

Form **990**

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2020 calendar year, or tax year beginning **APR 1, 2020** and ending **MAR 31, 2021**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>AKRON COMMUNITY FOUNDATION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>345 WEST CEDAR ST</b> City or town, state or province, country, and ZIP or foreign postal code <b>AKRON, OH 44307-2407</b> <b>F</b> Name and address of principal officer: <b>JOHN T. PETURES, JR.</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>34-1087615</b> <b>E</b> Telephone number <b>(330) 376-8522</b> <b>G</b> Gross receipts \$ <b>104,626,851.</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>TO IMPROVE THE QUALITY OF LIFE IN THE GREATER AKRON AREA.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<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 2020 (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>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>11,553,844.</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>3,904,342.</b>	<b>16,980,567.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-119,375.</b>	<b>-56,819.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>15,338,811.</b>	<b>39,277,326.</b>
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>11,148,494.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>2,296,178.</b>	<b>2,462,919.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,221,803.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,731,070.</b>	<b>1,746,478.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>15,175,742.</b>	<b>24,610,356.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>163,069.</b>	<b>14,666,970.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>199,407,624.</b>	<b>274,088,705.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>23,970,576.</b>	<b>33,925,949.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>175,437,048.</b>	<b>240,162,756.</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 T. PETURES, JR., PRESIDENT AND CEO</b> Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JILL M. BOYLE, CPA</b>	Preparer's signature <b>JILL M. BOYLE, CPA</b>	Date <b>01/24/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01355989</b>
	Firm's name ▶ <b>SIKICH LLP</b> Firm's address ▶ <b>274 WHITE POND DRIVE AKRON, OH 44320-1118</b>	Firm's EIN ▶ <b>36-3168081</b>	Phone no. (330) 864-6661		

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 21,780,031. including grants of \$ 20,400,959. ) (Revenue \$ )
DURING FISCAL YEAR 2021, 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 \$3,066,840 VIA 1,645 GRANTS. DURING FISCAL YEAR 2021, AKRON COMMUNITY FOUNDATION GRANTS AND OTHER DISTRIBUTIONS TOTALED OVER \$10,454,116,000 THROUGH ENDOWMENT FUND VIA 533 GRANTS AND OTHER DISTRIBUTIONS. AKRON COMMUNITY FOUNDATION AWARDED OVER 172 SCHOLARSHIPS TOTALING \$389,979 TO OVER 52 COLLEGES.

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

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

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

4e Total program service expenses 21,780,031.

**Part IV Checklist of Required Schedules**

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

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

	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 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 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 lines 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 non-cash 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 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 in 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> 22	
<b>b</b> Enter the number of Forms W-2G included in 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>	

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

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

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ OH**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**JOHN T. PETURES, JR., PRES. & CEO - (330)376-8522**  
**345 WEST CEDAR ST, AKRON, OH 44307-2407**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN T. PETURES, JR. PRESIDENT & CEO	40.00			X			279,833.	0.	90,422.	
(2) STEVEN H. SCHLOENBACH VICE PRESIDENT, FINANCE	40.00			X			153,770.	0.	38,609.	
(3) MARGARET MEDZIE VICE PRESIDENT, DEVELOPMENT	40.00					X	144,877.	0.	24,375.	
(4) JOHN GAROFALO VP COMMUNITY INVOLVEMENT	40.00					X	137,632.	0.	12,417.	
(5) ROBERT B. COOPER SECRETARY	1.50	X		X			0.	0.	0.	
(6) RICHARD C. FEDOROVICH CHAIRMAN	1.50	X		X			0.	0.	0.	
(7) SARAH FRIEBERT GOVERNANCE CHAIR	1.50	X		X			0.	0.	0.	
(8) ROBERT W. MALONE COMMUNITY RELATIONS CHAIR	1.50	X		X			0.	0.	0.	
(9) ILENE SHAPIRO VICE CHAIR	1.50	X		X			0.	0.	0.	
(10) SYLVIA D. TRUNDLE COMMUNITY INVESTMENT CHAIR	1.50	X		X			0.	0.	0.	
(11) JAMES J. PICKARD TREASURER	1.50	X		X			0.	0.	0.	
(12) BRET TREIER TRUSTEE	1.50	X					0.	0.	0.	
(13) BENNETT L. GAINES TRUSTEE	1.50	X					0.	0.	0.	
(14) MARTIN P. HAUSER TRUSTEE	1.50	X					0.	0.	0.	
(15) MARK E. KROHN TRUSTEE	1.50	X					0.	0.	0.	
(16) STEVEN SCHMIDT TRUSTEE	1.50	X					0.	0.	0.	
(17) KATIE SMUCKER TRUSTEE	1.50	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) F. WILLIAM STEERE TRUSTEE	1.50	X						0.	0.	0.
(19) STEPHEN L. STRAYER IMMEDIATE PAST CHAIR	1.50	X						0.	0.	0.
(20) RACHEL TALTON TRUSTEE	1.50	X						0.	0.	0.
(21) KIMBERLY HAWS FALASCO TRUSTEE	1.50	X						0.	0.	0.
(22) MICHAEL J. ZELEZNIK TRUSTEE	1.50	X						0.	0.	0.
(23) DERRICK W. RANSOM JR. TRUSTEE	1.50	X						0.	0.	0.
(24) JOANNE V. KONSTAND TRUSTEE	1.50	X						0.	0.	0.
(25) DOUGLAS A. KUCYZNSKI TRUSTEE	1.50	X						0.	0.	0.
(26) WHITT BUTLER TRUSTEE	1.50	X						0.	0.	0.
<b>1b Subtotal</b>								716,112.	0.	165,823.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								716,112.	0.	165,823.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
HUNTINGTON BANK TRUST DEPARTMENT 106 S. MAIN STREET, AKRON, OH 44303	INVESTMENT MANAGEMENT, CUSTODY	225,985.
DIAMOND HILL CAPITAL MANAGEMENT, 325 JOHN H MCCONNELL BLVD, COLUMBUS, OH 43215	INVESTMENT MANAGEMENT SERVICES	102,210.
PNC CAPITAL ADVISORS, LLC 1 CASCADE PLAZA, 6TH FLOOR, AKRON, OH 44308	INVESTMENT MANAGEMENT SERVICES	101,951.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	168,235.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	22,185,343.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 4,277,308.				
	<b>h Total.</b> Add lines 1a-1f .....		22,353,578.				
Program Service Revenue	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		7,961,608.			7,961,608.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	74,263,000.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	65,244,041.				
<b>c</b> Gain or (loss) .....	<b>7c</b>	9,018,959.					
<b>d</b> Net gain or (loss) .....		9,018,959.			9,018,959.		
<b>8 a</b> Gross income from fundraising events (not including \$ 168,235. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		48,665.				
			105,484.				
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....			-56,819.			-56,819.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			39,277,326.	0.	0.	16,923,748.	

**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	20,010,979.	20,010,979.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	389,980.	389,980.		
<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	406,485.	151,190.	103,599.	151,696.
<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	1,489,424.	553,983.	379,603.	555,838.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	444,825.	165,450.	113,371.	166,004.
<b>10</b> Payroll taxes	122,185.	45,446.	31,141.	45,598.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	5,792.	2,154.	1,476.	2,162.
<b>c</b> Accounting	31,298.	11,641.	7,977.	11,680.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	831,024.		831,024.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	229,325.	70,652.	48,364.	110,309.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	76,427.	29,414.	20,127.	26,886.
<b>17</b> Travel	277.	107.	73.	97.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	14,345.	5,521.	3,778.	5,046.
<b>20</b> Interest	21,196.	7,884.	5,402.	7,910.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	165,314.	61,488.	42,133.	61,693.
<b>23</b> Insurance	42,667.	15,870.	10,874.	15,923.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MISCELLANEOUS	245,732.	245,732.		
<b>b</b> DUES AND SUBSCRIPTIONS	35,148.	12,401.	9,484.	13,263.
<b>c</b> FAMILY CENTER	30,573.			30,573.
<b>d</b> DEVELOPMENT	16,985.			16,985.
<b>e</b> All other expenses	375.	139.	96.	140.
<b>25</b> Total functional expenses. Add lines 1 through 24e	24,610,356.	21,780,031.	1,608,522.	1,221,803.
<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  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 .....	244,333.	<b>1</b>	441,120.
	<b>2</b> Savings and temporary cash investments .....	11,594,430.	<b>2</b>	8,809,090.
	<b>3</b> Pledges and grants receivable, net .....	192,822.	<b>3</b>	129,797.
	<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 .....	589,948.	<b>7</b>	467,688.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	99,706.	<b>9</b>	97,938.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,215,967.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 556,351.	3,495,638.	<b>10c</b> 3,659,616.
	<b>11</b> Investments - publicly traded securities .....	173,148,022.	<b>11</b>	215,015,661.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	10,042,725.	<b>15</b>	45,467,795.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	199,407,624.	<b>16</b>	274,088,705.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	596,277.	<b>17</b>	674,667.
	<b>18</b> Grants payable .....	708,099.	<b>18</b>	1,037,376.
	<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 .....	22,666,200.	<b>25</b>	32,213,906.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	23,970,576.	<b>26</b>	33,925,949.
<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 .....	100,583,163.	<b>27</b>	125,626,256.
	<b>28</b> Net assets with donor restrictions .....	74,853,885.	<b>28</b>	114,536,500.
	<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 .....	175,437,048.	<b>32</b>	240,162,756.
	<b>33</b> Total liabilities and net assets/fund balances .....	199,407,624.	<b>33</b>	274,088,705.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	39,277,326.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,610,356.
3	Revenue less expenses. Subtract line 2 from line 1	3	14,666,970.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	175,437,048.
5	Net unrealized gains (losses) on investments	5	59,908,944.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-9,850,206.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	240,162,756.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

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

Form 990 (2020)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

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

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	14998620.	13807658.	10763024.	11553844.	22353578.	73476724.
<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 .....	14998620.	13807658.	10763024.	11553844.	22353578.	73476724.
<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) .....						2867325.
<b>6 Public support.</b> Subtract line 5 from line 4.						70609399.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	14998620.	13807658.	10763024.	11553844.	22353578.	73476724.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	3462637.	5413867.	6759446.	5302920.	7961608.	28900478.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						102377202
<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 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	68.97 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	70.09 %
<b>16a 33 1/3% support test - 2020.</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 - 2019.</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 - 2020.</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 - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 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 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ►

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 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 in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

**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 or 990-EZ) 2020

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, 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 2020. 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 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2020**

Name of the organization

**AKRON COMMUNITY FOUNDATION**

Employer identification number

**34-1087615**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>2,888,910.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>1,986,580.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>1,317,064.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>660,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	VARIOUS STOCK _____ _____ _____	\$ 1,986,580.	09/10/20
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2020**

**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 .....	266	
2 Aggregate value of contributions to (during year) .....	9,383,198.	
3 Aggregate value of grants from (during year) .....	7,034,296.	
4 Aggregate value at end of year .....	48,234,720.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

Yes  No

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

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

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

Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

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

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

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2020

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	173,186,000.	180,879,000.	179,975,000.	165,101,000.	147,267,000.
b Contributions	20,438,000.	10,755,000.	9,943,000.	13,631,000.	14,868,000.
c Net investment earnings, gains, and losses	64,307,000.	-18,448,000.	4,138,000.	16,871,000.	15,895,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	21,354,000.		13,177,000.	15,628,000.	12,929,000.
f Administrative expenses					
g End of year balance	236,577,000.	173,186,000.	180,879,000.	179,975,000.	165,101,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  51.5900 %
  - b Permanent endowment  30.3000 %
  - c Term endowment  18.1100 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations  |     | X  |
| (ii) Related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		344,259.		344,259.
b Buildings	552,000.	2,774,252.	292,734.	3,033,518.
c Leasehold improvements				
d Equipment		545,456.	263,617.	281,839.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,659,616.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) CASH VALUE OF LIFE INSURANCE	39,254.
(2) TRUST ACCOUNTS	12,967,805.
(3) ACCRUED INVESTMENT INCOME	246,830.
(4) FUNDS HELD AS AGENCY ENDOWMENT OBLIGATIONS	32,213,906.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	45,467,795.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR AGENCY ENDOWMENTS	32,213,906.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	32,213,906.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	87,982,625.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	59,908,944.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	102,583.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	60,011,527.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	27,971,098.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	831,024.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	10,475,204.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	11,306,228.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	39,277,326.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	23,257,130.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	105,697.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	105,697.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	23,151,433.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	831,024.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	627,899.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1,458,923.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	24,610,356.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

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

**PART X, LINE 2:**

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

**Part XIII** Supplemental Information (continued)

LLC AND AKRON DIGITAL MEDIA CENTER/AKRONIST.COM, LLC ARE LIMITED LIABILITY COMPANIES AND ARE NOT TAX PAYING ENTITIES FOR FEDERAL OR STATE INCOME TAX PURPOSES. THEREFORE, NO PROVISIONS FOR FEDERAL AND STATE INCOME TAXES HAVE BEEN RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	105,484.
PRIOR PERIOD ADJUSTMENT	-2,901.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	102,583.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT REVENUE	10,475,204.
--------------------------	-------------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	105,484.
OTHER ADJUSTMENT	213.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	105,697.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT EXPENSES	627,899.
---------------------------	----------

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

Employer identification number

**AKRON COMMUNITY FOUNDATION**

**34-1087615**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,			INVESTMENTS		5,664,056.
<b>3 a</b> Subtotal .....	0	0			5,664,056.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			5,664,056.

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

Schedule F (Form 990) 2020





Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V** Supplemental Information

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

Multiple horizontal lines for supplemental information.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SUGAR PLUM (event type)	WEF ANNUAL DINNER (event type)	NONE (total number)	
Revenue	1	Gross receipts	113,270.	103,630.	216,900.
	2	Less: Contributions	94,295.	73,940.	168,235.
	3	Gross income (line 1 minus line 2)	18,975.	29,690.	48,665.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	4,885.	38,304.	43,189.
	8	Entertainment	15,173.	17,500.	32,673.
	9	Other direct expenses	16,614.	13,008.	29,622.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			105,484.
11	Net income summary. Subtract line 10 from line 3, column (d)			-56,819.	

**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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

\_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

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

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FAIRLAWN WEST UNITED CHURCH OF CHRIST - 2095 WEST MARKET STREET - AKRON, OH 44313-6903	34-0748502	RELIGIOUS ORG.	8,000.	0.			FOR GENERAL OPERATING SUPPORT
ST. PAUL'S EPISCOPAL CHURCH 1361 WEST MARKET STREET AKRON, OH 44313-7123	34-0714708	RELIGIOUS ORG.	5,000.	0.			TO SUPPORT OUTREACH TO SUMMIT COUNTY RESIDENTS WHO ARE UNABLE TO PAY UTILITY BILLS AND RENT
HEART 4 THE CITY 954 EASTLAND AVENUE AKRON, OH 44305	82-4427911	RELIGIOUS ORG.	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
ST. MATTHEW EVANGELICAL LUTHERAN CHURCH - 400 NORTH BROADWAY STREET - MEDINA, OH 44256-1933	34-1158557	RELIGIOUS ORG.	32,000.	0.			QUARTERLY DISTRIBUTION
ST. VINCENT-ST. MARY HIGH SCHOOL 15 NORTH MAPLE STREET AKRON, OH 44303-2326	34-1686290	RELIGIOUS ORG.	44,513.	0.			FOR THE SCHOLARSHIP TUITION RECOVERY FUND AND SPECIFICALLY FOR HOLY FAMILY BAND STUDENT
STOW-MUNROE FALLS ROTARY CLUB FOUNDATION - 4466 DARROW ROAD, SUITE 3 - STOW, OH 44224	82-5301271	501(C) (3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT AND COVID-19 RELATED/SHIFT IN PROGRAMMING EXPENSES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **382.**

3 Enter total number of other organizations listed in the line 1 table ▶ **12.**

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

Schedule I (Form 990) 2020

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNTY OF SUMMIT 175 SOUTH MAIN STREET, 8TH FLOOR AKRON, OH 44308	34-6549409	GOVERNMENT	1,766,000.	0.			RETURNED FUNDS FOR SUMMIT COUNTY COVID-19 NON-PROFIT AND ARTS & CULTURE EMERGENCY RELIEF
AKRON-SUMMIT COUNTY PUBLIC LIBRARY 60 SOUTH HIGH STREET AKRON, OH 44326-1000	34-6000031	GOVERNMENT	15,000.	0.			TO SUPPORT SAFETY MEASURES NEEDED AT ALL NINETEEN LIBRARY LOCATIONS, WHICH OPENED
SUMMIT COUNTY PUBLIC HEALTH 1867 WEST MARKET STREET AKRON, OH 44313	34-1552441	GOVERNMENT	10,000.	0.			TO RECRUIT AND TRAIN VOLUNTEER GUARDIANS TO SUPPORT INDIGENT ADULT WARDS OF THE SUMMIT
AKRON PUBLIC SCHOOLS 10 NORTH MAIN STREET AKRON, OH 44308-1991	34-6000033	GOVERNMENT	70,000.	0.			TO SUPPORT A PARTNER BROKER POSITION IN MIDDLE SCHOOLS
SUMMIT COUNTY COURT OF COMMON PLEAS - 209 SOUTH HIGH STREET - AKRON, OH 44308	34-6002767	GOVERNMENT	5,000.	0.			TO SUPPORT CURATED COURTHOUSE DISPLAY ART AT THE SUMMIT COUNTY COURTHOUSE
COPLEY OHIO NEWSPAPERS INC. DBA: AKRON BEACON JOURNAL (FA: THE GROUNDTRUTH PROJE - 380 SOUTH MAIN STREET, SUITE 720 - AKRON, OH	31-1714372	FISCAL AGENT	7,500.	0.			TO SUPPORT REPORT FOR AMERICA AT AKRON BEACON JOURNAL
WANDERING AESTHETICS 377 WEST EXCHANGE STREET AKRON, OH 44302	47-2263015	FISCAL AGENT	10,000.	0.			TO SUPPORT COMMUNITY-DRIVEN PROGRAMMING, PERFORMANCES AND EDUCATIONAL
THERON BROWN MUSIC 1103 ENDICOTT DRIVE AKRON, OH 44313	27-5924724	FISCAL AGENT	15,000.	0.			TO SUPPORT THE RUBBER CITY JAZZ & BLUES FESTIVAL PROGRAMMING
PORTAGE PATH COLLABORATIVE (FA: SUMMIT COUNTY HISTORICAL SOCIETY) - 550 COPLEY ROAD - AKRON, OH 44320	34-0766170	FISCAL AGENT	5,000.	0.			FOR NORTH AMERICAN FIRST PEOPLE'S DAY IN AKRON PUBLIC AND PRIVATE SCHOOLS

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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ART BOMB BRIGADE (FA: CITY HOPE AKRON) - 150 EAST EXCHANGE STREET - AKRON, OH 44325	46-3911906	FISCAL AGENT	5,000.	0.			TO SUPPORT EXPANDING PROGRAMMING FOR ART BOMB BRIGADE
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE - 230 WEST CENTER STREET - AKRON, OH 44302-1808	34-6596175	501(C)(4)	13,500.	0.			FOR GENERAL OPERATING SUPPORT IN HONOR OF JUDI HILLS AND HER LEADERSHIP
TUESDAY MUSICAL ASSOCIATION 1041 WEST MARKET STREET, SUITE 200 AKRON, OH 44313-7103	34-0786212	501(C)(3)	111,250.	0.			FOR GENERAL PROGRAM SUPPORT
URBAN OUNCE OF PREVENTION BEHAVIORAL HEALTH SERVICES INC. - 1735 SOUTH HAWKINS AVENUE - AKRON, OH 44320	34-1624923	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT OF OUR ADDICTION PREVENTION SERVICES PROVIDED TO THE PUBLIC
UNIVERSITY PARISH NEWMAN CENTER 1424 HORNING ROAD KENT, OH 44240-7657	34-1949373	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET, SUITE 8000 ANN ARBOR, MI 48109-1288	38-6006309	501(C)(3)	50,000.	0.			FOR THE STEERE GENERATIONAL SCHOLARSHIP FUND #700399
UNIVERSITY HOSPITALS HEALTH SYSTEM INC. - 11100 EUCLID AVENUE MCCO-5062 - CLEVELAND, OH 44106-9845	34-0714775	501(C)(3)	11,098.	0.			PORTION OF THE ANNUAL SPENDABLE INCOME TOR SUPPORT RESEARCH ONLY
UNITED WAY OF SUMMIT AND MEDINA 37 NORTH HIGH STREET AKRON, OH 44308-1973	34-1169257	501(C)(3)	923,752.	0.			FOR THE BENEFIT OF THE 2020 ANNUAL FUNDS
UNITED WAY OF CENTRAL OKLAHOMA P.O. BOX 248919 OKLAHOMA CITY, OK 73124-8919	73-0589829	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT IN HONOR OF THE LOVE FAMILY AND THEIR TIRE CARE TEAM

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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WEAVER INDUSTRIES INC. 520 S. MAIN STREET, SUITE 2441 AKRON, OH 44311	34-1086070	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT & ADDITIONAL RESOURCES NEEDED TO SUSTAIN SERVICES DURING
UNITED DISABILITY SERVICES INC. 701 SOUTH MAIN STREET AKRON, OH 44311-1019	34-1374195	501(C)(3)	77,000.	0.			FOR GENERAL OPERATING SUPPORT
ST. ANDREW CATHOLIC CHURCH P.O. BOX 112 CLEMSON, SC 29633	57-0426544	501(C)(3)	20,000.	0.			OF WHICH \$10,000 IS FOR THE EMERGENCY FUND AND \$10,000 IS FOR EITHER THE BUILDING CAPITAL CAMPAIGN
TRULY REACHING YOU 587 BAIRD STREET AKRON, OH 44311-1804	75-3223368	501(C)(3)	50,000.	0.			FOR GENERAL PROGRAM SUPPORT
TRI-COUNTY JOBS FOR OHIO'S GRADUATES - 1333 HOME AVENUE - AKRON, OH 44310	31-1204720	501(C)(3)	47,500.	0.			TO SUPPORT DROPOUT PREVENTION & RECOVERY PROGRAMS FOR AT-RISK HIGH SCHOOL YOUTH IN SUMMIT
TORCHBEARERS P.O. BOX 1443 AKRON, OH 44309-1443	20-1869314	501(C)(3)	35,500.	0.			FOR SPONSORSHIP OF THE 2021 ANNUAL ANNIVERSARY CELEBRATION AT THE SILVER LEVEL AND WITHOUT
SUMMIT METRO PARKS FOUNDATION 975 TREATY LINE ROAD AKRON, OH 44313-5837	34-1683837	501(C)(3)	12,500.	0.			TO SUPPORT COMMUNITY PARTICIPATION IN THE SUMMIT METRO PARKS CENTENNIAL CELEBRATION
REACHING ABOVE HOPELESSNESS & BROKENNESS MINISTRIES INC. DBA: RAHAB MINISTRIES - P.O. BOX 13866 - AKRON, OH 44334-3866	20-3285531	501(C)(3)	83,500.	0.			FOR GENERAL OPERATING SUPPORT
SUMMIT LAKE COMMUNITY DEVELOPMENT CORPORATION - 380 WEST CROSIER STREET - AKRON, OH 44311	83-2202240	501(C)(3)	12,500.	0.			TO DISTRIBUTE MESSAGING AND BASIC COVID-19 SAFETY SUPPLIES FOR PUBLIC SPACES AND LOCAL BUSINESS

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 EDUCATION INITIATIVE 120 EAST MILL STREET, SUITE 330 AKRON, OH 44308-1745	34-1843220	501(C)(3)	464,345.	0.			FOR GENERAL OPERATING SUPPORT
URBAN VISION 749 BLAINE AVENUE AKRON, OH 44310-3035	34-1720630	501(C)(3)	58,000.	0.			FOR THE SET ON SUCCESS (S.O.S.) AFTER-SCHOOL PROGRAM FOR HIGH-RISK, INNER-CITY YOUTH,
SPRING GARDEN WALDORF SCHOOL 1791 SOUTH JACOBY ROAD COPLEY, OH 44321	34-1512962	501(C)(3)	6,000.	0.			FOR GENERAL PROGRAM SUPPORT
URBAN TROUBADOUR COMPANY 548 ROYAL AVENUE AKRON, OH 44303	83-3797063	501(C)(3)	5,000.	0.			FOR OPERATING SUPPORT DURING COVID-19 DISRUPTION, AND TO SUPPORT A SERIES OF
THE OHIO STATE UNIVERSITY EXTENSION SUMMIT COUNTY - 440 VERNON ODOM BLVD. - AKRON, OH 44307	31-6025986	501(C)(3)	5,694.	0.			TO SUPPORT THE AKRON GROWS 2021 PROJECT, WHICH TEACHES LOCAL GRADE-SCHOOLERS TO GARDEN
WEATHERVANE COMMUNITY PLAYHOUSE INC. - 1301 WEATHERVANE LANE - AKRON, OH 44313-5103	34-6560923	501(C)(3)	73,153.	0.			FOR THE ANNUAL CAMPAIGN
THE DEVIL STRIP 140 EAST MARKET STREET, FIRST FLOOR AKRON, OH 44308	34-1015948	501(C)(3)	42,500.	0.			FOR SOLUTIONS-FOCUSED, ELECTION YEAR CIVIC JOURNALISM
THE PETER MAURIN CENTER OF AKRON P.O. BOX 1105 HUDSON, OH 44236	30-0712679	501(C)(3)	50,000.	0.			FOR GENERAL PROGRAM SUPPORT
THE VINE FELLOWSHIP CHURCH 3676 COMMUNITY LANE, SUITE 100 COPLEY, OH 44321-1675	23-6393377	501(C)(3)	5,000.	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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THE PENINSULA ART ACADEMY P.O. BOX 171 PENINSULA, OH 44264	20-1068785	501(C)(3)	10,000.	0.			TO SUPPORT OPERATING EXPENSES AND TECHNOLOGY UPGRADES
THE OAK CLINIC 3838 MASSILLON ROAD, SUITE 360 UNIONTOWN, OH 44685-7965	34-1930683	501(C)(3)	51,000.	0.			FOR GENERAL OPERATING SUPPORT
THE NIGHTLIGHT CINEMA 30 NORTH HIGH STREET AKRON, OH 44308-1974	26-0855272	501(C)(3)	53,500.	0.			FOR THE 2020 ARTS AND CULTURE COMPETITIVE GRANT CYCLE
THE MUSICAL THEATER PROJECT 5755 GRANGER ROAD, SUITE 830 INDEPENDENCE, OH 44131-1460	34-1950084	501(C)(3)	7,500.	0.			TO SUPPORT KIDS LOVE MUSICALS! PROGRAMMING IN AKRON PUBLIC SCHOOLS DURING THE 2010-2021
THE FINAL FAREWELL PROJECT 46 NORTH HIGHLAND AVENUE #1 AKRON, OH 44303	82-3916604	501(C)(3)	10,000.	0.			TO SUPPORT SUMMIT COUNTY OUTREACH FOR GENERAL SUPPORT OF FUNERAL AND BURIAL EXPENSES
THE EMERGENCY ASSISTANCE CENTER INC. - 9199 OLDE 8 ROAD, SUITE C - NORTHFIELD, OH 44067	34-1899752	501(C)(3)	32,500.	0.			TO PROVIDE FOOD AND PERSONAL HYGIENE ASSISTANCE TO PEOPLE RESIDING IN 7 SUMMIT
THE CHILDREN'S CENTER OF MEDINA COUNTY - 724 EAST SMITH ROAD - MEDINA, OH 44256-2662	42-1749846	501(C)(3)	8,423.	0.			FOR INTERVIEW ROOM CAMERAS AND INSTALLATION
VANTAGE AGING 2279 ROMIG ROAD AKRON, OH 44320-3823	51-0148544	501(C)(3)	78,500.	0.			TO SUPPORT HOME WELLNESS SOLUTIONS
TARRY HOUSE INC. 564 DIAGONAL ROAD AKRON, OH 44320-3010	34-1043224	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT TO SERVE HOMELESS SUMMIT COUNTY RESIDENTS WITH MENTAL ILLNESSES

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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SOUTH AKRON YOUTH MENTORSHIP P.O. BOX 26563 AKRON, OH 44319-6563	45-2883406	501(C)(3)	27,750.	0.			TO SUPPORT COMMUNITY COLLABORATION EFFORTS IN EDUCATION INITIATIVES FOR AT-RISK DISADVANTAGED
THE WOODRIDGE FOUNDATION 4440 QUICK ROAD PENINSULA, OH 44264	34-1863669	501(C)(3)	15,000.	0.			OF WHICH \$10,000 IS FOR THE MELINDA BOND REMINGTON MEMORIAL SCHOLARSHIP AND \$5,000 IS
THEATRE 8:15 AND FRIENDS 4740 MASSILLON ROAD GREEN, OH 44232	34-1851850	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT FOR YOUTH WORKSHOP/PROGRAMS TO SANITIZE/PROVIDE REQUIRED
THIRD CULTURE CLASSICAL (FA: CLEVELAND ARTS) - 1900 SUPERIOR AVENUE, SUITE 130 - CLEVELAND, OH 44114	34-1936190	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING SUPPORT FOR SUMMIT COUNTY OUTREACH CONCERT PROJECTS
WAYNE COUNTY COMMUNITY FOUNDATION 517 NORTH MARKET STREET WOOSTER, OH 44691-3405	34-1281026	501(C)(3)	20,000.	0.			FOR THE WAYNE COUNTY EMERGENCY RESPONSE FUND TO SUPPORT THE COMMUNITY SERVED DURING THIS TIME
VICTORY GALLOP INC. P.O. BOX 551 BATH, OH 44210-0551	34-1787436	501(C)(3)	40,487.	0.			FOR GENERAL OPERATING SUPPORT
VICTIM ASSISTANCE PROGRAM INC. 137 SOUTH MAIN STREET, SUITE 300 AKRON, OH 44308	38-3142753	501(C)(3)	133,620.	0.			FOR BATH VICTIM SERVICES OUTREACH
SOUTH STREET MINISTRIES INC. 130 WEST SOUTH STREET AKRON, OH 44311-1964	26-2660679	501(C)(3)	111,700.	0.			FOR GENERAL OPERATING SUPPORT
KEEP AKRON BEAUTIFUL 850 EAST MARKET STREET AKRON, OH 44305-2424	34-1341298	501(C)(3)	67,000.	0.			FOR OPERATING SUPPORT AT THE BLOSSOM BUFF LEVEL

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SOCIETY OF ST. VINCENT DE PAUL, DIOCESE OF CLEVELAND - 87 BROAD STREET - AKRON, OH 44305	51-0434414	501(C)(3)	50,000.	0.			TO SUPPORT OUR EMERGENCY ASSISTANCE PROGRAM TO NEIGHBORS IN NEED
STEPHEN A. COMUNALE JR. CHARITABLE FOUNDATION - P.O. BOX 13805 - AKRON, OH 44334-3805	20-4345267	501(C)(3)	5,139.	0.			DISTRIBUTION
SUMMIT COUNTY ASTRONOMY CLUB INC. 2850A WEST MARKET STREET FAIRLAWN, OH 44333-4204	47-4013339	501(C)(3)	5,500.	0.			FOR THE NEW ADDITION TO THE OBSERVATORY
SUMMIT CHORAL SOCIETY INC. 140 EAST MARKET STREET AKRON, OH 44308	34-1658034	501(C)(3)	45,000.	0.			TO SUPPORT THE CONTINUUM OF MUSICAL TRAINING FOR CHILDREN AND ADULTS
SUMMIT ARTSPACE 140 EAST MARKET STREET AKRON, OH 44308-2014	34-1841587	501(C)(3)	74,000.	0.			FOR THE 2020 ARTS AND CULTURE COMPETITIVE GRANT CYCLE
SUMMA HEALTH 1077 GORGE BLVD. AKRON, OH 44310-2408	34-1887844	501(C)(3)	29,750.	0.			FOR ANNUAL SUPPORT
SUMMA FOUNDATION P.O. BOX 2090 AKRON, OH 44309-2090	34-1219001	501(C)(3)	61,500.	0.			TO SUPPORT THE SUMMA PRIDE CLINIC - GIVE NOW CAMPAIGN
STUDENTS WITH A GOAL: SWAG P.O. BOX 4531 AKRON, OH 44310-0531	81-2016003	501(C)(3)	43,000.	0.			FOR GENERAL PROGRAM SUPPORT
WESTERN RESERVE ACADEMY 115 COLLEGE STREET HUDSON, OH 44236	34-0714390	501(C)(3)	30,000.	0.			FOR 2020 ANNUAL GIVING (DAVID M. HUNTER, CLASS OF 1968)

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STEWART'S CARING PLACE 3501 RIDGE PARK DRIVE FAIRLAWN, OH 44333-8203	20-0181338	501(C)(3)	102,032.	0.			FOR GENERAL PROGRAM SUPPORT
STARK STATE COLLEGE FOUNDATION 6200 FRANK AVENUE NW NORTH CANTON, OH 44720-7228	34-1577595	501(C)(3)	58,250.	0.			FOR THE DON MULLEN ENDOWED SCHOLARSHIP FUND
SHELTER CARE INC. 32 SOUTH AVENUE TALLMADGE, OH 44278-2802	34-1172458	501(C)(3)	20,500.	0.			FOR OPERATING SUPPORT, INCLUDING RESIDENTIAL CARE, CRISIS INTERVENTION, RESPITE
STARK COUNTY HUNGER TASK FORCE 408 9TH STREET SW CANTON, OH 44707	34-1374549	501(C)(3)	10,000.	0.			TO SUPPORT THE COMMUNITY IT SERVES DURING THIS TIME OF CRISIS
STAN HYWET HALL & GARDENS INC. 714 NORTH PORTAGE PATH AKRON, OH 44303-1363	34-0819149	501(C)(3)	116,799.	0.			FOR THE BENEFIT OF THE 2020 ANNUAL FUNDS
ST. VINCENT DE PAUL PARISH SCHOOL 17 SOUTH MAPLE STREET AKRON, OH 44303-2119	34-0718409	501(C)(3)	23,706.	0.			FOR GENERAL SCHOOL EXPENSES, INCLUDING BANNERS ON THE SCHOOL BUILDING
SUMMIT FOOD COALITION 350 OPPORTUNITY PARKWAY AKRON, OH 44307	34-1369388	501(C)(3)	35,500.	0.			FOR GENERAL PROGRAM SUPPORT
SECOND CHANCE VILLAGE 148 FULTON STREET, APT. 2 AKRON, OH 44305	82-4536101	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO INC. - 4353 EXECUTIVE CIRCLE NW - CANTON, OH 44718-2999	34-0940986	501(C)(3)	30,085.	0.			TO SUPPORT JUNIOR ACHIEVEMENT PROGRAMMING TO GREATER AKRON STUDENTS

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

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YOUTH EXCELLENCE PERFORMING ARTS WORKSHOP AKA: YEPAW - 220 SOUTH BALCH STREET, 1ST FLOOR - AKRON, OH 44302	34-1967561	501(C)(3)	45,000.	0.			FOR GENERAL OPERATING SUPPORT OF THE SUMMER INTENSIVE WORKSHOP AND YEPAW 365 LEADERSHIP AND
CATHOLIC CHARITIES OF SUMMIT COUNTY - 812 BIRUTA STREET - AKRON, OH 44307-1104	34-1318541	501(C)(3)	77,917.	0.			FOR CATHOLIC CHARITIES SUMMIT ADULT DAY SERVICES
WEST HILL BAPTIST CHURCH 605 NORTH REVERE ROAD FAIRLAWN, OH 44333-2982	34-6003858	501(C)(3)	13,700.	0.			FOR FAITH PROMISE SPECIAL GIFTS -CHRISTMAS PROJECT 2020
SUMMIT COUNTY COMMUNITY PARTNERSHIP - 20 OLIVE STREET, SUITE 306 - AKRON, OH 44310-3189	34-1818660	501(C)(3)	63,500.	0.			FOR GENERAL OPERATING SUPPORT
SUMMIT COUNTY DEVELOPMENTAL DISABILITIES BOARD - 89 EAST HOWE ROAD - TALLMADGE, OH 44278-1099	34-1086070	501(C)(3)	56,000.	0.			RETURNED FUNDS FOR SUMMIT COUNTY COVID-19 SUMMIT DD EMERGENCY RELIEF GRANT PROGRAM FUND
SUMMIT COUNTY FATHERHOOD INITIATIVE - 2081 MEADOW GATE - AKRON, OH 44313	74-3061888	501(C)(3)	14,000.	0.			TO SUPPORT FREE FATHERHOOD CLASSES AND SERVICES THROUGH A COMMUNITY PARTNERSHIP
WESTERN RESERVE HISTORICAL SOCIETY 10825 EAST BLVD. CLEVELAND, OH 44106-1703	34-0714724	501(C)(3)	74,029.	0.			FOR GENERAL PROGRAM SUPPORT
SERVICE CORPS OF RETIRED EXECUTIVES ASSOCIATION DBA: AKRON SCORE - 175 SOUTH MAIN STREET, SUITE 204 - AKRON, OH 44308	52-1067290	501(C)(3)	13,250.	0.			FOR GENERAL PROGRAM SUPPORT OF THE CHAPTER TO HELP AREA RESIDENTS BE PRODUCTIVELY EMPLOYED
ST. HILARY PARISH 2750 WEST MARKET STREET AKRON, OH 44333-4236	34-0893059	501(C)(3)	12,000.	0.			FOR GENERAL PROGRAM SUPPORT

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SECOND HARVEST FOOD BANK OF THE BIG BEND - 4446 ENTREPOT BLVD. - TALLAHASSEE, FL 32310-8740	59-2610345	501(C)(3)	5,000.	0.			TO THE CORONAVIRUS RESPONSE CAMPAIGN TO SUPPORT THE COMMUNITY IT SERVES DURING THIS TIME
SECOND HARVEST FOOD BANK OF MAHONING VALLEY - 2805 SALT SPRINGS ROAD - YOUNGSTOWN, OH 44509	34-1380074	501(C)(3)	5,000.	0.			TO SUPPORT THE COMMUNITY IT SERVES DURING THIS TIME OF CRISIS
WELL COMMUNITY DEVELOPMENT CORPORATION - 647 EAST MARKET STREET - AKRON, OH 44304-1620	81-2680851	501(C)(3)	91,000.	0.			TO SUPPORT THE RENTAL ASSISTANCE FUND
SCHWAB CHARITABLE FUND 1958 SUMMIT PARK DRIVE ORLANDO, FL 32810	31-1640316	501(C)(3)	773,827.	0.			FOR THE THREE TREES FUND, A DONOR-ADVISED FUND, SCHWAB CHARITABLE ACCOUNT NUMBER 4443-9867
SARAH'S HOUSE INC. 414 PINE STREET AKRON, OH 44307	27-1948149	501(C)(3)	20,000.	0.			TO SUPPORT SUMMIT COUNTY GENERAL OPERATING SUPPORT OF MY COMMUNITY, MY NEIGHBOR
SAFETY FORCES SUPPORT CENTER 501 WEST MARKET STREET, SUITE 313 AKRON, OH 44304	83-1269383	501(C)(3)	38,000.	0.			TO FUND ENGAGEMENT INITIATIVES BY FIRST RESPONDERS TO BUILD POSITIVE COMMUNITY
RONALD MCDONALD HOUSE OF AKRON INC. - 141 WEST STATE STREET - AKRON, OH 44302-1806	34-1860682	501(C)(3)	103,275.	0.			FOR GENERAL PROGRAM SUPPORT WHERE THERE IS GREATEST NEED
RIVERTREE CHRISTIAN CHURCH 7373 PORTAGE STREET NW MASSILLON, OH 44646	34-1003958	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT OF RUBBER CITY CHURCH
RESOURCES FOR HUMAN DEVELOPMENT 241 EAST LANCASTER AVENUE WYNEWOOD, PA 19096-1915	23-1727133	501(C)(3)	5,000.	0.			FOR THE CENTER FOR CREATIVE WORKS

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SECOND HARVEST FOOD BANK OF NORTH CENTRAL OHIO - 5510 BAUMHART ROAD - LORAIN, OH 44053-2000	34-1446685	501(C)(3)	5,000.	0.			TO THE CORONAVIRUS RESPONSE FUND TO SUPPORT THE COMMUNITY IT SERVES DURING THIS TIME OF
ST. HILARY PARISH FOUNDATION 2750 WEST MARKET STREET AKRON, OH 44333-4236	34-0893059	501(C)(3)	18,283.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING DECEMBER 31, 2019
ST. MARY CATHOLIC CENTRAL HIGH SCHOOL - 108 WEST ELM AVENUE - MONROE, MI 48162-2700	38-1357992	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
ST. MARY PARISH SCHOOL 750 SOUTH MAIN STREET AKRON, OH 44311-1020	53-0196617	501(C)(3)	45,000.	0.			DISTRIBUTION
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO - 550 COPLEY ROAD - AKRON, OH 44320-2324	34-0766170	501(C)(3)	125,578.	0.			FOR GENERAL OPERATING SUPPORT IN HONOR OF SCHS BOARD MEMBERS DAVE LIEBERTH AND PAT WESCHLER
THE SALVATION ARMY 190 SOUTH MAPLE STREET AKRON, OH 44302-0549	13-5562351	501(C)(3)	112,354.	0.			TO SUPPORT ASSISTANCE TO SENIOR CITIZENS
RAPE CRISIS CENTER 974 EAST MARKET STREET AKRON, OH 44305-2445	34-1836495	501(C)(3)	61,000.	0.			TO SUPPORT TRAUMA THERAPY FOR YOUTH IMPACTED BY SEXUAL VIOLENCE
THE SALVATION ARMY OF WADSWORTH 527 COLLEGE STREET WADSWORTH, OH 44282	13-3485289	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
PENINSULA FOUNDATION, INC. 6138 RIVERVIEW ROAD, SUITE F PENINSULA, OH 44264-9651	31-1534973	501(C)(3)	82,000.	0.			TO SUPPORT "VOICES IN THE VALLEY" MUSIC SERIES

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PROJECT GRAD AKRON 10 NORTH MAIN STREET, SUITE 503 AKRON, OH 44303-1958	16-1639511	501(C)(3)	68,500.	0.			FOR THE BRIDGE TO KINDERGARTEN PROGRAM, WHICH PREPARES CHILDREN FOR KINDERGARTEN THROUGH
PREGNANCY SUPPORT CENTER DBA AKRON PREGNANCY SERVICES - 105 EAST MARKET STREET, SUITE 213 - AKRON, OH 44308-2000	34-1461765	501(C)(3)	5,000.	0.			FOR USE WHERE MOST NEEDED
PREGNANCY SOLUTIONS & SERVICES INC. - 3136 MANCHESTER ROAD - AKRON, OH 44319-1407	34-1830073	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
WOMEN'S AUXILIARY BOARD OF THE SUMMIT COUNTY CHILDREN'S HOME INC. - 264 SOUTH ARLINGTON STREET - AKRON, OH 44306	34-0757175	501(C)(3)	6,000.	0.			TO SUPPORT THE BEDS FOR KIDS PROGRAM
PORTAGE PATH COMMUNITY MENTAL HEALTH CENTER - 340 SOUTH BROADWAY STREET - AKRON, OH 44308-1529	34-1096055	501(C)(3)	218,000.	0.			FOR THE 2020 KJ'S 5K VIRTUAL EVENT FOR THE NATIONAL SUICIDE AWARENESS AND PREVENTION
PLAYHOUSE SQUARE FOUNDATION 1501 EUCLID AVENUE SUITE 200 CLEVELAND, OH 44115-2108	23-7304942	501(C)(3)	5,750.	0.			FOR GENERAL OPERATING SUPPORT AT THE DONOR CIRCLE LEVEL
PLANNED PARENTHOOD OF GREATER OHIO 444 WEST EXCHANGE STREET AKRON, OH 44302-1711	34-1015976	501(C)(3)	49,193.	0.			FOR GENERAL OPERATING SUPPORT
PHI GAMMA DELTA EDUCATIONAL FOUNDATION - P.O. BOX 4599 - LEXINGTON, KY 40544-4599	52-6036185	501(C)(3)	6,000.	0.			FOR GENERAL PROGRAM SUPPORT
NOT JUST OCTOBER P.O. BOX 1461 AKRON, OH 44309-1461	47-1678298	501(C)(3)	5,000.	0.			TO SUPPORT KIM JACOBS BREAST CANCER RESOURCE CENTER

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PROJECT LEARN OF SUMMIT COUNTY 60 SOUTH HIGH STREET AKRON, OH 44326-1000	34-1491695	501(C)(3)	26,205.	0.			TO SUPPORT AN ENGLISH FOR MANUFACTURING COURSE
PAY IT FORWARD FOR PETS INC. 1496 NORTH PORTAGE PATH AKRON, OH 44313-5161	46-3222930	501(C)(3)	10,000.	0.			FOR USE WHERE MOST NEEDED
PATHWAY CARING FOR CHILDREN 4895 DRESSLER ROAD NW, SUITE A CANTON, OH 44718	23-7244648	501(C)(3)	7,500.	0.			TO SUPPORT SUMMIT COUNTY FOSTER PARENTS AND CHILDREN IN THEIR CARE
NORTHFIELD PRESBYTERIAN CHURCH 7755 SOUTH BOYDEN ROAD NORTHFIELD, OH 44067	23-6393377	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT OF THE DAY CARE CENTER
NONE TOO FRAGILE INC. P.O. BOX 2790 AKRON, OH 44309	47-2822553	501(C)(3)	40,000.	0.			FOR GENERAL OPERATING SUPPORT
NORTHEAST OHIO MEDICAL UNIVERSITY FOUNDATION - 4209 STATE ROUTE 44 - ROOTSTOWN, OH 44272-0095	34-1264220	501(C)(3)	115,500.	0.			FOR THE JAY A. GERSHEN MEMORIAL SCHOLARSHIP FUND
MAGICAL THEATRE COMPANY P.O. BOX 386 BARBERTON, OH 44203-0386	34-1196629	501(C)(3)	70,250.	0.			FOR GENERAL PROGRAM SUPPORT
LUTHERAN WORLD RELIEF INC. P.O. BOX 17061 BALTIMORE, MD 21297-1061	13-2574963	501(C)(3)	6,000.	0.			FOR THE "WORLD OF GOOD" EMERGENCY FUND
LOVE AKRON NETWORK P.O. BOX 2971 AKRON, OH 44309	20-8035010	501(C)(3)	27,500.	0.			TO SUPPORT THE 2020 LOVE AKRON AWARDS BREAKFAST IN HONOR OF DOUG & KATHY KOHL

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WESTERN RESERVE PLAYHOUSE 3326 EVERETT ROAD RICHFIELD, OH 44286	34-6554799	501(C)(3)	37,000.	0.			TO PROFESSIONALLY VIDEO STREAM OUR PRODUCTIONS
PROJECT UJIMA INC. 1015 SOUTH HAWKINS AVENUE AKRON, OH 44320	81-3065852	501(C)(3)	25,000.	0.			TO SUPPORT THE DRIVE-THRU BABY SHOWER
LODI FAMILY CENTER INC. P.O. BOX 432 LODI, OH 44254	46-0910302	501(C)(3)	6,000.	0.			TO PROVIDE FREEZERS SO FAMILIES CAN HAVE MEATS AND FROZEN FRUITS
OPEN ARMS ADOPTIONS INC. 9205 STATE ROUTE 43, SUITE 208 STREETSBORO, OH 44241-5367	47-3674005	501(C)(3)	8,000.	0.			TO SUPPORT KST (KEEPING SIBLINGS TOGETHER) BY ADOPTION, TO HELP INCREASE THE ADOPTION OF
OHIO & ERIE CANALWAY COALITION 47 WEST EXCHANGE STREET AKRON, OH 44308-1012	34-1636766	501(C)(3)	62,900.	0.			FOR GENERAL OPERATING SUPPORT IN CELEBRATION OF TEAM AKRON COMMUNITY FOUNDATION'S VICTORY IN
PACKARD INSTITUTE, INC. 461 WEST MARKET STREET AKRON, OH 44303	20-8830510	501(C)(3)	10,000.	0.			FOR THE GENERAL OPERATIONS OF CONTINUING ADDICTION AND MENTAL HEALTH TRAINING & SUPPORT
OHIO SHAKESPEARE FESTIVAL 103 SOUTH HIGH STREET AKRON, OH 44308	02-0611246	501(C)(3)	35,000.	0.			TO SUPPORT A 2020-2021 SEASON OF CLASSIC THEATRE AT STAN HYWET AND GREYSTONE HALLS
OUR LADY OF THE WAYSIDE INC. 38023 COLORADO AVENUE AVON, OH 44011	34-1020957	501(C)(3)	25,000.	0.			TO SUPPORT INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES IN SUMMIT COUNTY
OUR LADY OF THE ELMS SCHOOL 1375 WEST EXCHANGE STREET AKRON, OH 44313-7619	34-1910169	501(C)(3)	17,513.	0.			IN HONOR OF 7TH GRADE STUDENT SOPHIA FRABOTA FOR BEING SUCH A WONDERFUL GRANDDAUGHTER,

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OHIOGUIDESTONE 303 EAST BAGLEY ROAD BEREA, OH 44017-2090	34-0720558	501(C)(3)	30,000.	0.			TO SUPPORT CREATION OF A PLAY AREA AT MEDINA CO. ADAMH BOARD'S RECOVERY HOUSING FACILITY FOR
OPEN TONE MUSIC, LLC 140 EAST MARKET STREET AKRON, OH 44308	27-3088230	501(C)(3)	45,000.	0.			TO SUPPLY ARTS AND MUSIC FOR VULNERABLE SUMMIT COUNTY YOUTH
OPEN M 941 PRINCETON STREET AKRON, OH 44311-1922	34-1046107	501(C)(3)	135,587.	0.			FOR GENERAL PROGRAM SUPPORT
PASTORAL COUNSELING SERVICES OF SUMMIT COUNTY DBA: RED OAK BEHAVIORAL HEALTH - 611 WEST MARKET STREET - AKRON, OH 44303	34-1282145	501(C)(3)	30,000.	0.			TO PROVIDE BEHAVIORAL AND MENTAL HEALTH SERVICES TO STUDENTS AS THE RESULT OF THE COVID-19 PANDEMIC
PROYECTO RAICES 1006 ROLLING MEADOWS ROAD AKRON, OH 44333-1404	80-0383971	501(C)(3)	17,500.	0.			TO SUPPORT HISPANIC/LATINX YOUTH AND THEIR FAMILIES IN THE GREATER AKRON AREA
ONE OF A KIND PET RESCUE INC. 1485 MARION AVENUE AKRON, OH 44313-7625	20-4631002	501(C)(3)	26,000.	0.			FOR GENERAL OPERATING SUPPORT
OLD TRAIL SCHOOL P.O. BOX 827 BATH, OH 44210-0827	34-0737805	501(C)(3)	12,073.	0.			FOR ANNUAL SUPPORT
OILFIELD HELPING HANDS - PERMIAN BASIN CHAPTER - 213 NORTH MAIN STREET, SUITE 102 - MIDLAND, TX 79701	36-4680363	501(C)(3)	5,000.	0.			TO SUPPORT THE PERMIAN BASIN CHAPTER COMMUNITY DURING THIS TIME OF CRISIS
YMCA OF AKRON OHIO 50 SOUTH MAIN STREET, SUITE LL 100 AKRON, OH 44308-1859	34-0714727	501(C)(3)	96,450.	0.			TO SUPPORT EARLY CARE AND EDUCATION PROGRAMMING AND VIRTUAL LEARNING FOR SCHOOL AGED CHILDREN

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WALSH JESUIT HIGH SCHOOL 4550 WYOGA LAKE ROAD CUYAHOGA FALLS, OH 44224	53-0196617	501(C)(3)	7,013.	0.			IN HONOR OF WALSH JESUIT PARENTS, DENNIS & KELLIE JANSKY, TO SUPPORT THE WOMEN'S CROSS COUNTRY
WOMEN'S NETWORK INC. 388 SOUTH MAIN STREET, SUITE 205 AKRON, OH 44311-4401	34-1253569	501(C)(3)	11,000.	0.			TO SUPPORT LEADERSHIP TRAINING TO MINORITY AND DISADVANTAGED WOMEN IN GREATER AKRON
PURE GIFT OF GOD P.O. BOX 607 SUGARCREEK, OH 44681	46-2511321	501(C)(3)	10,000.	0.			FOR GENERAL PROGRAM SUPPORT AS PART OF THE MATCHING GRANT CAMPAIGN
PURDUE FOUNDATION, INC. 403 WEST WOOD STREET WEST LAFAYETTE, IN 47907-2007	35-1052049	501(C)(3)	5,000.	0.			FOR THE ATHLETIC DEPARTMENT
LOVE AKRON P. O. BOX 2971 AKRON, OH 44309	20-8035010	501(C)(3)	36,000.	0.			FOR GENERAL OPERATING SUPPORT IN HONOR OF DAN COLANTONE, A BOARD MEMBER OF LOVE AKRON
LINKS COMMUNITY & FAMILY SERVICES 741 UPSON STREET AKRON, OH 44305-1552	35-2353659	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT AND COVID-19 RELATED/SHIFT IN PROGRAMMING EXPENSES
THE SHELBY COUNTY HISTORICAL SOCIETY - P.O. BOX 376 - SIDNEY, OH 45365-0376	34-1317780	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING SUPPORT
MICHAEL J FOX FOUNDATION FOR PARKINSONS RESEARCH - P.O. BOX 4777 - NEW YORK, NY 10163-4777	13-4141945	501(C)(3)	30,000.	0.			FOR GENERAL OPERATING SUPPORT
NATIONAL INVENTORS HALL OF FAME INC. - 3701 HIGHLAND PARK STREET NW - NORTH CANTON, OH 44720-4535	34-1580038	501(C)(3)	65,556.	0.			TO SUPPORT SUMMIT COUNTY STUDENTS EDUCATIONAL SUCCESS WITH A FOCUS ON AKRON PUBLIC SCHOOLS

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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)	22,000.	0.			OF WHICH \$250 IS FOR GENERAL OPERATING SUPPORT AND \$250 IS FOR MEDICAL COSTS
NATIONAL COUNCIL ON EDUCATION FOR THE CERAMIC ARTS - 4845 PEARL EAST CIRCLE - BOULDER, CO 80301-6113	31-0932682	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
NATIONAL BRAIN TUMOR SOCIETY 55 CHAPEL STREET NEWTON, MA 02458-1070	04-3068130	501(C)(3)	5,000.	0.			TO SUPPORT THE CAROLINAS BRAIN TUMOR RACE
NAMI SUMMIT COUNTY 150 CROSS STREET AKRON, OH 44311	34-1569301	501(C)(3)	10,300.	0.			TO SUPPORT THE 2020 NAMI WALKS VIRTUAL EVENT IN HONOR OF MR. RETT AND HIS OUTSTANDING LEADERSHIP OF
MUSICAL ARTS ASSOCIATION DBA: THE CLEVELAND ORCHESTRA - 11001 EUCLID AVENUE - CLEVELAND, OH 44106-9822	34-0714468	501(C)(3)	35,799.	0.			FOR THE BENEFIT OF THE 2020 ANNUAL FUNDS FOR BLOSSOM MUSIC CENTER
MUSIC FROM THE WESTERN RESERVE P.O. BOX 265 HUDSON, OH 44236	34-1404541	501(C)(3)	9,726.	0.			FOR 2020 ANNUAL GIVING (DAVID AND MARGARET HUNTER) IN MEMORY OF LOLA ROTHMANN
MILITARY AVIATION PRESERVATION SOCIETY - 2260 INTERNATIONAL PARKWAY - NORTH CANTON, OH 44720-1375	34-1651715	501(C)(3)	75,450.	0.			TO SUPPORT THE RESTORATION OF AIRCRAFT
METROPOLITAN AREA NEIGHBORHOOD NUTRITION ALLIANCE - 420 NORTH 20TH STREET - PHILADELPHIA, PA 19130-3828	23-2586142	501(C)(3)	5,000.	0.			TO PROVIDE MEDICALLY TAILORED MEALS AND NUTRITION COUNSELING TO THOSE FACING SERIOUS
NATURAL RESOURCES DEFENSE COUNCIL, INC. - 40 WEST 20TH STREET, 11TH FLOOR - NEW YORK, NY 10011-4231	13-2654926	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT

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MEDINA RAPTOR CENTER P.O. BOX 74 SPENCER, OH 44275-0074	31-1498428	501(C)(3)	10,500.	0.			FOR GENERAL PROGRAM SUPPORT
NATIONAL CENTER ON NONPROFIT ENTERPRISE - 1375 E. 9TH ST., SUITE 1700 - CLEVELAND, OH 44114-1790	54-1908708	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
CATHOLIC CHARITIES CORPORATION 4210 NORTH JEFFERSON STREET, SUITE MEDINA, OH 44256-5639	34-1318541	501(C)(3)	8,000.	0.			TO SUPPORT THE STEP STRONG (SS) SCHOOL-BASED PREVENTION EDUCATION PROGRAM
REVERE POWER PACK PROGRAM 3665 WEST BATH ROAD AKRON, OH 44333-2111	82-1788223	501(C)(3)	5,000.	0.			FOR FOOD BAGS FOR REVERE STUDENTS
REBUILDING TOGETHER NORTHEAST OHIO 788 DONALD AVENUE AKRON, OH 44306	34-1814515	501(C)(3)	36,500.	0.			FOR THE 2018 MEDINA COUNTY SENIOR SERVICE DAY/SAFE AT HOME PROJECTS
THE VILLAGE AT ST. EDWARD FOUNDATION - 3131 SMITH ROAD - FAIRLAWN, OH 44333-2613	34-1969623	501(C)(3)	5,000.	0.			TO SUPPORT THE STAFF AT THE VILLAGE OF ST. EDWARD AT FAIRLAWN
THE UNIVERSITY OF AKRON FOUNDATION BUCHTEL HALL AKRON, OH 44325-4825	34-6575496	501(C)(3)	133,687.	0.			FOR GENERAL OPERATING SUPPORT OF HOWER HOUSE
THE SHRINERS HOSPITALS FOR CHILDREN - P.O. 31356 - TAMPA, FL 33631-3356	04-2121377	501(C)(3)	10,000.	0.			WHICH REPRESENTS THE SEMIANNUAL DISTRIBUTION
NATIONAL SOCIETY TO PREVENT BLINDNESS INC. AKA PREVENT BLINDNESS OHIO - 1500 W. THIRD AVE., SUITE 200 - COLUMBUS, OH	31-6063433	501(C)(3)	7,500.	0.			FOR THE VISION CARE OUTREACH (VCO) PROGRAM, SERVING SUMMIT COUNTY

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NATURE CONSERVANCY INC. 4245 NORTH FAIRFAX DRIVE, SUITE 100 ARLINGTON, VA 22203-1606	53-0242652	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT OF THE NATURE CONSERVANCY - OHIO
LIMITLESS AMBITION INC. P.O. BOX 2358 STOW, OH 44224-1200	46-3789485	501(C)(3)	27,500.	0.			TO EMPOWER TEEN GIRLS IN SUMMIT COUNTY THROUGH ENRICHMENT PROGRAM
KENT STATE UNIVERSITY FOUNDATION 350 SOUTH LINCOLN STREET KENT, OH 44242-0001	34-6576307	501(C)(3)	41,321.	0.			FOR A VIRTUAL DESIGN INNOVATION SUMMER EXPERIENCE FOR 10TH AND 11TH GRADE FIRESTONE
LET'S GROW AKRON INC. 467 HARVEY AVENUE AKRON, OH 44314-3217	34-1632443	501(C)(3)	70,000.	0.			FOR GENERAL OPERATING SUPPORT
MARGIE'S HOPE P.O. BOX 3967 AKRON, OH 44314	45-3988401	501(C)(3)	10,000.	0.			TO CONTINUE TO EXPAND TRANS* PROGRAMING, TRAINING, RESOURCES, EVENTS & COLLABORATIONS
LENIBUG FOUNDATION INC 6295 RED BIRD TERRACE NEW FRANKLIN, OH 44216-9125	35-2450492	501(C)(3)	5,000.	0.			TO SUPPORT LITERACY IN THE AKRON AREA BY PROVIDING NEW BOOKS TO STUDENTS
LEGACIES OF SUCCESS COMMUNITY DEVELOPMENT CORPORATION - P.O. BOX 4856 - AKRON, OH 44310	27-1408423	501(C)(3)	6,000.	0.			TO SUPPORT HOME OWNERSHIP IN NORTH HILL BY REHABBING DISTRESSED PROPERTIES
LEBRON JAMES FAMILY FOUNDATION 3800 EMBASSY PARKWAY, SUITE 360 AKRON, OH 44333-8389	02-0716277	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT
LEADERSHIP AKRON 37 NORTH HIGH STREET, SUITE C AKRON, OH 44308	31-1655877	501(C)(3)	24,850.	0.			TO SUPPORT THE CITY OF AKRON'S 'MAYOR'S CITIZENS INSTITUTE' CIVIC ENGAGEMENT PROGRAM

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LAW AND LEADERSHIP INSTITUTE 1700 LAKE SHORE DRIVE COLUMBUS, OH 43204-4895	26-4709314	501(C)(3)	6,000.	0.			FOR THE 2021 LLI AKRON ACADEMIC YEAR AND SUMMER INSTITUTE
KOINONIA HOMES, INC. 6161 OAK TREE BLVD. SUITE 400 INDEPENDENCE, OH 44131	23-7412318	501(C)(3)	51,200.	0.			TO PROVIDE TRAINING TO OUR MULTI-SYSTEM YOUTH (MSY) PROGRAM STAFF
KENMORE NEIGHBORHOOD ALLIANCE 1014 KENMORE BLVD. AKRON, OH 44314-2114	81-3402431	501(C)(3)	14,000.	0.			TO SUPPORT SMALL BUSINESS RECOVERY IN THE KENMORE BOULEVARD HISTORIC DISTRICT
NEIGHBORHOOD CONSERVATION SERVICES OF BARBERTON INC. - 505 WEST PARK AVENUE - BARBERTON, OH 44203	34-1326318	501(C)(3)	50,000.	0.			TO SUPPORT EMERGENCY HOUSING SAFETY CONCERNS
KEEPERS OF THE ART EDUCATION 639 CRESTVIEW DRIVE AKRON, OH 44320	27-2894857	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
LEGACY III INC. 87 SOUTH ARLINGTON STREET AKRON, OH 44306	34-1824527	501(C)(3)	40,500.	0.			FOR GENERAL OPERATING SUPPORT FOR THE TRANSITIONAL HOUSING FACILITY
NORTHEASTERN EDUCATIONAL TELEVISION OF OHIO INC. DBA: PBS WESTERN RESERVE - P.O. BOX 5191 - KENT, OH 44240-5191	34-1123819	501(C)(3)	17,750.	0.			FOR GENERAL PROGRAM SUPPORT
MCLAREN NORTHERN MICHIGAN FOUNDATION - 360 CONNABLE AVENUE - PETOSKEY, MI 49770-2272	38-2445611	501(C)(3)	5,000.	0.			FOR THE PURCHASE OF PAPER UNITS TO ASSIST WITH COVID-19 PATIENT TREATMENT
MEDINA CREATIVE HOUSING INC. 232 NORTH COURT STREET MEDINA, OH 44256	34-1712565	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT AND TO SUPPORT RESIDENT INDIVIDUALS WITH DISABILITIES

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YOUNGSTOWN STATE UNIVERSITY FOUNDATION - 606 WICK AVENUE - YOUNGSTOWN, OH 44502	34-6576610	501(C)(3)	250,500.	0.			FOR GENERAL PROGRAM SUPPORT
NORTH AKRON COMMUNITY DEVELOPMENT CORPORATION - 760 ELMA STREET - AKRON, OH 44310	82-1696531	501(C)(3)	80,000.	0.			FOR GENERAL OPERATING SUPPORT
WESTERN RESERVE LAND CONSERVANCY 3850 CHAGRIN RIVER ROAD MORELAND HILLS, OH 44022-1131	34-1571233	501(C)(3)	17,500.	0.			TO SUPPORT CONSERVATION IN MEDINA COUNTY
CATHOLIC CHARITIES DIOCESE OF CLEVELAND - 7911 DETROIT AVENUE - CLEVELAND, OH 44102-2815	34-1318541	501(C)(3)	6,000.	0.			TO SUPPORT THE ELDERLY AND CHRONICALLY ILL, AND IN REFERENCE TO ACCOUNT #488304
ST. MICHAEL THE ARCHANGEL CHURCH 3430 SAINT MICHAELS BLVD. NW CANTON, OH 44718-3015	34-0782263	501(C)(3)	5,000.	0.			FOR THE SOCIAL JUSTICE OUTREACH MINISTRY LED BY JEFF FRICKER
CASCADE LOCKS PARK ASSOCIATION 248 FERNDAL STREET AKRON, OH 44304-1016	34-1621024	501(C)(3)	6,500.	0.			FOR GENERAL PROGRAM SUPPORT
INTERNATIONAL INSTITUTE OF AKRON INC. - 20 OLIVE STREET, SUITE 201 - AKRON, OH 44310	34-0733161	501(C)(3)	70,000.	0.			FOR GENERAL OPERATING SUPPORT
HAPPY TRAILS FARM ANIMAL SANCTUARY 5623 NEW MILFORD ROAD RAVENNA, OH 44266-3830	34-1968434	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT
JULIE BILLIART SCHOOLS 4982 CLUBSIDE ROAD LYNDHURST, OH 44124	34-0827831	501(C)(3)	22,500.	0.			FOR GENERAL PROGRAM SUPPORT OF THE AKRON SCHOOL

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JOANNA HOUSE LL 409 EAST SOUTH STREET AKRON, OH 44311-2143	38-3802031	501(C)(3)	5,000.	0.			FOR SUMMIT COUNTY OUTREACH AND GENERAL OPERATING SUPPORT FOR THE RECOVERY PROGRAM
JEWISH FAMILY SERVICE OF AKRON OHIO - 750 WHITE POND DRIVE - AKRON, OH 44320-1128	34-0714444	501(C)(3)	40,000.	0.			FOR GENERAL OPERATING SUPPORT
JEWISH COMMUNITY CENTER OF AKRON 750 WHITE POND DRIVE AKRON, OH 44320-1128	34-0174521	501(C)(3)	25,270.	0.			TO SUPPORT THE 2020 VIRTUAL CAMPUS GALA, WITHOUT BENEFITS
JEWISH COMMUNITY BOARD OF AKRON INC. - 750 WHITE POND DRIVE - AKRON, OH 44320-1128	34-1884695	501(C)(3)	13,289.	0.			FOR GENERAL PROGRAM SUPPORT
INTERVAL BROTHERHOOD HOMES CORPORATION - 3445 SOUTH MAIN STREET - AKRON, OH 44319	23-7090131	501(C)(3)	179,260.	0.			FOR OPERATING SUPPORT, INCLUDING ADDICTION TREATMENT, EDUCATION, MEDICAL SERVICES AND
INTERNATIONAL SOAP BOX DERBY INC. 1000 GEORGE WASHINGTON BLVD. AKRON, OH 44312-3004	34-1141558	501(C)(3)	96,500.	0.			FOR GENERAL PROGRAM SUPPORT
INLET DANCE THEATRE 11125 MAGNOLIA DRIVE CLEVELAND, OH 44106	26-0007578	501(C)(3)	5,000.	0.			TO SUPPORT THE BLACK CARD PROJECT - PHASE II
FRIENDS OF ELIZABETH PARK (FA: BIG LOVE NETWORK) - 1345 VALE DRIVE, APT C - COPLEY, OH 44321	83-0716170	501(C)(3)	5,250.	0.			FOR AKRON CITY REPAIR, CREATIVE PLACEMAKING PROJECTS THAT HELP RESIDENTS BETTER CONNECT
HABITAT FOR HUMANITY OF SUMMIT COUNTY INC. - 2301 ROMIG ROAD - AKRON, OH 44320-3824	34-1518873	501(C)(3)	85,500.	0.			FOR GENERAL PROGRAM SUPPORT

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IBH FOUNDATION INC. 3445 SOUTH MAIN STREET AKRON, OH 44319	34-1597850	501(C)(3)	251,508.	0.			TO SUPPORT THE 2020 ALTERNATIVE IBH GOLF OUTING IN HONOR OF TIM KILLIAN & MARK ALLIO
HUMANE SOCIETY OF SUMMIT COUNTY 7996 DARROW ROAD, SUITE 30 TWINSBURG, OH 44087-6823	23-7060744	501(C)(3)	68,856.	0.			FOR 2020 ANNUAL GIVING (MARGARET WATTS HUNTER)
HIMALAYAN MUSIC ACADEMY 106 FILMORE AVENUE CUYAHOGA FALLS, OH 44221	65-0350357	501(C)(3)	12,500.	0.			FOR SUPPORTING OVER ALL OPERATIONAL MANagements AND CONTINUE THE CLASSES/LESSONS
HIGHLAND SQUARE NEIGHBORHOOD ASSOCIATION - 641 WEST MARKET STREET - AKRON, OH 44303	20-5074506	501(C)(3)	8,500.	0.			FOR THE 2020 ARTS AND CULTURE COMPETITIVE GRANT CYCLE
HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202-2863	35-1019477	501(C)(3)	24,060.	0.			TO SUPPORT ANIMAL GIFTS OF A GOAT (\$120), SHEEP (\$120), HONEYBEES (\$30), AND A FLOCK OF CHICKENS
HEART TO HEART COMMUNICATIONS INC. 37 NORTH HIGH STREET, SUITE B AKRON, OH 44308-1973	34-1630357	501(C)(3)	73,100.	0.			TO SUPPORT THE 28TH ANNUAL GREATER AKRON SPEAKS OUT BREAKFAST IN HONOR OF JUDGE JOY MALEK
HE BROUGHT US OUT MINISTRY P.O. BOX 1183 AKRON, OH 44309-1183	34-1950491	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
GUM-DIP THEATRE 1178 DAYTON STREET AKRON, OH 44311	65-0350357	501(C)(3)	10,000.	0.			TO SUPPORT "THREE COUNTRIES, ONE MOTHER," A MULTILINGUAL PLAY BASED ON THE HISTORY AND
GOOD SAMARITAN HUNGER CENTER INC. P.O. BOX 5753 AKRON, OH 44372-5753	34-1374539	501(C)(3)	56,591.	0.			FOR GENERAL OPERATING SUPPORT

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HAVEN OF PORTAGE COUNTY 6490 STATE ROUTE 14 RAVENNA, OH 44266-9692	81-4860264	501(C)(3)	5,000.	0.			TO SUPPORT THE COMMUNITY IT SERVES DURING THIS TIME OF CRISIS
GUILFORD COLLEGE 5800 WEST FRIENDLY AVENUE GREENSBORO, NC 27410-4173	56-0529982	501(C)(3)	5,000.	0.			OF WHICH \$2,500 IS TO SUPPORT THE GUILFORD ART GALLERY AND \$2,500 IS TO SUPPORT THE GUILFORD
GREENLEAF FAMILY CENTER 580 GRANT STREET AKRON, OH 44311-9910	34-0714398	501(C)(3)	54,500.	0.			FOR GENERAL OPERATING SUPPORT
GREATER CLEVELAND FOOD BANK, INC. 15500 SOUTH WATERLOO ROAD CLEVELAND, OH 44110-3800	34-1292848	501(C)(3)	21,000.	0.			TO MEET GREATER NEED DUE TO COVID-19
GREATER CHICAGO FOOD DEPOSITORY P.O. BOX 96928 WASHINGTON, DC 20090-6928	36-2971864	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
GREATER AKRON MUSICAL ASSOCIATION INC. - 92 NORTH MAIN STREET - AKRON, OH 44308-1932	34-6003828	501(C)(3)	74,000.	0.			FOR GENERAL PROGRAM SUPPORT
GREATER AKRON HINDU SEWA SAMITTEE 1717 BRITAIN ROAD, SUITE 110 AKRON, OH 44310	81-4654171	501(C)(3)	15,000.	0.			TO SUPPORT PROJECT GIVING THROUGH TEACHING
GREATER AKRON AMENITIES INC. 77 EAST MILL STREET AKRON, OH 44308	01-0675880	501(C)(3)	33,650.	0.			TO SUPPORT THE AKRON [RE]BOUND CAMPAIGN TO PROMOTE VIRTUAL AND IN-PERSON COMMUNITY
GRACE HOUSE AKRON INC. 846 CHINOOK AVENUE AKRON, OH 44305	81-4420042	501(C)(3)	11,500.	0.			TO DEVELOP PROGRAM AND OPERATING INFRASTRUCTURE FOR NEW ENTITY SERVING TERMINALLY ILL

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GRACE ACADEMY OF SMALL WONDERS 218 KARSON DRIVE AKRON, OH 44312-3664	46-0887770	501(C)(3)	5,000.	0.			TO SUPPORT ONLINE EDUCATION AND MENTORING FOR ELEMENTARY GIRLS
GOODWILL INDUSTRIES OF AKRON INC. 570 EAST WATERLOO ROAD AKRON, OH 44319-1223	34-0252230	501(C)(3)	44,500.	0.			FOR ANNUAL SUPPORT
FRIENDS OF METRO PARKS P.O. BOX 13364 AKRON, OH 44334-8764	34-1681376	501(C)(3)	6,000.	0.			TO SUPPORT THE BOB AND CHRISTINE FREITAG MEMORIAL GARDEN
GOOD NEIGHBORS INC. 1453 GOODYEAR BLVD. AKRON, OH 44305-4170	34-6560957	501(C)(3)	43,000.	0.			FOR GENERAL PROGRAM SUPPORT
GLOBAL TIES AKRON QUAKER SQUARE, SUITE 233 AKRON, OH 44325-9003	34-1433786	501(C)(3)	18,000.	0.			TO SUPPORT CURRENT & NEW GLOBAL EDUCATION/DIVERSITY/INCLUSION PROGRAMS & ADAPT TO
CASA BOARD VOLUNTEER ASSOCIATION INC. - 650 DAN STREET - AKRON, OH 44310-3909	34-1856268	501(C)(3)	53,000.	0.			TO SUPPORT COMMUNITY VOLUNTEERS WHO ADVOCATE FOR ABUSED AND NEGLECTED CHILDREN IN THE SUMMIT
GIRL SCOUTS OF NORTH EAST OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 44056-2156	34-0726094	501(C)(3)	35,000.	0.			FOR GENERAL OPERATING SUPPORT
GASP: GUARDIANS ADVOCATING CHILD SAFETY AND PROTECTION - 53 UNIVERSITY AVENUE, 4TH FLOOR - AKRON, OH 44308-1608	06-1778396	501(C)(3)	16,000.	0.			FOR CHILD SAFETY ACTIVITIES, INCLUDING CREATING CHILD ID FINGERPRINT KITS,
GARDEN CLUB OF OHIO INC. DBA: AKRON GARDEN CLUB - P.O. BOX 13343 - FAIRLAWN, OH 44334-8743	34-6542204	501(C)(3)	22,000.	0.			TO SUPPORT THE GOALS OF AKRON GARDEN CLUB

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FUND FOR OUR ECONOMIC FUTURE OF NORTHEAST OHIO - 4415 EUCLID AVENUE, SUITE 203 - CLEVELAND, OH 44103-3758	27-0606927	501(C)(3)	33,334.	0.			TO SUPPORT GROWTH AND OPPORTUNITY IN NORTHEAST OHIO, 2019-2021, YEAR 3
FRIENDS OF THE STOW-MUNROE FALLS PUBLIC LIBRARY - 3512 DARROW ROAD - STOW, OH 44224	34-1379199	501(C)(3)	20,000.	0.			COMMUNITY ENRICHMENT THROUGH LIBRARY OUTREACH
HAVEN OF REST MINISTRIES INC. P.O. BOX 547 AKRON, OH 44309-0547	34-0750345	501(C)(3)	35,786.	0.			FOR GENERAL PROGRAM SUPPORT
HARMONY HOUSE 847 CROUSE STREET AKRON, OH 44306	90-0719742	501(C)(3)	28,000.	0.			TO PROVIDE HOUSING AND SUPPORTIVE SERVICES FOR HOMELESS YOUTH IN SUMMIT COUNTY
FRIENDS OF WKSU 1613 EAST SUMMIT STREET KENT, OH 44242-0001	35-2393041	501(C)(3)	8,800.	0.			FOR GENERAL PROGRAM SUPPORT
FAMILY & COMMUNITY SERVICES INC. 705 OAKWOOD STREET, SUITE 221 RAVENNA, OH 44266-2196	34-1902451	501(C)(3)	162,411.	0.			PORTION OF THE SPENDABLE INCOME AS OF JUNE 30, 2020 FOR THE BENEFIT OF THE MOBILE MEALS PROGRAM
ENVISION EXCELLENCE IN STEM EDUCATION - 2108 LAMBERTON ROAD - CLEVELAND HEIGHTS, OH 44118-2717	20-8622102	501(C)(3)	10,000.	0.			TO SUPPORT THE OLD BROOKLYN PROJECT IN CLEVELAND
ETC ALL AMERICAN YOUTH SHOW CHOIR INC. - 1932 AKRON-PENINSULA ROAD - AKRON, OH 44313-4810	34-1316847	501(C)(3)	20,000.	0.			TO SUPPORT GENERAL OPERATING EXPENSES AND COVID-19 ADAPTATIONS
EMMANUEL CHRISTIAN ACADEMY 350 SOUTH PORTAGE PATH AKRON, OH 44320	34-1765117	501(C)(3)	7,133.	0.			FOR GENERAL PROGRAM SUPPORT

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FIRST TEE OF AKRON INC. DBA: FIRST TEE - GREATER AKRON - 2000 SOUTH HAWKINS AVENUE - AKRON, OH 44314-2530	34-1886744	501(C)(3)	12,070.	0.			TO SUPPORT THE 2021 PUTTING WITH POLICE EVENT
FIDELITY INVESTMENTS CHARITABLE GIFT FUND - P.O. BOX 770001 - CINCINNATI, OH 45277-0011	11-0303001	501(C)(3)	43,311.	0.			FOR FIDELITY CHARITABLE ACCOUNT #1208667
FIRST CONGREGATIONAL CHURCH OF HUDSON - 47 AURORA STREET - HUDSON, OH 44236-2997	34-0762813	501(C)(3)	20,000.	0.			TO SUPPORT FIRST SERVE, AN ANNUAL DAY OF SERVICE LOCATED IN THE NORTH HILL NEIGHBORHOOD OF AKRON
FIRST GLANCE STUDENT CENTER INC. 943 KENMORE BLVD. AKRON, OH 44314-2149	20-2610539	501(C)(3)	11,000.	0.			FOR OPERATION OF AN OUTREACH CENTER, WHICH PROVIDES MENTORSHIP, COUNSELING, AFTERSCHOOL
FIRST PRESBYTERIAN CHURCH OF GRANVILLE - 110 WEST BROADWAY - GRANVILLE, OH 43023	23-6393377	501(C)(3)	18,000.	0.			FOR THE ROOF PROJECT
FEEDING THE GULF COAST 5709 INDUSTRIAL BLVD. MILTON, FL 32583-8737	63-0821997	501(C)(3)	5,000.	0.			TO THE CORONAVIRUS RESPONSE CAMPAIGN TO SUPPORT THE COMMUNITY IT SERVES DURING THIS TIME
CROWN POINT ECOLOGY CENTER 3220 IRA ROAD BATH, OH 44210-0484	27-2817313	501(C)(3)	48,377.	0.			FOR ONGOING SUPPORT AND SUSTAINABILITY OF CROWN POINT
FAMILY PROMISE OF SUMMIT COUNTY INC. - P.O. BOX 1266 - AKRON, OH 44309-1266	75-3101718	501(C)(3)	96,500.	0.			TO SUPPORT THE 2020 NIGHT AT THE RACES EVENT
FAITHFUL SERVANTS MISSION INC. 65 COMMUNITY ROAD, SUITE F TALLMADGE, OH 44278-2358	45-4734159	501(C)(3)	22,000.	0.			FOR GENERAL OPERATING SUPPORT

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FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE SPARKS, NV 89437-5400	94-2924979	501(C)(3)	10,000.	0.			FOR PURCHASING FOOD AND SUPPLIES FOR THOSE IN NEED
FAITH LUTHERAN CHURCH 2726 WEST MARKET STREET AKRON, OH 44333-4236	36-3514294	501(C)(3)	8,000.	0.			FOR THE GENERAL FUND
FORT LEWIS COLLEGE FOUNDATION 1000 RIM DRIVE DURANGO, CO 81301	84-1250562	501(C)(3)	5,000.	0.			FOR THE GREATEST NEEDS GENERAL FUND
FREE TO BE MINISTRIES P.O. BOX 1513 STOW, OH 44224	82-4003611	501(C)(3)	10,000.	0.			TO SUPPORT SUMMIT COUNTY MENTAL HEALTH WELLNESS AND FOR GENERAL OPERATING SUPPORT
FAIRLAWN LUTHERAN CHURCH 3415 WEST MARKET STREET FAIRLAWN, OH 44333-3307	34-0858919	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT
FOOD BANK OF EAST ALABAMA 355 INDUSTRY DRIVE AUBURN, AL 36832-4274	63-1112492	501(C)(3)	5,000.	0.			TO SUPPORT THE COMMUNITY IT SERVES DURING THIS TIME OF CRISIS
CRAFTY MART 526 SOUTH MAIN STREET, SUITE 217 AKRON, OH 44311-4403	47-1337945	501(C)(3)	28,500.	0.			FOR THE 2020 ARTS AND CULTURE COMPETITIVE GRANT CYCLE
CUYAHOGA VALLEY ART CENTER 2131 FRONT STREET CUYAHOGA FALLS, OH 44221-3219	34-1319079	501(C)(3)	30,500.	0.			FOR GENERAL PROGRAM SUPPORT
HUMILITY OF MARY HOUSING AKA H.M. LIFE OPPORTUNITY SERVICES - 2251 FRONT STREET, SUITE 210 - CUYAHOGA FALLS, OH 44221-2578	25-1592420	501(C)(3)	29,500.	0.			FOR GENERAL OPERATING SUPPORT

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DREAMS ACADEMY INTERNATIONAL P.O. BOX 13383 AKRON, OH 44334	81-3518258	501(C)(3)	30,000.	0.			TO SUPPORT VIRTUAL MENTORING AND MUSIC PROGRAMMING FOR AFRICAN-AMERICAN MALES
FRIENDS OF CHILDREN EVERYWHERE P.O. BOX 1234 BRIGHTON, MI 48116	56-2467177	501(C)(3)	20,000.	0.			FOR GENERAL PROGRAM SUPPORT
100 BLACK MEN OF GREATER AKRON INC. - 220 SOUTH BALCH STREET - AKRON, OH 44302	26-0466444	501(C)(3)	15,000.	0.			TO SUPPORT THE "WHERE DO WE GO FROM HERE?" SPEAKER SERIES IN 2021 IN PARTNERSHIP WITH LOVE
FREEDOM HOUSE FOR WOMEN INC. 1101 7TH AVENUE AKRON, OH 44306-1727	02-0691301	501(C)(3)	23,000.	0.			FOR GENERAL OPERATING SUPPORT
FRIENDS OF 91.3 DBA FRIENDS OF THE SUMMIT - 309 WOLF AVENUE - AKRON, OH 44312	26-4312124	501(C)(3)	107,100.	0.			FOR GENERAL OPERATING SUPPORT IN HONOR OF TOMMY BRUNO
EMBRACING FUTURES INC. 50 SOUTH MAIN STREET, SUITE LL 100 AKRON, OH 44308-1859	34-6543299	501(C)(3)	19,710.	0.			TO PROVIDE ORTHODONTIC TREATMENT TO CHILDREN IN POOR AND WORKING POOR FAMILIES
ELEVATE AKRON INCORPORATED 455 WHITE POND DRIVE AKRON, OH 44320	81-2291307	501(C)(3)	10,000.	0.			TO SUPPORT UNITY OF THE AKRON COMMUNITY IN HEALTH, CONNECTION & SERVICE VIA COLLECTIVE
EAST AKRON NEIGHBORHOOD DEVELOPMENT CORPORATION - 550 SOUTH ARLINGTON STREET - AKRON, OH 44306-1740	34-1365690	501(C)(3)	55,000.	0.			FOR RENTAL ASSISTANCE
DUKE UNIVERSITY P.O. BOX 90035 DURHAM, NC 27708	56-0532129	501(C)(3)	5,000.	0.			FOR THE ANNUAL FUND

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DR. BOB'S HOME P.O. BOX 449 AKRON, OH 44309-0449	34-1461210	501(C)(3)	10,000.	0.			TO SUPPORT GENERAL OPERATING EXPENSES
CUYAHOGA VALLEY COUNTRYSIDE CONSERVANCY - 4965 QUICK ROAD - PENINSULA, OH 44264-9574	34-1896395	501(C)(3)	53,500.	0.			FOR GENERAL PROGRAM SUPPORT
DOYLESTOWN COMMUNITY FOOD CUPBOARD 153 CHURCH STREET DOYLESTOWN, OH 44230-1402	47-3983777	501(C)(3)	10,000.	0.			FOR PURCHASING FOOD AND SUPPLIES FOR THOSE IN NEED, IN HONOR OF DONNA AND MARTY ECKERT
DOWNTOWN AKRON PARTNERSHIP INC. 103 SOUTH HIGH STREET, 4TH FLOOR AKRON, OH 44308-1461	34-1823835	501(C)(3)	18,250.	0.			FOR OPERATING SUPPORT FOR DOWNTOWN AKRON PLANNING, BUSINESS ATTRACTION, PUBLIC SPACE ENHANCEMENT
DOTHAN RESCUE MISSION P.O. BOX 6691 DOTHAN, AL 36302-6691	63-0772354	501(C)(3)	5,000.	0.			TO SUPPORT THE COMMUNITY IT SERVES DURING THIS TIME OF CRISIS
DEVELOPMENT FUND OF THE WESTERN RESERVE INC. - 47 NORTH MAIN STREET, SUITE 407 - AKRON, OH 44308-1925	45-2495397	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
DAUGHTERS OF DIVINE CHARITY INC. 39 NORTH PORTAGE PATH AKRON, OH 44303-1183	34-6548948	501(C)(3)	20,000.	0.			TO SUPPORT THE NEEDS OF OUR INDEPENDENT LIVING SENIORS
DANCING CLASSROOMS NORTHEAST OHIO 1085 ROCKSIDE ROAD, SUITE 6 PARMA, OH 44134-2700	26-2300532	501(C)(3)	6,000.	0.			FOR BREAK DANCE AND BREAK DANCE @ HOME VIRTUAL RESIDENCIES
CUYAHOGA VALLEY YOUTH BALLET DBA: BALLET EXCEL OHIO - P.O. BOX 3131 - CUYAHOGA FALLS, OH 44223-0431	34-1318396	501(C)(3)	48,886.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 2020

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**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CUYAHOGA VALLEY PRESERVATION AND SCENIC RAILWAY ASSOCIATION - P.O. BOX 158 - PENINSULA, OH 44264-0158	23-7198801	501(C)(3)	86,430.	0.			FOR GENERAL OPERATING SUPPORT IN HONOR OF JOE MAZUR
GROUNDWORKS DANCETHEATER 13125 SHAKER SQUARE, SUITE 102 SHAKER HEIGHTS, OH 44120-2399	34-1856594	501(C)(3)	10,000.	0.			TO SUPPORT SUMMIT COUNTY PROGRAMMING AND EDUCATIONAL OUTREACH ACTIVITIES
GIRLS ON THE RUN NORTHEAST OHIO 8929 BRECKSVILLE ROAD BRECKSVILLE, OH 44141-2301	47-0991498	501(C)(3)	36,000.	0.			TO SUPPORT THE PHYSICAL, SOCIAL & EMOTIONAL WELL-BEING OF SUMMIT COUNTY GIRLS
COMMUNITY OUTREACH RESOURCES EXCHANGE DBA: CORE FURNITURE BANK - P.O. BOX 1192 - CUYAHOGA FALLS, OH 44223-0192	26-3336894	501(C)(3)	16,500.	0.			FOR OPERATING SUPPORT, LIKE THE TRANSPORT AND HANDLING OF DONATED FURNITURE FOR FAMILIES IN
CHOICES A COMMUNITY SOCIAL CENTER 320 EAST SOUTH STREET AKRON, OH 44311	34-1766079	501(C)(3)	20,000.	0.			TO SUPPORT PEOPLE LIVING W/MENTAL ILLNESS THROUGH MEALS, MENTORING, EDUCATIONAL & SOCIAL
COMMUNITY DRUG BOARD DBA: CHC ADDICTION SERVICES - 725 EAST MARKET STREET - AKRON, OH 44305-2421	34-1171699	501(C)(3)	177,500.	0.			TO IMPLEMENT ADDICTION RECOVERY SERVICES USING TELEHEALTH TECHNOLOGY DURING THE COVID-19
COMMUNITY AIDS NETWORK/AKRON PRIDE INITIATIVE - 759 WEST MARKET STREET, 1ST FLOOR - AKRON, OH 44303-1015	31-1506671	501(C)(3)	42,000.	0.			TO SUPPORT THE NEEDS OF LGBTQ+ YOUTH WITH HOUSING INSTABILITY
COLEMAN PROFESSIONAL SERVICES INC. 5982 RHODES ROAD KENT, OH 44240-8100	34-1240178	501(C)(3)	47,459.	0.			TO SUPPORT THE 2020 "STAY" RIGHT AT HOME EVENT
CLINTON PRESBYTERIAN CHURCH 402 NORTH CENTER STREET CLINTON, IL 61727	22-1863674	501(C)(3)	6,092.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING DECEMBER 31, 2020

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CLEVELAND ZOOLOGICAL SOCIETY 3900 WILDLIFE WAY CLEVELAND, OH 44109-3132	34-0816490	501(C)(3)	5,000.	0.			TO SUPPORT THE ZOO FUNDING REQUEST FOR CLEVELAND METROPARKS ZOO'S GRADUATE RESEARCH ASSOCIATES'
CONXUSNEO 277 EAST MILL STREET AKRON, OH 44308-1735	34-2019627	501(C)(3)	70,000.	0.			FOR GENERAL OPERATING SUPPORT
CLEVELAND CLINIC FOUNDATION P.O. BOX 931517 CLEVELAND, OH 44193-1655	34-0714585	501(C)(3)	171,748.	0.			FOR THE COVID-19 RESPONSE FUND
CHRIST CHILD SOCIETY OF AKRON P.O. BOX 13411 AKRON, OH 44334-8811	34-1225803	501(C)(3)	16,374.	0.			FOR THE LAYETTE PROGRAM
CHOATE ROSEMARY HALL FOUNDATION INC. - 333 CHRISTIAN STREET - WALLINGFORD, CT 06492-3818	06-0910420	501(C)(3)	7,000.	0.			FOR GENERAL PROGRAM SUPPORT
COMMUNITY LEGAL AID SERVICES INC. AKRON CENTRE PLAZA AKRON, OH 44308-1823	34-0753560	501(C)(3)	97,750.	0.			FOR GENERAL PROGRAM SUPPORT
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON DBA: AKRON CHILDREN'S HOSPITAL - ONE PERKINS SQUARE - AKRON, OH 44308-1062	34-0714357	501(C)(3)	158,251.	0.			FOR ANNUAL SUPPORT
CHILDREN'S CONCERT SOCIETY OF AKRON - 198 HILL STREET - AKRON, OH 44325-0501	34-0923479	501(C)(3)	58,327.	0.			FOR GENERAL OPERATING SUPPORT
CHILD GUIDANCE & FAMILY SOLUTIONS INC. - 18 NORTH FORGE STREET - AKRON, OH 44304-1317	34-0726083	501(C)(3)	145,138.	0.			FOR GENERAL PROGRAM SUPPORT

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CHAIR-ITY INC. 3643 NORTH SHORE DRIVE AKRON, OH 44333	47-2298771	501(C)(3)	9,250.	0.			TO PROVIDE FURNITURE AND HOUSEHOLD ITEMS FOR SUMMIT COUNTY YOUTH WHO AGE OUT OF THE FOSTER
BLUECOATS INC. 2060 WEST NIMISILA ROAD CLINTON, OH 44216-9181	34-6560968	501(C)(3)	15,000.	0.			FOR THE ANNUAL CAMPAIGN
BLICK CLINIC INC. DBA THE BLICK CENTER - 640 WEST MARKET STREET - AKRON, OH 44303-1413	23-7176525	501(C)(3)	53,000.	0.			TO SUPPORT ADULTS WITH DISABILITIES LIFE STRUCTURE AND REDUCE MENTAL HEALTH SYMPTOMS
BLESSINGS IN A BACKPACK P.O. BOX 950291 LOUISVILLE, KY 40295-0291	26-1964620	501(C)(3)	5,000.	0.			TO ASSIST WITH FEEDING CHILDREN ENROLLED IN GREEN SCHOOL DISTRICT, GREEN, OHIO
BIRTHING BEAUTIFUL COMMUNITIES 942 NORTH MAIN STREET, SUITE C AKRON, OH 44310	47-4453278	501(C)(3)	35,500.	0.			FOR SUPPORT AND ADVOCACY PROGRAMS FOR AT-RISK PREGNANT WOMEN
COMMUNITY HALL FOUNDATION PROGRAM ENDOWMENT DBA: AKRON CIVIC THEATRE - 182 SOUTH MAIN STREET - AKRON, OH 44308-1316	34-1015948	501(C)(3)	210,764.	0.			FOR GENERAL PROGRAM SUPPORT
KAITLYN ECKELBERRY MEMORIAL FUND 5484 FLEETWOOD AVENUE N.W. CANTON, OH 44718-1440	85-1724593	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON ROUNDTABLE P.O. BOX 1051 CUYAHOGA FALLS, OH 44223-0051	34-1249338	501(C)(3)	5,250.	0.			FOR 2021 SILVER SPONSORSHIP
BROKEN CHAINS JAIL & PRISON MINISTRY - P.O. BOX 502 - AKRON, OH 44309-0502	54-2139891	501(C)(3)	51,500.	0.			TO SUPPORT ADDICTION RECOVERY, MENTORING, AND WORKFORCE DEVELOPMENT SERVICES IN SUMMIT COUNTY

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CARROLL COUNTY CARING HANDS INC. P.O. BOX 322 CARROLLTON, OH 44615-0322	81-3392823	501(C)(3)	5,000.	0.			TO SUPPORT THE COMMUNITY IT SERVES DURING THIS TIME OF CRISIS
CARING HANDS CHARITY 1677 EAST MARKET STREET AKRON, OH 44305	81-4914374	501(C)(3)	12,500.	0.			TO SUPPORT SUMMIT COUNTY OUTREACH PROJECT FEEDING PROGRAM
CAPTRUST COMMUNITY FOUNDATION 4208 SIX FORKS ROAD, SUITE 1700 RALEIGH, NC 27609	20-8715100	501(C)(3)	75,000.	0.			FOR GENERAL PROGRAM SUPPORT
CENTER FOR APPLIED DRAMA AND AUTISM - P.O. BOX 2972 - AKRON, OH 44309-2972	83-0462908	501(C)(3)	14,500.	0.			FOR THE 2020 ARTS AND CULTURE COMPETITIVE GRANT CYCLE
CANDID MIDWEST (AKA: FOUNDATION CENTER AND GUIDESTAR) - 1422 EUCLID AVENUE, SUITE 1600 - CLEVELAND, OH 44115-2001	13-1837418	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT FOR SUMMIT COUNTY, OHIO
BULLDOG BAGS, INC. P.O. BOX 1475 STOW, OH 44224-0475	47-5133276	501(C)(3)	22,228.	0.			FOR GENERAL PROGRAM SUPPORT
BUILDING FOR TOMORROW 100 WEST CEDAR STREET AKRON, OH 44307-2569	27-4254089	501(C)(3)	139,138.	0.			TO SUPPORT THE AKRON METROPOLITAN HOUSING AUTHORITY'S EARLY CHILDHOOD INITIATIVE
BUCHTEL COMMUNITY LEARNING CENTER PTA - 1040 COPLEY ROAD - AKRON, OH 44320	46-4089930	501(C)(3)	5,000.	0.			TO SUPPORT GRANDPARENTS RAISING GRANDCHILDREN
BRIGHT STAR BOOKS INC. 8893 LANGSTON COURT MACEDONIA, OH 44056-1547	46-5624952	501(C)(3)	12,750.	0.			TO SUPPORT CHILDREN'S BOOK GIVING PROGRAMMING IN SUMMIT COUNTY

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COMMUNITY PREGNANCY CENTER INC. DBA: EMBRACE CLINIC & CARE CENTER - 180 1ST STREET NW - BARBERTON, OH 44203	34-1645865	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT AND TO BUY BABY FOOD, FORMULA AND OTHER ITEMS FOR OUR CLIENTS
BOYS AND GIRLS CLUBS OF THE WESTERN RESERVE INC. - 889 JONATHAN AVENUE - AKRON, OH 44306-3606	34-1856214	501(C)(3)	198,342.	0.			FOR GENERAL OPERATING SUPPORT IN HONOR OF RICHARD B. FRY III
BOY SCOUTS OF AMERICA COUNCIL 4500 HUDSON DRIVE STOW, OH 44224-1702	34-0737790	501(C)(3)	40,196.	0.			TO SUPPORT CAMPS AND OTHER PROGRAMMING
BOUNCE INNOVATION HUB 526 SOUTH MAIN STREET AKRON, OH 44311-4401	82-3351373	501(C)(3)	55,000.	0.			TO SUPPORT OUR MINORITY FOCUSED BUSINESS PROGRAM, GROW
BUSINESS VOLUNTEERS UNLIMITED DBA: BVU: THE CENTER FOR NONPROFIT EXCELLENCE - 1300 EAST 9TH STREET, SUITE 1805 - CLEVELAND, OH	34-1724581	501(C)(3)	181,755.	0.			FOR GENERAL OPERATING SUPPORT
CENTER FOR APPLIED THEATRE AND ACTIVE CULTURE - 220 SOUTH BALCH STREET - AKRON, OH 44302	83-0462908	501(C)(3)	36,500.	0.			FOR GENERAL PROGRAM SUPPORT
CENTER FOR INNOVATIVE TRAINING OF YOUTH, DBA: STEM NOLA - 4910 DREXEL DRIVE - NEW ORLEANS, LA 70125	46-4516976	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
CHABAD JEWISH RELIGIOUS ASSOCIATION - 599 PEBBLE BEACH DRIVE - AKRON, OH 44333-2835	34-1274750	501(C)(3)	32,100.	0.			FOR THE GENERAL FUND AND PURIM
COMMUNITY SUPPORT SERVICES INC. 150 CROSS STREET AKRON, OH 44311-1026	23-7029146	501(C)(3)	60,000.	0.			TO SUPPORT CLIENT/CARETAKER INTERACTION THROUGH TELEHEALTH TECHNOLOGY

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AKRON SOUL TRAIN 121 SOUTH MAIN STREET, SUITE 500 AKRON, OH 44308-1426	81-1199928	501(C)(3)	23,500.	0.			FOR THE 2020 ARTS AND CULTURE COMPETITIVE GRANT CYCLE
CLEVELAND FOUNDATION 1422 EUCLID AVENUE, SUITE 1300 CLEVELAND, OH 44115-2001	34-0714588	501(C)(3)	505,000.	0.			TO THE GREATER CLEVELAND COVID-19 RESPONSE FUND TO SUPPORT THE COMMUNITY IT SERVES DURING THIS TIME
AKRON ROTARY CAMP FOR CHILDREN WITH SPECIAL NEEDS INC. - 4460 REX LAKE DRIVE - AKRON, OH 44319-3430	34-6557819	501(C)(3)	99,250.	0.			FOR GENERAL OPERATING SUPPORT
AUTISM SOCIETY OF GREATER AKRON 580 GRANT STREET AKRON, OH 44311	47-1129984	501(C)(3)	62,500.	0.			TO SUPPORT CHILDREN AND ADULTS WITH AUTISM SPECTRUM DISORDER TO IMPROVE AND MAINTAIN
BEN CURTIS FAMILY FOUNDATION 1675 EAST MAIN STREET KENT, OH 44240-5818	46-1431932	501(C)(3)	5,000.	0.			TO SUPPORT RAVENNA SCHOOL CHILDREN
BE THE CHURCH INC. 5821 MANCHESTER ROAD NEW FRANKLIN, OH 44319	84-3361340	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT AND COVID-19 RELATED/SHIFT IN PROGRAMMING EXPENSES
BATTERED WOMEN'S SHELTER 974 EAST MARKET STREET AKRON, OH 44305-2445	34-1249342	501(C)(3)	203,365.	0.			FOR GENERAL PROGRAM SUPPORT
BATH CHURCH, UNITED CHURCH OF CHRIST - P.O. BOX 496 - BATH, OH 44210-0496	34-1927041	501(C)(3)	15,000.	0.			FOR GENERAL PROGRAM SUPPORT IN MEMORY OF CATHRYN SIDDALL (1919-2014)
BARBERTON AREA COMMUNITY MINISTRIES - 939 NORTON AVENUE - BARBERTON, OH 44203	31-1502393	501(C)(3)	51,000.	0.			FOR GENERAL OPERATING SUPPORT

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BALLET THEATRE OF OHIO 265 NORTH MAIN STREET, SUITE 13 MUNROE FALLS, OH 44262-1090	34-1772850	501(C)(3)	50,000.	0.			TO BE USED FOR PRODUCTION EXPENSES FOR CHILDREN'S BALLET THEATRE
BACK ON MY FEET 1730 EAST HOLLY AVENUE, SUITE 826 EL SEGUNDO, CA 90245-4404	26-2109809	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT OF THE LOS ANGELES CHAPTER
AXESSPOINTE COMMUNITY HEALTH CENTER INC. - 1400 SOUTH ARLINGTON STREET, SUITE 38 - AKRON, OH 44306	34-1735884	501(C)(3)	10,000.	0.			TO SUPPORT THE 25TH ANNIVERSARY GALA
ASIAN SERVICES IN ACTION INC. 370 EAST MARKET STREET AKRON, OH 44304-1526	34-1798850	501(C)(3)	65,000.	0.			TO SUPPORT CULTURALLY AND LINGUISTICALLY APPROPRIATE DIRECT SERVICES TO FEMALE
BIG LOVE NETWORK 115 OAKDALE AVENUE, #2 AKRON, OH 44302-1541	83-0716170	501(C)(3)	5,250.	0.			FOR THE 2020 CIVIC AFFAIRS COMPETITIVE GRANT CYCLE
ARTSNOW 175 SOUTH MAIN STREET, OHIO BUILDING AKRON, OH 44308	47-5513742	501(C)(3)	142,100.	0.			TO SUPPORT GENERAL OPERATIONS
ART SPARKS P.O. BOX 1061 CUYAHOGA FALLS, OH 44223-0061	45-5629269	501(C)(3)	48,500.	0.			FOR THE 2020 ARTS AND CULTURE COMPETITIVE GRANT CYCLE
AKRON REGIONAL DEVELOPMENT BOARD EDUCATIONAL FUND - 388 SOUTH MAIN STREET, SUITE 205 - AKRON, OH 44311-1035	34-1202413	501(C)(3)	5,000.	0.			FOR THE 2020 ANNUAL COMMITMENT
ARCHBISHOP HOBAN HIGH SCHOOL INC. ONE HOLY CROSS BLVD. AKRON, OH 44306-1500	34-0770684	501(C)(3)	26,763.	0.			FOR GENERAL OPERATING SUPPORT IN MEMORY OF PHIL MAYNARD

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APOLLO'S FIRE THE CLEVELAND BAROQUE ORCHESTRA - 3091 MAYFIELD ROAD, SUITE 217 - CLEVELAND HEIGHTS, OH 44118-1777	34-1696842	501(C)(3)	15,500.	0.			TO SUPPORT FREE & DISCOUNTED OUTREACH TICKETS FOR THE BATH COMMUNITY AT VIRTUAL &
AMERICAN RED CROSS OF GREATER AKRON AND MAHONING VALLEY - 501 WEST MARKET STREET - AKRON, OH 44303-1898	53-0196605	501(C)(3)	79,250.	0.			FOR GENERAL OPERATING SUPPORT IN HONOR OF KEVIN THOMPSON AND IN MEMORY OF PATRICIA THOMPSON
AMERICAN HEART ASSOCIATION INC. 1575 CORPORATE WOODS PARKWAY, SUITE UNIONTOWN, OH 44685	13-5613797	501(C)(3)	53,500.	0.			FOR ANNUAL PROGRAM AND EVENT SUPPORT
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)(3)	217,049.	0.			FOR GENERAL OPERATING SUPPORT IN HONOR OF DAN FLOWERS
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)	71,330.	0.			TO SUPPORT THE 12TH ANNUAL GRAPES FOR KIDS' SAKE, WITHOUT BENEFITS
ART RESOURCES TRANSFORMATIONS 526 SOUTH MAIN STREET, SUITE 503A AKRON, OH 44311	83-3743218	501(C)(3)	35,000.	0.			TO SUPPORT LOCAL ARTISTS BY PROVIDING ASSISTANCE WITH RENT AND OTHER BASIC NEEDS
ALZHEIMER'S ASSOCIATION GREATER EAST OHIO CHAPTER - 70 WEST STREETSBORO STREET, SUITE 201 - HUDSON, OH 44236	13-3039601	501(C)(3)	5,000.	0.			FOR USE WHERE MOST NEEDED
AKRON CHILDREN'S HOSPITAL FOUNDATION - ONE PERKINS SQUARE - AKRON, OH 44308-1063	23-7114013	501(C)(3)	26,750.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON MARATHON CHARITABLE CORPORATION - 155 EAST VORIS STREET - AKRON, OH 44311-1513	42-1531773	501(C)(3)	273,750.	0.			FOR ANNUAL GENERAL PROGRAM SUPPORT

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AKRON MAKERSPACE 540 S MAIN ST - SUITE 951 AKRON, OH 44311	45-4741370	501(C)(3)	7,500.	0.			TO SUPPORT LOCAL MAKERS, ARTISANS AND CRAFTSMEN
AKRON INNER CITY SOCCER CLUB 865 ROSLYN AVENUE AKRON, OH 44320-1846	34-1875816	501(C)(3)	24,500.	0.			TO SUPPORT YOUTH DEVELOPMENT AND AFTER SCHOOL SOCCER PROGRAM FOR THE LOW-INCOME FAMILIES
AKRON GENERAL MEDICAL CENTER 1 AKRON GENERAL AVENUE AKRON, OH 44307	34-0714478	501(C)(3)	50,250.	0.			FOR ANNUAL SUPPORT
AKRON GENERAL FOUNDATION 1 AKRON GENERAL AVENUE AKRON, OH 44307-2432	34-1127047	501(C)(3)	18,000.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON DEVELOPMENT CORPORATION 166 SOUTH HIGH STREET, SUITE 202 AKRON, OH 44308-1628	34-1308327	501(C)(3)	375,500.	0.			TO SUPPORT ALTERNATIVE CITY OF AKRON RECREATION AND ENTERTAINMENT PROGRAMS DURING COVID-19
AKRON CHILDREN'S MUSEUM 216 SOUTH MAIN STREET AKRON, OH 44308-1315	46-3118462	501(C)(3)	73,250.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON COMMUNITY SERVICE CENTER & URBAN LEAGUE - 440 VERNON ODOM BLVD. - AKRON, OH 44307-2108	34-0714520	501(C)(3)	221,900.	0.			TO SUPPORT SUMMER ENRICHMENT DAY CAMP SCHOLARSHIPS
AKRON BLIND CENTER & WORKSHOP INC. 325 EAST MARKET STREET AKRON, OH 44304-1340	34-0742708	501(C)(3)	19,000.	0.			TO OFFER PROGRAMS, RESOURCES AND CLASSES FOR THE BLIND AND VISUALLY IMPAIRED IN SUMMIT
AKRON BIBLE CHURCH 783 BROWN STREET AKRON, OH 44311	34-1321296	501(C)(3)	20,000.	0.			TO SUPPORT SUMMIT COUNTY HOUSING AND FOOD/MEAL OUTREACH PROGRAMS

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AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-1801	34-0813426	501(C)(3)	315,261.	0.			SPENDABLE INCOME FOR THE QUARTER ENDING DECEMBER 31, 2020
ACCESS INC. 230 WEST MARKET STREET AKRON, OH 44303	34-1395246	501(C)(3)	95,950.	0.			FOR GENERAL OPERATING SUPPORT
A KID AGAIN 9347 RAVENNA ROAD, UNIT D TWINSBURG, OH 44087	31-1440073	501(C)(3)	31,700.	0.			TO OFFER DESTINATION ADVENTURES FOR FAMILIES OF CHILDREN WITH LIFE-THREATENING
2ND & 7 FOUNDATION 7949 NORTH HIGH STREET, STE B COLUMBUS, OH 43235	31-1756363	501(C)(3)	5,750.	0.			TO SUPPORT OUR TACKLE ILLITERACY PROGRAM
AKRON URBAN MINORITY ALCOHOLISM DRUG ABUSE - 665 WEST MARKET STREET - AKRON, OH 44303	34-1726481	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT AND COVID-19 RELATED/SHIFT IN PROGRAMMING EXPENSES
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK - 1403 WEST HINES HILL ROAD - PENINSULA, OH 44264-9646	34-1917257	501(C)(3)	169,961.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON ZOOLOGICAL PARK 500 EDGEWOOD AVENUE AKRON, OH 44307-2199	34-6003866	501(C)(3)	14,000.	0.			FOR REINFORCING GRADE-LEVEL SCIENCE CONCEPTS THROUGH A BLENDED LEARNING
MONTROSE ZION UNITED METHODIST CHURCH - 565 NORTH CLEVELAND-MASSILLON ROAD - AKRON, OH 44333-2299	34-1415202	501(C)(3)	13,651.	0.			FOR GENERAL OPERATING SUPPORT
MATTHEW 25 COALITION P.O. BOX 284 LODI, OH 44254	43-2030113	501(C)(3)	5,000.	0.			TO SUPPORT EMERGENCY UTILITY ASSISTANCE FOR WOMEN AND CHILDREN

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MEDINA CARES INC. 1114 NORTH COURT STREET #122 MEDINA, OH 44256	26-3176866	501(C)(3)	10,000.	0.			TO SUPPORT MEDINA COUNTY RESIDENTS WHO HAVE BEEN MEDICALLY DIAGNOSED OR QUARANTINED WITH COVID-19
THE SALVATION ARMY OF MEDINA 425 W. LIBERTY STREET MEDINA, OH 44256	13-3485289	501(C)(3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
FATHERS AND SONS OF NORTHEAST OHIO 1382 HART STREET AKRON, OH 44306	75-3240084	501(C)(3)	9,000.	0.			TO SUPPORT LOW INCOME FATHERS IN SUMMIT COUNTY
MASTER SINGERS CHORALE OF NORTHEAST OHIO - P.O. BOX 1404 - STOW, OH 44224	56-2291413	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
EASTER SEALS NORTHERN OHIO INC. 1915 NORTH RIDGE DRIVE LORAIN, OH 44055	31-4380051	501(C)(3)	58,000.	0.			TO ENHANCE TRANSPORTATION SERVICES FOR PEOPLE WITH DISABILITIES THROUGH PASS CERTIFICATION
HELP FOUNDATION INC. 26900 EUCLID AVENUE CLEVELAND, OH 44132	34-1617051	501(C)(3)	52,000.	0.			TO SUPPORT EDUCATION OF DIRECT SUPPORT PROFESSIONALS WHO SUPPORT INDIVIDUALS WITH
CLEVELAND MODERN DANCE ASSOCIATION DBA DANCECLEVELAND - 13110 SHAKER SQUARE, SUITE 106 - CLEVELAND, OH 44120	34-6561006	501(C)(3)	10,000.	0.			TO BRING WORLD CLASS MODERN DANCE TO AKRON IN 2020 FEATURING BODYTRAFFIC
OAKS FAMILY CARE CENTER 4196 CENTER ROAD BRUNSWICK, OH 44212	31-1586601	501(C)(3)	6,140.	0.			TO SUPPORT MEDINA COUNTY OUTREACH SERVICES
VERB BALLETS 3558 LEE ROAD SHAKER HEIGHTS, OH 44120	34-1645238	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT TO CONDUCT ACTIVITIES IN SUMMIT COUNTY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUBBER CITY SHAKESPEARE COMPANY DBA RUBBER CITY THEATRE - 243 FURNACE STREET - AKRON, OH 44304	47-2484892	501(C)(3)	20,000.	0.			TO SUPPORT THE 2020-2021 ARTISTIC SEASON
EMERGENCY ASSISTANCE FOUNDATION INC. - P.O. BOX 850001 - ORLANDO, FL 32885-0001	45-1813056	501(C)(3)	5,000.	0.			TO SUPPORT THE SMUCKER EMPLOYEE RELIEF FUND
VFW OF THE UNITED STATES DEPARTMENT OF OHIO - 1070 SANBORN DRIVE - AKRON, OH 44333-2959	34-1513225	501(C)(19)	10,000.	0.			TO SUPPORT VETERAN SERVICES
SHANTI COMMUNITY FARMS INC. 240 EAST TALLMADGE AVENUE AKRON, OH 44310	82-1090052	501(C)(3)	24,500.	0.			FOR A YOUTH FARM-TO-SCHOOL, LANDSCAPING TRAINING AND TUTORING PROGRAM FOR
NORTHEAST OHIO CENTER FOR CHOREOGRAPHY DBA NATIONAL CENTER FOR CHOREOGRAPHY - GUZZETTA HALL 398 - AKRON, OH 44325-1005	47-5231350	501(C)(3)	38,500.	0.			TO SUPPORT CHOREOGRAPHIC RESEARCH BETWEEN THE CRIMINAL JUSTICE SYSTEM AND BLACK/BROWN
FORGET-ME-NOT BASKETS 104 CAROL DRIVE CRESTON, OH 44217	27-1172295	501(C)(3)	8,000.	0.			TO SUPPORT AKRON HOSPITALS PREGNANCY BEREAVEMENT PROGRAM
FALLS CANCER CLUB INC. 230 STOW AVENUE CUYAHOGA FALLS, OH 44223	34-6556521	501(C)(3)	13,000.	0.			TO SUPPORT THE 78 CANCER PATIENTS WE CURRENTLY ARE PAYING THEIR MEDICAL & PHARMACEUTICAL BILLS
EMPOWER HER NETWORK 8 NORTH RIDGE LANE NEW LONDON, CT 06320	82-2102421	501(C)(3)	6,000.	0.			TO SUPPORT EMPOWERMENT PLANS FOR TWO AKRON SURVIVORS OF HUMAN TRAFFICKING
ECONOMICS CENTER FOR EDUCATION AND RESEARCH - 225 CALHOUN STREET, SUITE 370 - CINCINNATI, OH 45219	31-0898481	501(C)(3)	10,000.	0.			TO SUPPORT FINANCIAL EDUCATION TRAINING FOR EDUCATORS IN SUMMIT COUNTY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWNTOWN CUYAHOGA FALLS PARTNERSHIP, INC. - P.O. BOX 382 - CUYAHOGA FALLS, OH 44222	82-5403661	501(C) (3)	7,500.	0.			FOR THE PURCHASE OF GIFT CARDS AND DOWNTOWN DOLLARS FOR SMALL BUSINESS RECOVERY IN
ARC RECOVERY SERVICES 834 GRANT STREET AKRON, OH 44311	34-1687728	501(C) (3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT AND COVID-19 RELATED/SHIFT IN PROGRAMMING EXPENSES
STOW-MUNROE FALLS NEIGHBORHOOD IMPROVEMENT & COMMUNITY ENRICHMENT - P.O. BOX 1824 - STOW, OH 44224	83-3570149	501(C) (3)	15,000.	0.			TO FIND INSPIRED SOLUTIONS AND PROVIDE TANGIBLE SUPPORT TO THE FAMILIES OF STOW-MUNROE
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND HTS., OH 44106-7035	34-1018992	501(C) (3)	17,000.	0.			FOR LAW SCHOOL SCHOLARSHIPS
THE SALVATION ARMY OF CANTON CITADEL - 420 MARKET AVENUE SOUTH - CANTON, OH 44702	22-2406433	501(C) (3)	5,000.	0.			FOR GENERAL PROGRAM SUPPORT
AKRON SYMPHONIC WINDS 537 KATHRON AVENUE CUYAHOGA FALLS, OH 44221	81-3257904	501(C) (3)	5,000.	0.			TO SUPPORT FREE LIVE CONCERTS AND SCHOOLS MUSIC COACHING
AKRON PARKS COLLABORATIVE P.O. BOX 13214 AKRON, OH 44334	82-4927742	501(C) (3)	5,000.	0.			FOR A STRATEGIC PLAN INCLUDING A FUND DEVELOPMENT PLAN
KAREN COMMUNITY OF AKRON, INC. 1582 EAST MARKET STREET AKRON, OH 44305	26-4785525	501(C) (3)	5,000.	0.			TO SUPPORT CULTURAL EVENTS AND PROGRAMMING
WARRIORS' JOURNEY HOME MINISTRY INC. - P.O. BOX 67121 - CUYAHOGA FALLS, OH 44222-7121	90-0726265	501(C) (3)	5,000.	0.			TO SUPPORT THE RE-ENTRY PROJECT IN THE TIME OF A PANDEMIC

Schedule I (Form 990)



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	172	389,980.	0.		

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

**PART I, LINE 2:**

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

**Part IV** Supplemental Information

GRANTEE AS APPROPRIATE CONSIDERING THE SIZE AND COMPLEXITY OF THE GRANT, OVER THE LIFE OF THE GRANT. FOUNDATION STAFF ALSO MONITORS LOCAL MEDIA REPORTS, ATTENDS COMMUNITY MEETINGS AND OTHERWISE MAKES EVERY EFFORT TO STAY WELL-INFORMED ABOUT THE ACTIVITIES AND FINANCIAL SOUNDNESS OF ITS GRANTEES.

FOR DONOR ADVISED FUNDS (DAF), BOTH THE DONOR FUND ADVISOR AND THE GRANTEE RECEIVE LETTERS AT THE TIME OF THE GRANT WHICH STATE THE PURPOSE OF THE GRANT AS WELL AS PROHIBITIONS ON USE OF FUNDS (NOT TO BE USED TO BENEFIT THE FUND DONOR OR ACF, NOT TO BE USED TO SATISFY A PERSONAL PLEDGE OR LEGAL OBLIGATION OF THE DONOR, NO TANGIBLE GOODS OR SERVICES TO BE RECEIVED). BEFORE DISBURSING FUNDS, THE FOUNDATION REQUIRES A SIGNED ANNUAL STATEMENT (EVERY OTHER YEAR UNLESS THEY ARE A NEW GRANTEE) REGARDING QUID PRO QUO BENEFITS FROM EVERY DAF GRANTEE ORGANIZATION, CERTIFYING THAT THE ORGANIZATION HAS EDUCATED ITS STAFF AND VOLUNTEERS REGARDING THE PROHIBITION OF GRANT FUNDS FOR CERTAIN PURPOSES, AS STATED ABOVE.

SCHOLARSHIP GRANTS ARE DISBURSED DIRECTLY TO THE APPLICABLE EDUCATIONAL INSTITUTION TO BE CREDITED DIRECTLY TO THE STUDENT'S ACCOUNT. GRADES ARE MONITORED BEFORE ANY SCHOLARSHIP GRANT IS RENEWED.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: COUNTY OF SUMMIT

(H) PURPOSE OF GRANT OR ASSISTANCE: RETURNED FUNDS FOR SUMMIT COUNTY COVID-19 NON-PROFIT AND ARTS & CULTURE EMERGENCY RELIEF GRANT PROGRAM FUND

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

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SAFETY MEASURES NEEDED AT ALL NINETEEN LIBRARY LOCATIONS, WHICH OPENED ON JULY 27

NAME OF ORGANIZATION OR GOVERNMENT: SUMMIT COUNTY PUBLIC HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO RECRUIT AND TRAIN VOLUNTEER GUARDIANS TO SUPPORT INDIGENT ADULT WARDS OF THE SUMMIT COUNTY PROBATE COURT

NAME OF ORGANIZATION OR GOVERNMENT: WANDERING AESTHETICS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT COMMUNITY-DRIVEN PROGRAMMING, PERFORMANCES AND EDUCATIONAL ACTIVITIES FOR WANDERING AESTHETICS 2020 - 2021 SEASON

NAME OF ORGANIZATION OR GOVERNMENT: WEAVER INDUSTRIES INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT & ADDITIONAL RESOURCES NEEDED TO SUSTAIN SERVICES DURING THE PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT: ST. ANDREW CATHOLIC CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: OF WHICH \$10,000 IS FOR THE EMERGENCY FUND AND \$10,000 IS FOR EITHER THE BUILDING CAPITAL CAMPAIGN OR FOR GENERAL OPERATING SUPPORT, AT THE DISCRETION OF THE GRANTEE

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT DROPOUT PREVENTION & RECOVERY PROGRAMS FOR AT-RISK HIGH SCHOOL YOUTH IN SUMMIT COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: TORCHBEARERS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SPONSORSHIP OF THE 2021 ANNUAL

**Part IV** Supplemental Information

ANNIVERSARY CELEBRATION AT THE SILVER LEVEL AND WITHOUT BENEFITS

NAME OF ORGANIZATION OR GOVERNMENT:

SUMMIT LAKE COMMUNITY DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DISTRIBUTE MESSAGING AND BASIC COVID-19 SAFETY SUPPLIES FOR PUBLIC SPACES AND LOCAL BUSINESS IN AKRON'S SUMMIT LAKE NEIGHBORHOOD

NAME OF ORGANIZATION OR GOVERNMENT: URBAN VISION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE SET ON SUCCESS (S.O.S.) AFTER-SCHOOL PROGRAM FOR HIGH-RISK, INNER-CITY YOUTH, PROVIDING ACADEMIC SUPPORT AND SKILLS DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: URBAN TROUBADOUR COMPANY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR OPERATING SUPPORT DURING COVID-19 DISRUPTION, AND TO SUPPORT A SERIES OF ONLINE PERFORMANCES

NAME OF ORGANIZATION OR GOVERNMENT:

THE OHIO STATE UNIVERSITY EXTENSION SUMMIT COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE AKRON GROWS 2021 PROJECT, WHICH TEACHES LOCAL GRADE-SCHOOLERS TO GARDEN AND HARVEST PRODUCE

NAME OF ORGANIZATION OR GOVERNMENT: THE MUSICAL THEATER PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT KIDS LOVE MUSICALS! PROGRAMMING IN AKRON PUBLIC SCHOOLS DURING THE 2010-2021 ACADEMIC YEAR

NAME OF ORGANIZATION OR GOVERNMENT: THE EMERGENCY ASSISTANCE CENTER INC.

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FOOD AND PERSONAL HYGIENE ASSISTANCE TO PEOPLE RESIDING IN 7 SUMMIT COUNTY ZIP CODES

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH AKRON YOUTH MENTORSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT COMMUNITY COLLABORATION EFFORTS IN EDUCATION INITIATIVES FOR AT-RISK DISADVANTAGED YOUTH

NAME OF ORGANIZATION OR GOVERNMENT: THE WOODRIDGE FOUNDATION

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

NAME OF ORGANIZATION OR GOVERNMENT: THEATRE 8:15 AND FRIENDS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT FOR YOUTH WORKSHOP/PROGRAMS TO SANITIZE/PROVIDE REQUIRED PPE

NAME OF ORGANIZATION OR GOVERNMENT: WAYNE COUNTY COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE WAYNE COUNTY EMERGENCY RESPONSE FUND TO SUPPORT THE COMMUNITY SERVED DURING THIS TIME OF CRISIS

NAME OF ORGANIZATION OR GOVERNMENT: SHELTER CARE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR OPERATING SUPPORT, INCLUDING RESIDENTIAL CARE, CRISIS INTERVENTION, RESPITE CARE AND OTHER SERVICES FOR HOMLESS AND AT-RISK YOUTH

NAME OF ORGANIZATION OR GOVERNMENT:

YOUTH EXCELLENCE PERFORMING ARTS WORKSHOP AKA: YEPAW

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

**Part IV** Supplemental Information

SUMMER INTENSIVE WORKSHOP AND YEPAW 365 LEADERSHIP AND ARTS ACADEMY

NAME OF ORGANIZATION OR GOVERNMENT:

SECOND HARVEST FOOD BANK OF THE BIG BEND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO THE CORONAVIRUS RESPONSE CAMPAIGN TO SUPPORT THE COMMUNITY IT SERVES DURING THIS TIME OF CRISIS

NAME OF ORGANIZATION OR GOVERNMENT: SAFETY FORCES SUPPORT CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND ENGAGEMENT INITIATIVES BY FIRST RESPONDERS TO BUILD POSITIVE COMMUNITY RELATIONSHIPS

NAME OF ORGANIZATION OR GOVERNMENT:

SECOND HARVEST FOOD BANK OF NORTH CENTRAL OHIO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO THE CORONAVIRUS RESPONSE FUND TO SUPPORT THE COMMUNITY IT SERVES DURING THIS TIME OF CRISIS

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT GRAD AKRON

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE BRIDGE TO KINDERGARTEN PROGRAM, WHICH PREPARES CHILDREN FOR KINDERGARTEN THROUGH PARENT ENGAGEMENT AND SUPPORT ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT:

PORTAGE PATH COMMUNITY MENTAL HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE 2020 KJ'S 5K VIRTUAL EVENT FOR THE NATIONAL SUICIDE AWARENESS AND PREVENTION MONTH CAMPAIGN, IN MEMORY OF KATHRYN COOPER

NAME OF ORGANIZATION OR GOVERNMENT: OPEN ARMS ADOPTIONS INC.

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT KST (KEEPING SIBLINGS TOGETHER) BY ADOPTION, TO HELP INCREASE THE ADOPTION OF SIBLING GROUPS

NAME OF ORGANIZATION OR GOVERNMENT: OHIO & ERIE CANALWAY COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT IN CELEBRATION OF TEAM AKRON COMMUNITY FOUNDATION'S VICTORY IN THE 2020 TOWPATH CLASSIC

NAME OF ORGANIZATION OR GOVERNMENT: OUR LADY OF THE ELMS SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: IN HONOR OF 7TH GRADE STUDENT SOPHIA FRABOTA FOR BEING SUCH A WONDERFUL GRANDDAUGHTER, FOR CLASS ENRICHMENT AND AID EXPENSES

NAME OF ORGANIZATION OR GOVERNMENT: OHIOGUIDESTONE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CREATION OF A PLAY AREA AT MEDINA CO. ADAMH BOARD'S RECOVERY HOUSING FACILITY FOR WOMEN

NAME OF ORGANIZATION OR GOVERNMENT: WALSH JESUIT HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: IN HONOR OF WALSH JESUIT PARENTS, DENNIS & KELLIE JANSKY, TO SUPPORT THE WOMEN'S CROSS COUNTRY TEAM, PROVIDING WARM UP JACKETS FOR THEIR SEASON

NAME OF ORGANIZATION OR GOVERNMENT: NAMI SUMMIT COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE 2020 NAMI WALKS VIRTUAL EVENT IN HONOR OF MR. RETT AND HIS OUTSTANDING LEADERSHIP OF NAMI

NAME OF ORGANIZATION OR GOVERNMENT:

METROPOLITAN AREA NEIGHBORHOOD NUTRITION ALLIANCE

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE MEDICALLY TAILORED MEALS AND NUTRITION COUNSELING TO THOSE FACING SERIOUS ILLNESSES IN THE GREATER PHILADELPHIA AREA

NAME OF ORGANIZATION OR GOVERNMENT: KENT STATE UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR A VIRTUAL DESIGN INNOVATION SUMMER EXPERIENCE FOR 10TH AND 11TH GRADE FIRESTONE STUDENTS TO HELP EQUIP THEM FOR SUCCESS IN HIGH SCHOOL, COLLEGE AND CAREERS

NAME OF ORGANIZATION OR GOVERNMENT:

INTERVAL BROTHERHOOD HOMES CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR OPERATING SUPPORT, INCLUDING ADDICTION TREATMENT, EDUCATION, MEDICAL SERVICES AND COUNSELING

NAME OF ORGANIZATION OR GOVERNMENT:

FRIENDS OF ELIZABETH PARK (FA: BIG LOVE NETWORK)

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR AKRON CITY REPAIR, CREATIVE PLACEMAKING PROJECTS THAT HELP RESIDENTS BETTER CONNECT WITH THEIR NEIGHBORHOODS

NAME OF ORGANIZATION OR GOVERNMENT: HEIFER INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ANIMAL GIFTS OF A GOAT (\$120), SHEEP (\$120), HONEYBEES (\$30), AND A FLOCK OF CHICKENS (\$20)

NAME OF ORGANIZATION OR GOVERNMENT: HEART TO HEART COMMUNICATIONS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE 28TH ANNUAL GREATER AKRON SPEAKS OUT BREAKFAST IN HONOR OF JUDGE JOY MALEK OLDFIELD

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: GUM-DIP THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT "THREE COUNTRIES, ONE MOTHER," A MULTILINGUAL PLAY BASED ON THE HISTORY AND CULTURE OF BHUTANESE-NEPALI-AMERICANS

NAME OF ORGANIZATION OR GOVERNMENT: GUILFORD COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: OF WHICH \$2,500 IS TO SUPPORT THE GUILFORD ART GALLERY AND \$2,500 IS TO SUPPORT THE GUILFORD COLLEGE ART DEPARTMENT

NAME OF ORGANIZATION OR GOVERNMENT: GREATER AKRON AMENITIES INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE AKRON [RE]BOUND CAMPAIGN TO PROMOTE VIRTUAL AND IN-PERSON COMMUNITY EVENTS IN THE FALL OF 2020

NAME OF ORGANIZATION OR GOVERNMENT: GRACE HOUSE AKRON INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVELOP PROGRAM AND OPERATING INFRASTRUCTURE FOR NEW ENTITY SERVING TERMINALLY ILL INDIVIDUALS

NAME OF ORGANIZATION OR GOVERNMENT: GLOBAL TIES AKRON

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CURRENT & NEW GLOBAL EDUCATION/DIVERSITY/INCLUSION PROGRAMS & ADAPT TO VIRTUAL DELIVERY

NAME OF ORGANIZATION OR GOVERNMENT: CASA BOARD VOLUNTEER ASSOCIATION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT COMMUNITY VOLUNTEERS WHO ADVOCATE FOR ABUSED AND NEGLECTED CHILDREN IN THE SUMMIT COUNTY COURT SYSTEM

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

GASP: GUARDIANS ADVOCATING CHILD SAFETY AND PROTECTION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CHILD SAFETY ACTIVITIES, INCLUDING CREATING CHILD ID FINGERPRINT KITS, EDUCATIONAL SAFETY PROGRAMS AND ATTENDING LOCAL EVENTS

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY & COMMUNITY SERVICES INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PORTION OF THE SPENDABLE INCOME AS OF JUNE 30, 2020 FOR THE BENEFIT OF THE MOBILE MEALS PROGRAM WITHIN SUMMIT COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: FIRST GLANCE STUDENT CENTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR OPERATION OF AN OUTREACH CENTER, WHICH PROVIDES MENTORSHIP, COUNSELING, AFTERSCHOOL PROGRAMS AND BASIC NEEDS FOR LOCAL AT-RISK TEENS

NAME OF ORGANIZATION OR GOVERNMENT: FEEDING THE GULF COAST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO THE CORONAVIRUS RESPONSE CAMPAIGN TO SUPPORT THE COMMUNITY IT SERVES DURING THIS TIME OF CRISIS

NAME OF ORGANIZATION OR GOVERNMENT: 100 BLACK MEN OF GREATER AKRON INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE "WHERE DO WE GO FROM HERE?" SPEAKER SERIES IN 2021 IN PARTNERSHIP WITH LOVE AKRON AND OUTREACH TO UNIVERSITY OF AKRON STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT: ELEVATE AKRON INCORPORATED

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT UNITY OF THE AKRON COMMUNITY IN HEALTH, CONNECTION & SERVICE VIA COLLECTIVE YOGA EVENTS

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: DOWNTOWN AKRON PARTNERSHIP INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR OPERATING SUPPORT FOR DOWNTOWN AKRON PLANNING, BUSINESS ATTRACTION, PUBLIC SPACE ENHANCEMENT AND ECONOMIC DEVELOPMENT INITIATIVES

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY OUTREACH RESOURCES EXCHANGE DBA: CORE FURNITURE BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR OPERATING SUPPORT, LIKE THE TRANSPORT AND HANDLING OF DONATED FURNITURE FOR FAMILIES IN NEED IN SUMMIT COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: CHOICES A COMMUNITY SOCIAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PEOPLE LIVING W/MENTAL ILLNESS THROUGH MEALS, MENTORING, EDUCATIONAL & SOCIAL PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY DRUG BOARD DBA: CHC ADDICTION SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPLEMENT ADDICTION RECOVERY SERVICES USING TELEHEALTH TECHNOLOGY DURING THE COVID-19 PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT: CLEVELAND ZOOLOGICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ZOOFUNDING REQUEST FOR CLEVELAND METROPARKS ZOO'S GRADUATE RESEARCH ASSOCIATES' CONTINUING ANIMAL WELFARE RESEARCH

NAME OF ORGANIZATION OR GOVERNMENT: CHAIR-ITY INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FURNITURE AND HOUSEHOLD

**Part IV** Supplemental Information

ITEMS FOR SUMMIT COUNTY YOUTH WHO AGE OUT OF THE FOSTER CARE SYSTEM

NAME OF ORGANIZATION OR GOVERNMENT:

BLICK CLINIC INC. DBA THE BLICK CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ADULTS WITH DISABILITIES LIFE STRUCTURE AND REDUCE MENTAL HEALTH SYMPTOMS WHILE ISOLATED

NAME OF ORGANIZATION OR GOVERNMENT: CLEVELAND FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO THE GREATER CLEVELAND COVID-19 RESPONSE FUND TO SUPPORT THE COMMUNITY IT SERVES DURING THIS TIME OF CRISIS

NAME OF ORGANIZATION OR GOVERNMENT: AUTISM SOCIETY OF GREATER AKRON

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CHILDREN AND ADULTS WITH AUTISM SPECTRUM DISORDER TO IMPROVE AND MAINTAIN SOCIAL SKILLS

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CULTURALLY AND LINGUISTICALLY APPROPRIATE DIRECT SERVICES TO FEMALE IMMIGRANT SURVIVORS

NAME OF ORGANIZATION OR GOVERNMENT:

APOLLO'S FIRE THE CLEVELAND BAROQUE ORCHESTRA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT FREE & DISCOUNTED OUTREACH TICKETS FOR THE BATH COMMUNITY AT VIRTUAL & IN-PERSON CONCERTS

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

**Part IV** Supplemental Information

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO OFFER PROGRAMS, RESOURCES AND CLASSES FOR THE BLIND AND VISUALLY IMPAIRED IN SUMMIT COUNTY, INCLUDING BRAILLE, COMPUTER LITERACY, PHYSICAL FITNESS, CRAFTS AND VOLUNTEERISM

NAME OF ORGANIZATION OR GOVERNMENT: A KID AGAIN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO OFFER DESTINATION ADVENTURES FOR FAMILIES OF CHILDREN WITH LIFE-THREATENING ILLNESSES

NAME OF ORGANIZATION OR GOVERNMENT: AKRON ZOOLOGICAL PARK

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR REINFORCING GRADE-LEVEL SCIENCE CONCEPTS THROUGH A BLENDED LEARNING EXPERIENCE

NAME OF ORGANIZATION OR GOVERNMENT: HELP FOUNDATION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATION OF DIRECT SUPPORT PROFESSIONALS WHO SUPPORT INDIVIDUALS WITH DISABILITIES

NAME OF ORGANIZATION OR GOVERNMENT: SHANTI COMMUNITY FARMS INC.

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

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHEAST OHIO CENTER FOR CHOREOGRAPHY DBA NATIONAL CENTER FOR CHOREOGRAPHY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CHOREOGRAPHIC RESEARCH BETWEEN THE CRIMINAL JUSTICE SYSTEM AND BLACK/BROWN COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

**Part IV** Supplemental Information

DOWNTOWN CUYAHOGA FALLS PARTNERSHIP, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE PURCHASE OF GIFT CARDS AND DOWNTOWN DOLLARS FOR SMALL BUSINESS RECOVERY IN CUYAHOGA FALLS

NAME OF ORGANIZATION OR GOVERNMENT:

STOW-MUNROE FALLS NEIGHBORHOOD IMPROVEMENT & COMMUNITY ENRICHMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FIND INSPIRED SOLUTIONS AND PROVIDE TANGIBLE SUPPORT TO THE FAMILIES OF STOW-MUNROE FALLS

NAME OF ORGANIZATION OR GOVERNMENT: ZANE'S INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FILL THE GAPS IN SERVICES FOR THOSE WITH INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITIES

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN T. PETURES, JR. PRESIDENT & CEO	(i)	271,804.	8,029.	0.	65,000.	25,422.	370,255.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEVEN H. SCHLOENBACH VICE PRESIDENT, FINANCE	(i)	149,995.	3,775.	0.	0.	38,609.	192,379.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARGARET MEDZIE VICE PRESIDENT, DEVELOPMENT	(i)	142,011.	2,866.	0.	0.	24,375.	169,252.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOHN GAROFALO VP COMMUNITY INVOLVEMENT	(i)	133,317.	4,315.	0.	0.	12,417.	150,049.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 1B:

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

PART I, LINE 4B:

THE ORGANIZATION MADE A DISCRETIONARY EMPLOYER CONTRIBUTION TO THE 457(F) PLAN OF \$65,000 FOR PRESIDENT JOHN T. PETURES.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	36	4,277,308.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

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

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

Multiple horizontal lines for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number

34-1087615

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

THE FORM 990 WILL BE PRESENTED TO ACF'S TRUSTEES FOR REVIEW AND APPROVAL  
PRIOR TO FILING VIA E-MAIL AND THE TRUSTEES' SECTION OF THE FOUNDATION'S  
WEBSITE. A TWO WEEK COMMENT PERIOD WILL BE AVAILABLE FOR TRUSTEE COMMENTS  
AND QUESTIONS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

AKRON COMMUNITY FOUNDATION COLLECTS SIGNED CONFLICT STATEMENTS FROM ALL  
OFFICERS AND DIRECTORS ON AN ANNUAL BASIS. INDIVIDUAL RESPONSES ARE  
MONITORED AT QUARTERLY EXECUTIVE COMMITTEE MEETINGS.

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

A COMPENSATION COMMITTEE OF MEMBERS FROM THE AKRON COMMUNITY FOUNDATION'S  
BOARD CONDUCTS AN ANNUAL WRITTEN PERFORMANCE REVIEW OF THE PRESIDENT/CEO  
AND ESTABLISHES THE PRESIDENT/CEO'S SALARY BASED ON THIS REVIEW AS WELL AS  
A DETAILED REVIEW OF COMPARABLE DATA PROVIDED BY THE VP AND CFO.

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

AKRON COMMUNITY FOUNDATION WILL PROVIDE COPIES OF ITS GOVERNING DOCUMENTS,  
CONFLICT OF INTEREST POLICY, FORM 990, AND AUDITED FINANCIAL STATEMENTS  
UPON WRITTEN REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PRIOR PERIOD ADJUSTMENT	-2,901.
AGENCY ENDOWMENT REVENUE	-10,475,204.
AGENCY ENDOWMENT EXPENSES	627,899.

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization <b>AKRON COMMUNITY FOUNDATION</b>	Employer identification number <b>34-1087615</b>
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TOTAL TO FORM 990, PART XI, LINE 9 -9,850,206.

FORM 990, PART XII, LINE 2C

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

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ACF PROPERTIES, LLC - 92-0182198 345 WEST CEDAR ST. AKRON, OH 44307-2407	OWN AND HOLD REAL ESTATE AS INVESTMENT, OTHER ACTIVITIES PERMITTED BY LAW	OHIO	60,720.	236.	AKRON COMMUNITY FOUNDATION
AKRON DIGITAL MEDIA CENTER/AKRONIST.COM, LLC - 34-1087615, 345 WEST CEDAR ST., AKRON, OH 44307-2407	IMPROVE DELIVERY OF INFORMATION IN THE COMMUNITY	OHIO	794.	8,004.	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) 2020

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

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

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

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

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

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

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

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

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

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

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



**Part VII** Supplemental Information

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

Multiple horizontal lines for providing supplemental information.