERFORMING ARTS WORKSHOP AKA: YEPAW - 2857 RIVIERA DRIVE 2ND FLOOR - AKRON, OH 44333	34-1967561	501(C)(3)	20,000.	0.			TO ADVOCATE FOR THE GROWING IMPERATIVE OF COMBATING VIOLENCE AND FOSTERING POSITIVE
YWCA OF ALLIANCE OHIO 239 EAST MARKET STREET ALLIANCE, OH 44601-2530	34-0714731	501(C)(3)	7,500.	0.			FOR SUPPORT RESTRICTED TO FINANCIAL LITERACY PROGRAMMING. THERE IS NO TIME RESTRICTION AS THIS

**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	230	669,063.	0.		

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

ALL GRANTS FROM UNRESTRICTED OR AFFILIATE FUNDS AWARDED THROUGH COMPETITIVE APPLICATION ARE REQUIRED TO FORMALLY REPORT BACK TO THE FOUNDATION ON THE USE OF FUNDS AND THE SUCCESS OF THE PROGRAM WITHIN ONE YEAR. FOR ORGANIZATIONS THAT HAVE NOT FULLY EXPENDED THE FUNDS, OR WHEN THE FUNDED PROGRAM OR PROJECT IS NOT CONSIDERED COMPLETE, THE FOUNDATION REQUIRES FOLLOW UP REPORTS UNTIL CONSIDERED COMPLETE. FOUNDATION STAFF, BOARD MEMBERS AND AFFILIATE FUND ADVISORY COMMITTEE MEMBERS MAKE SPORADIC SITE VISITS TO GRANTEEES AND STAFF WILL ENGAGE IN ON-GOING DISCUSSIONS WITH THE 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 GRANTEEES.

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

**Part IV Supplemental Information**

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: AKRON BLIND CENTER & WORKSHOP INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CRITICAL AND UNIQUE SERVICES AND PROGRAMS OTHERWISE NOT PROVIDED TO ALL LEVELS OF VISUAL CHALLENGES THROUGH GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: AKRON COOPERATIVE FARMS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT URBAN GARDENING, NATIVE FARMING AND SUSTAINABLE GROWING PRACTICES, DEVELOP SOCIAL ENTREPRENEURSHIP OPPORTUNITIES FOR NEW AMERICANS AND BUILD COMMUNITY IN NORTH HILL AND GREATER AKRON

NAME OF ORGANIZATION OR GOVERNMENT: AKRON INNER CITY SOCCER CLUB

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

NAME OF ORGANIZATION OR GOVERNMENT: AKRON SYMPHONIC WINDS

(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: AKRON ZOOLOGICAL PARK

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SCHOOL TRANSITIONS, WHICH INCLUDES STORY-TIMES, ANIMAL DEMONSTRATIONS AND CLASSROOM PROGRAMS TO HELP YOUNG LEARNERS WITH THE TRANSITION TO KINDERGARTEN

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

(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:

AXESSPOINTE COMMUNITY HEALTH CENTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A NEW JOINT INITIATIVE ADDRESSING HUNGER AMONG SENIORS AND DISABLED INDIVIDUALS IN SUMMIT COUNTY, WHILE INTEGRATING COMMUNITY HEALTH WORKERS TO TACKLE SOCIAL DETERMINANTS OF HEALTH

NAME OF ORGANIZATION OR GOVERNMENT: BARROW COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: OF WHICH \$50,000 IS FOR THE BARROW COMMUNITY CRISIS FUND AND \$50,000 IS FOR A SCHOLARSHIP FUND, BOTH AS FURTHER SPECIFIED BY THE DONOR

NAME OF ORGANIZATION OR GOVERNMENT: BEN CURTIS FAMILY FOUNDATION



**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADDRESS THE FOOD INSECURITY OF CHILDREN AND FAMILIES IN SUMMIT COUNTY BY DISTRIBUTING BIRDIE BAGS CONTAINING NON-PERISHABLE MEALS AND SNACKS

NAME OF ORGANIZATION OR GOVERNMENT: BUILDING WITH HOPE MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT RESTRICTED TO FINANCIAL LITERACY PROGRAMMING. THANK YOU FOR YOUR SERVICE TO THE COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: CLEVELAND BALLET

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CLEVELAND BALLET'S IMMERSIVE CLASSROOM-TO-THEATER PERFORMANCE EXPERIENCES & PROGRAMMING AT THE AKRON ART MUSEUM (AAM) DURING THE 24-25 PERFORMANCE SEASON

NAME OF ORGANIZATION OR GOVERNMENT: CLEVELAND MUSEUM OF NATURAL HISTORY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT STEM-BASED LITERACY PROGRAMMING FOR SECOND-GRADE STUDENTS IN AKRON PUBLIC SCHOOLS, INCLUDING IN-PERSON EXPERIENCES AT THE MUSEUM IN ADDITION TO VIRTUAL PROGRAMS AND CLASSROOM ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT: CROWN POINT ECOLOGY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR ONGOING SUPPORT AND SUSTAINABILITY OF CHILDREN'S EDUCATIONAL PROGRAMS AND GARDENS AT CROWN POINT

NAME OF ORGANIZATION OR GOVERNMENT: DREAMS ACADEMY INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT BLACK YOUTH (AGE 10-16) AND THEIR FAMILIES THROUGH AFTER SCHOOL PROGRAMMING AND PEER-TO-PEER SUPPORT TO IMPROVE EDUCATIONAL, ECONOMIC, AND HEALTH OUTCOMES

NAME OF ORGANIZATION OR GOVERNMENT: EARLY CHILDHOOD RESOURCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORTING PARTNERSHIPS TO ASSURE READY KIDS (SPARK) IN SPRINGFIELD SCHOOL DISTRICT

NAME OF ORGANIZATION OR GOVERNMENT: FIRST CONGREGATIONAL CHURCH OF HUDSON

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT TO BUILD ADA COMPLIANT BATHROOMS AND RENOVATE COMMUNITY USE SPACES AT 915 N MAIN IN NORTH HILL

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF MEDINA COUNTY PARKS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE USED FOR THE CREATION OF A NEW PLAYScape AT ALLARDALE PARK, A MEDINA COUNTY PARK, WHICH WILL ALLOW CHILDREN OF ALL AGES TO DISCOVER AN EXCITING WAY TO CONNECT WITH NATURE THROUGH AN INNOVATIVE PLAYScape

NAME OF ORGANIZATION OR GOVERNMENT: GROUNDWORKS DANCETHEATER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT GROUNDWORKS SUMMIT COUNTY PROGRAMMING AND EDUCATIONAL OUTREACH ACTIVITIES AND ONGOING 25TH ANNIVERSARY INITIATIVES IN 2024-25

NAME OF ORGANIZATION OR GOVERNMENT:

GUYS AND GALS COMMUNITY PARTNERSHIP INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE 8TH ANNUAL HOOP FOR COOP ADULT BASKETBALL TIP OFF AND 7TH ANNUAL YOUTH HEALTH FAIR AND SPORTS CLINIC

NAME OF ORGANIZATION OR GOVERNMENT:

HABITAT FOR HUMANITY EAST CENTRAL OHIO

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT RESTRICTED TO FINANCIAL LITERACY PROGRAMMING. THERE IS NO TIME RESTRICTION AS THIS WILL BE THE FINAL YEAR OF DISTRIBUTIONS FROM THE AGP FUND. THANK YOU FOR YOUR SERVICE TO THE COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT:

HIMALAYAN ARTS LANGUAGE AND CULTURAL ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SOCIAL-EMOTIONAL WELL-BEING FOR SUMMIT COUNTY YOUTH THROUGH MUSIC

NAME OF ORGANIZATION OR GOVERNMENT:

HOLDEN ARBORETUM, DBA HOLDEN FORESTS & GARDENS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE PETER AND MARILYN TSIVITSE SCHOLARSHIP FOR GREEN CORPS, IN HONOR OF PETER AND MARILYN TSIVITSE

NAME OF ORGANIZATION OR GOVERNMENT:

JOSEPH AND FLORENCE MANDEL JEWISH DAY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT RESTRICTED TO FINANCIAL LITERACY PROGRAMMING. THERE IS NO TIME RESTRICTION AS THIS WILL BE THE FINAL YEAR OF DISTRIBUTIONS FROM THE AGP FUND. THANK YOU FOR YOUR SERVICE TO THE COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT:

NEIGHBORHOOD DEVELOPMENT CORPORATION OF AKRON

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ALPHA PHI ALPHA'S SUMMER CONCERT SERIES IN THE OHIO AND ERIE CANAL PARK NEIGHBORHOOD

NAME OF ORGANIZATION OR GOVERNMENT: OHIO DISTRICT KIWANIS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT RESTRICTED TO FINANCIAL LITERACY PROGRAMMING. THANK YOU FOR YOUR SERVICE TO THE COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: OHIO UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: OF WHICH \$4,000 IS FOR THE WHITE SCHOLARSHIP IN FORENSICS (#766364) AND \$4,000 FOR THE WHITE SCHOLARSHIP IN BUSINESS (#768070), IN HONOR OF JUDGE HAROLD F. WHITE AND JEANETTE WHITE

NAME OF ORGANIZATION OR GOVERNMENT:

PM FOUNDATION INC. DBA URBAN COMMUNITY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE TUITION SUPPORT ONLY FOR THOSE IN FINANCIAL NEED, IN HONOR OF PETER AND MARILYN TSIVITSE

NAME OF ORGANIZATION OR GOVERNMENT: PURE GIFT OF GOD

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT IN LOVING MEMORY OF MARTHA GULD ON BEHALF OF HER HUSBAND FRANK FROM HIS FRIENDS AT AKRON COMMUNITY FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: REC2CONNECT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ESTABLISH A NEW FUND AT CLEVELAND FOUNDATION DUE TO THE ORGANIZATION'S SERVICE AREA BEING PRIMARILY LOCATED IN CUYAHOGA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: REMEMBER NHU

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT RESTRICTED TO FINANCIAL LITERACY PROGRAMMING. THANK YOU FOR YOUR SERVICE TO THE COMMUNITY.

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: REVERE LOCAL SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND DEVELOP INDIVIDUAL EDUCATIONAL SCHOLARSHIPS, EDUCATIONAL PROGRAMS WITHIN THE DISTRICT, AND COMMUNITY PARTNERSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: REVERE SCHOOLS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE BEN CHRISTMAN MEMORIAL SCHOLARSHIP (RECOMMENDED BY GARRETT AND BRANDON READ)

NAME OF ORGANIZATION OR GOVERNMENT: SAFETY FORCES SUPPORT CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR MENTAL HEALTH COUNSELING AND PEER SUPPORT SERVICES FOR FIRST RESPONDERS IN SUMMIT COUNTY

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

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

NAME OF ORGANIZATION OR GOVERNMENT: STONY BROOK CHILD CARE SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND THE PURCHASE AND INSTALLATION OF PLAYGROUND EQUIPMENT TO BE USED BY THE CHILDREN CARED FOR BY THE AMAZING STAFF AT THE UNIVERSITY'S CHILD CARE SERVICES, IN LOVING MEMORY OF KATHY SIDDALL

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT OPERATION LIFE SKILLS, WHICH FOSTERS ACADEMIC SUCCESS, SOCIAL-EMOTIONAL LEARNING, AND VIOLENCE PREVENTION FOR AKRON YOUTH

NAME OF ORGANIZATION OR GOVERNMENT: TECH CORPS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT TECHIE CAMPS, BRINGING CAREER-CONNECTED TECHNOLOGY LEARNING TO MIDDLE SCHOOL STUDENTS IN SUMMIT COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

THE PHILANTHROPIC COLLABORATIVE FOR EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT WORK IN OHIO TO STRENGTHEN STUDENTS' (ESPECIALLY UNDERSERVED STUDENTS) EXPERIENCES WITH STEM THROUGH SPORTS

NAME OF ORGANIZATION OR GOVERNMENT: TUESDAY MUSICAL ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SIX CONCERTS AS WELL AS RELATED EDUCATION AND COMMUNITY ENGAGEMENT ACTIVITIES IN THE 2024-25 SEASON

NAME OF ORGANIZATION OR GOVERNMENT:

UNITED WAY OF GREATER STARK COUNTY INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT RESTRICTED TO FINANCIAL LITERACY PROGRAMMING. THERE IS NO TIME RESTRICTION AS THIS WILL BE THE FINAL YEAR OF DISTRIBUTIONS FROM THE AGP FUND. THANK YOU FOR YOUR SERVICE TO THE COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: WOODRIDGE FOUNDATION

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

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: YOUNG LEADERS PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT RESTRICTED TO FINANCIAL LITERACY PROGRAMMING. THERE IS NO TIME RESTRICTION AS THIS WILL BE THE FINAL YEAR OF DISTRIBUTIONS FROM THE AGP FUND. THANK YOU FOR YOUR SERVICE TO THE COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT:

YOUTH EXCELLENCE PERFORMING ARTS WORKSHOP AKA: YEPAW

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADVOCATE FOR THE GROWING IMPERATIVE OF COMBATING VIOLENCE AND FOSTERING POSITIVE EMPOWERMENT AMONG YOUTH AND THEIR FAMILIES THROUGH ARTISTIC ENDEAVORS

NAME OF ORGANIZATION OR GOVERNMENT: YWCA OF ALLIANCE OHIO

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT RESTRICTED TO FINANCIAL LITERACY PROGRAMMING. THERE IS NO TIME RESTRICTION AS THIS WILL BE THE FINAL YEAR OF DISTRIBUTIONS FROM THE AGP FUND. THANK YOU FOR YOUR SERVICE TO THE COMMUNITY.

SCHEDULE J  
(Form 990)

(Rev. December 2024)  
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

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
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

**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)	302,664.	11,177.	0.	72,475.	28,216.	414,532.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEVEN H. SCHLOENBACH VICE PRESIDENT, CFO	(i)	179,063.	4,060.	0.	0.	28,216.	211,339.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOHN GAROFALO VP OF COMMUNITY INVESTMENT	(i)	156,033.	1,601.	0.	0.	18,158.	175,792.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DENNIS JANSKY DIRECTOR OF ACCOUNTING & ADMIN.	(i)	111,536.	2,679.	0.	0.	38,388.	152,603.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TRACY BURT DIRECTOR OF MARKETING	(i)	108,905.	3,988.	0.	0.	37,304.	150,197.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**PART I, LINE 1B:**

AKRON COMMUNITY FOUNDATION MAINTAINS A CORPORATE SOCIAL MEMBERSHIP AT PORTAGE COUNTRY CLUB (CLUB) IN THE PRESIDENT'S NAME FOR MEETINGS WITH CURRENT AND PROSPECTIVE DONORS. IN ADDITION, ACF MAINTAINS A MEMBERSHIP AT TURKEYFOOT ISLAND CLUB. ALL CLUB EXPENSES ARE SUBSTANTIATED PRIOR TO PAYMENT. IN THE RARE INSTANCE WHEN SUCH EXPENSES ARE DEEMED PERSONAL OR NOT RELATED TO FOUNDATION BUSINESS, REIMBURSEMENT BY THE PRESIDENT IS REQUIRED PRIOR TO PAYMENT OF THE CLUB INVOICE.

**PART I, LINE 4B:**

THE ORGANIZATION MADE A DISCRETIONARY EMPLOYER CONTRIBUTION TO THE 457(F) PLAN OF \$72,475 FOR PRESIDENT JOHN T. PETURES, JR.

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
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

2024

Open to Public  
Inspection

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	45	5,206,813.	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 on 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? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

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

b If "Yes," describe in Part II.

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

Yes No

30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2024



## Part II

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

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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  
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)**

(Rev. January 2025)

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

**Open to Public  
Inspection**

Name of the organization

**AKRON COMMUNITY FOUNDATION**

Employer identification number

**34-1087615**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ACF PROPERTIES, LLC - 92-0182198 345 WEST CEDAR ST. AKRON, OH 44307-2407	OWN AND HOLD REAL ESTATE AS INVESTMENT, OTHER ACTIVITIES PERMITTED BY LAW	OHIO	138,021.	250,612.	AKRON COMMUNITY FOUNDATION
AKRON DIGITAL MEDIA CENTER/AKRONIST.COM, LLC - 34-1087615, 345 WEST CEDAR ST., AKRON, OH 44307-2407	IMPROVE DELIVERY OF INFORMATION IN THE COMMUNITY	OHIO	1,304.	7,835.	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) (Rev. 1-2025)



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) .....	<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
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

[illegible]

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