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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 04-01-2016 , and ending 03-31-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☐ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

AKRON COMMUNITY FOUNDATION

Doing business as

Number and street (or P O box if mail is not delivered to street address)

345 WEST CEDAR ST

Room/suite

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

AKRON, OH 443072407

F Name and address of principal officer

JOHN T PETURES JR

345 WEST CEDAR ST

AKRON, OH 443072407

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

34-1087615

E Telephone number

(330) 376-8522

G Gross receipts \$ 71,439,110

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW AKRONCF ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1955

M State of legal domicile OH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TO IMPROVE THE QUALITY OF LIFE IN THE GREATER AKRON AREA

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶723,930

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II Signature Block

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

Sign Here

Signature of officer

JOHN T PETURES JR PRESIDENT AND CEO

Type or print name and title

2017-11-09

Date

Paid Preparer Use Only

Print/Type preparer's name

JILL BOYLE

Preparer's signature

JILL BOYLE

Date

Check ☐ if self-employed

PTIN P01355989

Firm's name ▶ SIKICH LLP

Firm's EIN ▶ 36-3168081

Firm's address ▶ 274 WHITE POND DRIVE

AKRON, OH 443201118

Phone no (330) 864-6661

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 12,163,913 including grants of \$ 11,121,856) (Revenue \$)
See Additional Data



















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

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

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

4e Total program service expenses 12,163,913

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)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
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? If "Yes," complete Schedule C, Part III	5	No
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? If "Yes," complete Schedule D, Part I 	6 Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
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? If "Yes," complete Schedule D, Part VI 	11a Yes	
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? If "Yes," complete Schedule D, Part VII 	11b	No
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? If "Yes," complete Schedule D, Part VIII 	11c	No
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? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
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)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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? If "Yes," complete Schedule F, Parts I and IV	14b	No
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? If "Yes," complete Schedule F, Parts II and IV	15	No
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? If "Yes," complete Schedule F, Parts III and IV	16	No
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? If "Yes," complete Schedule G, Part I (see instructions) 	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
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>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
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>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 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) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
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>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	18	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	20	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	No
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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
1a	Enter the number of voting members of the governing body at the end of the tax year	24	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	24	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: OH

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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 in Schedule O)

19 Describe in 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 345 WEST CEDAR ST AKRON, OH 443072407 (330) 376-8522

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

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

Form **990** (2016)

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 dotted 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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								749,334	0	104,234

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 ▶ **5**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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>	Yes	
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>		No

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
FIRSTMERIT BANK NA 106 S MAIN STREET AKRON, OH 44303	INVESTMENT MANAGEMENT, CUSTODY AND BANKI	178,961
FRONTIER CAPITAL MANAGEMENT 99 SUMMER STREET 20TH FLOOR BOSTON, MA 02110	INVESTMENT MANAGEMENT SERVICES	103,788

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 ▶ **2**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c	459,636			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	14,538,984			
	g Noncash contributions included in lines 1a-1f \$		2,799,912			
	h Total. Add lines 1a-1f		14,998,620			
Program Service Revenue		Business Code				
	2a _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,462,637			3,462,637
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	52,855,426				
	b Less cost or other basis and sales expenses	47,995,785				
	c Gain or (loss)	4,859,641				
	d Net gain or (loss)		4,859,641			4,859,641
	8a Gross income from fundraising events (not including \$ 459,636 of contributions reported on line 1c) See Part IV, line 18	a	122,427			
	b Less direct expenses	b	173,577			
	c Net income or (loss) from fundraising events		-51,150			-51,150
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See Instructions		23,269,748	0	0	8,271,128	

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	10,783,275	10,783,275		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	338,581	338,581		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	479,747	148,159	206,574	125,014
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	932,280	425,159	244,311	262,810
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
9 Other employee benefits.	292,938	126,948	84,373	81,617
10 Payroll taxes.	97,168	39,909	30,505	26,754
11 Fees for services (non-employees):				
a Management.				
b Legal.	11,557	3,848	5,155	2,554
c Accounting.	27,479	9,151	12,255	6,073
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	763,494		763,494	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	200	67	89	44
12 Advertising and promotion.				
13 Office expenses.	291,282	80,106	78,266	132,910
14 Information technology.				
15 Royalties.				
16 Occupancy.	45,114	18,570	14,217	12,327
17 Travel.	10,792	4,442	3,401	2,949
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	18,643	7,674	5,875	5,094
20 Interest.	7,157	2,383	3,192	1,582
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	80,167	26,696	35,754	17,717
23 Insurance.	14,402	4,796	6,423	3,183
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a ENDOWMENT EXPENSES	109,051	109,051		
b DEVELOPMENT	38,584			38,584
c MISCELLANEOUS	25,148	27,042	-1,266	-628
d DUES AND SUBSCRIPTIONS	24,192	8,056	10,790	5,346
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	14,391,251	12,163,913	1,503,408	723,930
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		77,764	1	104,042
	2	Savings and temporary cash investments		6,302,760	2	9,451,915
	3	Pledges and grants receivable, net		268,455	3	167,171
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		1,057,463	7	943,736
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		66,207	9	85,567
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 2,306,108			
	b	Less: accumulated depreciation	10b 373,314	2,004,894	10c	1,932,794
	11	Investments—publicly traded securities		161,868,956	11	177,931,031
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		10,359,105	15	11,117,040
16	Total assets. Add lines 1 through 15 (must equal line 34)		182,005,604	16	201,733,296	
Liabilities	17	Accounts payable and accrued expenses		482,695	17	484,331
	18	Grants payable		388,142	18	645,750
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		22,344,405	25	23,330,319
	26	Total liabilities. Add lines 17 through 25		23,215,242	26	24,460,400
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		44,220,362	27	91,277,896
	28	Temporarily restricted net assets		73,996,000	28	45,130,000
	29	Permanently restricted net assets		40,574,000	29	40,865,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		158,790,362	33	177,272,896	
34	Total liabilities and net assets/fund balances		182,005,604	34	201,733,296	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,269,748
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,391,251
3	Revenue less expenses Subtract line 2 from line 1	3	8,878,497
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	158,790,362
5	Net unrealized gains (losses) on investments	5	10,592,416
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 in Schedule O)	9	-988,379
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	177,272,896

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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 in Schedule O	Yes	
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?		No
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 in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:
Software Version:
EIN: 34-1087615
Name: AKRON COMMUNITY FOUNDATION

Form 990 (2016)

Form 990, Part III, Line 4a:

DURING FISCAL YEAR 2017, AKRON COMMUNITY FOUNDATION CONTINUED ITS FOCUS ON FOUR DEFINED GRANT-MAKING PRIORITIES. THESE 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 FUNDS TOTALED OVER \$5,900,000 VIA 793 GRANTS. DURING FISCAL YEAR 2017, AKRON COMMUNITY FOUNDATION GRANTS AND OTHER DISTRIBUTIONS TOTALED OVER \$5,100,000 THROUGH ENDOWMENT FUNDS VIA 530 GRANTS AND OTHER DISTRIBUTIONS. AKRON COMMUNITY FOUNDATION AWARDED OVER 142 SCHOLARSHIPS TOTALING \$330,000 TO OVER 45 COLLEGES. AKRON COMMUNITY FOUNDATION FOCUSED ITS ADVERTISING ON SPECIFIC AREAS SUCH AS PROFESSIONAL SERVICES (ATTORNEYS, CPAS AND PROFESSIONAL ADVISORS) WHICH HAS HELPED GENERATE OVER \$15 MILLION IN GIFTS FROM OVER 6,200 DONATIONS WHILE ONLY SPENDING \$144,000.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
MARK ALLIO PAST BOARD CHAIR	1 50	X						0	0	0
NICHOLAS V BROWNING TRUSTEE	1 50	X						0	0	0
TOMMY J BRUNO TRUSTEE	1 50	X						0	0	0
MARILYN MEYERS BUCKEY TRUSTEE	1 50	X						0	0	0
ROBERT B COOPER SECRETARY	1 50	X		X				0	0	0
STEVEN COX BOARD CHAIR	2 50	X		X				0	0	0
SAMUEL D DESHAZIOR TRUSTEE	1 50	X						0	0	0
EDWARD ELIOPOULOS TRUSTEE	1 50	X						0	0	0
RICHARD C FEDOROVICH TREASURER	1 50	X		X				0	0	0
SARAH FRIEBERT TRUSTEE	1 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BENNETT L GAINS TRUSTEE	1 50	X						0	0	0
MARTIN P HAUSER TRUSTEE	1 50	X						0	0	0
THOMAS G KNOLL TRUSTEE	1 50	X						0	0	0
MARK E KROHN TRUSTEE	1 50	X						0	0	0
DEE J LOWERY TRUSTEE	1 50	X						0	0	0
ROBERT W MALONE TRUSTEE	1 50	X						0	0	0
STEVEN SCHMIDT TRUSTEE	1 50	X						0	0	0
ILENE SHAPIRO TRUSTEE	1 50	X						0	0	0
KATIE SMUCKER TRUSTEE	1 50	X						0	0	0
F WILLIAM STEERE TRUSTEE	1 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
STEPHEN L STRAYER VICE CHAIR	1 50	X		X				0	0	0
RACHEL TALTON TRUSTEE	1 50	X						0	0	0
SYLVIA DTRUNDLE TRUSTEE	1 50	X						0	0	0
MICHAEL J ZELEZNIK TRUSTEE	1 50	X						0	0	0
JOHN T PETURES JR PRESIDENT & CEO	40 00			X				263,807	0	30,832
STEVEN H SCHLOENBACH VICE PRESIDENT, FINANCE	40 00			X				133,761	0	31,810
TINA BOYES VICE PRESIDENT, MARKETING AND COMMUNICATIONS	40 00					X		103,526	0	23,657
JOHN GAROFALO VICE PRESIDENT COMMUNITY I	40 00					X		117,908	0	4,988
MARGARET MEDZIE VICE PRESIDENT, DEVELOPMEN	40 00					X		130,332	0	12,947

SCHEDULE A (Form 990 or 990-EZ)	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. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2016 Open to Public Inspection
	Department of the Treasury Internal Revenue Service 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		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	7,302,656	20,159,760	13,520,915	10,337,049	14,998,620	66,319,000
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	7,302,656	20,159,760	13,520,915	10,337,049	14,998,620	66,319,000
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,618,149
6	Public support. Subtract line 5 from line 4						59,700,851

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	7,302,656	20,159,760	13,520,915	10,337,049	14,998,620	66,319,000
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,264,018	3,857,308	3,703,047	3,592,404	3,462,637	17,879,414
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						84,198,414
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage				
14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<table><tr><td>14</td><td>70 900 %</td></tr></table>	14	70 900 %
14	70 900 %			
15	Public support percentage for 2015 Schedule A, Part II, line 14	<table><tr><td>15</td><td>65 510 %</td></tr></table>	15	65 510 %
15	65 510 %			
16a	33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
b	33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) 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>		
2b		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
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>		
3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493313018197	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
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	188			
2	Aggregate value of contributions to (during year)	7,326,199			
3	Aggregate value of grants from (during year)	4,379,223			
4	Aggregate value at end of year	38,432,803			
5		Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?			
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
6		Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?			
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1 Purpose(s) of conservation easements held by the organization (check all that apply)					
<input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area					
<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure					
<input type="checkbox"/> Preservation of open space					
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year					
				Held at the End of the 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 8/17/06, 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?					
<input type="checkbox"/> Yes <input type="checkbox"/> 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)?					
<input type="checkbox"/> Yes <input type="checkbox"/> 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items					
a Revenue included on Form 990, Part VIII, line 1 ► \$					
b Assets included in Form 990, Part X ► \$					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2016	

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 are a 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 programs

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	147,267,000	154,466,000	146,860,000	130,824,000	122,435,000
b Contributions	14,868,000	9,145,000	11,659,000	7,340,000	6,653,000
c Net investment earnings, gains, and losses	15,895,000	-5,031,000	7,360,000	18,162,000	11,366,000
d Grants or scholarships					
e Other expenditures for facilities and programs	12,929,000	11,313,000	11,413,000	9,466,000	9,630,000
f Administrative expenses					
g End of year balance	165,101,000	147,267,000	154,466,000	146,860,000	130,824,000

2

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

a

Board designated or quasi-endowment ▶ 47 920 %

b

Permanent endowment ▶ 24 750 %

c

Temporarily restricted endowment ▶ 27 330 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b

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

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

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		344,259		344,259
b Buildings	552,000	992,672	85,002	1,459,670
c Leasehold improvements				
d Equipment		417,177	288,312	128,865
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,932,794

Schedule D (Form 990) 2016

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

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

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (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	60,785
(2) TRUST ACCOUNTS	10,888,130
(3) ACCRUED INVESTMENT INCOME	168,125
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	11,117,040

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		
FUNDS HELD FOR AGENCY ENDOWMENTS	23,330,319	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	23,330,319	

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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	31,493,095
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	10,592,416
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	171,112
e	Add lines 2a through 2d	2e	10,763,528
3	Subtract line 2e from line 1	3	20,729,567
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	2,540,181
c	Add lines 4a and 4b	4c	2,540,181
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	23,269,748

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

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

1	Total expenses and losses per audited financial statements	1	13,010,561
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	173,577
e	Add lines 2a through 2d	2e	173,577
3	Subtract line 2e from line 1	3	12,836,984
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	1,554,267
c	Add lines 4a and 4b	4c	1,554,267
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	14,391,251

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 34-1087615
Name: AKRON COMMUNITY FOUNDATION

Supplemental Information

Return Reference	Explanation
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 ACF PROPERTIES, 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

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	FORM 990,PART VIII, LINE 8B 173,577 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT -2,812 PRIOR PERIOD ADJUSTMENT 347

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	AGENCY ENDOWMENT REVENUE 2,540,181

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	FORM 990,PART VIII, LINE 8B 173,577

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	AGENCY ENDOWMENT EXPENSES 1,554,267

SCHEDULE G (Form 990 or 990-EZ)	Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2016 Open to Public Inspection
Department of the Treasury Internal Revenue Service	Name of the organization AKRON COMMUNITY FOUNDATION	Employer identification number 34-1087615

Part I Fundraising Activities.

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

1

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

a

☐ Mail solicitations

b

☐ Internet and email solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

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

☐ Yes ☐ No

b

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3

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

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

Revenue		(a) Event #1 POLSKY AWARD DINNER (event type)	(b) Event #2 GCEF SUGAR PLUM (event type)	(c) Other events 13 (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	185,098	151,467	245,498	582,063
	2 Less Contributions	154,105	120,598	184,933	459,636
	3 Gross income (line 1 minus line 2)	30,993	30,869	60,565	122,427
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	40,122	24,014	37,327	101,463
	8 Entertainment	17,635		2,390	20,025
	9 Other direct expenses	9,922	19,061	23,106	52,089
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				173,577
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-51,150

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.

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

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

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain _____

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

Name ►

Address ►

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

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

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

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

- b** Enter the amount of distributions required under state law 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 complete this part to provide any additional information (see instructions).

Return Reference

Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493313018197

Schedule I
(Form 990)

OMB No 1545-0047

2016

Open to Public Inspection

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.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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.

(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
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 502

3 Enter total number of other organizations listed in the line 1 table 18

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 non-cash assistance
(1) SCHOLARSHIPS	142	338,581			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	ALL GRANTS FROM UNRESTRICTED OR AFFILIATE FUNDS AWARDED THROUGH COMPETITIVE APPLICATION ARE REQUIRED TO FORMALLY REPORT BACK TO THE FOUNDATION ON THE USE OF FUNDS AND THE SUCCESS OF THE PROGRAM WITHIN ONE YEAR. FOR ORGANIZATIONS THAT HAVE NOT FULLY EXPENDED THE FUNDS, OR WHEN THE FUNDED PROGRAM OR PROJECT IS NOT CONSIDERED COMPLETE, THE FOUNDATION REQUIRES FOLLOW UP REPORTS UNTIL CONSIDERED COMPLETE. FOUNDATION STAFF, BOARD MEMBERS AND AFFILIATE FUND ADVISORY COMMITTEE MEMBERS MAKE SPORADIC SITE VISITS TO GRANTEEES AND STAFF WILL ENGAGE IN ON-GOING DISCUSSIONS WITH THE GRANTEE AS APPROPRIATE CONSIDERING THE SIZE AND COMPLEXITY OF THE GRANT, OVER THE LIFE OF THE GRANT. FOUNDATION STAFF ALSO MONITORS LOCAL MEDIA REPORTS, ATTENDS COMMUNITY MEETINGS AND OTHERWISE MAKES EVERY EFFORT TO STAY WELL-INFORMED ABOUT THE ACTIVITIES AND FINANCIAL SOUNDNESS OF ITS GRANTEEES. FOR DONOR ADVISED FUNDS (DAF), BOTH THE DONOR FUND ADVISOR AND THE GRANTEE RECEIVE LETTERS AT THE TIME OF THE GRANT WHICH STATE THE PURPOSE OF THE GRANT AS WELL AS PROHIBITIONS ON USE OF FUNDS (NOT TO BE USED TO BENEFIT 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.

Additional Data

Software ID:
Software Version:
EIN: 34-1087615
Name: AKRON COMMUNITY FOUNDATION

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

(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
ACCESS INC 230 WEST MARKET STREET AKRON, OH 443032158	34-1395246	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT
ACCESS INC 230 WEST MARKET STREET AKRON, OH 443032158	34-1395246	501(C)(3)	500				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ACCESS INC 230 WEST MARKET STREET AKRON, OH 443032158	34-1395246	501(C)(3)	2,500				FOR GENERAL OPERATING SUPPORT
ACCESS INC 230 WEST MARKET STREET AKRON, OH 443032158	34-1395246	501(C)(3)	10,000				TO PROVIDE SERVICES TO WOMEN FACING HOMELESSNESS, INCLUDING SHORT-TERM SECURE HOUSING, CASE MANAGEMENT, HEALTH COUNSELING AND JOB READINESS TRAINING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ACCESS INC 230 WEST MARKET STREET AKRON, OH 443032158	34-1395246	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT
ACCESS INC 230 WEST MARKET STREET AKRON, OH 443032158	34-1395246	501(C)(3)	10,000				FOR THE WOMEN AND CHILDREN IN CRISIS PROGRAM, IN HONOR OF THE 2017 JUDITH A READ TRIBUTE AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ACCESS INC 230 WEST MARKET STREET AKRON, OH 443032158	34-1395246	501(C)(3)	10,000				FOR THE WOMEN AND CHILDREN IN CRISIS PROGRAM
ACCESS INC 230 WEST MARKET STREET AKRON, OH 443032158	34-1395246	501(C)(3)	10,000				FOR THE WOMEN AND CHILDREN IN CRISIS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ACCESS INC 230 WEST MARKET STREET AKRON, OH 443032158	34-1395246	501(C)(3)	25,000				FOR GENERAL OPERATING SUPPORT
ACT II PRODUCTIONS DBA THE ILLUSION FACTORY 140 EAST MARKET STREET AKRON, OH 443082014	34-1684501	501(C)(3)	2,500				TO SUPPORT CHILDREN'S THEATER PRODUCTIONS IN AKRON SCHOOLS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ACT II PRODUCTIONS DBA THE ILLUSION FACTORY 140 EAST MARKET STREET AKRON, OH 443082014	34-1684501	501(C)(3)	1,000				TO SUPPORT CHILDREN'S SATURDAY THEATER CLASSES AT SUMMIT ARTSPACE IN DOWNTOWN AKRON
ACT II PRODUCTIONS DBA THE ILLUSION FACTORY 140 EAST MARKET STREET AKRON, OH 443082014	34-1684501	501(C)(3)	7,500				TO SUPPORT CHILDRENS THEATER PRODUCTIONS IN AKRON SCHOOLS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON AREA ARTS ALLIANCE DBA SUMMIT ARTSPACE 140 EAST MARKET STREET AKRON, OH 443082014	34-1841587	501(C)(3)	500				TO SUPPORT BIGGER THAN A BREADBOX BY WANDERING AESTHETICS THEATRE (TO MATCH KNIGHT ARTS CHALLENGE)
AKRON AREA ARTS ALLIANCE DBA SUMMIT ARTSPACE 140 EAST MARKET STREET AKRON, OH 443082014	34-1841587	501(C)(3)	15,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON AREA ARTS ALLIANCE DBA SUMMIT ARTSPACE 140 EAST MARKET STREET AKRON, OH 443082014	34-1841587	501(C)(3)	750				FOR AN AWARD SPONSORSHIP FOR THE ARTS ALIVE! EVENT FOR SUMMIT ARTSPACE
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 443081801	34-0813426	501(C)(3)	500				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 443081801	34-0813426	501(C)(3)	1,000				FOR GENERAL PROGRAM SUPPORT (DIRECTOR'S CIRCLE)
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 443081801	34-0813426	501(C)(3)	1,500				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 443081801	34-0813426	501(C)(3)	2,500				TO SUPPORT DOWNTOWN@DUSK
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 443081801	34-0813426	501(C)(3)	2,500				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 443081801	34-0813426	501(C)(3)	3,500				FOR GENERAL OPERATING SUPPORT
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 443081801	34-0813426	501(C)(3)	10,000				TO SUPPORT THE BUD & SUSIE ROGERS GARDEN (BENCH #1)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 443081801	34-0813426	501(C)(3)	25,000				FOR GENERAL PROGRAM SUPPORT
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 443081801	34-0813426	501(C)(3)	50,000				FOR GENERAL OPERATING EXPENSES OR FOR THE ENDOWMENT FUND AT YOUR DISCRETION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 443081801	34-0813426	501(C)(3)	2,500				TO SUPPORT THE TURN THE PAGE THE FIRST TEN YEARS OF HI-FRUCTOSE EXHIBITION
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 443081801	34-0813426	501(C)(3)	157				SPENDABLE INCOME FOR THE QUARTER ENDING DECEMBER 31, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 443081801	34-0813426	501(C)(3)	278				FOR THE BENEFIT OF THE 2016 ANNUAL FUNDS
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 443081801	34-0813426	501(C)(3)	1,215				SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 443081801	34-0813426	501(C)(3)	2,566				ANNUAL DISTRIBUTION FOR OPERATIONAL SUPPORT
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 443081801	34-0813426	501(C)(3)	3,583				SPENDABLE INCOME FOR THE QUARTER ENDING DECEMBER 31, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 443081801	34-0813426	501(C)(3)	10,000				FOR THE 2016 DOCENT PROGRAM
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 443081801	34-0813426	501(C)(3)	500				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 443081801	34-0813426	501(C)(3)	1,000				FOR GENERAL PROGRAM SUPPORT
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 443081801	34-0813426	501(C)(3)	60,000				TO SUPPORT GENERAL OPERATING AND PUBLIC PROGRAMMING FOR COMMUNITY GARDEN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON BAROQUE 338 CASTLE BLVD AKRON, OH 443136504	20-5422577	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT
AKRON CHILDREN'S HOSPITAL FOUNDATION ONE PERKINS SQUARE AKRON, OH 443081062	23-7114013	501(C)(3)	1,000				FOR THE DOMINIC VESCO MEMORIAL ENDOWMENT FUND, IN HONOR OF TONY ALEXANDER RECIPIENT OF THE H PETER BURG ECONOMIC DEVELOPMENT LEADERSHIP AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON CHILDREN'S HOSPITAL FOUNDATION ONE PERKINS SQUARE AKRON, OH 443081062	23-7114013	501(C)(3)	1,000				TO SUPPORT THE RACE
AKRON CHILDREN'S HOSPITAL FOUNDATION ONE PERKINS SQUARE AKRON, OH 443081062	23-7114013	501(C)(3)	1,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON CHILDREN'S HOSPITAL FOUNDATION ONE PERKINS SQUARE AKRON, OH 443081062	23-7114013	501(C)(3)	1,500				FOR GENERAL PROGRAM SUPPORT
AKRON CHILDREN'S HOSPITAL FOUNDATION ONE PERKINS SQUARE AKRON, OH 443081062	23-7114013	501(C)(3)	2,100				TO SUPPORT THE RADIOTHON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON CHILDREN'S HOSPITAL FOUNDATION ONE PERKINS SQUARE AKRON, OH 443081062	23-7114013	501(C)(3)	6,750				TO SUPPORT THE SHOWERS FAMILY CENTER OUTPATIENT CLINIC
AKRON CHILDREN'S HOSPITAL FOUNDATION ONE PERKINS SQUARE AKRON, OH 443081062	23-7114013	501(C)(3)	10,000				TO SUPPORT THE EXPRESSIVE THERAPY PROGRAM AT ACH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON CHILDREN'S HOSPITAL FOUNDATION ONE PERKINS SQUARE AKRON, OH 443081062	23-7114013	501(C)(3)	20,000				TO SUPPORT THE BUILDING ON THE PROMISE CAMPAIGN
AKRON CHILDREN'S HOSPITAL FOUNDATION ONE PERKINS SQUARE AKRON, OH 443081062	23-7114013	501(C)(3)	100,000				TO SUPPORT THE PEDIATRIC PALLIATIVE CARE AT THE DISCRETION OF DR SARAH FRIEBERT, IN MEMORY OF H PETER BURG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON CHILDREN'S HOSPITAL FOUNDATION ONE PERKINS SQUARE AKRON, OH 443081062	23-7114013	501(C)(3)	82				RESIDUAL/FINAL CONTRIBUTION FOR THE RONALD MCDONALD-PROMISE CAMPAIGN-OPERATIONS
AKRON CHILDREN'S HOSPITAL FOUNDATION ONE PERKINS SQUARE AKRON, OH 443081062	23-7114013	501(C)(3)	25,000				FOR THE RONALD MCDONALD-PROMISE CAMPAIGN-OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON CHILDREN'S MUSEUM 3867 WEST MARKET STREET 175 AKRON, OH 443334525	46-3118462	501(C)(3)	250				TO SUPPORT THE CAPITAL CAMPAIGN
AKRON CHILDREN'S MUSEUM 3867 WEST MARKET STREET 175 AKRON, OH 443334525	46-3118462	501(C)(3)	500				FOR GENERAL PROGRAM SUPPORT, IN RESPONSE TO THE 1 1 MONSTER MATCH CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON CHILDREN'S MUSEUM 3867 WEST MARKET STREET 175 AKRON, OH 443334525	46-3118462	501(C)(3)	1,000				FOR GENERAL PROGRAM SUPPORT, IN RESPONSE TO THE 1 1 MONSTER MATCH CAMPAIGN
AKRON CHILDREN'S MUSEUM 3867 WEST MARKET STREET 175 AKRON, OH 443334525	46-3118462	501(C)(3)	1,500				FOR GENERAL OPERATING SUPPORT, IN MEMORY OF H PETER BURG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON CHILDREN'S MUSEUM 3867 WEST MARKET STREET 175 AKRON, OH 443334525	46-3118462	501(C)(3)	2,500				FOR GENERAL OPERATING SUPPORT
AKRON CHILDREN'S MUSEUM 3867 WEST MARKET STREET 175 AKRON, OH 443334525	46-3118462	501(C)(3)	15,000				TO SUPPORT THE CAPITAL CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON CHILDREN'S MUSEUM 3867 WEST MARKET STREET 175 AKRON, OH 443334525	46-3118462	501(C)(3)	1,500				TO PROVIDE DISCOUNT TICKETS TO DISADVANTAGED CHILDREN IN THE AKRON AREA
AKRON COMMUNITY SERVICE CENTER & URBAN LEAGUE 440 VERNON ODOM BLVD AKRON, OH 443072108	34-0714520	501(C)(3)	3,500				FOR ACCOUNTS PAYABLE ASSISTANCE FOR AUDIT FEES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON COMMUNITY SERVICE CENTER & URBAN LEAGUE 440 VERNON ODOM BLVD AKRON, OH 443072108	34-0714520	501(C)(3)	3,600				TO SUPPORT THE EXISTING COLLEGE SCHOLARSHIP PROGRAM FOR FINANCIALLY NEEDY STUDENTS
AKRON COMMUNITY SERVICE CENTER & URBAN LEAGUE 440 VERNON ODOM BLVD AKRON, OH 443072108	34-0714520	501(C)(3)	4,000				TO SUPPORT THE EXISTING COLLEGE SCHOLARSHIP PROGRAM FOR FINANCIALLY NEEDY STUDENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON COMMUNITY SERVICE CENTER & URBAN LEAGUE 440 VERNON ODOM BLVD AKRON, OH 443072108	34-0714520	501(C)(3)	11,000				FOR GENERAL AND PROGRAMMATIC OPERATIONAL EXPENSES
AKRON COMMUNITY SERVICE CENTER & URBAN LEAGUE 440 VERNON ODOM BLVD AKRON, OH 443072108	34-0714520	501(C)(3)	200,000				FOR GENERAL AND PROGRAMMATIC OPERATIONAL EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON COMMUNITY SERVICE CENTER & URBAN LEAGUE 440 VERNON ODOM BLVD AKRON, OH 443072108	34-0714520	501(C)(3)	1,000				TO SUPPORT SUMMER ENRICHMENT DAY CAMP SCHOLARSHIPS
AKRON COMMUNITY SERVICE CENTER & URBAN LEAGUE 440 VERNON ODOM BLVD AKRON, OH 443072108	34-0714520	501(C)(3)	15,000				TO SUPPORT PROGRAMS AND SERVICES IN EDUCATION, EMPLOYMENT AND ENTREPRENEURSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON CREATIVE INC AKA THE NIGHTLINE CINEMA 30 NORTH HIGH STREET AKRON, OH 44308	26-0855272	501(C)(3)	7,500				TO SUPPORT LOCALLY CREATED VIDEOS TO SHARE EXPERIENCES OF AKRON CINEMAGOERS
AKRON DEVELOPMENT CORPORATION 166 S HIGH STREET SUITE 200 AKRON, OH 443081628	34-1308327	501(C)(3)	108,616				TO IMPLEMENT RECOMMENDATIONS FROM THE BLUE RIBBON REPORT THAT INCLUDES HIRING A HIGH-LEVEL LEADER TO MANAGE STRATEGY, ESTABLISHING THE AKRON GROWTH COUNCIL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON GENERAL FOUNDATION 1 AKRON GENERAL AVENUE AKRON, OH 443072432	34-1127047	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT
AKRON GENERAL FOUNDATION 1 AKRON GENERAL AVENUE AKRON, OH 443072432	34-1127047	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT OF VISITING NURSE SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON GENERAL FOUNDATION 1 AKRON GENERAL AVENUE AKRON, OH 443072432	34-1127047	501(C)(3)	25,000				TO SUPPORT THE MCDOWELL CANCER CENTER
AKRON GENERAL FOUNDATION 1 AKRON GENERAL AVENUE AKRON, OH 443072432	34-1127047	501(C)(3)	1,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON GENERAL FOUNDATION 1 AKRON GENERAL AVENUE AKRON, OH 443072432	34-1127047	501(C)(3)	2,000				FOR GENERAL PROGRAM SUPPORT
AKRON INNER CITY SOCCER CLUB 865 ROSLYN AVENUE AKRON, OH 44320	34-1875816	501(C)(3)	1,000				FOR THE YOUTH DEVELOPMENT/AFTER SCHOOL SOCCER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON INNER CITY SOCCER CLUB 865 ROSLYN AVENUE AKRON, OH 44320	34-1875816	501(C)(3)	10,000				TO SUPPORT YOUTH DEVELOPMENT AND AFTER SCHOOL SOCCER PROGRAMS FOR INNER CITY YOUTH
AKRON MARATHON CHARITABLE CORPORATION 453 SOUTH HIGH STREET SUITE 301 AKRON, OH 44311	42-1531773	501(C)(3)	5,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON MARATHON CHARITABLE CORPORATION 453 SOUTH HIGH STREET SUITE 301 AKRON, OH 44311	42-1531773	501(C)(3)	5,000				FOR GENERAL OPERATING SUPPORT
AKRON MARATHON CHARITABLE CORPORATION 453 SOUTH HIGH STREET SUITE 301 AKRON, OH 44311	42-1531773	501(C)(3)	5,000				FOR GENERAL OPERATING SUPPORT, IN HONOR OF STEVE & JEANINE MARKS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON METROPOLITAN HOUSING AUTHORITY 100 WEST CEDAR STREET AKRON, OH 44307	34-1822330	501(C)(3)	1,000				FOR DRAINAGE REPAIRS AT THE EDGEWOOD VILLAGE COMMUNITY GARDEN
AKRON PREGNANCY SERVICES 105 EAST MARKET STREET SUITE 213 AKRON, OH 443082000	34-1439564	501(C)(3)	2,500				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON PUBLIC SCHOOLS 70 NORTH BROADWAY STREET AKRON, OH 443081991	34-6000033	501(C)(3)	400				TO SUPPORT THE ENRICHMENT OF STUDENTS WITH SPECIAL NEEDS THROUGH EXPLORATION AND COLLABORATION
AKRON PUBLIC SCHOOLS 70 NORTH BROADWAY STREET AKRON, OH 443081991	34-6000033	501(C)(3)	9,000				TO SUPPORT PACT (PERFORMING ARTS CAN TEACH)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON ROTARY CAMP FOR CHILDREN WITH SPECIAL NEEDS INC 4460 REX LAKE DRIVE AKRON, OH 443193430	34-6557819	501(C)(3)	500				FOR GENERAL PROGRAM SUPPORT
AKRON ROTARY CAMP FOR CHILDREN WITH SPECIAL NEEDS INC 4460 REX LAKE DRIVE AKRON, OH 443193430	34-6557819	501(C)(3)	1,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON ROTARY CAMP FOR CHILDREN WITH SPECIAL NEEDS INC 4460 REX LAKE DRIVE AKRON, OH 443193430	34-6557819	501(C)(3)	2,000				FOR GENERAL PROGRAM SUPPORT
AKRON ROTARY CAMP FOR CHILDREN WITH SPECIAL NEEDS INC 4460 REX LAKE DRIVE AKRON, OH 443193430	34-6557819	501(C)(3)	5,000				TO SUPPORT THE ANNUAL FUND DRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON ROTARY CAMP FOR CHILDREN WITH SPECIAL NEEDS INC 4460 REX LAKE DRIVE AKRON, OH 443193430	34-6557819	501(C)(3)	10,000				TO SUPPORT CAMP PROGRAMS
AKRON ROTARY CAMP FOR CHILDREN WITH SPECIAL NEEDS INC 4460 REX LAKE DRIVE AKRON, OH 443193430	34-6557819	501(C)(3)	20,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON ROTARY CAMP FOR CHILDREN WITH SPECIAL NEEDS INC 4460 REX LAKE DRIVE AKRON, OH 443193430	34-6557819	501(C)(3)	30,000				TO SUPPORT THE CAPITAL PROJECT
AKRON ROTARY CAMP FOR CHILDREN WITH SPECIAL NEEDS INC 4460 REX LAKE DRIVE AKRON, OH 443193430	34-6557819	501(C)(3)	1,000				TO REPLACE THE WATER TRAMPOLINE FOR THE REX LAKE SWIM AREA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON ROTARY CAMP FOR CHILDREN WITH SPECIAL NEEDS INC 4460 REX LAKE DRIVE AKRON, OH 443193430	34-6557819	501(C)(3)	500				FOR GENERAL PROGRAM SUPPORT
AKRON ROTARY CAMP FOR CHILDREN WITH SPECIAL NEEDS INC 4460 REX LAKE DRIVE AKRON, OH 443193430	34-6557819	501(C)(3)	1,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON ROTARY CAMP FOR CHILDREN WITH SPECIAL NEEDS INC 4460 REX LAKE DRIVE AKRON, OH 443193430	34-6557819	501(C)(3)	10,000				TO PROVIDE FINANCIAL ASSISTANCE FOR CHILDREN AND ADULTS WITH DISABILITIES TO ATTEND CAMP
AKRON ROTARY CAMP FOR CHILDREN WITH SPECIAL NEEDS INC 4460 REX LAKE DRIVE AKRON, OH 443193430	34-6557819	501(C)(3)	1,000				FOR A HALF PAGE AD FOR THE 27TH ANNUAL CHILI OPEN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON ROTARY FOUNDATION 4460 REX LAKE DRIVE AKRON, OH 443193430	34-1698713	501(C)(3)	500				TO SUPPORT THE ANNUAL FUND IN MEMORY OF RICHARD FARKAS
AKRON ROTARY FOUNDATION 4460 REX LAKE DRIVE AKRON, OH 443193430	34-1698713	501(C)(3)	23,489				SPENDABLE INCOME TRANSFER FOR THE QUARTER ENDING SEPTEMBER 30, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON ROUNDTABLE PO BOX 1051 CUYAHOGA FALLS, OH 442230051	34-1249338	501(C)(3)	250				FOR GENERAL PROGRAM SUPPORT
AKRON ROUNDTABLE PO BOX 1051 CUYAHOGA FALLS, OH 442230051	34-1249338	501(C)(3)	1,250				TO SUPPORT THE AKRON ROUNDTABLE END OF RAPE ON CAMPUS EVENT ON 03/16/17

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON ROUNDTABLE PO BOX 1051 CUYAHOGA FALLS, OH 442230051	34-1249338	501(C)(3)	2,500				FOR GENERAL OPERATING SUPPORT
AKRON ROUNDTABLE PO BOX 1051 CUYAHOGA FALLS, OH 442230051	34-1249338	501(C)(3)	1,000				TO SUPPORT THE TECHNOLOGY NEEDS IN HONOR OF LEIGH GERSTENBERGER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON ROUNDTABLE PO BOX 1051 CUYAHOGA FALLS, OH 442230051	34-1249338	501(C)(3)	1,250				FOR A CO-SPONSORSHIP OF THE MARCH 16 LUNCHEON FEATURING BEVERLY GUY SHEFTALL & SOPHIE KARASEK, SPELMAN COLLEGE, END RAPE ON CAMPUS
AKRON WOMAN'S CITY CLUB 732 WEST EXCHANGE STREET AKRON, OH 443021308	20-4291648	501(C)(3)	2,500				TO SUPPORT THE 2016-17 SEASON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON ZOOLOGICAL PARK 500 EDGEWOOD AVENUE AKRON, OH 443072199	34-6003866	501(C)(3)	5,000				FOR GENERAL OPERATING SUPPORT
AKRON ZOOLOGICAL PARK 500 EDGEWOOD AVENUE AKRON, OH 443072199	34-6003866	501(C)(3)	10,000				TO SUPPORT THE EXPANSION OF AKRON ZOOS AFRICAN LION EXHIBIT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON ZOOLOGICAL PARK 500 EDGEWOOD AVENUE AKRON, OH 443072199	34-6003866	501(C)(3)	5,000				TO SUPPORT EDUCATION PROGRAMS FOR LOCAL YOUTH
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PKWY AKRON, OH 443072234	34-1369388	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PKWY AKRON, OH 443072234	34-1369388	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PKWY AKRON, OH 443072234	34-1369388	501(C)(3)	250				TO SUPPORT THE GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PKWY AKRON, OH 443072234	34-1369388	501(C)(3)	250				TO SUPPORT THE GENERAL FUND
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PKWY AKRON, OH 443072234	34-1369388	501(C)(3)	250				TO SUPPORT THE GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PKWY AKRON, OH 443072234	34-1369388	501(C)(3)	500				FOR GENERAL PROGRAM SUPPORT
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PKWY AKRON, OH 443072234	34-1369388	501(C)(3)	500				FOR THE GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PKWY AKRON, OH 443072234	34-1369388	501(C)(3)	1,000				FOR GENERAL PROGRAM SUPPORT
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PKWY AKRON, OH 443072234	34-1369388	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT IN Q3

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PKWY AKRON, OH 443072234	34-1369388	501(C)(3)	1,000				FOR PROGRAMMING TO END HUNGER, IN SUPPORT OF THE TASTE OF THE PRO FOOTBALL HALL OF FAME INITIATIVE
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PKWY AKRON, OH 443072234	34-1369388	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PKWY AKRON, OH 443072234	34-1369388	501(C)(3)	2,500				TO SUPPORT THE HARVEST FOR HUNGER CAMPAIGN
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PKWY AKRON, OH 443072234	34-1369388	501(C)(3)	2,500				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PKWY AKRON, OH 443072234	34-1369388	501(C)(3)	2,500				FOR GENERAL OPERATING SUPPORT
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PKWY AKRON, OH 443072234	34-1369388	501(C)(3)	5,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PKWY AKRON, OH 443072234	34-1369388	501(C)(3)	5,000				TO PURCHASE TURKEYS FOR 2016 THANKSGIVING & CHRISTMAS DISTRIBUTION
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PKWY AKRON, OH 443072234	34-1369388	501(C)(3)	5,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PKWY AKRON, OH 443072234	34-1369388	501(C)(3)	6,000				FOR GENERAL OPERATING SUPPORT, IN MEMORY OF H PETER BURG
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PKWY AKRON, OH 443072234	34-1369388	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PKWY AKRON, OH 443072234	34-1369388	501(C)(3)	1,900				TO SUPPORT THE 9TH ANNUAL TASTE OF THE PRO FOOTBALL HALL OF FAME EVENT
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PKWY AKRON, OH 443072234	34-1369388	501(C)(3)	1,900				TO SUPPORT THE 10TH ANNUAL TASTE OF THE PRO FOOTBALL HALL OF FAME EVENT (SILVER LEVEL SPONSORSHIP)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PKWY AKRON, OH 443072234	34-1369388	501(C)(3)	20,000				TO PURCHASE EQUIPMENT FOR VARIOUS FOOD PANTRIES IN SUMMIT COUNTY
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PKWY AKRON, OH 443072234	34-1369388	501(C)(3)	50,000				TO SUPPORT FOOD DISTRIBUTION AND CAPACITY BUILDING IN THE SUMMIT COUNTY HUNGER RELIEF NETWORK

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PKWY AKRON, OH 443072234	34-1369388	501(C)(3)	4,000				FOR GENERAL OPERATING SUPPORT
AKRON-SUMMIT COUNTY PUBLIC LIBRARY 60 SOUTH HIGH STREET AKRON, OH 443261000	34-6000031	GOVERNMENT AGENCY	10,000				TO SUPPORT THE JOE AUGUSTINE CONCERTS AT THE LIBRARY, IN HONOR OF C BLAKE MCDOWELL SR & C BLAKE MCDOWELL JR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON-SUMMIT COUNTY PUBLIC LIBRARY 60 SOUTH HIGH STREET AKRON, OH 443261000	34-6000031	GOVERNMENT AGENCY	10,000				TO DIGITIZE AKRON'S AFRICAN-AMERICAN NEWSPAPER, THE REPORTER, FOR THE YEARS 1969-2016
ALCHEMY INC PO BOX 4041 COPLEY, OH 443210041	06-1653765	501(C)(3)	500				TO SUPPORT CORE GROUP URBAN YOUTH DEVELOPMENT SESSIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ALCHEMY INC PO BOX 4041 COPLEY, OH 443210041	06-1653765	501(C)(3)	1,500				FOR SUPPLIES AND MATERIALS FOR GROUP SESSIONS AND WORKSHOPS
ALCHEMY INC PO BOX 4041 COPLEY, OH 443210041	06-1653765	501(C)(3)	5,000				TO SUPPORT CORE GROUP URBAN YOUTH DEVELOPMENT SESSIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION 225 NORTH MICHIGAN AVENUE FLOOR 17 CHICAGO, IL 606017652	13-3039601	501(C)(3)	3,000				FOR GENERAL OPERATING SUPPORT
AMERICAN CANCER SOCIETY INC 2202 WRIGHTSVILLE AVENUE SUITE 111 WILMINGTON, NC 284033052	13-1788491	501(C)(3)	300				TO SUPPORT THE BRUNSWICK COUNTY RELAY FOR LIFE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AMERICAN CANCER SOCIETY INC 3500 EMBASSY PARKWAY SUITE 150 FAIRLAWN, OH 443338366	13-1788491	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT
AMERICAN CANCER SOCIETY INC 5555 FRANTZ ROAD DUBLIN, OH 430174184	13-1788491	501(C)(3)	250				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AMERICAN CIVIL LIBERTIES UNION FOUNDATION INC C/O GIFT PROCESSING DEPARTMENT NEW YORK, NY 100042454	13-6213516	501(C)(3)	5,000				FOR GENERAL OPERATING SUPPORT, IN MEMORY OF H PETER BURG
AMERICAN FRIENDS OF LEKET ISRAEL INC PO BOX 2090 TEANECK, NJ 076661490	20-8202424	501(C)(3)	20,000				FOR GENERAL PROGRAM SUPPORT, IN MEMORY OF GARY J TURKEL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AMERICAN FRIENDS OF RAMBAM HEALTH CARE CAMPUS 521 FIFTH AVENUE SUITE 1731 NEW YORK, NY 101750003	23-7049727	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT, IN HONOR OF DAVID ARONOW'S 71ST BIRTHDAY
AMERICAN FRIENDS OF THE ISRAEL MUSEUM 500 FIFTH AVENUE SUITE 2540 NEW YORK, NY 101102540	23-7182582	501(C)(3)	2,000				FOR GENERAL OPERATING SUPPORT, IN HONOR OF BIL EHRLICH'S 75TH BIRTHDAY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AMERICAN FRIENDS SERVICE COMMITTEE NORTHEAST OHIO OFFICE CUYAHOGA FALLS, OH 442213251	23-1352010	501(C)(3)	650				FOR GENERAL PROGRAM SUPPORT
AMERICAN HEART ASSOCIATION INC 3505 EMBASSY PARKWAY SUITE 100 AKRON, OH 443338403	13-5613797	501(C)(3)	1,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AMERICAN HEART ASSOCIATION INC 3505 EMBASSY PARKWAY SUITE 100 AKRON, OH 443338403	13-5613797	501(C)(3)	9,250				TO SUPPORT THE TAX-DEDUCTIBLE PORTION OF THE 2017 AKRON HEART & STROKE BALL
AMERICAN HEART ASSOCIATION INC 3505 EMBASSY PARKWAY SUITE 100 AKRON, OH 443338403	13-5613797	501(C)(3)	250				TO SUPPORT LINDA GENTILE IN THE 2016 HEART WALK

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AMERICAN HEART ASSOCIATION INC 3505 EMBASSY PARKWAY SUITE 100 AKRON, OH 443338403	13-5613797	501(C)(3)	500				TO SUPPORT THE 2016-2017 AKRON HEART WALK IN HONOR OF DON & CAROL LEE MCCARDLE
AMERICAN PHILOSOPHICAL SOCIETY 104 SOUTH FIFTH STREET PHILADELPHIA, PA 191063309	23-1353269	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AMERICAN RED CROSS PO BOX 37243 WASHINGTON, DC 200137243	53-0196605	501(C)(3)	2,500				FOR GENERAL OPERATING SUPPORT
AMERICAN RED CROSS OF SUMMIT & PORTAGE COUNTIES 501 WEST MARKET STREET AKRON, OH 443031898	53-0196605	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT, IN HONOR OF BETSY SILVER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AMERICAN RED CROSS OF SUMMIT & PORTAGE COUNTIES 501 WEST MARKET STREET AKRON, OH 443031898	53-0196605	501(C)(3)	1,200				FOR GENERAL OPERATING SUPPORT
AMERICAN RED CROSS OF SUMMIT & PORTAGE COUNTIES 501 WEST MARKET STREET AKRON, OH 443031898	53-0196605	501(C)(3)	10,000				FOR SUPPORT IN SUMMIT, PORTAGE, AND MEDINA COUNTIES, IN MEMORY OF H PETER BURG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AMERICAN RED CROSS OF SUMMIT & PORTAGE COUNTIES 501 WEST MARKET STREET AKRON, OH 443031898	53-0196605	501(C)(3)	20,000				TO SUPPORT DISASTER CYCLE SERVICES IN SUMMIT COUNTY
AMERICAN RED CROSS OF SUMMIT & PORTAGE COUNTIES 501 WEST MARKET STREET AKRON, OH 443031898	53-0196605	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT IN HONOR OF EILEEN BURG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AMERICAN RED CROSS OF SUMMIT & PORTAGE COUNTIES 501 WEST MARKET STREET AKRON, OH 443031898	53-0196605	501(C)(3)	1,000				TO SUPPORT THE 2017 ACTS OF COURAGE EVENT IN HONOR OF CINDY JOHNSON
AMERICAN RED CROSS OF SUMMIT & PORTAGE COUNTIES 501 WEST MARKET STREET AKRON, OH 443031898	53-0196605	501(C)(3)	2,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AMERICA'S VETDOGS 371 EAST JERICHO TURNPIKE SMITHTOWN, NY 117872976	20-8814368	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT
AMIGOS DE LAS AMERICAS PO BOX 126 KENT, OH 442400003	51-0181058	501(C)(3)	300				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ANDREA ROSE TEODOSIO MEMORIAL FOUNDATION PO BOX 109 MONROE FALLS, OH 442620109	45-0646154	501(C)(3)	250				FOR GENERAL PROGRAM SUPPORT
APOLLO'S FIRE THE CLEVELAND BAROQUE ORCHESTRA 3091 MAYFIELD ROAD SUITE 217 CLEVELAND HEIGHTS, OH 441181777	34-1696842	501(C)(3)	1,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
APOLLO'S FIRE THE CLEVELAND BAROQUE ORCHESTRA 3091 MAYFIELD ROAD SUITE 217 CLEVELAND HEIGHTS, OH 441181777	34-1696842	501(C)(3)	2,500				TO SUPPORT SUMMIT COUNTY PROGRAMMING FOR THE 2016-2017 SEASON
APOLLO'S FIRE THE CLEVELAND BAROQUE ORCHESTRA 3091 MAYFIELD ROAD SUITE 217 CLEVELAND HEIGHTS, OH 441181777	34-1696842	501(C)(3)	12,000				TO SUPPORT SUMMIT COUNTY PROGRAMMING FOR THE 2016-2017 SEASON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ARCHBISHOP HOBAN HIGH SCHOOL ONE HOLY CROSS BLVD AKRON, OH 443061500	34-0770684	501(C)(3)	5,580				FOR TECHNOLOGY, PROFESSIONAL DEVELOPMENT OF FACULTY MEMBERS AND SUPPORT OF CHRISTIAN SERVICE PROJECTS
ARDMORE FOUNDATION INC 981 EAST MARKET STREET AKRON, OH 44305	34-1663328	501(C)(3)	100				FOR GENERAL OPERATING SUPPORT IN HONOR OF ROB KROLL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ARLINGTON CHURCH OF GOD INC 539 SOUTH ARLINGTON STREET AKRON, OH 443061797	34-1118775	501(C)(3)	1,289				TO SUPPORT THE ARLINGTON WOMEN OF THE CHURCH OF GOD OUTREACH PROGRAM
ART SPARKS 450-C PORTAGE TRAIL CUYAHOGA FALLS, OH 44221	45-5629269	501(C)(3)	2,500				TO SUPPORT THE EXPANSION OF PROGRAMS IN SUMMIT COUNTY HEAD START AND AKRON PUBLIC SCHOOL LOCATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ART SPARKS 450-C PORTAGE TRAIL CUYAHOGA FALLS, OH 44221	45-5629269	501(C)(3)	1,000				TO SUPPORT THE EXPANSION OF FABULOUS FITNESS TO INCLUDE APS SPECIAL EDUCATION CLASSROOMS
ART SPARKS 450-C PORTAGE TRAIL CUYAHOGA FALLS, OH 44221	45-5629269	501(C)(3)	5,000				TO SUPPORT EXPANSION OF FABULOUS FITNESS IN THE AKRON PUBLIC SCHOOLS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ART SPARKS 450-C PORTAGE TRAIL CUYAHOGA FALLS, OH 44221	45-5629269	501(C)(3)	5,000				TO SUPPORT THE EXPANSION OF PROGRAMS IN SUMMIT COUNTY HEAD START AND AKRON PUBLIC SCHOOL LOCATIONS
ARTS IN STARK 900 CLEVELAND AVENUE NW CANTON, OH 447021812	34-6609771	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ARTSNOW 60 SOUTH HIGH STREET AKRON, OH 443261000	47-5513742	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT (BOARD OF DIRECTORS GIFT)
ARTSNOW 60 SOUTH HIGH STREET AKRON, OH 443261000	47-5513742	501(C)(3)	9,500				TO SUPPORT 9 EMERGING LEADERS FROM AKRON TO PRESENT THEIR WORK AT THE TOMTOM FOUNDERS FESTIVAL HOMETOWN SUMMIT IN APRIL 2017 IN CHARLOTTESVILLE, NC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ARTSNOW 60 SOUTH HIGH STREET AKRON, OH 443261000	47-5513742	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT
ARTSNOW 60 SOUTH HIGH STREET AKRON, OH 443261000	47-5513742	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ASIAN SERVICES IN ACTION INC 730 CARROLL STREET SUITE 1 AKRON, OH 443041972	34-1798850	501(C)(3)	3,000				FOR PAJ TSHAB CIRCLE ADDRESS ABUSIVE MARRIAGES/HEALTHY RELATIONSHIPS WITHIN HMONG COMMUNITY
ASIAN SERVICES IN ACTION INC 730 CARROLL STREET SUITE 1 AKRON, OH 443041972	34-1798850	501(C)(3)	10,000				TO SUPPORT THE READY PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ASPCA GIFT PROCESSING CENTER WASHINGTON, DC 200906929	13-1623829	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT, IN MEMORY OF JAMES M NEDERLANDER
ASPCA GIFT PROCESSING CENTER WASHINGTON, DC 200906929	13-1623829	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ASSOCIATION OF COLLEGE UNIONS INTERNATIONAL ACUI ONE CITY CENTER SUITE 200 BLOOMINGTON, IN 47404	35-1816510	501(C)(3)	500				TO SUPPORT ACUI FOR THE PURPOSE OF EDUCATION, ADVOCACY AND PROFESSIONAL DEVELOPMENT
AUTISM SOCIETY OF GREATER AKRON 701 SOUTH MAIN STREET AKRON, OH 44311	52-1020149	501(C)(3)	1,500				TO SUPPORT AUTISM 101 TRAINING FOR RESIDENTIAL STAFF WHO WORK WITH INDIVIDUALS WITH AUTISM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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AUTISM SOCIETY OF GREATER AKRON 701 SOUTH MAIN STREET AKRON, OH 44311	52-1020149	501(C)(3)	250				TO SUPPORT THE 2016 AUTISM SUMMIT
BALLET THEATRE OF OHIO 265 NORTH MAIN STREET SUITE 13 MUNROE FALLS, OH 442621090	34-1772850	501(C)(3)	2,500				TO SUPPORT TAKE ME OUT TO THE BALLET

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BALLET THEATRE OF OHIO 265 NORTH MAIN STREET SUITE 13 MUNROE FALLS, OH 442621090	34-1772850	501(C)(3)	2,500				TO SUPPORT TAKE ME OUT TO THE BALLET
BARRIER ISLAND PARKS SOCIETY INC PO BOX 637 BOCA GRANDE, FL 339210637	65-0327405	501(C)(3)	1,000				TO SUPPORT THE LIGHT KEEPERS FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BATH CHURCH UNITED CHURCH OF CHRIST PO BOX 496 BATH, OH 442100496	34-1927041	501(C)(3)	9,500				FOR GENERAL PROGRAM SUPPORT
BATH CHURCH UNITED CHURCH OF CHRIST PO BOX 496 BATH, OH 442100496	34-1927041	501(C)(3)	164				RESIDUAL/FINAL CONTRIBUTION FOR THE FUND ESTABLISHED WITHIN THE ENDOWMENT FOR "MAJOR MAINTENANCE"

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BATH CHURCH UNITED CHURCH OF CHRIST PO BOX 496 BATH, OH 442100496	34-1927041	501(C)(3)	50,000				TO ESTABLISH A FUND WITHIN THE ENDOWMENT FOR "MAJOR MAINTENANCE"
BATH TOWNSHIP OHIO 3864 W BATH ROAD AKRON, OH 44333	34-6000212	GOVERNMENT AGENCY	500				TO SUPPORT THE HERITAGE CORRIDORS OF BATH WAYSIDE EXHIBIT SECOND PHASE LANDSCAPING AND TRAIL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BATH VOLUNTEERS FOR SERVICE PO BOX 33 BATH, OH 442100033	34-6536179	501(C)(3)	5,000				TO SUPPORT THE 2016 BATH HORSE SHOW, IN TRIBUTE OF THE BATH COMMUNITY FUND OF ACF AND IN MEMORY OF JUDY READ
BATTERED WOMEN'S SHELTER 974 EAST MARKET STREET AKRON, OH 443052445	34-1249342	501(C)(3)	650				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BATTERED WOMEN'S SHELTER 974 EAST MARKET STREET AKRON, OH 443052445	34-1249342	501(C)(3)	1,000				FOR THE CENTER FOR HOPE & HEALING
BATTERED WOMEN'S SHELTER 974 EAST MARKET STREET AKRON, OH 443052445	34-1249342	501(C)(3)	5,000				TO SUPPORT THE CAPITAL CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BATTERED WOMEN'S SHELTER 974 EAST MARKET STREET AKRON, OH 443052445	34-1249342	501(C)(3)	5,100				TO SUPPORT THE CAPITAL CAMPAIGN
BATTERED WOMEN'S SHELTER 974 EAST MARKET STREET AKRON, OH 443052445	34-1249342	501(C)(3)	5,900				FOR OPEN HOUSE EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BATTERED WOMEN'S SHELTER 974 EAST MARKET STREET AKRON, OH 443052445	34-1249342	501(C)(3)	10,000				TO SUPPORT THE KITCHEN BUILD
BATTERED WOMEN'S SHELTER 974 EAST MARKET STREET AKRON, OH 443052445	34-1249342	501(C)(3)	20,000				TO SUPPORT THE CAPITAL CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BATTERED WOMEN'S SHELTER 974 EAST MARKET STREET AKRON, OH 443052445	34-1249342	501(C)(3)	20,000				TO SUPPORT THE KITCHEN EQUIPMENT PROJECT
BATTERED WOMEN'S SHELTER 974 EAST MARKET STREET AKRON, OH 443052445	34-1249342	501(C)(3)	3,836				2016 ANNUAL SPENDABLE INCOME

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BATTERED WOMEN'S SHELTER 974 EAST MARKET STREET AKRON, OH 443052445	34-1249342	501(C)(3)	4,137				SPENDABLE INCOME FOR THE QUARTER ENDING SEPTEMBER 30, 2016
BATTERED WOMEN'S SHELTER 974 EAST MARKET STREET AKRON, OH 443052445	34-1249342	501(C)(3)	1,000				TO SUPPORT YOUTH ENRICHMENT ACTIVITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BATTERED WOMEN'S SHELTER 974 EAST MARKET STREET AKRON, OH 443052445	34-1249342	501(C)(3)	10,000				FOR PROTECTIVE SHELTER SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE
BATTERED WOMEN'S SHELTER 974 EAST MARKET STREET AKRON, OH 443052445	34-1249342	501(C)(3)	35,000				TO SUPPORT CRISIS INTERVENTION SERVICES FOR VICTIMS OF DOMESTIC AND/OR SEXUAL VIOLENCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BATTERED WOMEN'S SHELTER 974 EAST MARKET STREET AKRON, OH 443052445	34-1249342	501(C)(3)	1,000				TO SUPPORT THE KITCHEN PROJECT
BATTERED WOMEN'S SHELTER 974 EAST MARKET STREET AKRON, OH 443052445	34-1249342	501(C)(3)	1,000				TO PROVIDE MEALS FOR SHELTER RESIDENTS IN CELEBRATION OF THE OPENING OF THE HOPE & HEALING SURVIVOR RESOURCE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BEACHES RESIDENTS ACTIVELY SUPPORTING THE SYMPHONY PO BOX 2222 PONTE VEDRA BEACH, FL 320042222	59-3225786	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT
BETTER BLOCK FOUNDATION PO BOX 4007 DALLAS, TX 752080007	47-4885264	501(C)(3)	14,000				TO SUPPORT TRAVEL COSTS FOR LEADERS FROM AKRON TO ATTEND A STUDY TOUR OF COPENHAGEN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BETTER BLOCK FOUNDATION PO BOX 4007 DALLAS, TX 752080007	47-4885264	501(C)(3)	28,000				OF WHICH \$10,000 IS TO SUPPORT THE NORTH HILL PROPERTY PURCHASE & \$18,000 IS TO SUPPORT PROGRAMMING IN THE NORTH HILL NEIGHBORHOOD OF AKRON
BETTER BLOCK FOUNDATION PO BOX 4007 DALLAS, TX 752080007	47-4885264	501(C)(3)	38,000				TO SUPPORT A PROJECT MANAGER FOR AKRON AND THE PURCHASE OF 762 ELMA ST IN AKRON, OH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BHUTANESE COMMUNITY ASSOCIATION OF AKRON INC 496 OVERLOOK DRIVE KENT, OH 442405825	01-0965857	501(C)(3)	10,000				TO SUPPORT THE 2016 MULTICULTURAL FESTIVAL
BIG BROTHERS AND SISTERS OF SUMMIT MEDINA & STARK COUNTIES INC 50 SOUTH MAIN STREET SUITE LL 110 AKRON, OH 443081860	34-1104356	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BIG BROTHERS AND SISTERS OF SUMMIT MEDINA & STARK COUNTIES INC 50 SOUTH MAIN STREET SUITE LL 110 AKRON, OH 443081860	34-1104356	501(C)(3)	37,586				SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 2016
BIG BROTHERS AND SISTERS OF SUMMIT MEDINA & STARK COUNTIES INC 50 SOUTH MAIN STREET SUITE LL 110 AKRON, OH 443081860	34-1104356	501(C)(3)	10,000				FOR THE COMMUNITY-BASED MENTORING PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BIG BROTHERS-BIG SISTERS OF NORTHEAST OHIO 8 NORTH STATE STREET SUITE 360 PAINESVILLE, OH 440773955	34-1753916	501(C)(3)	500				FOR GENERAL PROGRAM SUPPORT
BIG LOVE NETWORK 115 OAKDALE AVENUE 2 AKRON, OH 443021541	34-1433786	501(C)(3)	5,000				FOR AKRON CITY REPAIR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BIOSTATISTICS AND RESEARCH AWARENESS INITIATIVES NETWORK INC P O BOX 145 CUYAHOGA FALLS, OH 44222	47-4070295	501(C)(3)	1,000				FOR BUCHEL COMMUNITY LEARNING CENTER HS STUDENT TRIP TO DREXEL UNIVERSITY AND UNIVERSITY OF PA
BLESSINGS IN A BACKPACK PO BOX 950291 LOUISVILLE, KY 402950291	26-1964620	501(C)(3)	7,000				TO PROVIDE BACKPACKS CONTAINING FOOD FOR THE WEEKEND TO AT-RISK STUDENTS IN THE GREEN LOCAL SCHOOL DISTRICT (GREEN PRIMARY)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BLUECOATS INC 2060 WEST NIMISILA ROAD CLINTON, OH 442169181	34-6560968	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT RECOMMENDED BY JOHN T PETURES, JR
BOCA GRANDE HEALTH CLINIC FOUNDATION INC PO BOX 2340 BOCA GRANDE, FL 339212340	59-0966089	501(C)(3)	4,000				TO SUPPORT THE FOUNDATION FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BOCA GRANDE HISTORICAL SOCIETY PO BOX 553 BOCA GRANDE, FL 339210553	65-0585091	501(C)(3)	300				FOR GENERAL OPERATING SUPPORT
BOCA GRANDE UNITED METHODIST CHURCH PO BOX 524 BOCA GRANDE, FL 339210524	58-2221539	501(C)(3)	400				TO SUPPORT YOUTH PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BOWLING GREEN STATE UNIVERSITY FOUNDATION INC ALUMNI DRIVE BOWLING GREEN, OH 434030001	34-6007199	501(C)(3)	2,000				TO SUPPORT THE ICE ARENA PROMOTION
BOY SCOUTS OF AMERICA COUNCIL 1601 SOUTH MAIN STREET AKRON, OH 443090068	34-0737790	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BOY SCOUTS OF AMERICA COUNCIL 1601 SOUTH MAIN STREET AKRON, OH 443090068	34-0737790	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT OF TRI FIRES FOS
BOY SCOUTS OF AMERICA COUNCIL 1601 SOUTH MAIN STREET AKRON, OH 443090068	34-0737790	501(C)(3)	1,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BOY SCOUTS OF AMERICA COUNCIL 1601 SOUTH MAIN STREET AKRON, OH 443090068	34-0737790	501(C)(3)	1,500				FOR GENERAL PROGRAM SUPPORT
BOY SCOUTS OF AMERICA COUNCIL 1601 SOUTH MAIN STREET AKRON, OH 443090068	34-0737790	501(C)(3)	2,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BOY SCOUTS OF AMERICA COUNCIL 1601 SOUTH MAIN STREET AKRON, OH 443090068	34-0737790	501(C)(3)	5,000				FOR GENERAL OPERATING SUPPORT
BOY SCOUTS OF AMERICA COUNCIL 1601 SOUTH MAIN STREET AKRON, OH 443090068	34-0737790	501(C)(3)	15,000				TO SUPPORT GREAT TRAIL COUNCIL CAPITAL IMPROVEMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BOY SCOUTS OF AMERICA COUNCIL 1601 SOUTH MAIN STREET AKRON, OH 443090068	34-0737790	501(C)(3)	18,836				2016 ANNUAL SPENDABLE INCOME
BOY SCOUTS OF AMERICA COUNCIL 1601 SOUTH MAIN STREET AKRON, OH 443090068	34-0737790	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BOYS & GIRLS CLUBS OF CLEVELAND 6114 BROADWAY AVENUE CLEVELAND, OH 441271740	34-0770686	501(C)(3)	250				FOR GENERAL PROGRAM SUPPORT
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE INC 889 JONATHAN AVENUE AKRON, OH 443063606	34-1351557	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE INC 889 JONATHAN AVENUE AKRON, OH 443063606	34-1351557	501(C)(3)	2,500				FOR GENERAL OPERATING SUPPORT
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE INC 889 JONATHAN AVENUE AKRON, OH 443063606	34-1351557	501(C)(3)	5,000				IN SUPPORT OF THE ASPIRE EVENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE INC 889 JONATHAN AVENUE AKRON, OH 443063606	34-1351557	501(C)(3)	250				FOR GENERAL PROGRAM SUPPORT
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE INC 889 JONATHAN AVENUE AKRON, OH 443063606	34-1351557	501(C)(3)	1,000				TO SUPPORT FINANCIAL LITERACY AND EDUCATION PROGRAMS FOR AT-RISK YOUTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE INC 889 JONATHAN AVENUE AKRON, OH 443063606	34-1351557	501(C)(3)	2,500				IN SUPPORT OF THE 2016 ASPIRE EVENT
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE INC 889 JONATHAN AVENUE AKRON, OH 443063606	34-1351557	501(C)(3)	9,734				FOR THE ANNUAL YOUTH OF THE YEAR COMPETITION FOR COLLEGE SCHOLARSHIPS, AND A HIGH SCHOOL TUITION ASSISTANCE PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE INC 889 JONATHAN AVENUE AKRON, OH 443063606	34-1351557	501(C)(3)	33,469				2016 ANNUAL SPENDABLE INCOME
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE INC 889 JONATHAN AVENUE AKRON, OH 443063606	34-1351557	501(C)(3)	1,000				FOR ARTS PROGRAMMING FOR AT-RISK YOUTH IN GREATER AKRON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE INC 889 JONATHAN AVENUE AKRON, OH 443063606	34-1351557	501(C)(3)	4,960				TO PROVIDE SUMMER PROGRAM SCHOLARSHIPS FOR AT-RISK GIRLS IN SUMMIT COUNTY
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE INC 889 JONATHAN AVENUE AKRON, OH 443063606	34-1351557	501(C)(3)	10,000				TO STRENGTHEN THE USE AND OUTREACH OF ETAPESTRY, A DONOR INFORMATION MANAGEMENT SYSTEM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE INC 889 JONATHAN AVENUE AKRON, OH 443063606	34-1351557	501(C)(3)	72,500				FOR AFTER-SCHOOL AND SUMMER PROGRAMMING
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE INC 889 JONATHAN AVENUE AKRON, OH 443063606	34-1351557	501(C)(3)	2,063				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE INC 889 JONATHAN AVENUE AKRON, OH 443063606	34-1351557	501(C)(3)	3,000				FOR GENERAL OPERATING SUPPORT
BREAKING BARRIERS - HOPE IS ALIVE PO BOX 534 UNIONTOWN, OH 446850534	81-1845197	501(C)(3)	1,000				IN MEMORY OF TYLER BORNSTEIN AND ENDING YOUTH OPIOID ADDICTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BRIDGE FUND 23530 PEPPERMILL COURT BONITA SPRINGS, FL 341344909	45-4745677	501(C)(3)	5,000				FOR GENERAL OPERATING SUPPORT
BRIDGES SUMMIT COUNTY C/O UNITED WAY OF SUMMIT COUNTY AKRON, OH 443041273	34-1169257	501(C)(3)	15,000				TO EXPAND BRIDGES SUMMIT COUNTY'S GETTING AHEAD PROGRAM FOR RESIDENTS FACING GENERATIONAL POVERTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BRIDGES SUMMIT COUNTY C/O UNITED WAY OF SUMMIT COUNTY AKRON, OH 443041273	34-1169257	501(C)(3)	10,000				TO SUPPORT THE GETTING AHEAD EXPANSION OF BRIDGES SUMMIT COUNTY
BRIGHT STAR BOOKS INC 8893 LANGSTON COURT MACEDONIA, OH 440561547	46-5624952	501(C)(3)	2,500				TO PURCHASE BOOKS FOR CHILDREN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BRIGHT STAR BOOKS INC 8893 LANGSTON COURT MACEDONIA, OH 440561547	46-5624952	501(C)(3)	2,000				TO SUPPORT CHILDREN'S BOOK DISTRIBUTION THROUGH SUMMIT COUNTY WIC CLINICS
BRIMFIELD HISTORICAL SOCIETY 4158 STATE ROUTE 43 KENT, OH 442406916	34-6596932	501(C)(3)	25,000				FOR MAINTENANCE AND OPERATING EXPENSES FOR THE HISTORICAL SOCIETY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BRIMFIELD HISTORICAL SOCIETY 4158 STATE ROUTE 43 KENT, OH 442406916	34-6596932	501(C)(3)	25,000				FOR MAINTENANCE AND OPERATING EXPENSES FOR THE HISTORICAL SOCIETY
BROKEN CHAINS JAIL & PRISON MINISTRY PO BOX 502 AKRON, OH 443090502	54-2139891	501(C)(3)	2,500				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BROKEN CHAINS JAIL & PRISON MINISTRY PO BOX 502 AKRON, OH 443090502	54-2139891	501(C)(3)	2,500				FOR PROGRAMS TO SUPPORT THE GROWING RE-ENTRY NEEDS BY INMATES IN THE SUMMIT CO JAIL
BROOKLYN HEIGHTS MONTESSORI SCHOOL 185 COURT STREET BROOKLYN, NY 112016444	11-6044329	501(C)(3)	4,000				FOR THE LUCIAN MERRYWEATHER MEMORIAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BRUNSWICK EDUCATIONAL FOUNDATION 3643 CENTER ROAD BRUNSWICK, OH 44212	34-1676608	501(C)(3)	2,000				TO SUPPORT THE BRUNSWICK SCHOOLS BEAT VIDEO PROGRAM
BUILDING FOR TOMORROW 100 WEST CEDAR STREET AKRON, OH 443072569	27-4254089	501(C)(3)	1,000				TO SUPPORT THE REACH OPPORTUNITY CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BUILDING FOR TOMORROW 100 WEST CEDAR STREET AKRON, OH 443072569	27-4254089	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT
BUILDING FOR TOMORROW 100 WEST CEDAR STREET AKRON, OH 443072569	27-4254089	501(C)(3)	2,500				TO SUPPORT AMHA'S EARLY CHILDHOOD INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BUILDING FOR TOMORROW 100 WEST CEDAR STREET AKRON, OH 443072569	27-4254089	501(C)(3)	3,000				TO SUPPORT AMHA'S EARLY CHILDHOOD INITIATIVE
BUILDING FOR TOMORROW 100 WEST CEDAR STREET AKRON, OH 443072569	27-4254089	501(C)(3)	4,942				SUPPORT REACH OPPORTUNITY CENTER AT SUMMIT LAKE EDUCATIONAL FACILITY FOR CHILDREN AND ADULTS IN AKRON'S SUMMIT LAKE NEIGHBORHOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BUILDING FOR TOMORROW 100 WEST CEDAR STREET AKRON, OH 443072569	27-4254089	501(C)(3)	3,044				SUPPORT REACH OPPORTUNITY CENTER AT SUMMIT LAKE EDUCATIONAL FACILITY FOR CHILDREN AND ADULTS IN AKRON'S SUMMIT LAKE NEIGHBORHOOD
BUILDING FOR TOMORROW 100 WEST CEDAR STREET AKRON, OH 443072569	27-4254089	501(C)(3)	5,000				FOR GENERAL OPERATING SUPPORT OF THE REACH OPPORTUNITY CENTER AT SUMMIT LAKE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BUILDING FOR TOMORROW 100 WEST CEDAR STREET AKRON, OH 443072569	27-4254089	501(C)(3)	10,000				FOR THE EARLY CHILDHOOD INITIATIVE
BUILDING FOR TOMORROW 100 WEST CEDAR STREET AKRON, OH 443072569	27-4254089	501(C)(3)	12,500				FOR OPERATING SUPPORT OF THE REACH OPPORTUNITY CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BUILDING FOR TOMORROW 100 WEST CEDAR STREET AKRON, OH 443072569	27-4254089	501(C)(3)	85,000				TO SUPPORT THE AKRON METROPOLITAN HOUSING AUTHORITYS EARLY CHILDHOOD INITIATIVE
BUILDING FOR TOMORROW 100 WEST CEDAR STREET AKRON, OH 443072569	27-4254089	501(C)(3)	1,000				TO SUPPORT THE REACHING HIGH BREAKFAST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BURT LAKE PRESERVATION ASSOCIATION PO BOX 632 INDIAN RIVER, MI 497490632	38-3461057	501(C)(3)	250				FOR GENERAL PROGRAM SUPPORT
BUSINESS VOLUNTEERS UNLIMITED DBA BVU THE CENTER FOR NONPROFIT EXCELLENCE 1300 EAST 9TH STREET SUITE 1805 CLEVELAND, OH 441141509	34-1724581	501(C)(3)	43,076				TRANSFER FOR QUARTER BEGINNING APRIL 1, 2017

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

(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
BUSINESS VOLUNTEERS UNLIMITED DBA BVU THE CENTER FOR NONPROFIT EXCELLENCE 1300 EAST 9TH STREET SUITE 1805 CLEVELAND, OH 441141509	34-1724581	501(C)(3)	44,703				TRANSFER FOR QUARTER BEGINNING APRIL 1, 2016
BUSINESS VOLUNTEERS UNLIMITED DBA BVU THE CENTER FOR NONPROFIT EXCELLENCE 1300 EAST 9TH STREET SUITE 1805 CLEVELAND, OH 441141509	34-1724581	501(C)(3)	45,027				TRANSFER FOR QUARTER BEGINNING JULY 1, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BUSINESS VOLUNTEERS UNLIMITED DBA BVU THE CENTER FOR NONPROFIT EXCELLENCE 1300 EAST 9TH STREET SUITE 1805 CLEVELAND, OH 441141509	34-1724581	501(C)(3)	45,027				TRANSFER FOR QUARTER BEGINNING OCTOBER 1, 2016
BUSINESS VOLUNTEERS UNLIMITED DBA BVU THE CENTER FOR NONPROFIT EXCELLENCE 1300 EAST 9TH STREET SUITE 1805 CLEVELAND, OH 441141509	34-1724581	501(C)(3)	45,027				TRANSFER FOR QUARTER BEGINNING JANUARY 25, 2017

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BUSINESS VOLUNTEERS UNLIMITED DBA BVU THE CENTER FOR NONPROFIT EXCELLENCE 1300 EAST 9TH STREET SUITE 1805 CLEVELAND, OH 441141509	34-1724581	501(C)(3)	5,000				TO SUPPORT SUBSIDIZED CAPACITY-BUILDING CONSULTING SERVICES FOR 4 TO 8 NONPROFITS IN SUMMIT COUNTY
BUSINESS VOLUNTEERS UNLIMITED DBA BVU THE CENTER FOR NONPROFIT EXCELLENCE 1300 EAST 9TH STREET SUITE 1805 CLEVELAND, OH 441141509	34-1724581	501(C)(3)	1,000				FOR ANNUAL NON-PROFIT MEMBERSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BUSINESS VOLUNTEERS UNLIMITED DBA BVU THE CENTER FOR NONPROFIT EXCELLENCE 1300 EAST 9TH STREET SUITE 1805 CLEVELAND, OH 441141509	34-1724581	501(C)(3)	2,500				FOR AKRON COMMUNITY FOUNDATION'S BOARD DEVELOPMENT CONSULTATION
CASA BOARD VOLUNTEER ASSOCIATION INC 650 DAN STREET AKRON, OH 44310	34-1856268	501(C)(3)	1,500				TO PROVIDE WARM WINTER PAJAMAS FOR ABUSED AND NEGLECTED CHILDREN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CASA BOARD VOLUNTEER ASSOCIATION INC 650 DAN STREET AKRON, OH 44310	34-1856268	501(C)(3)	10,000				TO SUPPORT THE "REACHING HIGHER" CHILD ADVOCACY PROJECT 2016-2017
CASA BOARD VOLUNTEER ASSOCIATION INC 650 DAN STREET AKRON, OH 44310	34-1856268	501(C)(3)	12,500				TO SUPPORT COMMUNITY VOLUNTEERS ADVOCATING FOR ABUSED AND NEGLECTED CHILDREN IN COURT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CASCADE LOCKS PARK ASSOCIATION 248 FERNDAL STREET AKRON, OH 443041016	34-1621024	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT
CASCADE LOCKS PARK ASSOCIATION 248 FERNDAL STREET AKRON, OH 443041016	34-1621024	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CASCADE LOCKS PARK ASSOCIATION 248 FERNDAL STREET AKRON, OH 443041016	34-1621024	501(C)(3)	2,000				FOR THE MUSTILL STORE MUSEUM EXHIBIT REDEVELOPMENT
CASE WESTERN RESERVE UNIVERSITY OFFICE OF FINANCIAL AID YOST HALL ROOM 435 CLEVELAND, OH 441067049	34-1018992	501(C)(3)	10,000				FOR LAW SCHOOL SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CASE WESTERN RESERVE UNIVERSITY OFFICE OF FINANCIAL AID YOST HALL ROOM 435 CLEVELAND, OH 441067049	34-1018992	501(C)(3)	20,000				FOR LAW SCHOOL SCHOLARSHIPS
CATHOLIC CHARITIES BUREAU INC 134 EAST CHURCH STREET JACKSONVILLE, FL 322023130	59-0624375	501(C)(3)	10,000				TO SUPPORT THE CAMP I AM SPECIAL AQUATIC CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CATHOLIC CHARITIES COMMUNITY SERVICES CORPORATION 812 BIRUTA STREET AKRON, OH 44307	34-1318541	501(C)(3)	910				FOR CATHOLIC CHARITIES SUMMIT ADULT DAY SERVICES
CATHOLIC CHARITIES COMMUNITY SERVICES CORPORATION 812 BIRUTA STREET AKRON, OH 44307	34-1318541	501(C)(3)	10,000				TO SUPPORT THE 2017 EMERGENCY ASSISTANCE PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CATHOLIC CHARITIES COMMUNITY SERVICES CORPORATION 812 BIRUTA STREET AKRON, OH 44307	34-1318541	501(C)(3)	5,000				TO SUPPORT THE 2017 EMERGENCY ASSISTANCE PROGRAM
CATHOLIC CHARITIES DIOCESE OF VENICE INC DBA BOCA GRANDE CHILD CARE CENTER PO BOX 1386 BOCA GRANDE, FL 339211386	59-2473176	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT OF THE BOCA GRANDE CHILD CARE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CENTER FOR APPLIED DRAMA AND AUTISM PO BOX 2972 AKRON, OH 443092972	83-0462908	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT
CENTER FOR APPLIED DRAMA AND AUTISM PO BOX 2972 AKRON, OH 443092972	83-0462908	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT (MATCHING GRANT FROM KNIGHT FOUNDATION)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CENTER FOR APPLIED DRAMA AND AUTISM PO BOX 2972 AKRON, OH 443092972	83-0462908	501(C)(3)	1,000				TO SUPPORT CADA ARTZQUEST, A CULTURAL AND SOCIAL ARTS PROGRAM FOR AUTISTIC CHILDREN
CENTER FOR APPLIED THEATRE AND ACTIVE CULTURE 111 OVERWOOD ROAD AKRON, OH 443133964	83-0462908	501(C)(3)	500				SUPPORT OF NEW WORLD PERFORMANCE LABORATORY PERFORMANCE OF THE DEVIL'S MILK TRILOGY (MATCHING FOR KNIGHT FOUNDATION GRANT)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CENTER FOR APPLIED THEATRE AND ACTIVE CULTURE 111 OVERWOOD ROAD AKRON, OH 443133964	83-0462908	501(C)(3)	5,000				TO SUPPORT THE 2016-2017 SEASON
CENTRAL PARK CONSERVANCY INC PO BOX 4005 NEW YORK, NY 10277	13-3022855	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CHABAD JEWISH RELIGIOUS ASSOCIATION 599 PEBBLE BEACH DRIVE AKRON, OH 443332835	34-1274750	501(C)(3)	3,500				FOR GENERAL PROGRAM SUPPORT
CHILD GUIDANCE & FAMILY SOLUTIONS INC 18 NORTH FORGE STREET AKRON, OH 443041317	34-0726083	501(C)(3)	250				TO SUPPORT GROWING UP AKRON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CHILD GUIDANCE & FAMILY SOLUTIONS INC 18 NORTH FORGE STREET AKRON, OH 443041317	34-0726083	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT
CHILD GUIDANCE & FAMILY SOLUTIONS INC 18 NORTH FORGE STREET AKRON, OH 443041317	34-0726083	501(C)(3)	250				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CHILD GUIDANCE & FAMILY SOLUTIONS INC 18 NORTH FORGE STREET AKRON, OH 443041317	34-0726083	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT
CHILD GUIDANCE & FAMILY SOLUTIONS INC 18 NORTH FORGE STREET AKRON, OH 443041317	34-0726083	501(C)(3)	1,500				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CHILD GUIDANCE & FAMILY SOLUTIONS INC 18 NORTH FORGE STREET AKRON, OH 443041317	34-0726083	501(C)(3)	10,000				TO SUPPORT BABIES & PARENTS THE INCREDIBLE YEARS PROGRAM
CHILD GUIDANCE & FAMILY SOLUTIONS INC 18 NORTH FORGE STREET AKRON, OH 443041317	34-0726083	501(C)(3)	75,000				TO SUPPORT THE TODDLERS & PRESCHOOLERS SUCCEEDING PROGRAM (TAPS)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CHILDREN OF THE NIGHT 14530 SYLVAN STREET VAN NUYS, CA 914112324	95-3130408	501(C)(3)	10,000				FOR GENERAL PROGRAM SUPPORT
CHILDREN'S CONCERT SOCIETY OF AKRON EJ THOMAS PERFORMING ARTS HALL AKRON, OH 443250501	34-0923479	501(C)(3)	500				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CHILDREN'S CONCERT SOCIETY OF AKRON EJ THOMAS PERFORMING ARTS HALL AKRON, OH 443250501	34-0923479	501(C)(3)	1,870				DISTRIBUTION
CHILDREN'S CONCERT SOCIETY OF AKRON EJ THOMAS PERFORMING ARTS HALL AKRON, OH 443250501	34-0923479	501(C)(3)	5,893				SPENDABLE INCOME FOR THE QUARTER ENDING SEPTEMBER 30, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CHILDREN'S CONCERT SOCIETY OF AKRON EJ THOMAS PERFORMING ARTS HALL AKRON, OH 443250501	34-0923479	501(C)(3)	50				FOR IN-SCHOOL ACTIVITIES AT HIGHLAND ELEMENTARY SCHOOL
CHILDREN'S CONCERT SOCIETY OF AKRON EJ THOMAS PERFORMING ARTS HALL AKRON, OH 443250501	34-0923479	501(C)(3)	100				FOR IN-SCHOOL ACTIVITIES AT HIGHLAND ELEMENTARY SCHOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CHILDREN'S CONCERT SOCIETY OF AKRON EJ THOMAS PERFORMING ARTS HALL AKRON, OH 443250501	34-0923479	501(C)(3)	2,130				DISTRIBUTION
CHILDREN'S CONCERT SOCIETY OF AKRON EJ THOMAS PERFORMING ARTS HALL AKRON, OH 443250501	34-0923479	501(C)(3)	2,150				DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CHILDREN'S CONCERT SOCIETY OF AKRON EJ THOMAS PERFORMING ARTS HALL AKRON, OH 443250501	34-0923479	501(C)(3)	6,000				DISTRIBUTION
CHILDREN'S CONCERT SOCIETY OF AKRON EJ THOMAS PERFORMING ARTS HALL AKRON, OH 443250501	34-0923479	501(C)(3)	6,710				SPENDABLE INCOME FOR THE QUARTER ENDING SEPTEMBER 30, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CHILDREN'S CONCERT SOCIETY OF AKRON EJ THOMAS PERFORMING ARTS HALL AKRON, OH 443250501	34-0923479	501(C)(3)	3,000				FOR THE IN SCHOOL CONCERT SERIES
CHILDREN'S CONCERT SOCIETY OF AKRON EJ THOMAS PERFORMING ARTS HALL AKRON, OH 443250501	34-0923479	501(C)(3)	10,000				FOR THE IN SCHOOL CONCERT SERIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON DBA AKRON CHILDREN'S HOSPITAL ONE PERKINS SQUARE AKRON, OH 443081062	34-0714357	501(C)(3)	250				TO SUPPORT THE DANCE UNLIMITED PROGRAM, IN MEMORY OF MARY ANN GREATHOUSE
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON DBA AKRON CHILDREN'S HOSPITAL ONE PERKINS SQUARE AKRON, OH 443081062	34-0714357	501(C)(3)	5,000				FOR THE AKRON CHILDREN'S HOSPITAL GLOBAL GROWTH FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON DBA AKRON CHILDREN'S HOSPITAL ONE PERKINS SQUARE AKRON, OH 443081062	34-0714357	501(C)(3)	5,000				TO SUPPORT THE SUD PROJECT
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON DBA AKRON CHILDREN'S HOSPITAL ONE PERKINS SQUARE AKRON, OH 443081062	34-0714357	501(C)(3)	695				FOR THE BENEFIT OF THE 2016 ANNUAL FUNDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON DBA AKRON CHILDREN'S HOSPITAL ONE PERKINS SQUARE AKRON, OH 443081062	34-0714357	501(C)(3)	733				SPENDABLE INCOME FOR THE QUARTER ENDING SEPTEMBER 30, 2016 TO SUPPORT THE MAXILLOFACIAL DEPARTMENT
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON DBA AKRON CHILDREN'S HOSPITAL ONE PERKINS SQUARE AKRON, OH 443081062	34-0714357	501(C)(3)	1,000				FOR PROFESSIONAL DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON DBA AKRON CHILDREN'S HOSPITAL ONE PERKINS SQUARE AKRON, OH 443081062	34-0714357	501(C)(3)	1,000				FOR GENERAL PROGRAM SUPPORT
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON DBA AKRON CHILDREN'S HOSPITAL ONE PERKINS SQUARE AKRON, OH 443081062	34-0714357	501(C)(3)	2,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON DBA AKRON CHILDREN'S HOSPITAL ONE PERKINS SQUARE AKRON, OH 443081062	34-0714357	501(C)(3)	10,000				TO SUPPORT A PILOT COMMUNITY CARE NEEDS ASSESSMENT FOR REFUGEES IN SUMMIT COUNTY
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON DBA AKRON CHILDREN'S HOSPITAL ONE PERKINS SQUARE AKRON, OH 443081062	34-0714357	501(C)(3)	25,000				TO SUPPORT NURSE'S TRAINING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CHOATE ROSEMARY HALL FOUNDATION INC 333 CHRISTIAN STREET WALLINGFORD, CT 064923818	06-0910420	501(C)(3)	7,000				FOR GENERAL PROGRAM SUPPORT
CHRIST CHILD SOCIETY OF AKRON PO BOX 13411 AKRON, OH 443348811	34-1225803	501(C)(3)	347				FOR THE BENEFIT OF THE 2016 ANNUAL FUNDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CHRIST CHILD SOCIETY OF AKRON PO BOX 13411 AKRON, OH 443348811	34-1225803	501(C)(3)	1,000				FOR THE LAYETTE PROGRAM
CHRIST CHILD SOCIETY OF AKRON PO BOX 13411 AKRON, OH 443348811	34-1225803	501(C)(3)	10,000				TO PROVIDE CLOTHING TO LOW INCOME STUDENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CHRIST CHILD SOCIETY OF AKRON PO BOX 13411 AKRON, OH 443348811	34-1225803	501(C)(3)	5,000				TO PROVIDE CLOTHING TO LOW INCOME STUDENTS
CITY CLUB OF CLEVELAND 850 EUCLID AVENUE SUITE 200 CLEVELAND, OH 441143304	34-0144897	501(C)(3)	2,500				TO SUPPORT THE CITY CLUB OF MAHONING VALLEY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CITY OF AKRON DEPT PLANNING URBAN DEVELOPMENT AKRON, OH 44308	34-6000020	501(C)(3)	10,000				TO SUPPORT THE 10TH ANNUAL HEINZ POLL SUMMER DANCE FESTIVAL
CITY OF AKRON DEPT PLANNING URBAN DEVELOPMENT AKRON, OH 44308	34-6000020	501(C)(3)	10,000				TO SUPPORT THE 10TH ANNUAL HEINZ POLL SUMMER DANCE FESTIVAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CITY OF AKRON DEPT PLANNING URBAN DEVELOPMENT AKRON, OH 44308	34-6000020	501(C)(3)	10,000				FOR THE 2017 NEIGHBORHOOD PARTNERSHIP PROGRAM
CITY OF AKRON DEPT PLANNING URBAN DEVELOPMENT AKRON, OH 44308	34-6000020	501(C)(3)	20,000				FOR THE 2017 NEIGHBORHOOD PARTNERSHIP PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CITY OF AKRON DEPT PLANNING URBAN DEVELOPMENT AKRON, OH 44308	34-6000020	501(C)(3)	25,000				FOR THE 2017 NEIGHBORHOOD PARTNERSHIP PROGRAM
CITY OF AKRON DEPT PLANNING URBAN DEVELOPMENT AKRON, OH 44308	34-6000020	501(C)(3)	30,000				TO SUPPORT THE 10TH ANNUAL HEINZ POLL SUMMER DANCE FESTIVAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CITY OF AKRON DEPT PLANNING URBAN DEVELOPMENT AKRON, OH 44308	34-6000020	501(C)(3)	30,000				FOR THE 2017 NEIGHBORHOOD PARTNERSHIP PROGRAM
CITY OF AKRON DEPT PLANNING URBAN DEVELOPMENT AKRON, OH 44308	34-6000020	501(C)(3)	500				TO SUPPORT THE HEALTH EQUITY SUMMIT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CITY OF AKRON POLICE DEPARTMENT 217 SOUTH HIGH STREET ROOM 508 AKRON, OH 443081636	34-6000020	GOVERNMENT AGENCY	2,500				TO SUPPORT THE HIDDEN IN PLAIN SIGHT PROGRAM
CITY OF AKRON POLICE DEPARTMENT 217 SOUTH HIGH STREET ROOM 508 AKRON, OH 443081636	34-6000020	GOVERNMENT AGENCY	1,000				TO SUPPORT THE DO THE RIGHT THING STUDENT REWARDS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CITY OF AKRON POLICE DEPARTMENT 217 SOUTH HIGH STREET ROOM 508 AKRON, OH 443081636	34-6000020	GOVERNMENT AGENCY	2,500				TO SUPPORT THE HIDDEN IN PLAIN SIGHT PROGRAM
CITY OF WADSWORTH 120 MAPLE STREET WADSWORTH, OH 44281	34-6002961	GOVERNMENT	100,000				FOR EXPENSES RELATED TO THE FUNDRAISING EFFORT FOR AND CONSTRUCTION OF THE WADSWORTH HIGH SCHOOL/COMMUNITY CENTER CAMPUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CITYMEALS-ON-WHEELS 355 LEXINGTON AVENUE NEW YORK, NY 100176603	13-3634381	501(C)(3)	1,000				FOR GENERAL PROGRAM SUPPORT
CLEVELAND AMERICAN VETERANS ASSOCIATION INC 1440 ROCKSIDE RD 118 CLEVELAND, OH 441342749	27-0354167	501(C)(3)	10,000				TO PROVIDE SUPPORT FOR HOMELESS VETERANS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CLEVELAND CLINIC FOUNDATION PO BOX 931517 CLEVELAND, OH 441931655	34-0714585	501(C)(3)	100				TO SUPPORT THE VELOSANO GOLF OUTING FOR CANCER RESEARCH
CLEVELAND CLINIC FOUNDATION PO BOX 931517 CLEVELAND, OH 441931655	34-0714585	501(C)(3)	25,000				FOR THE INNOVATIVE CANCER THERAPY FUND, TO SUPPORT THE SET UP AN AVATAR LAB FOR CHOLANGIOCARCINOMA PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CLEVELAND EYE BANK INC 6700 EUCLID AVENUE STE 101 CLEVELAND, OH 44103	34-0835578	501(C)(3)	1,364				ANNUAL DISTRIBUTION
CLEVELAND INTERNATIONAL FILM FESTIVAL INC 2510 MARKET AVENUE CLEVELAND, OH 441133434	34-1262368	501(C)(3)	2,500				FOR SCREENINGS OF LGBT FILMS AS PART OF THE 41ST CIFF IN DOWNTOWN AKRON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CLEVELAND INTERNATIONAL FILM FESTIVAL INC 2510 MARKET AVENUE CLEVELAND, OH 441133434	34-1262368	501(C)(3)	5,000				TO SUPPORT FILM SCREENINGS IN DOWNTOWN AKRON DURING THE ANNUAL FILM FESTIVAL
CLEVELAND MODERN DANCE ASSOCIATION DBA DANCECLEVELAND 13110 SHAKER SQUARE SUITE 106 CLEVELAND, OH 44120	34-6561006	501(C)(3)	10,000				FOR THE BILL T JONES/ARNIE ZANE DANCE COMPANY EDUCATIONAL RESIDENCY AND PERFORMANCE IN AKRON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CLEVELAND MUSEUM OF ART 11150 EAST BLVD CLEVELAND, OH 44106	34-0714336	501(C)(3)	2,500				FOR GENERAL OPERATING SUPPORT
CLEVELAND MUSEUM OF NATURAL HISTORY 1 WADE OVAL DRIVE UNIVERSITY CIRCLE CIRCLE CLEVELAND, OH 441061767	34-0714338	501(C)(3)	250				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CLEVELAND ZOOLOGICAL SOCIETY 3900 WILDLIFE WAY CLEVELAND, OH 441093132	34-0816490	501(C)(3)	6,000				FOR THE JOAN ROG GRADUATE STUDENT RESEARCH AWARD
CLINTON PRESBYTERIAN CHURCH 402 NORTH CENTER STREET CLINTON, IL 61727	22-1863674	501(C)(3)	2,845				SPENDABLE INCOME FOR THE QUARTER ENDIND DECEMBER 31, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CLINTON PRESBYTERIAN CHURCH 402 NORTH CENTER STREET CLINTON, IL 61727	22-1863674	501(C)(3)	2,947				SPENDABLE INCOME FOR THE QUARTER ENDING JUNE 30, 2016
COACHELLA VALLEY REPERTORY 69930 HIGHWAY 111 SUITE 116 RANCHO MIRAGE, CA 922702855	95-4304295	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
COLEMAN PROFESSIONAL SERVICES INC 5982 RHODES ROAD KENT, OH 442408100	34-1240178	501(C)(3)	2,000				TO SUPPORT THE FOSTERING RECOVERY BREAKFAST
COLLEGE NOW GREATER CLEVELAND INC 50 PUBLIC SQUARE SUITE 1800 CLEVELAND, OH 44113	34-6580096	501(C)(3)	20,000				FOR COLLEGE ACCESS ADVISING SERVICES FOR AKRON STUDENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
COLUMBUS FOUNDATION 1234 E BOARD STREET COLUMBUS, OH 43205	31-6044264	501(C)(3)	27,018				FOR THE OHIO HUMANITIES COUNCIL ENDOWMENT FUND #0852
COMMUNITIES IN SCHOOLS OF BRUNSWICK COUNTY PO BOX 10087 SOUTHPORT, NC 284610087	56-1921263	501(C)(3)	1,000				TO SUPPORT THE ACTION FOR SUCCESS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
COMMUNITIES IN SCHOOLS OF BRUNSWICK COUNTY PO BOX 10087 SOUTHPORT, NC 284610087	56-1921263	501(C)(3)	1,200				SUPPORT FOR THE AT RISK STUDENT'S COUNSELORS
COMMUNITY AIDS NETWORK 759 WEST MARKET STREET 1ST FLOOR AKRON, OH 44303	31-1506671	501(C)(3)	1,000				TO PROVIDE EDUCATION AND ADVOCACY BENEFITING LGBT INDIVIDUALS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
COMMUNITY AIDS NETWORK 759 WEST MARKET STREET 1ST FLOOR AKRON, OH 44303	31-1506671	501(C)(3)	5,000				TO PROVIDE HOUSING SUPPORT FOR LGBTQ YOUTH
COMMUNITY DRUG BOARD DBA COMMUNITY HEALTH CENTER 725 EAST MARKET STREET AKRON, OH 443052421	34-1171699	501(C)(3)	1,000				TO SUPPORT THE ADOLESCENT TREATMENT CENTER, FOCUSING ON SUBSTANCE ABUSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
COMMUNITY DRUG BOARD DBA COMMUNITY HEALTH CENTER 725 EAST MARKET STREET AKRON, OH 443052421	34-1171699	501(C)(3)	2,500				FOR GENERAL PROGRAM SUPPORT
COMMUNITY HALL FOUNDATION PROGRAM ENDOWMENT DBA AKRON CIVIC THEATRE 182 SOUTH MAIN STREET AKRON, OH 443081316	34-1015948	501(C)(3)	500				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
COMMUNITY HALL FOUNDATION PROGRAM ENDOWMENT DBA AKRON CIVIC THEATRE 182 SOUTH MAIN STREET AKRON, OH 443081316	34-1015948	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT
COMMUNITY HALL FOUNDATION PROGRAM ENDOWMENT DBA AKRON CIVIC THEATRE 182 SOUTH MAIN STREET AKRON, OH 443081316	34-1015948	501(C)(3)	1,500				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
COMMUNITY HALL FOUNDATION PROGRAM ENDOWMENT DBA AKRON CIVIC THEATRE 182 SOUTH MAIN STREET AKRON, OH 443081316	34-1015948	501(C)(3)	9,479				SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 2016
COMMUNITY HALL FOUNDATION PROGRAM ENDOWMENT DBA AKRON CIVIC THEATRE 182 SOUTH MAIN STREET AKRON, OH 443081316	34-1015948	501(C)(3)	9,485				SPENDABLE INCOME FOR THE QUARTER ENDING SEPTEMBER 30, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
COMMUNITY HALL FOUNDATION PROGRAM ENDOWMENT DBA AKRON CIVIC THEATRE 182 SOUTH MAIN STREET AKRON, OH 443081316	34-1015948	501(C)(3)	10,441				SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 2016
COMMUNITY HALL FOUNDATION PROGRAM ENDOWMENT DBA AKRON CIVIC THEATRE 182 SOUTH MAIN STREET AKRON, OH 443081316	34-1015948	501(C)(3)	10,448				SPENDABLE INCOME FOR THE QUARTER ENDING SEPTEMBER 30, 2016

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

(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
COMMUNITY HALL FOUNDATION PROGRAM ENDOWMENT DBA AKRON CIVIC THEATRE 182 SOUTH MAIN STREET AKRON, OH 443081316	34-1015948	501(C)(3)	20,779				SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 2016
COMMUNITY HALL FOUNDATION PROGRAM ENDOWMENT DBA AKRON CIVIC THEATRE 182 SOUTH MAIN STREET AKRON, OH 443081316	34-1015948	501(C)(3)	20,793				SPENDABLE INCOME FOR THE QUARTER ENDING SEPTEMBER 30, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
COMMUNITY HALL FOUNDATION PROGRAM ENDOWMENT DBA AKRON CIVIC THEATRE 182 SOUTH MAIN STREET AKRON, OH 443081316	34-1015948	501(C)(3)	2,500				TO SUPPORT THE MILLENNIAL THEATRE PROJECT
COMMUNITY HALL FOUNDATION PROGRAM ENDOWMENT DBA AKRON CIVIC THEATRE 182 SOUTH MAIN STREET AKRON, OH 443081316	34-1015948	501(C)(3)	10,000				TO SUPPORT 2016-2017 NONCOMMERCIAL COMMUNITY-BASED PROGRAMMING AND THE ALL ACCESS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
COMMUNITY HALL FOUNDATION PROGRAM ENDOWMENT DBA AKRON CIVIC THEATRE 182 SOUTH MAIN STREET AKRON, OH 443081316	34-1015948	501(C)(3)	1,000				TO SUPPORT THE JUNE, 2017 ALL-CITY MUSICAL PRODUCTION OF MARY POPPINS
COMMUNITY HALL FOUNDATION PROGRAM ENDOWMENT DBA AKRON CIVIC THEATRE 182 SOUTH MAIN STREET AKRON, OH 443081316	34-1015948	501(C)(3)	20,000				TO SUPPORT 2016-2017 NONCOMMERCIAL COMMUNITY-BASED PROGRAMMING AND THE ALL ACCESS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
COMMUNITY LEGAL AID SERVICES INC 50 SOUTH MAIN STREET SUITE 800 AKRON, OH 44308	34-0753560	501(C)(3)	10,000				TO SUPPORT EDUCATION-RELATED ASSISTANCE IN THE HEAL MEDICAL LEGAL PARTNERSHIP
COMMUNITY OUTREACH RESOURCES EXCHANGE DBA CORE FURNITURE BANK PO BOX 1192 CUYAHOGA FALLS, OH 442230192	26-3336894	501(C)(3)	2,500				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
COMMUNITY OUTREACH RESOURCES EXCHANGE DBA CORE FURNITURE BANK PO BOX 1192 CUYAHOGA FALLS, OH 442230192	26-3336894	501(C)(3)	8,000				FOR GENERAL OPERATING SUPPORT
COMMUNITY PREGNANCY CENTER INC 180 1ST STREET NW BARBERTON, OH 44203	34-1645865	501(C)(3)	1,000				TO SUPPLY FORMULA AND BABY FOOD TO DISADVANTAGED FAMILIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
COMMUNITY PREGNANCY CENTER INC 180 1ST STREET NW BARBERTON, OH 44203	34-1645865	501(C)(3)	3,000				TO SUPPORT THE STRONG START PROGRAM WHICH PROVIDES CRIBS, CAR SEATS, AND FORMULA
COMMUNITY SUPPORT SERVICES INC 150 CROSS STREET AKRON, OH 44311026	23-7029146	501(C)(3)	2,500				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
COMMUNITY SUPPORT SERVICES INC 150 CROSS STREET AKRON, OH 443111026	23-7029146	501(C)(3)	8,000				TO SUPPORT IMPROVED HEALTH OUTCOMES FOR THOSE DIAGNOSED WITH SEVERE AND PERSISTENT MENTAL ILLNESS
CONGREGATION EMANU-EL OF THE CITY OF NEW YORK ONE EAST 65TH STREET NEW YORK, NY 100656501	13-1623975	501(C)(3)	250				TO SUPPORT THE WOMEN'S AUXILIARY TRIBUTE FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK 1403 WEST HINES HILL ROAD PENINSULA, OH 442649646	34-1917257	501(C)(3)	100				TO SUPPORT THE TRAILS FOREVER PROGRAM
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK 1403 WEST HINES HILL ROAD PENINSULA, OH 442649646	34-1917257	501(C)(3)	100				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK 1403 WEST HINES HILL ROAD PENINSULA, OH 442649646	34-1917257	501(C)(3)	300				FOR GENERAL OPERATING SUPPORT
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK 1403 WEST HINES HILL ROAD PENINSULA, OH 442649646	34-1917257	501(C)(3)	25,000				TO SUPPORT THE CUYAHOGA VALLEY ENVIRONMENTAL EDUCATION CENTER'S (CVEEC) ALL RIVERS RUN RESIDENT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK 1403 WEST HINES HILL ROAD PENINSULA, OH 442649646	34-1917257	501(C)(3)	1,549				SPENDABLE INCOME FOR THE QUARTER ENDING DECEMBER 31, 2016
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK 1403 WEST HINES HILL ROAD PENINSULA, OH 442649646	34-1917257	501(C)(3)	2,934				SPENDABLE INCOME FOR THE QUARTER ENDING DECEMBER 31, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK 1403 WEST HINES HILL ROAD PENINSULA, OH 442649646	34-1917257	501(C)(3)	21,399				SPENDABLE INCOME FOR THE QUARTER ENDING DECEMBER 31, 2016
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK 1403 WEST HINES HILL ROAD PENINSULA, OH 442649646	34-1917257	501(C)(3)	10,000				FOR THE ACQUISITION OF REAL PROPERTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK 1403 WEST HINES HILL ROAD PENINSULA, OH 442649646	34-1917257	501(C)(3)	40,000				FOR GENERAL OPERATING SUPPORT AND THE CENTRAL VISITOR CENTER CAPITAL CAMPAIGN
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK 1403 WEST HINES HILL ROAD PENINSULA, OH 442649646	34-1917257	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 341023500	59-1157084	501(C)(3)	5,000				FOR GENERAL PROGRAM SUPPORT
CORNELL UNIVERSITY OFFICE OF ALUMNI AFFAIRS ITHACA, NY 148504378	15-0532082	501(C)(3)	5,500				OF WHICH \$500 IS TO SUPPORT THE CORNELL LAB OF ORNITHOLOGY AND \$5,000 FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CRAFTSMEN RECREATION CLUB INC 4450 REX LAKE DRIVE AKRON, OH 443193430	34-0649132	501(C)(3)	1,000				TO SUPPORT THE CRAFTSMEN PARK RELIEF FUND
CRAFTY MART 140 EAST MARKET STREET AKRON, OH 443082014	47-1337945	501(C)(3)	2,500				TO SUPPORT A POP-UP CRAFTY MART AT GOODYEAR IN THE GOODYEAR HEIGHTS NEIGHBORHOOD ON DECEMBER 23RD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CRAFTY MART 140 EAST MARKET STREET AKRON, OH 443082014	47-1337945	501(C)(3)	2,500				TO SUPPORT COTTAGE MART POP-UP AT THE WINTER FEST AT LOCK 3
CRIPPLE CREEK FERALS AND FRIENDS PO BOX 172 UNIONTOWN, OH 44685	27-4637773	501(C) (3)	600				FOR THE TRAP NEUTER RETURN OF SUMMIT COUNTY FERAL CATS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CROWN POINT ECOLOGY CENTER PO BOX 484 BATH, OH 442100484	27-2817313	501(C)(3)	1,500				FOR GENERAL OPERATING SUPPORT
CROWN POINT ECOLOGY CENTER PO BOX 484 BATH, OH 442100484	27-2817313	501(C)(3)	1,500				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CROWN POINT ECOLOGY CENTER PO BOX 484 BATH, OH 442100484	27-2817313	501(C)(3)	5,000				TO SUPPORT THE CABIN CONSTRUCTION PROJECT
CROWN POINT ECOLOGY CENTER PO BOX 484 BATH, OH 442100484	27-2817313	501(C)(3)	239				FOR ONGOING SUPPORT AND SUSTAINABILITY OF CROWN POINT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CROWN POINT ECOLOGY CENTER PO BOX 484 BATH, OH 442100484	27-2817313	501(C)(3)	242				FOR ONGOING SUPPORT AND SUSTAINABILITY OF CROWN POINT
CROWN POINT ECOLOGY CENTER PO BOX 484 BATH, OH 442100484	27-2817313	501(C)(3)	245				FOR ONGOING SUPPORT AND SUSTAINABILITY OF CROWN POINT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CROWN POINT ECOLOGY CENTER PO BOX 484 BATH, OH 442100484	27-2817313	501(C)(3)	404				FOR ONGOING SUPPORT AND SUSTAINABILITY OF CHILDREN'S EDUCATIONAL PROGRAMS AND GARDENS AT CROWN POINT
CROWN POINT ECOLOGY CENTER PO BOX 484 BATH, OH 442100484	27-2817313	501(C)(3)	405				FOR ONGOING SUPPORT AND SUSTAINABILITY OF CHILDREN'S EDUCATIONAL PROGRAMS AND GARDENS AT CROWN POINT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CROWN POINT ECOLOGY CENTER PO BOX 484 BATH, OH 442100484	27-2817313	501(C)(3)	407				FOR ONGOING SUPPORT AND SUSTAINABILITY OF CHILDREN'S EDUCATIONAL PROGRAMS AND GARDENS AT CROWN POINT
CROWN POINT ECOLOGY CENTER PO BOX 484 BATH, OH 442100484	27-2817313	501(C)(3)	416				FOR ONGOING SUPPORT AND SUSTAINABILITY OF CHILDREN'S EDUCATIONAL PROGRAMS AND GARDENS AT CROWN POINT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CROWN POINT ECOLOGY CENTER PO BOX 484 BATH, OH 442100484	27-2817313	501(C)(3)	20,000				FOR ONGOING SUPPORT AND SUSTAINABILITY OF CROWN POINT
CROWN POINT ECOLOGY CENTER PO BOX 484 BATH, OH 442100484	27-2817313	501(C)(3)	500				TO SUPPORT 2017 SUMMER FARM & SCIENCE CAMP SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CROWN POINT ECOLOGY CENTER PO BOX 484 BATH, OH 442100484	27-2817313	501(C)(3)	2,000				TO SUPPORT 2017 SUMMER FARM AND SCIENCE CAMP SCHOLARSHIPS
CROWN POINT ECOLOGY CENTER PO BOX 484 BATH, OH 442100484	27-2817313	501(C)(3)	5,000				FOR BUILDING COSTS OF A COB WOOD-FIRED OVEN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CROWN POINT ECOLOGY CENTER PO BOX 484 BATH, OH 442100484	27-2817313	501(C)(3)	12,000				FOR SEEDS, SUPPLIES, FERTILIZER AND SOIL AMENDMENTS FOR THE 2016-2017 GROWING SEASON
CROWN POINT ECOLOGY CENTER PO BOX 484 BATH, OH 442100484	27-2817313	501(C)(3)	7,500				TO SUPPORT THE FARM AND FOOD IMMERSION EXPERIENCE FOR SUMMIT COUNTY TEENS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CUPS CAFE INCORPORATED PO BOX 83 MEDINA, OH 442580083	26-3452478	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT
CUYAHOGA COMMUNITY COLLEGE FOUNDATION 700 CARNEGIE AVENUE CLEVELAND, OH 441152833	23-7320719	501(C)(3)	1,000				TO SUPPORT THE ABLE INTEGRATED FINANCIAL LITERACY PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 ART CENTER 2131 FRONT STREET CUYAHOGA FALLS, OH 442213219	34-1319079	501(C)(3)	1,000				FOR GENERAL PROGRAM SUPPORT
CUYAHOGA VALLEY COUNTRYSIDE CONSERVANCY 2179 EVERETT ROAD PENINSULA, OH 442649687	34-1896395	501(C)(3)	10,000				TO BUILD CAPACITY DURING STAFF TRANSITIONS AND FOR THE "CARROT CASH" FOOD ASSISTANCE PROGRAM

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

(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 COUNTRYSIDE CONSERVANCY 2179 EVERETT ROAD PENINSULA, OH 442649687	34-1896395	501(C)(3)	10,000				TO BUILD CAPACITY DURING STAFF TRANSITIONS AND FOR THE "CARROT CASH" FOOD ASSISTANCE PROGRAM
CUYAHOGA VALLEY PRESERVATION AND SCENIC RAILWAY ASSOCIATION PO BOX 158 PENINSULA, OH 442640158	23-7198801	501(C)(3)	1,029				SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 PO BOX 158 PENINSULA, OH 442640158	23-7198801	501(C)(3)	3,037				SPENDABLE INCOME FOR THE QUARTER ENDING DECEMBER 31, 2016
CUYAHOGA VALLEY PRESERVATION AND SCENIC RAILWAY ASSOCIATION PO BOX 158 PENINSULA, OH 442640158	23-7198801	501(C)(3)	10,000				FOR TRACK SAFETY AND MAINTENANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 PO BOX 158 PENINSULA, OH 442640158	23-7198801	501(C)(3)	10,000				TO SUPPORT OUR HEAD END POWER SYSTEM PROJECT
CUYAHOGA VALLEY PRESERVATION AND SCENIC RAILWAY ASSOCIATION PO BOX 158 PENINSULA, OH 442640158	23-7198801	501(C)(3)	20,000				FOR GENERAL OPERATING SUPPORT AND FOR THE HEAD END POWER SYSTEM PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 YOUTH BALLET DBA BALLET EXCEL OHIO PO BOX 3131 CUYAHOGA FALLS, OH 442230431	34-1318396	501(C)(3)	225				SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 2016
CUYAHOGA VALLEY YOUTH BALLET DBA BALLET EXCEL OHIO PO BOX 3131 CUYAHOGA FALLS, OH 442230431	34-1318396	501(C)(3)	5,000				TO SUPPORT REACH OUT AND DANCE (ROAD) PROGRAMMING AT AKRON PUBLIC SCHOOLS AND COMMUNITY VENUES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 YOUTH BALLET DBA BALLET EXCEL OHIO PO BOX 3131 CUYAHOGA FALLS, OH 442230431	34-1318396	501(C)(3)	5,000				TO SUPPORT REACH OUT AND DANCE (ROAD)
DANCING CLASSROOMS NORTHEAST OHIO 1085 ROCKSIDE ROAD SUITE 6 PARMA, OH 441342700	26-2300532	501(C)(3)	5,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
DANCING CLASSROOMS NORTHEAST OHIO 1085 ROCKSIDE ROAD SUITE 6 PARMA, OH 441342700	26-2300532	501(C)(3)	1,000				FOR THE COLORS OF THE RAINBOW TEAM MATCH
DANCING CLASSROOMS NORTHEAST OHIO 1085 ROCKSIDE ROAD SUITE 6 PARMA, OH 441342700	26-2300532	501(C)(3)	5,000				FOR THE RESIDENCY PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
DAUGHTERS OF DIVINE CHARITY INC FRANCESCA HALL AKRON, OH 443031183	34-6548948	501(C)(3)	20,000				TO SUPPORT THE INSTALLATION OF AN ELEVATOR FOR FRANCESCA HALL RESIDENCE
DELTA ZETA FOUNDATION 202 EAST CHURCH STREET OXFORD, OH 450561320	31-0940640	501(C)(3)	250				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
DEVELOPMENT FUND OF THE WESTERN RESERVE INC 47 NORTH MAIN STREET 407 AKRON, OH 443081925	45-2495397	501(C)(3)	238,000				FOR THE DFWR TARGETED LOAN FUND
DEVELOPMENT FUND OF THE WESTERN RESERVE INC 47 NORTH MAIN STREET 407 AKRON, OH 443081925	45-2495397	501(C)(3)	10,000				TO SUPPORT COMMUNITY LOAN FUND TARGETING SEVERELY DISTRESSED NEIGHBORHOODS IN THE CITY OF AKRON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
DIOCESE OF ST AUGUSTINE OFFICE OF DEVELOPMENT JACKSONVILLE, FL 322582056	59-0637829	501(C)(3)	12,000				FOR THE BISHOP'S ANNUAL STEWARDSHIP APPEAL
DIRECTION HOME AKRON CANTON AREA AGENCY ON AGING 1550 CORPORATE WOODS PARKWAY SUITE 100 UNIONTOWN, OH 446858730	34-1314654	501(C)(3)	200,000				TO SUPPORT THE OLDER ADULTS INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
DIVERSITY CENTER OF NORTHEAST OHIO 3659 GREEN ROAD SUITE 220 CLEVELAND, OH 44122	20-1966761	501(C)(3)	1,000				TO SUPPORT STELLAR PROGRAMMING EMPOWERING SUMMIT COUNTY YOUTH TO COMBAT BIAS, BIGOTRY AND RACISM
DIVERSITY CENTER OF NORTHEAST OHIO 3659 GREEN ROAD SUITE 220 CLEVELAND, OH 44122	20-1966761	501(C)(3)	3,750				TO SUPPORT STELLAR PROGRAMMING EMPOWERING SUMMIT COUNTY YOUTH TO COMBAT BIAS, BIGOTRY AND RACISM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
DOCTORS WITHOUT BORDERS USA INC 333 SEVENTH AVE 2ND FLOOR NEW YORK, NY 100015004	13-3433452	501(C)(3)	2,500				FOR GENERAL OPERATING SUPPORT
DOMESTIC VIOLENCE PROJECT INC PO BOX 9459 CANTON, OH 447119459	34-1263226	501(C)(3)	1,000				FOR HURRICANES WITHIN RAINBOWS TRAINING FOR PROFESSIONALS SERVING LGBTQ DOMESTIC VIOLENCE SURVIVORS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
DOMINICAN SISTERS OF PEACE 2320 AIRPORT DRIVE COLUMBUS, OH 43219	26-3550703	501(C)(3)	606				DISTRIBUTION TO OUR LADY OF THE ELMS SCHOOL
DOOR COUNTY LAND TRUST INC PO BOX 65 STURGEON BAY, WI 542350065	39-1561423	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 AKRON KIWANIS FOUNDATION INC 300 SOUTH MAIN STREET AKRON, OH 44308	30-0178020	501(C)(3)	500				TO SUPPORT KIWANIS DAY AT CANAL PARK
DOWNTOWN AKRON PARTNERSHIP INC GREYSTONE HALL AKRON, OH 443081461	34-1823835	501(C)(3)	4,000				OPERATING SUPPORT TO CONTINUE SERVING AS A CATALYST FOR BUSINESS, RESIDENTIAL AND SOCIAL DEVELOPMENT, ALONG WITH DEVELOPMENT OF A DOWNTOWN PLAN TO HELP ALIGN DOWNTOWN OPPORTUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 AKRON PARTNERSHIP INC GREYSTONE HALL AKRON, OH 443081461	34-1823835	501(C)(3)	20,000				TO SUPPORT THE OPERATIONS DOWNTOWN AKRON PARTERSHIP
DOWNTOWN AKRON PARTNERSHIP INC GREYSTONE HALL AKRON, OH 443081461	34-1823835	501(C)(3)	15,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
DR BOB'S HOME PO BOX 449 AKRON, OH 44309	34-1461210	501(C)(3)	2,500				TO SUPPORT GENERAL OPERATING AND ARCHIVE EXPENSES
DRINK LOCAL DRINK TAP INC 1455 WEST 29TH STREET CLEVELAND, OH 441132970	46-1841017	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
EAST AKRON NEIGHBORHOOD DEVELOPMENT CORPORATION 550 SOUTH ARLINGTON STREET AKRON, OH 443061740	34-1365690	501(C)(3)	5,800				TO SUPPORT THE ATTENDANCE OF THE REMAKING THE RUST BELT CONFERENCE
EAST AKRON NEIGHBORHOOD DEVELOPMENT CORPORATION 550 SOUTH ARLINGTON STREET AKRON, OH 443061740	34-1365690	501(C)(3)	15,000				FOR THE EMERGENCY HOME REPAIR PROGRAM (EHRP)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
EASTER SEAL SOCIETY OF NORTHEAST OHIO 1929A EAST ROYALTON ROAD BROADVIEW HEIGHTS, OH 44147	31-4380051	501(C)(3)	1,119				TO SUPPORT NEW EDUCATIONAL OPPORTUNITIES FOR STAFF & ENHANCE THE LIVES OF ADULTS WITH DISABILITIES
EASTER SEAL SOCIETY OF NORTHEAST OHIO 1929A EAST ROYALTON ROAD BROADVIEW HEIGHTS, OH 44147	31-4380051	501(C)(3)	7,500				TO SUPPORT BUILDING A CONTINUUM OF CARE FOR INDIVIDUALS WITH DISABILITIES IN SUMMIT COUNTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
EMBRACING FUTURES INC 50 SOUTH MAIN STREET SUITE LL 100 AKRON, OH 443081859	34-6543299	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT, IN MEMORY OF H PETER BURG
EMBRACING FUTURES INC 50 SOUTH MAIN STREET SUITE LL 100 AKRON, OH 443081859	34-6543299	501(C)(3)	1,186				SPENDABLE INCOME FOR THE QUARTER ENDING JUNE 30, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
EMBRACING FUTURES INC 50 SOUTH MAIN STREET SUITE LL 100 AKRON, OH 443081859	34-6543299	501(C)(3)	5,300				TO SUPPORT THE ORTHODONTIC CARE PROGRAM
EMERGE MINISTRIES INC 900 MULL AVENUE AKRON, OH 443137597	34-1213335	501(C)(3)	5,000				TO SUPPORT THE EMERGING HOPE CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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EQUALITY OHIO EDUCATION FUND 118 EAST MAIN STREET SUITE 200 COLUMBUS, OH 43215	02-0743268	501(C)(3)	2,000				TO ENHANCE LEGAL AND LIVED EQUALITY FOR AKRON'S LGBTQ COMMUNITY
EQUITAS HEALTH 4400 NORTH HIGH STREET SUITE 300 COLUMBUS, OH 43214	31-1126780	501(C)(3)	4,000				FOR THE AKRON HIV TESTING PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
EVANT INC 4500 HUDSON DRIVE STOW, OH 442241702	34-1223955	501(C)(3)	7,500				FOR A DAY SERVICES PROGRAM FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES
FAIRLAWN LUTHERAN CHURCH 3415 WEST MARKET STREET FAIRLAWN, OH 443333307	34-0858919	501(C)(3)	400				TO SUPPORT PARISH ARTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FAIRLAWN WEST UNITED CHURCH OF CHRIST 2095 WEST MARKET STREET AKRON, OH 443136903	34-0748502	RELIGIOUS ORG	8,000				FOR GENERAL PROGRAM SUPPORT
FAITH IN ACTION MEDINA COUNTY CAREGIVERS 120 WEST WASHINGTON STREET 2A MEDINA, OH 44256	34-1935109	501(C)(3)	2,500				TO SUPPORT TRANSPORTATION TO MEDICAL APPOINTMENTS FOR ELDERLY AND DISABLED WOMEN IN MEDINA COUNTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FAITH IN ACTION MEDINA COUNTY CAREGIVERS 120 WEST WASHINGTON STREET 2A MEDINA, OH 44256	34-1935109	501(C)(3)	4,000				TO SUPPORT TRANSPORTATION TO MEDICAL APPOINTMENTS FOR THE ELDERLY AND DISABLED
FAITH LUTHERAN CHURCH 2726 WEST MARKET STREET AKRON, OH 443334236	36-3514294	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT (MERRY CHRISTMAS!)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FAITH LUTHERAN CHURCH 2726 WEST MARKET STREET AKRON, OH 443334236	36-3514294	501(C)(3)	1,500				OF WHICH \$1,400 IS FOR THE GENERAL FUND AND \$100 IS TO SUPPORT THE PROPERTY
FAITH LUTHERAN CHURCH 2726 WEST MARKET STREET AKRON, OH 443334236	36-3514294	501(C)(3)	1,500				OF WHICH \$1,400 IS FOR THE GENERAL FUND AND \$100 IS TO SUPPORT THE PROPERTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FAITH LUTHERAN CHURCH 2726 WEST MARKET STREET AKRON, OH 443334236	36-3514294	501(C)(3)	1,500				OF WHICH \$1,400 IS FOR THE GENERAL FUND AND \$100 IS TO SUPPORT THE PROPERTY
FAITHFUL SERVANTS MISSION INC 65 COMMUNITY ROAD SUITE F TALLMADGE, OH 442782358	45-4734159	501(C)(3)	150				TO SUPPORT THE PURCHASE OF OTC MEDS THROUGH THE FREE HEALTH CARE PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FAITHFUL SERVANTS MISSION INC 65 COMMUNITY ROAD SUITE F TALLMADGE, OH 442782358	45-4734159	501(C)(3)	2,000				TO SUPPORT Q4 GENERAL OPERATIONS
FAITHFUL SERVANTS MISSION INC 65 COMMUNITY ROAD SUITE F TALLMADGE, OH 442782358	45-4734159	501(C)(3)	2,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FAITHFUL SERVANTS MISSION INC 65 COMMUNITY ROAD SUITE F TALLMADGE, OH 442782358	45-4734159	501(C)(3)	4,350				FOR GENERAL OPERATING SUPPORT
FAMILY & COMMUNITY SERVICES INC 705 OAKWOOD STREET SUITE 221 RAVENNA, OH 442662196	34-1902451	501(C)(3)	25,000				TO SUPPORT VALOR HOME AND HOMELESS VETERANS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FAMILY PROMISE OF SUMMIT COUNTY INC PO BOX 1266 AKRON, OH 443091266	75-3101718	501(C)(3)	500				FOR GENERAL PROGRAM SUPPORT
FAMILY PROMISE OF SUMMIT COUNTY INC PO BOX 1266 AKRON, OH 443091266	75-3101718	501(C)(3)	2,500				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FAMILY PROMISE OF SUMMIT COUNTY INC PO BOX 1266 AKRON, OH 443091266	75-3101718	501(C)(3)	2,000				TO SUPPORT THE 2017 WELL BABIES INITIATIVE PROVIDING ESSENTIALS FOR HOMELESS BABIES AGES 0-2
FAMILY PROMISE OF SUMMIT COUNTY INC PO BOX 1266 AKRON, OH 443091266	75-3101718	501(C)(3)	7,500				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FAMILY PROMISE OF SUMMIT COUNTY INC PO BOX 1266 AKRON, OH 443091266	75-3101718	501(C)(3)	4,000				FOR GENERAL OPERATING SUPPORT
FATHERS AND SONS OF NORTHEAST OHIO 942 NORTH MAIN STREET SUITE 27 AKRON, OH 44310	75-3240084	501(C)(3)	500				TO SUPPORT AT RISK FATHERS IN SUMMIT COUNTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FBI CITIZENS ACADEMY FOUNDATION OF CLEVELAND 30406 LORAIN ROAD NORTH OLMSTED, OH 440703928	20-1977299	501(C)(3)	2,500				FOR GENERAL OPERATING SUPPORT, TO BUILD BRIDGES BETWEEN OUR YOUTH AND LAW ENFORCEMENT
FEEDING MEDINA COUNTY 901 LAFAYETTE ROAD MEDINA, OH 442582414	45-4049528	501(C)(3)	450				TO SUPPORT THE WEEKENDERS FOR CHILDREN PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FEEDING MEDINA COUNTY 901 LAFAYETTE ROAD MEDINA, OH 442582414	45-4049528	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT
FEEDING MEDINA COUNTY 901 LAFAYETTE ROAD MEDINA, OH 442582414	45-4049528	501(C)(3)	2,500				TO SUPPORT THE WEEKENDERS FOR CHILDREN (WFC) PROGRAM FOR MEDINA COUNTY ELEMENTARY CHILDREN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FEEDING MEDINA COUNTY 901 LAFAYETTE ROAD MEDINA, OH 442582414	45-4049528	501(C)(3)	2,500				TO SUPPORT THE STAPLES FOR SENIORS PROGRAM FOR MEDINA COUNTY ELDERLY AND DISABLED
FIRST FRIDAY CLUB OF GREATER AKRON 795 RUSSELL AVENUE AKRON, OH 44307	34-1910833	501(C)(3)	500				TO SUPPORT THE NOVEMBER 4, 2016 GUEST SPEAKER TONY ALEXANDER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FIRST GLANCE STUDENT CENTER INC 943 KENMORE BLVD AKRON, OH 44314	20-2610539	501(C)(3)	10,000				FOR THE TEEN MOMS/YOUNG MOMS PROGRAMMING
FIRST GLANCE STUDENT CENTER INC 943 KENMORE BLVD AKRON, OH 44314	20-2610539	501(C)(3)	2,500				TO SUPPORT THE LAUNCH PROGRAM AND FOR YOUR MATCHING GIFT PROGRAM

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

(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
FIRST IMPRESSION INC 2959 ISLAND CREEK DRIVE MEDINA, OH 442566793	47-5648408	501(C)(3)	250				TO SUPPORT THE WORKSHOP TO HELP ECONOMICALLY DISADVANTAGED OR DISPLACED MEDINA COUNTY WOMEN DRESS APPROPRIATELY FOR JOB INTERVIEWS
FIRST PRESBYTERIAN CHURCH DBA THE VINE FELLOWSHIP CHURCH 3676 COMMUNITY LANE SUITE 100 COPLEY, OH 443211675	34-6001111	501(C)(3)	5,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FIRST PRESBYTERIAN CHURCH DBA THE VINE FELLOWSHIP CHURCH 3676 COMMUNITY LANE SUITE 100 COPLEY, OH 443211675	34-6001111	501(C)(3)	10,000				FOR GENERAL PROGRAM SUPPORT
FIRST PRESBYTERIAN CHURCH OF BONITA SPRINGS PO BOX 2168 BONITA SPRINGS, FL 341332168	59-1622501	501(C)(3)	7,500				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FIRST TEE OF AKRON INC 2000 SOUTH HAWKINS AVENUE AKRON, OH 443142530	34-1886744	501(C)(3)	2,500				FOR GENERAL OPERATING SUPPORT, IN MEMORY OF H PETER BURG
FIRST TEE OF AKRON INC 2000 SOUTH HAWKINS AVENUE AKRON, OH 443142530	34-1886744	501(C)(3)	5,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FIRST UNITED METHODIST CHURCH 245 PORTAGE TRAIL CUYAHOGA FALLS, OH 442213274	34-0805301	501(C)(3)	14,000				FOR GENERAL OPERATING SUPPORT
FLASHES OF HOPE INC 6009 LANDERHAVEN DRIVE SUITE I MAYFIELD HEIGHTS, OH 44124	04-3648694	501(C)(3)	3,000				TO PROVIDE PROFESSIONAL PHOTOGRAPHY SERVICES TO CHILDREN BATTLING CANCER/LIFE LIMITING ILLNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FORCES4QUALITY NORTHEAST OHIO DBA BETTER HEALTH PARTNERSHIP 2500 METROHEALTH DRIVE ROOM 243A CLEVELAND, OH 44109	26-1725657	501(C)(3)	5,000				TO SUPPORT AN INTER-PROFESSIONAL LEARNING SUMMIT TO IMPROVE CHILDREN'S HEALTH IN SUMMIT COUNTY
FREEDOM HOUSE FOR WOMEN INC 1101 7TH AVENUE AKRON, OH 443061727	02-0691301	501(C)(3)	5,000				TO DECREASE BARRIERS OF ADDICTION AND HOMELESSNESS BY PROVIDING SUBSTANCE ABUSE TREATMENT, RECOVERY HOUSING AND SUPPORTIVE SERVICES TO WOMEN IN SUMMIT COUNTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FREEDOM HOUSE FOR WOMEN INC 1101 7TH AVENUE AKRON, OH 443061727	02-0691301	501(C)(3)	8,000				FOR GENERAL OPERATING SUPPORT
FRIENDS OF 913 DBA THE FRIENDS OF THE SUMMIT 65 STEINER AVENUE AKRON, OH 443011347	26-4312124	501(C)(3)	120				FOR GENERAL OPERATING SUPPORT, IN HONOR OF COMMUNITY FOUNDATION OF MAHONING VALLEY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FRIENDS OF 913 DBA THE FRIENDS OF THE SUMMIT 65 STEINER AVENUE AKRON, OH 443011347	26-4312124	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT, IN MEMORY OF JIM CHENOT
FRIENDS OF 913 DBA THE FRIENDS OF THE SUMMIT 65 STEINER AVENUE AKRON, OH 443011347	26-4312124	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FRIENDS OF 913 DBA THE FRIENDS OF THE SUMMIT 65 STEINER AVENUE AKRON, OH 443011347	26-4312124	501(C)(3)	1,000				FOR THE RED GUITAR CHALLENGE GRANT
FRIENDS OF 913 DBA THE FRIENDS OF THE SUMMIT 65 STEINER AVENUE AKRON, OH 443011347	26-4312124	501(C)(3)	2,500				TO SUPPORT OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FRIENDS OF 913 DBA THE FRIENDS OF THE SUMMIT 65 STEINER AVENUE AKRON, OH 443011347	26-4312124	501(C)(3)	12,500				FOR CONTINUED DEVELOPMENT AND IMPLEMENTATION OF COMMUNITY-SERVICE PROGRAMMING AND GENERAL OPERATIONS
FRIENDS OF 913 DBA THE FRIENDS OF THE SUMMIT 65 STEINER AVENUE AKRON, OH 443011347	26-4312124	501(C)(3)	120				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FRIENDS OF 913 DBA THE FRIENDS OF THE SUMMIT 65 STEINER AVENUE AKRON, OH 443011347	26-4312124	501(C)(3)	500				TO SUPPORT THE CHALLENGE IN HONOR OF TOMMY BRUNO
FRIENDS OF 913 DBA THE FRIENDS OF THE SUMMIT 65 STEINER AVENUE AKRON, OH 443011347	26-4312124	501(C)(3)	1,000				TO SUPPORT THE CHALLENGE IN MEMORY OF JIM CHENOT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FRIENDS OF 913 DBA THE FRIENDS OF THE SUMMIT 65 STEINER AVENUE AKRON, OH 443011347	26-4312124	501(C)(3)	1,500				TO HELP REPLACE AN AIR CONDITIONING UNIT
FRIENDS OF BOCA GRANDE COMMUNITY CENTER INC PO BOX 1222 BOCA GRANDE, FL 339211222	59-2818741	501(C)(3)	500				TO SUPPORT YOUTH PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FRIENDS OF BREAKTHROUGH SCHOOLS 1417 EAST 36TH STREET CLEVELAND, OH 44114	20-4948838	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT
FRIENDS OF HISTORIC GLENDALE CEMETERY 150 GLENDALE AVENUE AKRON, OH 443021914	22-3884346	501(C)(3)	1,000				TO SUPPORT THE RESTORATION OF THE GLENDALE BELL TOWER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FRIENDS OF MANHATTAN SCHOOL FOR CHILDREN INC 154 WEST 93 STREET NEW YORK, NY 100257530	13-3671579	501(C)(3)	2,500				FOR GENERAL OPERATING SUPPORT, IN MEMORY OF H PETER BURG
FRIENDS OF METRO PARKS PO BOX 13364 AKRON, OH 443348764	34-1681376	501(C)(3)	250				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FRIENDS OF THE LIBRARY- PONTE VEDRA BEACH INC PO BOX 744 PONTE VEDRA BEACH, FL 320040744	59-2998576	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT
FUND FOR OUR ECONOMIC FUTURE 4415 EUCLID AVENUE SUITE 203 CLEVELAND, OH 44103	27-0606927	501(C)(3)	33,000				FOR 2ND YEAR OF GENERAL OPERATING SUPPORT FOR 2016-2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FUND FOR OUR ECONOMIC FUTURE 4415 EUCLID AVENUE SUITE 203 CLEVELAND, OH 44103	27-0606927	501(C)(3)	1,000				TO CO-SPONSOR PRINTING OF THE COLLABORATION HANDBOOK BY CHRIS THOMPSON
FURNACE STREET MISSION 150 FURNACE STREET AKRON, OH 443041208	34-6001192	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FURNACE STREET MISSION 150 FURNACE STREET AKRON, OH 443041208	34-6001192	501(C)(3)	10,000				TO SUPPORT THE SAFETY FORCES CHAPLAINCY CENTER
GARDEN CLUB OF OHIO INC DBA AKRON GARDEN CLUB PO BOX 13343 FAIRLAWN, OH 443348743	34-6542204	501(C)(3)	8,333				FOR STAN HYWET'S 100TH ANNIVERSARY CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GARDEN CLUB OF OHIO INC DBA AKRON GARDEN CLUB PO BOX 13343 FAIRLAWN, OH 443348743	34-6542204	501(C)(3)	9,700				FOR AKRON COMMUNITY PROJECTS
GASP GUARDIANS ADVOCATING CHILD SAFETY AND PROTECTION 53 UNIVERSITY AVENUE 4TH FLOOR AKRON, OH 443081608	06-1778396	501(C)(3)	1,500				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GASP GUARDIANS ADVOCATING CHILD SAFETY AND PROTECTION 53 UNIVERSITY AVENUE 4TH FLOOR AKRON, OH 443081608	06-1778396	501(C)(3)	1,500				FOR NEW EZ CHILD ID SYSTEMS TO REPLACE OLDER EQUIPMENT
GASPARILLA ISLAND CONSERVATION AND IMPROVEMENT ASSOCIATION INC PO BOX 446 BOCA GRANDE, FL 339210446	23-7097778	501(C)(3)	500				FOR THE ANNUAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GIRL SCOUTS OF NORTH EAST OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 440562156	34-0726094	501(C)(3)	200				FOR GENERAL OPERATING SUPPORT
GIRL SCOUTS OF NORTH EAST OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 440562156	34-0726094	501(C)(3)	2,500				TO SUPPORT OF THE GIRL EXECUTIVE OFFICER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GIRL SCOUTS OF NORTH EAST OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 440562156	34-0726094	501(C)(3)	8,000				TO SUPPORT THE GIRL SCOUTS AFTER SCHOOL JOURNEY PROGRAM
GIRLS ON THE RUN OF GREATER SUMMIT DBAGIRLS ON THE RUN NORTHEAST OHIO 140 EAST MARKET STREET 2ND FLOOR AKRON, OH 44308	47-0991498	501(C)(3)	5,000				TO SUPPORT MORE HEALTHY, CONFIDENT AND EMPOWERED SUMMIT COUNTY GIRLS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GIRLS ON THE RUN OF GREATER SUMMIT DBAGIRLS ON THE RUN NORTHEAST OHIO 140 EAST MARKET STREET 2ND FLOOR AKRON, OH 44308	47-0991498	501(C)(3)	7,500				TO SUPPORT A PHYSICAL ACTIVITY-BASED YOUTH DEVELOPMENT PROGRAM FOR SUMMIT COUNTY GIRLS
GLOBAL CLEVELAND 200 PUBLIC SQUARE SUITE 150 CLEVELAND, OH 441142320	27-5245539	501(C)(3)	5,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GLOBAL CLEVELAND 200 PUBLIC SQUARE SUITE 150 CLEVELAND, OH 441142320	27-5245539	501(C)(3)	5,000				FOR GENERAL OPERATING SUPPORT
GLOBAL TIES AKRON QUAKER SQUARE SUITE 233 AKRON, OH 443259003	34-1433786	501(C)(3)	20,000				TO SUPPORT THE BIG LOVE FESTIVAL, CITY REPAIR & THE COMMON THREADS EVENT SERIES TO INTRODUCE THE FOREIGN BORN TO AKRONITES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GLOBAL TIES AKRON QUAKER SQUARE SUITE 233 AKRON, OH 443259003	34-1433786	501(C)(3)	1,000				FOR KNOW YOUR COMMUNITY - KNOW YOUR WORLD DIVERSITY OF FAITH
GLOBAL TIES AKRON QUAKER SQUARE SUITE 233 AKRON, OH 443259003	34-1433786	501(C)(3)	7,500				FOR KNOW YOUR COMMUNITY - KNOW YOUR WORLD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GOLISANO CHILDREN'S HOSPITAL OF SOUTHWEST FLORIDA 16451 S HEALTHPARK COMMONS DRIVE SUITE 200 FORT MYERS, FL 339089501	59-0714812	501(C)(3)	4,700				TO SUPPORT THE TAX DEDUCTIBLE PORTION OF THE KID'S MINDS MATTER GALA
GOOD NEIGHBORS INC 1453 GOODYEAR BLVD AKRON, OH 443054170	34-6560957	501(C)(3)	244				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GOOD NEIGHBORS INC 1453 GOODYEAR BLVD AKRON, OH 443054170	34-6560957	501(C)(3)	2,500				TO PURCHASE SCHOOL UNIFORMS FOR STUDENTS IN NEED
GOOD NEIGHBORS INC 1453 GOODYEAR BLVD AKRON, OH 443054170	34-6560957	501(C)(3)	3,500				TO SUPPORT THE CONCRETE IMPROVEMENT PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GOOD NEIGHBORS INC 1453 GOODYEAR BLVD AKRON, OH 443054170	34-6560957	501(C)(3)	10,000				TO PURCHASE DENTAL AND PERSONAL ITEMS FOR NEEDY CHILDREN AND ADULTS
GOOD SAMARITAN HUNGER CENTER INC PO BOX 5753 AKRON, OH 443725753	34-1374539	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GOOD SAMARITAN HUNGER CENTER INC PO BOX 5753 AKRON, OH 443725753	34-1374539	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT
GOOD SHEPHERD EPISCOPAL CHURCH 1115 CENTER ROAD VENICE, FL 342923812	65-0377487	501(C)(3)	10,000				TO SUPPORT THE BUILDING FUND RENOVATION AND IMPROVEMENT PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GOODWILL INDUSTRIES OF AKRON INC 570 EAST WATERLOO ROAD AKRON, OH 443191223	34-0252230	501(C)(3)	500				TO SUPPORT THE TASTE OF VINTAGE EVENT IN HONOR OF THOM AND LISA MANDEL
GOODWILL INDUSTRIES OF AKRON INC 570 EAST WATERLOO ROAD AKRON, OH 443191223	34-0252230	501(C)(3)	1,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GOODWILL INDUSTRIES OF AKRON INC 570 EAST WATERLOO ROAD AKRON, OH 443191223	34-0252230	501(C)(3)	2,000				FOR GENERAL PROGRAM SUPPORT
GREAT LAKES BIOMIMICRY INC PO BOX 6086 CLEVELAND, OH 441011086	46-1868575	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GREAT LAKES BIOMIMICRY INC PO BOX 6086 CLEVELAND, OH 441011086	46-1868575	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT
GREATER AKRON MUSICAL ASSOCIATION INC 92 NORTH MAIN STREET AKRON, OH 443081932	34-6003828	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GREATER AKRON MUSICAL ASSOCIATION INC 92 NORTH MAIN STREET AKRON, OH 443081932	34-6003828	501(C)(3)	1,200				FOR GENERAL OPERATING SUPPORT
GREATER AKRON MUSICAL ASSOCIATION INC 92 NORTH MAIN STREET AKRON, OH 443081932	34-6003828	501(C)(3)	5,000				FOR AN AKRON SYMPHONY ORCHESTRA RED CHAIR SOCIETY SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GREATER AKRON MUSICAL ASSOCIATION INC 92 NORTH MAIN STREET AKRON, OH 443081932	34-6003828	501(C)(3)	25,000				TO SUPPORT MUSIC EDUCATION AND COLLABORATIVE OUTREACH INITIATIVES
GREEN INTERMEDIATE SCHOOL PO BOX 218 GREEN, OH 44232	34-6001296	501(C)(3)	663				SPENDABLE INCOME FOR THE QUARTER ENDIND DECEMBER 31, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GREENLEAF FAMILY CENTER 580 GRANT STREET AKRON, OH 443119910	34-0714398	501(C)(3)	1,000				TO SUPPORT THE "HELPING STUDENTS SUCCEED" EVENT
GREENLEAF FAMILY CENTER 580 GRANT STREET AKRON, OH 443119910	34-0714398	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GREENLEAF FAMILY CENTER 580 GRANT STREET AKRON, OH 443119910	34-0714398	501(C)(3)	1,000				TO SUPPORT THE AKRON PUBLIC SCHOOLS PARENT ENGAGEMENT PROGRAM
GREENLEAF FAMILY CENTER 580 GRANT STREET AKRON, OH 443119910	34-0714398	501(C)(3)	1,000				FOR THE SUPPORTING PARTNERSHIPS TO ASSURE READY KIDS (SPARK) PROGAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GREENLEAF FAMILY CENTER 580 GRANT STREET AKRON, OH 443119910	34-0714398	501(C)(3)	2,500				FOR THE SUPPORTING PARTNERSHIPS TO ASSURE READY KIDS (SPARK) PROGAM
GREENLEAF FAMILY CENTER 580 GRANT STREET AKRON, OH 443119910	34-0714398	501(C)(3)	10,000				TO SUPPORT THE LIFE LINK PERINATAL PROGRAM FOR AFRICAN AMERICAN PREGNANT WOMEN IN SUMMIT COUNTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GREENLEAF FAMILY CENTER 580 GRANT STREET AKRON, OH 443119910	34-0714398	501(C)(3)	11,500				FOR THE SUPPORTING PARTNERSHIPS TO ASSURE READY KIDS (SPARK) PROGRAM
GREENLEAF FAMILY CENTER 580 GRANT STREET AKRON, OH 443119910	34-0714398	501(C)(3)	500				TO SUPPORT THE "HELPING STUDENTS SUCCEED" EVENT IN HONOR OF CHERIE & STEVE SHECHTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GRIEFCARE PLACE INC 4499 DARROW ROAD STOW, OH 44224	31-1531471	501(C)(3)	2,500				FOR GRIEF PROGRAMS FOR RESIDENTS OF SUMMIT COUNTY AND SURROUNDING COMMUNITIES
GROUNDWORKS DANCETHEATER 13125 SHAKER SQUARE SUITE 102 SHAKER HEIGHTS, OH 441202399	34-1856594	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GROUNDWORKS DANCETHEATER 13125 SHAKER SQUARE SUITE 102 SHAKER HEIGHTS, OH 441202399	34-1856594	501(C)(3)	10,000				TO SUPPORT SUMMIT COUNTY PERFORMANCES AND OUTREACH
GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE, FL 341424258	59-2617151	501(C)(3)	3,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GUIDEPOSTS FOUNDATION INC 39 OLD RIDGEBURY ROAD SUITE 2AB DANBURY, CT 068105122	20-3779200	501(C)(3)	25,000				TO SUPPORT THE MILITARY OUTREACH PROGRAM
GUILFORD COLLEGE 5800 WEST FRIENDLY AVENUE GREENSBORO, NC 274104173	56-0529982	501(C)(3)	2,500				TO SUPPORT THE ART GALLERY, IN MEMORY OF H PETER BURG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HABITAT FOR HUMANITY INTERNATIONAL INC 121 HABITAT STREET AMERICUS, GA 317093498	91-1914868	501(C)(3)	3,000				FOR GENERAL OPERATING SUPPORT
HABITAT FOR HUMANITY OF COLLIER COUNTY INC 11145 TAMIAMI TRAIL E NAPLES, FL 341137753	59-1834379	501(C)(3)	2,000				TO SUPPORT HOPE HOUSE #17

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HABITAT FOR HUMANITY OF LEE & HENDRY COUNTIES INC 1288 NORTH TAMIAMI TRAIL FORT MYERS, FL 339035305	59-2236174	501(C)(3)	2,000				FOR GENERAL OPERATING SUPPORT
HABITAT FOR HUMANITY OF SUMMIT COUNTY INC 2301 ROMIG ROAD AKRON, OH 443203824	34-1518873	501(C)(3)	10,000				FOR THE NEIGHBORHOOD REVITALIZATION PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HABITAT FOR HUMANITY OF SUMMIT COUNTY INC 2301 ROMIG ROAD AKRON, OH 443203824	34-1518873	501(C)(3)	3,000				FOR GENERAL PROGRAM SUPPORT AND NEIGHBORHOOD INITIATIVES
HABITAT FOR HUMANITY OF SUMMIT COUNTY INC 2301 ROMIG ROAD AKRON, OH 443203824	34-1518873	501(C)(3)	10,000				TO SUPPORT NEIGHBORHOOD REVITALIZATION INITIATIVES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HABITAT FOR HUMANITY OF SUMMIT COUNTY INC 2301 ROMIG ROAD AKRON, OH 443203824	34-1518873	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT IN HONOR OF DOUG, LAURA AND JULIA KUCZYNSKI
HATTIE LARLHAM CENTER FOR CHILDREN WITH DISABILITIES 7996 DARROW ROAD SUITE 10 TWINSBURG, OH 44087	34-0963865	501(C)(3)	2,608				ANNUAL DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HATTIE LARLHAM CENTER FOR CHILDREN WITH DISABILITIES 7996 DARROW ROAD SUITE 10 TWINSBURG, OH 44087	34-0963865	501(C)(3)	1,891				FOR AN OVEN AND PORTABLE COOKTOPS FOR THE FOOD HUB
HATTIE LARLHAM FOUNDATION 7996 DARROW ROAD SUITE 10 TWINSBURG, OH 440876822	34-1696794	501(C)(3)	10,000				FOR GENERAL PROGRAM SUPPORT, IN HONOR OF MICHAEL JAMES CARMACK

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HATTIE LARLHAM FOUNDATION 7996 DARROW ROAD SUITE 10 TWINSBURG, OH 440876822	34-1696794	501(C)(3)	2,500				TO SUPPORT THE MY LIFE, MY WAY PROGRAM
HATTIE LARLHAM FOUNDATION 7996 DARROW ROAD SUITE 10 TWINSBURG, OH 440876822	34-1696794	501(C)(3)	20,000				TO SUPPORT ACTIVITIES THAT ENCOURAGE EMPLOYERS TO HIRE PEOPLE WITH DEVELOPMENTAL DISABILITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HAVEN OF REST MINISTRIES INC 175 EAST MARKET STREET AKRON, OH 443090547	34-0750345	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT
HAVEN OF REST MINISTRIES INC 175 EAST MARKET STREET AKRON, OH 443090547	34-0750345	501(C)(3)	250				TO SUPPORT THE GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HAVEN OF REST MINISTRIES INC 175 EAST MARKET STREET AKRON, OH 443090547	34-0750345	501(C)(3)	250				TO SUPPORT THE GENERAL FUND
HAVEN OF REST MINISTRIES INC 175 EAST MARKET STREET AKRON, OH 443090547	34-0750345	501(C)(3)	250				TO SUPPORT THE GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HAVEN OF REST MINISTRIES INC 175 EAST MARKET STREET AKRON, OH 443090547	34-0750345	501(C)(3)	750				FOR GENERAL OPERATING SUPPORT IN Q3
HAVEN OF REST MINISTRIES INC 175 EAST MARKET STREET AKRON, OH 443090547	34-0750345	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HAVEN OF REST MINISTRIES INC 175 EAST MARKET STREET AKRON, OH 443090547	34-0750345	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT, IN MEMORY OF JUDY READ
HAVEN OF REST MINISTRIES INC 175 EAST MARKET STREET AKRON, OH 443090547	34-0750345	501(C)(3)	5,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HAVEN OF REST MINISTRIES INC 175 EAST MARKET STREET AKRON, OH 443090547	34-0750345	501(C)(3)	1,364				ANNUAL DISTRIBUTION
HAVEN OF REST MINISTRIES INC 175 EAST MARKET STREET AKRON, OH 443090547	34-0750345	501(C)(3)	10,000				TO SUPPORT THE ADDITION AND RENOVATION OF A MEN'S RESIDENTIAL AREA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HE BROUGHT US OUT MINISTRY PO BOX 1183 AKRON, OH 443091183	34-1950491	501(C)(3)	10,000				TO SUPPORT THE 2016 BUILDING BLOCKS SUMMER ENRICHMENT PROGRAM
HE BROUGHT US OUT MINISTRY PO BOX 1183 AKRON, OH 443091183	34-1950491	501(C)(3)	10,000				TO SUPPORT THE AFTER-SCHOOL AND SUMMER ENRICHMENT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HEALTH EDUCATION CENTER OF AKRON INC C/O PACHELL ASSOCIATES CO LPA CUYAHOGA FALLS, OH 442233621	23-7152794	501(C)(3)	15,000				FOR HEALTH EDUCATION PROGRAMS
HEALTH EDUCATION CENTER OF AKRON INC C/O PACHELL ASSOCIATES CO LPA CUYAHOGA FALLS, OH 442233621	23-7152794	501(C)(3)	15,000				FOR HEALTH EDUCATION PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HEALTH EDUCATION CENTER OF AKRON INC C/O PACHELL ASSOCIATES CO LPA CUYAHOGA FALLS, OH 442233621	23-7152794	501(C)(3)	15,000				FOR HEALTH EDUCATION PROGRAMS
HEART TO HEART COMMUNICATIONS INC 40 UNIVERSITY AVENUE AKRON, OH 443081613	34-1630357	501(C)(3)	5,000				FOR GENERAL OPERATING SUPPORT, IN MEMORY OF H PETER BURG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HEART TO HEART COMMUNICATIONS INC 40 UNIVERSITY AVENUE AKRON, OH 443081613	34-1630357	501(C)(3)	2,500				TO ASSIST WITH THE EMERGING LEADERS PROGRAM
HEARTBEAT AT 22 44755 DEEP CANYON ROAD PALM DESERT, CA 922603724	45-4384613	501(C)(3)	500				TO SUPPORT THE MAMA'S HOUSE OPERATING FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 722022863	35-1019477	501(C)(3)	290				TO SUPPORT ANIMAL GIFTS OF GOAT (\$120), SHEEP (\$120), HONEYBEES (\$30) & FLOCK OF CHICKENS (\$20)
HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 722022863	35-1019477	501(C)(3)	290				TO SUPPORT ANIMAL GIFTS OF GOAT (\$120), SHEEP (\$120), HONEYBEES (\$30) & FLOCK OF CHICKENS (\$20)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 722022863	35-1019477	501(C)(3)	290				TO SUPPORT ANIMAL GIFTS OF GOAT (\$120), SHEEP (\$120), HONEYBEES (\$30) & FLOCK OF CHICKENS (\$20)
HETRICK-MARTIN INSTITUTE INC 2 ASTOR PLACE 3RD FLOOR NEW YORK, NY 100036955	13-3104537	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT, IN HONOR JENNY ZIEGLER & IN MEMORY OF H PETER BURG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HFLA OF NORTHEAST OHIO 23300 CHAGRIN BLVD SUITE 204 BEACHWOOD, OH 441225536	34-0281800	501(C)(3)	12,500				TO SUPPORT A MICRO LENDING PILOT PROGRAM IN AKRON'S NORTH HILL NEIGHBORHOOD
HOLY TRINITY LUTHERAN CHURCH 50 NORTH PROSPECT STREET AKRON, OH 443041273	34-0714341	RELIGIOUS	250				TO SUPPORT THE ARTS @ HOLY TRINITY PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HONESTREPORTINGCOM 10024 SKOKIE BLVD SUITE 202 SKOKIE, IL 600779945	06-1611859	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT
HONOR GOOD DEEDS DBA DIFFERENT LIKE YOU 6780 RIDGECLIFF DRIVE OLON, OH 441393884	20-5688567	501(C)(3)	3,000				TO SUPPORT THE BUCHTEL HIGH SCHOOL PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HOPE HOMES INC 2300 CALL ROAD STOW, OH 442241502	23-7222316	501(C)(3)	300				FOR GENERAL OPERATING SUPPORT
HOSPICE OF THE WESTERN RESERVE 17876 SAINT CLAIR AVENUE CLEVELAND, OH 441102602	34-1256377	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HUDSON CITY SCHOOL DISTRICT TREASURERS OFFICE HUDSON, OH 442362320	34-6001451	GOVERNMENT AGENCY	5,200				TO SUPPORT THE CLASSROOM OF SUSAN KELLEHER, FIRST GRADE TEACHER AT EVAMERE ELEMENTARY
HUDSON CITY SCHOOL DISTRICT TREASURERS OFFICE HUDSON, OH 442362320	34-6001451	GOVERNMENT AGENCY	166				FOR THE 4TH AND 5TH GRADE LEMONADE DAY ACTIVITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HUDSON CITY SCHOOL DISTRICT TREASURERS OFFICE HUDSON, OH 442362320	34-6001451	GOVERNMENT AGENCY	564				FOR THE GUIDED READING BOOKS COLLECTIONS FOR KINDERGARTEN AND FIRST GRADES
HUDSON CITY SCHOOL DISTRICT TREASURERS OFFICE HUDSON, OH 442362320	34-6001451	GOVERNMENT AGENCY	2,000				TO SUPPORT THE CULTURALLY ENRICHING MUSIC PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HUDSON CITY SCHOOL DISTRICT TREASURERS OFFICE HUDSON, OH 442362320	34-6001451	GOVERNMENT AGENCY	2,000				TOWARD THE PURCHASE OF A WHEELCHAIR ACCESSIBLE SWAY FUN GLIDER
HUDSON CITY SCHOOL DISTRICT TREASURERS OFFICE HUDSON, OH 442362320	34-6001451	GOVERNMENT AGENCY	6,000				TO PURCHASE TWO Z-SPACE COMPUTERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HUMANE SOCIETY OF SUMMIT COUNTY 7996 DARROW ROAD SUITE 30 TWINSBURG, OH 440876823	23-7060744	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT, IN MEMORY OF RUSS PRY, SUMMIT COUNTY EXECUTIVE AND HIS LOVE OF ANIMALS
HUMANE SOCIETY OF SUMMIT COUNTY 7996 DARROW ROAD SUITE 30 TWINSBURG, OH 440876823	23-7060744	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HUMANE SOCIETY OF SUMMIT COUNTY 7996 DARROW ROAD SUITE 30 TWINSBURG, OH 440876823	23-7060744	501(C)(3)	1,000				TO SUPPORT THE BUILDING/CAPITAL FUND
HUMANE SOCIETY OF SUMMIT COUNTY 7996 DARROW ROAD SUITE 30 TWINSBURG, OH 440876823	23-7060744	501(C)(3)	20,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HUMANE SOCIETY OF SUMMIT COUNTY 7996 DARROW ROAD SUITE 30 TWINSBURG, OH 440876823	23-7060744	501(C)(3)	5,000				TO SUPPORT THE SPAY AND NEUTER OF SUMMIT COUNTY'S ABUSED, SICK, AND INJURED CATS AND KITTENS
HUMANE SOCIETY OF SUMMIT COUNTY 7996 DARROW ROAD SUITE 30 TWINSBURG, OH 440876823	23-7060744	501(C)(3)	1,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HUMANE SOCIETY OF SUMMIT COUNTY 7996 DARROW ROAD SUITE 30 TWINSBURG, OH 440876823	23-7060744	501(C)(3)	15,000				FOR THE PURCHASE OF AN ANIMAL TRANSPORT VAN
HUMANE SOCIETY OF THE UNITED STATES DEPT GIFT DONATIONS WASHINGTON, DC 200371168	53-0225390	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HUMANE SOCIETY OF THE UNITED STATES DEPT GIFT DONATIONS WASHINGTON, DC 200371168	53-0225390	501(C)(3)	2,000				FOR GENERAL PROGRAM SUPPORT
HUNTS POINT ALLIANCE FOR CHILDREN 1231 LAFAYETTE AVENUE BRONX, NY 104745331	20-8503907	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT, IN HONOR OF MICHELE ATEYEH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
IBH FOUNDATION INC 3445 SOUTH MAIN STREET AKRON, OH 44319	34-1597850	501(C)(3)	125,000				FOR IMPROVEMENTS, MAINTENANCE AND PROGRAM SUPPORT
IBH FOUNDATION INC 3445 SOUTH MAIN STREET AKRON, OH 44319	34-1597850	501(C)(3)	150,000				FOR IMPROVEMENTS, MAINTENANCE AND PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
IBH FOUNDATION INC 3445 SOUTH MAIN STREET AKRON, OH 44319	34-1597850	501(C)(3)	175,000				FOR IMPROVEMENTS, MAINTENANCE AND PROGRAM SUPPORT
IBH FOUNDATION INC 3445 SOUTH MAIN STREET AKRON, OH 44319	34-1597850	501(C)(3)	175,000				FOR IMPROVEMENTS, MAINTENANCE AND PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
IDEASTREAM IDEA CENTER CLEVELAND, OH 441151835	34-1943865	501(C)(3)	365				FOR THE GENERAL FUND
INFO LINE INCORPORATED 703 SOUTH MAIN STREET SUITE 211 AKRON, OH 44311	34-1170391	501(C)(3)	20,000				FOR 2-1-1 BASIC NEEDS AND FOOD PANTRY CLEARINGHOUSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
INTERNATIONAL INSTITUTE OF AKRON INC 207 EAST TALLMADGE AVENUE AKRON, OH 443103239	34-0733161	501(C)(3)	2,500				FOR GENERAL OPERATING SUPPORT
INTERNATIONAL INSTITUTE OF AKRON INC 207 EAST TALLMADGE AVENUE AKRON, OH 443103239	34-0733161	501(C)(3)	9,500				TO SUPPORT A MOMMY AND ME ESOL PILOT PROGRAM FOCUSED ON AFGHAN REFUGEE WOMEN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
INTERNATIONAL INSTITUTE OF AKRON INC 207 EAST TALLMADGE AVENUE AKRON, OH 443103239	34-0733161	501(C)(3)	2,500				FOR THE GATEWAY FOR GROWTH CHALLENGE
INTERNATIONAL PHYSICIANS FOR THE PREVENTION OF NUCLEAR WAR 339 PLEASANT STREET THIRD FLOOR MALDEN, MA 021488107	04-2702110	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT, IN HONOR OF SAM GREEN'S BAR MITZVAH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
INTERNATIONAL RAOUL WALLENBERG FOUNDATION INC 34 EAST 67TH STREET NEW YORK, NY 100656119	13-4113121	501(C)(3)	20,000				TO SUPPORT THE WALLENBERG FILM
INTERNATIONAL SOAP BOX DERBY INC PO BOX 7225 AKRON, OH 443060225	34-1141558	501(C)(3)	5,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
INTERNATIONAL SOAP BOX DERBY INC PO BOX 7225 AKRON, OH 443060225	34-1141558	501(C)(3)	10,000				TO SUPPORT STEM EDUCATION OUTREACH IN SUMMIT AND CUYAHOGA COUNTIES
INTERNATIONAL SOAP BOX DERBY INC PO BOX 7225 AKRON, OH 443060225	34-1141558	501(C)(3)	15,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
INTERNATIONAL WOMEN'S AIR AND SPACE MUSEUM INC BURKE LAKEFRONT AIRPORT CLEVELAND, OH 441143726	31-0889469	501(C)(3)	1,000				IN SUPPORT OF BLACK HISTORY MONTH
INTERNATIONAL WOMEN'S AIR AND SPACE MUSEUM INC BURKE LAKEFRONT AIRPORT CLEVELAND, OH 441143726	31-0889469	501(C)(3)	2,500				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
INTERVAL BROTHERHOOD HOMES CORPORATION 3445 SOUTH MAIN STREET AKRON, OH 44319	23-7090131	501(C)(3)	7,348				SPENDABLE INCOME FOR THE QUARTER ENDING SEPTEMBER 30, 2016
INTERVAL BROTHERHOOD HOMES CORPORATION 3445 SOUTH MAIN STREET AKRON, OH 44319	23-7090131	501(C)(3)	10,000				TO SUPPORT THE REACH SPIRITUAL AFTERCARE PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
INTERVAL BROTHERHOOD HOMES CORPORATION 3445 SOUTH MAIN STREET AKRON, OH 44319	23-7090131	501(C)(3)	10,000				TO MEASURE OUTCOMES
ISLAND SCHOOL PO BOX 1090 BOCA GRANDE, FL 339211090	65-1008401	501(C)(3)	1,000				FOR THE ENDOWMENT FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
JAF'S THERAPY IN MOTION 5730 LAFAYETTE ROAD MEDINA, OH 442568501	34-1968223	501(C)(3)	3,000				TO SUPPORT THE HIPPO THERAPY PROGRAM
JEWISH COMMUNITY BOARD OF AKRON INC 750 WHITE POND DRIVE AKRON, OH 443201128	34-1884695	501(C)(3)	250				TO SUPPORT THE 2016 ANNUAL CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
JEWISH COMMUNITY BOARD OF AKRON INC 750 WHITE POND DRIVE AKRON, OH 443201128	34-1884695	501(C)(3)	1,500				FOR GENERAL PROGRAM SUPPORT
JEWISH COMMUNITY BOARD OF AKRON INC 750 WHITE POND DRIVE AKRON, OH 443201128	34-1884695	501(C)(3)	25,000				FOR THE AKRON LEGACY & ENDOWMENT FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
JEWISH COMMUNITY CENTER OF AKRON 750 WHITE POND DRIVE AKRON, OH 443201128	34-0174521	501(C)(3)	1,750				FOR THE SCHULTZ CAMPUS FOR JEWISH LIFE, IN SUPPORT OF THE 2016 AUTUMN ELEGANCE CAMPUS GALA (MAGENTA SPONSORSHIP)
JEWISH COMMUNITY CENTER OF AKRON 750 WHITE POND DRIVE AKRON, OH 443201128	34-0174521	501(C)(3)	2,500				TO SUPPORT KICKIN' UP KIDSPACE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
JEWISH FAMILY SERVICE OF AKRON OHIO 750 WHITE POND DRIVE AKRON, OH 443201128	34-0714444	501(C)(3)	2,500				TO SUPPORT REACHING AKRON'S SILENT GENERATION
JEWISH FAMILY SERVICE OF AKRON OHIO 750 WHITE POND DRIVE AKRON, OH 443201128	34-0714444	501(C)(3)	5,000				TO SUPPORT JEWISH FAMILY SERVICE'S SENIOR TENANT ASSISTANCE PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
JOHANN FUST COMMUNITY LIBRARY OF BOCA GRANDE FLORIDA INC PO BOX 309 BOCA GRANDE, FL 339210309	59-0861994	501(C)(3)	300				TO SUPPORT THE LIBRARY FOUNDATION
JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO INC PO BOX 26006 AKRON, OH 443196006	34-0940986	501(C)(3)	640				TO SUPPORT THE 16-17 JA CAMPAIGN

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

(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
JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO INC PO BOX 26006 AKRON, OH 443196006	34-0940986	501(C)(3)	5,671				SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 2016
JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO INC PO BOX 26006 AKRON, OH 443196006	34-0940986	501(C)(3)	50,000				FOR EDUCATIONAL PROGRAMS THROUGHOUT NORTH CENTRAL OHIO COUNTIES ON FINANCIAL LITERACY, WORKFORCE READINESS, AND ENTREPRENEURSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO INC PO BOX 26006 AKRON, OH 443196006	34-0940986	501(C)(3)	1,000				TO SUPPORT PROGRAMMING AT HELEN ARNOLD CLC
JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO INC PO BOX 26006 AKRON, OH 443196006	34-0940986	501(C)(3)	10,000				TO SUPPORT 2016 FINANCIAL LITERACY AND WORK READINESS EDUCATION IN SUMMIT COUNTY SCHOOLS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO INC PO BOX 26006 AKRON, OH 443196006	34-0940986	501(C)(3)	10,000				TO SUPPORT AFTER-SCHOOL PROGRAMS IN AKRON PUBLIC SCHOOLS
KABBALAH CENTRE INTERNATIONAL INC 155 EAST 48TH STREET NEW YORK, NY 100171223	95-4685000	501(C)(3)	1,800				TO SUPPORT THE SPIRITUALITY FOR KIDS PROGRAM, IN HONOR OF RABBI ELIEZER MALKI

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
KANSAS STATE UNIVERSITY FOUNDATION 1800 KIMBALL AVE SUITE 200 MANHATTAN, KS 665023373	48-0667209	501(C)(3)	25,000				FOR THE TOM H BARRETT UNIVERSITY FACULTY CHAIR IN CHEMICAL ENGINEERING FUND (FUND # I51808)
KEEP AKRON BEAUTIFUL 850 EAST MARKET STREET AKRON, OH 443052424	34-1341298	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
KEEP AKRON BEAUTIFUL 850 EAST MARKET STREET AKRON, OH 443052424	34-1341298	501(C)(3)	2,000				FOR GENERAL PROGRAM SUPPORT
KEEP AKRON BEAUTIFUL 850 EAST MARKET STREET AKRON, OH 443052424	34-1341298	501(C)(3)	1,000				FOR URBAN BEAUTIFICATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
KEEP AKRON BEAUTIFUL 850 EAST MARKET STREET AKRON, OH 443052424	34-1341298	501(C)(3)	10,000				TO SUPPORT 2017 URBAN BEAUTIFICATION
KEEPERS OF THE ART EDUCATION 639 CRESTVIEW DRIVE AKRON, OH 44320	27-2894857	501(C)(3)	10,000				TO SUPPORT THE 2016 KEEPERS OF THE ART MUSIC CONCERT SERIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
KELLY REEVES MEMORIAL FOUNDATION 511 NORTH RIVER ROAD MONROE FALLS, OH 442621318	20-8873039	501(C)(3)	250				TO SUPPORT KELLY'S GRIEF CENTER
KELLY REEVES MEMORIAL FOUNDATION 511 NORTH RIVER ROAD MONROE FALLS, OH 442621318	20-8873039	501(C)(3)	500				FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
KENMORE NEIGHBORHOOD ALLIANCE PO BOX 3990 AKRON, OH 443140990	81-3402431	501(C)(3)	10,000				FOR A MARQUEE AT THE RIALTO THEATRE ON KENMORE BOULEVARD
KENMORE NEIGHBORHOOD ALLIANCE PO BOX 3990 AKRON, OH 443140990	81-3402431	501(C)(3)	5,000				FOR A A MARQUEE AT THE RIALTO THEATRE ON KENMORE BOULEVARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
KENT STATE UNIVERSITY FOUNDATION CENTER FOR PHILANTHROPY ALUMNI ENGAGEMENT KENT, OH 442420001	34-6576307	501(C)(3)	2,000				TO SUPPORT THE CHEMISTRY DEPARTMENT 10702 SCHOLARSHIPS
KENT STATE UNIVERSITY FOUNDATION CENTER FOR PHILANTHROPY ALUMNI ENGAGEMENT KENT, OH 442420001	34-6576307	501(C)(3)	3,000				TO SUPPORT KENT HACK ENOUGH, THE ANNUAL STUDENT RUN HACKATHON AT KENT STATE UNIVERSITY THAT RUNS FROM OCTOBER 7TH THROUGH 9TH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
KENT STATE UNIVERSITY FOUNDATION CENTER FOR PHILANTHROPY ALUMNI ENGAGEMENT KENT, OH 442420001	34-6576307	501(C)(3)	5,000				TO SUPPORT THE PORTHOUSE THEATER
KENT STATE UNIVERSITY FOUNDATION CENTER FOR PHILANTHROPY ALUMNI ENGAGEMENT KENT, OH 442420001	34-6576307	501(C)(3)	15,000				TO SUPPORT STUDENT LEAD DESIGN PROJECTS FOR PUBLIC SPACE IN DOWNTOWN AKRON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
KENT STATE UNIVERSITY FOUNDATION CENTER FOR PHILANTHROPY ALUMNI ENGAGEMENT KENT, OH 442420001	34-6576307	501(C)(3)	2,000				FOR A MAKERSPACE AT SUMMIT COUNTY JUVENILE DETENTION CENTER
KENT STATE UNIVERSITY FOUNDATION CENTER FOR PHILANTHROPY ALUMNI ENGAGEMENT KENT, OH 442420001	34-6576307	501(C)(3)	6,000				TO SUPPORT THE LGBTQ QUEST MENTORSHIP PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION INC 200 LAUREL LAKE DRIVE HUDSON, OH 442362132	34-1779303	501(C)(3)	1,500				TO SUPPORT THE TOWN CENTER CAPITAL CAMPAIGN
LAW AND LEADERSHIP INSTITUTE 1700 LAKE SHORE DRIVE COLUMBUS, OH 43204	26-4709314	501(C)(3)	1,000				FOR THE 2017 AKRON ACADEMIC YEAR AND SUMMER INSTITUTE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LEADERSHIP AKRON 54 EAST MILL STREET SUITE 201 AKRON, OH 443081438	31-1655877	501(C)(3)	1,000				FOR GENERAL PROGRAM SUPPORT (FOUNDERS SOCIETY)
LEADERSHIP AKRON 54 EAST MILL STREET SUITE 201 AKRON, OH 443081438	31-1655877	501(C)(3)	2,500				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LEADERSHIP AKRON 54 EAST MILL STREET SUITE 201 AKRON, OH 443081438	31-1655877	501(C)(3)	2,500				FOR GENERAL PROGRAM SUPPORT
LEADERSHIP AKRON 54 EAST MILL STREET SUITE 201 AKRON, OH 443081438	31-1655877	501(C)(3)	2,500				TO SUPPORT JUNIOR LEADERSHIP AKRON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LEADERSHIP AKRON 54 EAST MILL STREET SUITE 201 AKRON, OH 443081438	31-1655877	501(C)(3)	2,500				TO SUPPORT THE LEADERSHIP AKRON LIEBERTH COMMUNITY VISION AWARD
LEADERSHIP AKRON 54 EAST MILL STREET SUITE 201 AKRON, OH 443081438	31-1655877	501(C)(3)	2,500				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LEADERSHIP AKRON 54 EAST MILL STREET SUITE 201 AKRON, OH 443081438	31-1655877	501(C)(3)	3,250				TO SUPPORT THREE MEMBERS OF LEADERSHIP AKRON'S STAFF TO ATTEND THE HOMETOWN SUMMIT IN CHARLOTTESVILLE, VA
LEADERSHIP AKRON 54 EAST MILL STREET SUITE 201 AKRON, OH 443081438	31-1655877	501(C)(3)	6,000				TO SUPPORT THE CITY OF AKRON'S CITIZEN INSTITUTE TO FOSTER CIVIC ENGAGEMENT AND BUILD NEIGHBORHOOD LEVEL LEADERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LEADERSHIP AKRON 54 EAST MILL STREET SUITE 201 AKRON, OH 443081438	31-1655877	501(C)(3)	25,000				FOR GENERAL PROGRAM SUPPORT, IN MEMORY OF H PETER BURG
LEADERSHIP AKRON 54 EAST MILL STREET SUITE 201 AKRON, OH 443081438	31-1655877	501(C)(3)	15,000				FOR THE SUPPORT OF LEADERSHIP AKRON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LEADERSHIP AKRON 54 EAST MILL STREET SUITE 201 AKRON, OH 443081438	31-1655877	501(C)(3)	750				FOR THE SUPPORT OF LEADERSHIP AKRON
LEADERSHIP AKRON 54 EAST MILL STREET SUITE 201 AKRON, OH 443081438	31-1655877	501(C)(3)	50,000				FOR THE SUPPORT OF LEADERSHIP AKRON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LEADERSHIP AKRON 54 EAST MILL STREET SUITE 201 AKRON, OH 443081438	31-1655877	501(C)(3)	12,500				FOR THE SIGNATURE CLASS 34 OPENING RETREAT
LEADERSHIP AKRON 54 EAST MILL STREET SUITE 201 AKRON, OH 443081438	31-1655877	501(C)(3)	700				FOR A CIVIC INVESTOR SPONSORSHIP IN HONOR OF THERESA CARTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LEADERSHIP AKRON 54 EAST MILL STREET SUITE 201 AKRON, OH 443081438	31-1655877	501(C)(3)	1,000				FOR THE JUNIOR LEADERSHIP AKRON PHILANTHROPY DAY PROJECT IN HONOR OF JOHN GAROFALO AND MARGARET MEDZIE
LEADERSHIP MEDINA COUNTY 39 PUBLIC SQUARE SUITE 202 MEDINA, OH 442562297	34-1680195	501(C)(3)	250				FOR THE 2017 GOLF OUTING FUNDRAISER, TO SUPPORT YOUTH LEADERSHIP PROGRAMMING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LEADERSHIP MEDINA COUNTY 39 PUBLIC SQUARE SUITE 202 MEDINA, OH 442562297	34-1680195	501(C)(3)	343				SPENDABLE INCOME FOR THE QUARTER ENDING DECEMBER 31, 2016
LEADERSHIP MEDINA COUNTY 39 PUBLIC SQUARE SUITE 202 MEDINA, OH 442562297	34-1680195	501(C)(3)	350				SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LEADERSHIP MEDINA COUNTY 39 PUBLIC SQUARE SUITE 202 MEDINA, OH 442562297	34-1680195	501(C)(3)	353				SPENDABLE INCOME FOR THE QUARTER ENDING JUNE 30, 2016
LEADERSHIP MEDINA COUNTY 39 PUBLIC SQUARE SUITE 202 MEDINA, OH 442562297	34-1680195	501(C)(3)	354				SPENDABLE INCOME FOR THE QUARTER ENDING SEPTEMBER 30, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LEAGUE OF WOMEN VOTERS OF THE AKRON AREA EDUCATION FUND PO BOX 5449 AKRON, OH 443340449	34-1499181	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT
LENIBUG FOUNDATION INC 6295 RED BIRD TERRACE NEW FRANKLIN, OH 442169125	35-2450492	501(C)(3)	500				FOR GENERAL OPERATING EXPENSES

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

(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
LENIBUG FOUNDATION INC 6295 RED BIRD TERRACE NEW FRANKLIN, OH 442169125	35-2450492	501(C)(3)	2,000				TO PURCHASE NEW BOOKS THAT ARE AGE AND CULTURALLY APPROPRIATE FOR CHILDREN LIVING IN POVERTY
LENIBUG FOUNDATION INC 6295 RED BIRD TERRACE NEW FRANKLIN, OH 442169125	35-2450492	501(C)(3)	7,500				FOR THE PURCHASE AND DISTRIBUTION OF BOOKS TO CHILDREN LIVING IN POVERTY IN THE GREATER AKRON AREA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LET'S GROW AKRON INC 467 HARVEY AVENUE AKRON, OH 443143217	34-1632443	501(C)(3)	250				TO SUPPORT COMMUNITY GARDENS
LET'S GROW AKRON INC 467 HARVEY AVENUE AKRON, OH 443143217	34-1632443	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LET'S GROW AKRON INC 467 HARVEY AVENUE AKRON, OH 443143217	34-1632443	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT
LIFE IS GOOD NO MATTER WHAT 3200 WEST MARKET STREET SUITE 1 AKRON, OH 44333	45-5569500	501(C)(3)	3,500				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LIFEACT 29425 CHAGRIN BLVD SUITE 203 CLEVELAND, OH 441224602	34-1724365	501(C)(3)	1,500				TO SUPPORT THE 2016 RECOGNIZING TEEN DEPRESSION AND PREVENTING SUICIDE PROGRAM
LIGHTHOUSE GUILD INTERNATIONAL INC 15 WEST 65TH STREET NEW YORK, NY 100236601	46-4215298	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT, IN MEMORY OF FRED MATTHAI

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LINKS COMMUNITY & FAMILY SERVICES 741 UPSON STREET AKRON, OH 443051552	35-2353659	501(C)(3)	1,000				TO SUPPORT THE LINKS ACADEMY ART ENRICHMENT PROGRAM
LINKS COMMUNITY & FAMILY SERVICES 741 UPSON STREET AKRON, OH 443051552	35-2353659	501(C)(3)	10,000				FOR THE LINKS SENIOR CONNECTION PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LITTLE TRAVERSE CONSERVANCY INC 3264 POWELL ROAD HARBOR SPRINGS, MI 497409469	23-7267810	501(C)(3)	250				FOR GENERAL PROGRAM SUPPORT
LONGWOOD MANOR HISTORICAL SOCIETY PO BOX 560146 MACEDONIA, OH 440560146	34-1966957	501(C)(3)	3,000				TO RESTORE LONGWOOD MANOR IN MACEDONIA AND CONVERT IT TO A HISTORIC MUSEUM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LORAIN COUNTY ALCOHOL AND DRUG ABUSE SERVICES INC 2115 WEST PARK DRIVE LORAIN, OH 440531138	34-1341788	501(C)(3)	1,600				OF WHICH \$1,000 IS TO SUPPORT ART THERAPY PROGRAMS & \$600 IS FOR BEDS AT THE KEY
LOUISE DUPONT CROWNINSHIELD COMMUNITY HOUSE INC PO BOX 101 BOCA GRANDE, FL 339210101	59-2116488	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LOVE AKRON NETWORK 39 EAST MARKET STREET AKRON, OH 44308	20-8035010	501(C)(3)	5,000				FOR GENERAL OPERATING SUPPORT
LOYOLA RETREAT HOUSE INC 700 KILLINGER ROAD CLINTON, OH 44216	34-0960779	501(C)(3)	4,302				SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LUTHERAN WORLD RELIEF INC PO BOX 17061 BALTIMORE, MD 212989832	13-2574963	501(C)(3)	3,000				FOR GENERAL OPERATING SUPPORT
MAGICAL THEATRE COMPANY 565 WEST TUSCARAWAS AVENUE BARBERTON, OH 442030386	34-1196629	501(C)(3)	200				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MAGICAL THEATRE COMPANY 565 WEST TUSCARAWAS AVENUE BARBERTON, OH 442030386	34-1196629	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT
MAGICAL THEATRE COMPANY 565 WEST TUSCARAWAS AVENUE BARBERTON, OH 442030386	34-1196629	501(C)(3)	2,500				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MAGICAL THEATRE COMPANY 565 WEST TUSCARAWAS AVENUE BARBERTON, OH 442030386	34-1196629	501(C)(3)	25,254				FOR THE PURCHASE OF THE 2016 FORD TRANSIT VAN
MAGICAL THEATRE COMPANY 565 WEST TUSCARAWAS AVENUE BARBERTON, OH 442030386	34-1196629	501(C)(3)	1,000				TO PROVIDE AWARENESS TO STUDENTS ABOUT NAZI PERSECUTION OF THE LGBT COMMUNITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MAGICAL THEATRE COMPANY 565 WEST TUSCARAWAS AVENUE BARBERTON, OH 442030386	34-1196629	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT
MAGICAL THEATRE COMPANY 565 WEST TUSCARAWAS AVENUE BARBERTON, OH 442030386	34-1196629	501(C)(3)	10,000				FOR THE PURCHASE OF A FORD CARGO VAN TO USE TO TAKE PLAYS TO SCHOOLS, LIBRARIES, CHURCHES, ETC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MAGICAL THEATRE COMPANY 565 WEST TUSCARAWAS AVENUE BARBERTON, OH 442030386	34-1196629	501(C)(3)	2,000				TO ASSIST WITH THE PURCHASE OF A REPLACEMENT VAN FOR USE IN TRAVELING PRODUCTIONS
MAGICAL THEATRE COMPANY 565 WEST TUSCARAWAS AVENUE BARBERTON, OH 442030386	34-1196629	501(C)(3)	10,000				FOR GENERAL PROGRAM SUPPORT

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

(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
MAKE-A-WISH FOUNDATION OF OHIO KENTUCKY AND INDIANA INC 6060 ROCKSIDE WOODS BLVD N SUITE 315 INDEPENDENCE, OH 441312378	34-1471131	501(C)(3)	500				FOR GENERAL PROGRAM SUPPORT
MARIAN'S CLOSET PO BOX 841 WADSWORTH, OH 442820841	90-0455110	501(C)(3)	1,550				TO PROVIDE NEW UNDERWEAR AND SOCKS FOR DISADVANTAGED FAMILIES IN MEDINA COUNTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MARINE CORPS SCHOLARSHIP FOUNDATION INC 909 N WASHINGTON STREET SUITE 400 ALEXANDRIA, VA 223141555	22-1905062	501(C)(3)	1,000				TO SUPPORT THE CLEVELAND AWARDS DINNER TO PROVIDE NEED-BASED SCHOLARSHIPS TO MILITARY CHILDREN (TICKETS TO EVENT DECLINED)
MASTER SINGERS CHORALE OF NORTHEAST OHIO 844 SUTTON PLACE AKRON, OH 443134788	56-2291413	501(C)(3)	5,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MATTHEW 25 COALITION PO BOX 284 LODI, OH 44254	43-2030113	501(C)(3)	1,000				TO PROVIDE EMERGENCY ASSISTANCE AND CASE MANAGEMENT FOR WOMEN AND CHILDREN
MATTHEW 25 COALITION PO BOX 284 LODI, OH 44254	43-2030113	501(C)(3)	4,000				FOR A TRANSPORTATION ASSISTANCE PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MATURE SERVICES INCORPORATED 415 SOUTH PORTAGE PATH AKRON, OH 44320	51-0148544	501(C)(3)	10,000				FOR THE 2017 SUMMER AND FALL SENIOR FARMERS MARKET NUTRITION PROGRAM
MATURE SERVICES INCORPORATED 415 SOUTH PORTAGE PATH AKRON, OH 44320	51-0148544	501(C)(3)	15,000				FOR THE 2017 HOMECARE PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MATURE SERVICES INCORPORATED 415 SOUTH PORTAGE PATH AKRON, OH 44320	51-0148544	501(C)(3)	1,000				TO SUPPORT THE RSVP VOLUNTEER RECOGNITION LUNCHEON ON MAY 11, 2017
MCLAREN NORTHERN MICHIGAN FOUNDATION 360 CONNABLE AVENUE PETOSKEY, MI 497702272	38-2445611	501(C)(3)	5,000				TO SUPPORT THE STEVE AND NANCY EIBLING FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MEDINA CITY SCHOOL DISTRICT TREASURERS OFFICE MEDINA, OH 44256	34-6001854	GOVERNMENT AGENCY	1,500				FOR THE MEDINA HIGH SCHOOL SPANISH CLUB
MEDINA COMMUNITY POLICE ACTIVITY LEAGUE 6665 WADSWORTH ROAD MEDINA, OH 442569798	35-2342739	501(C)(3)	1,000				TO SUPPORT THE AFTER SCHOOL PROGRAM AT WAITE SCHOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MEDINA COMMUNITY POLICE ACTIVITY LEAGUE 6665 WADSWORTH ROAD MEDINA, OH 442569798	35-2342739	501(C)(3)	1,000				FOR THREE AFTER SCHOOL FIELD TRIPS FOR MEDINA 3RD - 5TH GRADERS
MEDINA COMMUNITY POLICE ACTIVITY LEAGUE 6665 WADSWORTH ROAD MEDINA, OH 442569798	35-2342739	501(C)(3)	1,500				FOR MONTHLY DINNERS AND SUMMER SCHOOL LUNCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MEDINA COUNTY ARTS COUNCIL INC PO BOX 532 MEDINA, OH 442580532	31-4130010	501(C)(3)	1,200				FOR THE 2016 ARTS WEEK FESTIVAL
MEDINA COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 8790 GUILFORD ROAD SEVILLE, OH 442739341	34-1507786	501(C)(3)	500				OF WHICH \$250 IS FOR GENERAL OPERATING SUPPORT AND \$250 IS FOR THE GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MEDINA COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 8790 GUILFORD ROAD SEVILLE, OH 442739341	34-1507786	501(C)(3)	500				OF WHICH \$250 IS FOR GENERAL OPERATING SUPPORT AND \$250 IS FOR THE GENERAL FUND
MEDINA COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 8790 GUILFORD ROAD SEVILLE, OH 442739341	34-1507786	501(C)(3)	500				OF WHICH \$250 IS FOR GENERAL OPERATING SUPPORT AND \$250 IS FOR THE GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MEDINA COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 8790 GUILFORD ROAD SEVILLE, OH 442739341	34-1507786	501(C)(3)	1,000				TO SUPPORT ANIMAL WELFARE PROGRAMS
MEDINA COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 8790 GUILFORD ROAD SEVILLE, OH 442739341	34-1507786	501(C)(3)	1,000				FOR THE SIERRA'S FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MEDINA COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 8790 GUILFORD ROAD SEVILLE, OH 442739341	34-1507786	501(C)(3)	2,400				TO SUPPORT MODIFICATIONS TO THE HVAC SYSTEM
MEDINA COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 8790 GUILFORD ROAD SEVILLE, OH 442739341	34-1507786	501(C)(3)	7,500				FOR THE PURCHASE OF TRAILER TO SUPPORT ANIMAL WELFARE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MEDINA COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 8790 GUILFORD ROAD SEVILLE, OH 442739341	34-1507786	501(C)(3)	1,209				DISTRIBUTION
MEDINA CREATIVE HOUSING INC 232 NORTH COURT STREET MEDINA, OH 44256	34-1712565	501(C)(3)	500				TO SUPPORT THE 11TH ANNUAL "RAISING THE ROOF" BENEFIT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MEDINA HEALTH MINISTRY 970 EAST WASHINGTON STREET SUITE 104 MEDINA, OH 44258	30-0092944	501(C)(3)	5,000				TO PURCHASE LABORATORY TESTING FOR THE UNDERINSURED POPULATION IN MEDINA COUNTY
MEDINA RAPTOR CENTER PO BOX 74 SPENCER, OH 442750074	31-1498428	501(C)(3)	250				TO SUPPORT THE GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MEDINA RAPTOR CENTER PO BOX 74 SPENCER, OH 442750074	31-1498428	501(C)(3)	250				TO SUPPORT THE GENERAL FUND
MEDINA RAPTOR CENTER PO BOX 74 SPENCER, OH 442750074	31-1498428	501(C)(3)	250				TO SUPPORT THE GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MEDINA RAPTOR CENTER PO BOX 74 SPENCER, OH 442750074	31-1498428	501(C)(3)	10,000				TO SUPPORT THE CARE AND FEEDING OF ANIMALS
MEDINA RAPTOR CENTER PO BOX 74 SPENCER, OH 442750074	31-1498428	501(C)(3)	10,000				FOR GENERAL PROGRAM SUPPORT (MERRY CHRISTMAS!)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
METRO CATHOLIC PARISH SCHOOL 1910 WEST 54TH STREET CLEVELAND, OH 44102	34-1574746	501(C)(3)	909				SPENDABLE INCOME FOR THE QUARTER ENDING JUNE 30, 2016
MIAMI UNIVERSITY FOUNDATION PANUSKA DEVELOPMENT CENTER OXFORD, OH 450563450	31-6026014	501(C)(3)	1,000				TO SUPPORT THE MIAMI UNIVERSITY COLLEGE OF EDUCATION, HEALTH AND SOCIETY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MICHAEL J FOX FOUNDATION FOR PARKINSONS RESEARCH GRAND CENTRAL STATION NEW YORK, NY 101634777	13-4141945	501(C)(3)	5,000				IN SUPPORT OF TEAM FOX - GLENN LEPPA RUNNING IN AKRON MARATHON RELAY
MICHAEL J FOX FOUNDATION FOR PARKINSONS RESEARCH GRAND CENTRAL STATION NEW YORK, NY 101634777	13-4141945	501(C)(3)	5,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MICHAEL J FOX FOUNDATION FOR PARKINSONS RESEARCH GRAND CENTRAL STATION NEW YORK, NY 101634777	13-4141945	501(C)(3)	12,255				TO SUPPORT PARKINSON'S RESEARCH
MICHAEL J FOX FOUNDATION FOR PARKINSONS RESEARCH GRAND CENTRAL STATION NEW YORK, NY 101634777	13-4141945	501(C)(3)	25,000				TO SUPPORT TOUR DE FOX GREAT LAKES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MILITARY AVIATION PRESERVATION SOCIETY 2260 INTERNATIONAL PARKWAY NORTH CANTON, OH 44720	34-1651715	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT
MILITARY AVIATION PRESERVATION SOCIETY 2260 INTERNATIONAL PARKWAY NORTH CANTON, OH 44720	34-1651715	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT IN MEMORY OF NAVY VETERANS JOHN T PETURES, SR & WILLIAM H SCHLOENBACH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MILITARY ORDER OF THE PURPLE HEART SERVICE FOUNDATION INC 7008 LITTLE RIVER TURNPIKE ANNANDALE, VA 220033234	59-3184919	501(C)(3)	10,000				TO SUPPORT VETERANS PROGRAMS THROUGH SUMMIT CO OHIO CHAPTER 699-OH-2
MOBILE MEALS INC 1063 SOUTH BROADWAY STREET AKRON, OH 443112340	34-1109890	501(C)(3)	741				1/2 OF THE SPENDABLE INCOME AS OF JUNE 30, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MOBILE MEALS INC 1063 SOUTH BROADWAY STREET AKRON, OH 443112340	34-1109890	501(C)(3)	1,500				TO PROVIDE HOME DELIVERED MEALS AND SUPPLEMENTS TO LOW-INCOME SUMMIT COUNTY LGBTQ COMMUNITY MEMBERS
MOBILE MEALS INC 1063 SOUTH BROADWAY STREET AKRON, OH 443112340	34-1109890	501(C)(3)	10,000				TO SUPPORT AGENCY TECHNOLOGY EFFICIENCY FOR CLIENTS, STAFF, DONORS AND VOLUNTEERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MOBILE MEALS INC 1063 SOUTH BROADWAY STREET AKRON, OH 443112340	34-1109890	501(C)(3)	2,500				FOR MEALS AND NUTRITION SERVICES
MOBILE MEALS INC 1063 SOUTH BROADWAY STREET AKRON, OH 443112340	34-1109890	501(C)(3)	35,000				TO PROVIDE HOME DELIVERED AND CONGREGATE SERVED MEALS AND SUPPLEMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MONTROSE ZION UNITED METHODIST CHURCH 565 NORTH CLEVELAND- MASSILLON ROAD AKRON, OH 443332299	34-1415202	501(C)(3)	4,158				FOR GENERAL OPERATING SUPPORT
MONTROSE ZION UNITED METHODIST CHURCH 565 NORTH CLEVELAND- MASSILLON ROAD AKRON, OH 443332299	34-1415202	501(C)(3)	8,900				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MOUND HILL CEMETERY 3800 GREENRIDGE ROAD SEVILLE, OH 44273	34-0773601	501(C)(3)	592				FOR THE MAINTENANCE AND BEAUTIFICATION OF HISTORIC GRAVESITES
MOUNT HOPE CEMETERY CORPORATION C/O AKRON PAINT VARNISH AKRON, OH 44301	47-4138381	501(C)(13)	40,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MULTIPLE SCLEROSIS FOUNDATION INC 6520 NORTH ANDREWS AVENUE FT LAUDERDALE, FL 333092130	59-2792934	501(C)(3)	200				FOR GENERAL OPERATING SUPPORT
MUSCULAR DYSTROPHY ASSOCIATION 7010 ENGLE ROAD 100 MIDDLEBURG HEIGHTS, OH 44130	13-1665552	501(C)(3)	500				FOR A MDA LOCK-UP DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MUSIC FROM THE WESTERN RESERVE 42 HUDSON COMMON DRIVE HUDSON, OH 44236	34-1404541	501(C)(3)	2,141				SPENDABLE INCOME FOR THE QUARTER ENDING JUNE 30, 2016
MUSIC ON A MISSION INC 31950 KREBS ROAD AVON LAKE, OH 440120016	51-0634902	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MUSICAL ARTS ASSOCIATION DBA THE CLEVELAND ORCHESTRA SEVERANCE HALL CLEVELAND, OH 441069822	34-0714468	501(C)(3)	2,500				FOR GENERAL OPERATING SUPPORT
MUSICAL ARTS ASSOCIATION DBA THE CLEVELAND ORCHESTRA SEVERANCE HALL CLEVELAND, OH 441069822	34-0714468	501(C)(3)	278				FOR THE BENEFIT OF THE 2016 ANNUAL FUNDS FOR BLOSSOM MUSIC CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MUSICAL ARTS ASSOCIATION DBA THE CLEVELAND ORCHESTRA SEVERANCE HALL CLEVELAND, OH 441069822	34-0714468	501(C)(3)	35,000				TO SUPPORT THE 2016 BLOSSOM MUSIC FESTIVAL & SOUND FOR THE CENTENNIAL CAMPAIGN
MUSTARD SEED DEVELOPMENT CENTER 1557 VERNON ODOM BLVD SUITE 201-2ND FLOOR AKRON, OH 443204061	34-1920318	501(C)(3)	5,000				TO SUPPORT THE 2017 AKRON LANDLORD CONFERENCE TO BE HELD AT STARK STATE COMMUNITY COLLEGE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MUSTARD SEED DEVELOPMENT CENTER 1557 VERNON ODOM BLVD SUITE 201-2ND FLOOR AKRON, OH 443204061	34-1920318	501(C)(3)	8,000				TO SUPPORT FINANCIAL STABILITY AND PERMANENT HOUSING FOR WOMEN IN SUMMIT COUNTY
MUSTARD SEED DEVELOPMENT CENTER 1557 VERNON ODOM BLVD SUITE 201-2ND FLOOR AKRON, OH 443204061	34-1920318	501(C)(3)	10,000				FOR OUTREACH TO LOW INCOME HOUSEHOLDS GOING THROUGH FORECLOSURE AND DELINQUENCY IN SUMMIT COUNTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NAMI SUMMIT COUNTY 150 CROSS STREET AKRON, OH 44311	34-1569301	501(C)(3)	5,000				TO SUPPORT THE HOUSEWARMING PROGRAM
NATIONAL ARTS STRATEGIES INC 2000 DUKE STREET SUITE 115 ALEXANDRIA, VA 223146116	13-3170827	501(C)(3)	18,000				TO SUPPORT TWO FELLOWS FROM AKRON TO ATTEND THE NATIONAL CREATIVE COMMUNITY FELLOWSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE (NAACP) 1419 COPLEY ROAD AKRON, OH 44309	13-1084135	501(C)(3)	500				FOR A SILVER CORPORATE SPONSORSHIP IN HONOR OF THERESA CARTER
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE (NAACP) 1419 COPLEY ROAD AKRON, OH 44309	13-1084135	501(C)(3)	500				FOR A SILVER SPONSORSHIP FOR THE ANNUAL FREEDOM FUND DINNER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NATIONAL CHRIST CHILD SOCIETY 6110 EXECUTIVE BOULEVARD SUITE 504 ROCKVILLE, MD 208523918	52-1221811	501(C)(3)	1,000				TO SUPPORT THE CHRIST CHILD SOCIETY OF AKRON CHAPTER ANNUAL APPEAL
NATIONAL INVENTORS HALL OF FAME INC 3701 HIGHLAND PARK STREET NW NORTH CANTON, OH 447204535	34-1580038	501(C)(3)	2,000				TO SUPPORT SCHOLARSHIPS FOR THE 2016 CAMP INVENTION PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NATIONAL INVENTORS HALL OF FAME INC 3701 HIGHLAND PARK STREET NW NORTH CANTON, OH 447204535	34-1580038	501(C)(3)	10,475				SPENDABLE INCOME FOR THE QUARTER ENDING DECEMBER 31, 2016
NATIONAL INVENTORS HALL OF FAME INC 3701 HIGHLAND PARK STREET NW NORTH CANTON, OH 447204535	34-1580038	501(C)(3)	10,827				SPENDABLE INCOME FOR THE QUARTER ENDING SEPTEMBER 30, 2016

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

(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
NATIONAL INVENTORS HALL OF FAME INC 3701 HIGHLAND PARK STREET NW NORTH CANTON, OH 447204535	34-1580038	501(C)(3)	10,972				SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 2016
NATIONAL INVENTORS HALL OF FAME INC 3701 HIGHLAND PARK STREET NW NORTH CANTON, OH 447204535	34-1580038	501(C)(3)	11,116				SPENDABLE INCOME FOR THE QUARTER ENDING JUNE 30, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NATIONAL INVENTORS HALL OF FAME INC 3701 HIGHLAND PARK STREET NW NORTH CANTON, OH 447204535	34-1580038	501(C)(3)	1,900				TO SUPPORT THE NATIONAL INVENTORS HALL OF FAME 2016 INDUCTION CEREMONY
NATIONAL INVENTORS HALL OF FAME INC 3701 HIGHLAND PARK STREET NW NORTH CANTON, OH 447204535	34-1580038	501(C)(3)	2,200				TO SUPPORT THE 2017 INDUCTION CEREMONY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NATIONAL INVENTORS HALL OF FAME INC 3701 HIGHLAND PARK STREET NW NORTH CANTON, OH 447204535	34-1580038	501(C)(3)	5,000				TO SUPPORT THE 2017 CAMP INVENTION PROGRAM IN THE GREATER AKRON & SUMMIT COUNTY AREA
NATIONAL PUBLIC RADIO INC PO BOX 791490 BALTIMORE, MD 212791490	52-0907625	501(C)(3)	500				TO SUPPORT NATIONAL AND INTERNATIONAL NEWS PROGRAMMING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NATIONAL SOCIETY TO PREVENT BLINDNESS INC AKA PREVENT BLINDNESS OHIO 1500 W THIRD AVE SUITE 200 COLUMBUS, OH 43212	31-6063433	501(C)(3)	7,500				FOR THE VISION CARE OUTREACH PROGRAM
NATIONAL WORLD WAR II MUSEUM INC 945 MAGAZINE STREET NEW ORLEANS, LA 701303813	72-1200790	501(C)(3)	20,000				TO SUPPORT THE BUILDING EXPANSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NEIGHBORHOOD HOUSING SERVICES OF GREATER CLEVELAND INC 5700 BROADWAY AVENUE CLEVELAND, OH 44127	34-1166865	501(C)(3)	1,000				TO SUPPORT NEIGHBORWORKS WEEK 2016
NEIGHBORHOOD NETWORK OF UNIVERSITY PARK 800 EAST MARKET STREET AKRON, OH 44305	34-1169257	501(C)(3)	7,500				TO SUPPORT THE 2017 NEIGHBORHOOD REBORN PROJECTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NEOS DANCE THEATRE 101 NORTH MAIN STREET MANSFIELD, OH 449027669	20-5051555	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT
NEW YORK CITY OUTWARD BOUND SCHOOLS 2946 NORTHERN BLVD LONG ISLAND CITY, NY 111012813	13-3471084	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT, IN HONOR OF THE WEDDING OF SOPHIE NITKINS & ADAM LEVIN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NONE TOO FRAGILE INC 1835 MERRIMAN ROAD 3 AKRON, OH 44313	47-2822553	501(C)(3)	1,000				TO SUPPORT THE PRODUCTION OF THE WHALE, BY SAMUEL D HUNTER
NONE TOO FRAGILE INC 1835 MERRIMAN ROAD 3 AKRON, OH 44313	47-2822553	501(C)(3)	5,000				TO SUPPORT THE 2016 OFF-BROADWAY SERIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NORTH COAST COMMUNITY HOMES INC 14221 BROADWAY AVENUE CLEVELAND, OH 441251953	34-1455487	501(C)(3)	7,500				TO SUPPORT HOME ACCESSIBILITY FOR SUMMIT COUNTY OLDER ADULTS
NORTHEAST OHIO COALITION FOR THE HOMELESS 3631 PERKINS AVENUE SUITE 3A-3 CLEVELAND, OH 441144700	34-1590112	501(C)(3)	2,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NORTHEAST OHIO COUNCIL ON HIGHER EDUCATION 6000 ROCKSIDE WOODS BOULEVARD SUITE 325 INDEPENDENCE, OH 44131	34-0838293	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT
NORTHEAST OHIO COUNCIL ON HIGHER EDUCATION 6000 ROCKSIDE WOODS BOULEVARD SUITE 325 INDEPENDENCE, OH 44131	34-0838293	501(C)(3)	30,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NORTHEAST OHIO MEDICAL UNIVERSITY FOUNDATION 4209 STATE ROUTE 44 ROOTSTOWN, OH 442720095	34-1264220	501(C)(3)	17,500				TO SUPPORT PARKINSON'S RESEARCH
NORTHEAST OHIO MEDICAL UNIVERSITY FOUNDATION 4209 STATE ROUTE 44 ROOTSTOWN, OH 442720095	34-1264220	501(C)(3)	40,000				OF WHICH \$20,000 IS FOR PALLIATIVE CARE EDUCATION & \$20,000 IS FOR GERIATRIC EDUCATION, IN MEMORY OF H PETER BURG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NORTHEAST OHIO MEDICAL UNIVERSITY FOUNDATION 4209 STATE ROUTE 44 ROOTSTOWN, OH 442720095	34-1264220	501(C)(3)	150,000				TO SUPPORT THE NEOMED NEURODEGENERATIVE RESEARCH DIVISION & RESEARCH IN NEUROINFLAMMATION
NORTHEAST OHIO MEDICAL UNIVERSITY FOUNDATION 4209 STATE ROUTE 44 ROOTSTOWN, OH 442720095	34-1264220	501(C)(3)	2,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NORTHEASTERN EDUCATIONAL TELEVISION OF OHIO INC DBA WESTERN RESERVE PUBLI 1750 CAMPUS CENTER DRIVE KENT, OH 442405191	34-1123819	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT
NORTHEASTERN EDUCATIONAL TELEVISION OF OHIO INC DBA WESTERN RESERVE PUBLI 1750 CAMPUS CENTER DRIVE KENT, OH 442405191	34-1123819	501(C)(3)	1,200				TO SUPPORT THE 2017 PRODUCER'S CIRCLE

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

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NORTHEASTERN EDUCATIONAL TELEVISION OF OHIO INC DBA WESTERN RESERVE PUBLI 1750 CAMPUS CENTER DRIVE KENT, OH 442405191	34-1123819	501(C)(3)	15,000				TO SUPPORT CULTURAL ARTS AND PERFORMANCE PROGRAMMING
NORTHERN OHIO RAILWAY MUSEUM PO BOX 458 CHIPPEWA LAKE, OH 442150458	34-6568422	501(C)(3)	973				SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NOT JUST OCTOBER PO BOX 1461 AKRON, OH 443091461	47-1678298	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT OF STEPPING STONE RESOURCES
NOT WASTED 1446 SOUTH MAIN STREET AKRON, OH 443011644	75-3223368	501(C) (3)	5,000				FOR A JOB SKILLS TRAINING PROGRAM TO SUPPORT THE RE-ENTRY OF WOMEN IN SUMMIT COUNTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NOTRE DAME ELEMENTARY SCHOOL 13000 AUBURN ROAD CHARDON, OH 44024	61-1607991	RELIGIOUS	500				TO SUPPORT THE COLIN BOLAND SCHOLARSHIP FUND
OHIO & ERIE CANALWAY COALITION 47 WEST EXCHANGE STREET AKRON, OH 443081012	34-1636766	501(C)(3)	250				TO SUPPORT THE COMPLETION OF THE TOW PATH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OHIO & ERIE CANALWAY COALITION 47 WEST EXCHANGE STREET AKRON, OH 443081012	34-1636766	501(C)(3)	1,000				TO SUPPORT THE FISHING DERBY
OHIO & ERIE CANALWAY COALITION 47 WEST EXCHANGE STREET AKRON, OH 443081012	34-1636766	501(C)(3)	11,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OHIO & ERIE CANALWAY COALITION 47 WEST EXCHANGE STREET AKRON, OH 443081012	34-1636766	501(C)(3)	36,000				TO SUPPORT THE REPAIR OF THE TOWPATH FLOATING BRIDGE & REIMAGING THE CIVIC COMMONS PROTOTYPING PROJECTS
OHIO & ERIE CANALWAY COALITION 47 WEST EXCHANGE STREET AKRON, OH 443081012	34-1636766	501(C)(3)	37,000				TO SUPPORT THE GROUNDSWELL DESIGN & ACTIVATION OF LOCK 4 & RT 59 PATH BRIDGE PROJECTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OHIO & ERIE CANALWAY COALITION 47 WEST EXCHANGE STREET AKRON, OH 443081012	34-1636766	501(C)(3)	100,000				TO SUPPORT THE LEARNING NETWORK FOR AKRON'S REIMAGINING THE CIVIC COMMONS TEAM
OHIO & ERIE CANALWAY COALITION 47 WEST EXCHANGE STREET AKRON, OH 443081012	34-1636766	501(C)(3)	500				TO SUPPORT THE 13TH ANNUAL TOWPATH CLASSIC GOLF OUTING IN HONOR OF ALLAN KRULAK

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OHIO ENVIRONMENTAL COUNCIL 1145 CHESAPEAKE AVENUE SUITE I COLUMBUS, OH 43212286	31-0805578	501(C)(3)	1,000				OF WHICH \$500 IS FOR FOR GENERAL OPERATING SUPPORT & \$500 IS FOR THE JACK SHANER VICTORY FUND
OHIO LIVING COMMUNITIES OHIO LIVING ROCKYNOL AKRON, OH 443137067	34-4429863	501(C)(3)	1,000				TO SUPPORT THE OHIO LIVING ROCKYNOL RETIREMENT COMMUNITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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OHIO LIVING COMMUNITIES OHIO LIVING ROCKYNOL AKRON, OH 443137067	34-4429863	501(C)(3)	2,000				FOR THE ROCKYNOL RETIREMENT COMMUNITY
OHIO SHAKESPEARE FESTIVAL 507 EAST CRAIN AVENUE KENT, OH 442402607	02-0611246	501(C)(3)	5,000				TO SUPPORT AN EXPANDED 2016 SUMMER SEASON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OHIO STATE UNIVERSITY FOUNDATION OFFICE OF UNIVERSITY DEVELOPMENT UPPER ARLINGTON, OH 432213919	31-1145986	501(C)(3)	100				TO SUPPORT THE VETERINARY HOSPITAL GOOD SAMARITAN ENDOWMENT FUND 627487
OHIO STATE UNIVERSITY FOUNDATION OFFICE OF UNIVERSITY DEVELOPMENT UPPER ARLINGTON, OH 432213919	31-1145986	501(C)(3)	1,000				TO SUPPORT CANCER RESEARCH AT THE JAMES OSUCCC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OHIO STATE UNIVERSITY FOUNDATION OFFICE OF UNIVERSITY DEVELOPMENT UPPER ARLINGTON, OH 432213919	31-1145986	501(C)(3)	5,067				TO SUPPORT SCHOLARSHIPS FOR SPECIAL NEEDS TEACHERS
OHIO VIETNAM VETERANS MEMORIAL PARK 8005 CLEVELAND-MASSILLON ROAD CLINTON, OH 442160003	20-3904984	501(C)(3)	1,608				SPENDABLE INCOME FOR THE QUARTER ENDING JUNE 30, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OHI GUIDESTONE 202 EAST BAGLEY ROAD BEREA, OH 440172090	34-0720558	501(C)(3)	5,000				TO SUPPORT THE MATERNAL DEPRESSION PROGRAM IN SUMMIT COUNTY
OHI GUIDESTONE 202 EAST BAGLEY ROAD BEREA, OH 440172090	34-0720558	501(C)(3)	5,000				FOR A PLAY THERAPY ROOM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OLD TRAIL SCHOOL PO BOX 827 BATH, OH 442100827	34-0737805	501(C)(3)	1,000				FOR THE INSPIRING PROMISE CAMPAIGN
OLD TRAIL SCHOOL PO BOX 827 BATH, OH 442100827	34-0737805	501(C)(3)	1,000				TO SUPPORT THE ANNUAL FUND, IN HONOR OF JOHN FARBER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OLD TRAIL SCHOOL PO BOX 827 BATH, OH 442100827	34-0737805	501(C)(3)	1,000				FOR THE ANNUAL FUND
OLD TRAIL SCHOOL PO BOX 827 BATH, OH 442100827	34-0737805	501(C)(3)	1,500				TO SUPPORT THE ANNUAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OLD TRAIL SCHOOL PO BOX 827 BATH, OH 442100827	34-0737805	501(C)(3)	1,500				FOR THE 2016-2017 ANNUAL FUND
OLD TRAIL SCHOOL PO BOX 827 BATH, OH 442100827	34-0737805	501(C)(3)	2,500				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OLD TRAIL SCHOOL PO BOX 827 BATH, OH 442100827	34-0737805	501(C)(3)	278				FOR THE BENEFIT OF THE 2016 ANNUAL FUNDS
OLD TRAIL SCHOOL PO BOX 827 BATH, OH 442100827	34-0737805	501(C)(3)	2,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OLD TRAIL SCHOOL PO BOX 827 BATH, OH 442100827	34-0737805	501(C)(3)	4,225				FOR SCHOLARSHIP PURPOSES
ONE OF A KIND PET RESCUE INC 1700 WEST EXCHANGE STREET AKRON, OH 44313	20-4631002	501(C)(3)	-10,000				FOR 2014 2015 TARGETED SPAY/NEUTER PROGRAM FOR FERAL AND STRAY CATS, OR CATS RESCUED FROM HOARDING S

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OPEN M 941 PRINCETON STREET AKRON, OH 44311922	34-1046107	501(C)(3)	250				TO SUPPORT THE GENERAL FUND
OPEN M 941 PRINCETON STREET AKRON, OH 44311922	34-1046107	501(C)(3)	250				TO SUPPORT THE GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OPEN M 941 PRINCETON STREET AKRON, OH 44311922	34-1046107	501(C)(3)	250				TO SUPPORT THE GENERAL FUND
OPEN M 941 PRINCETON STREET AKRON, OH 44311922	34-1046107	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OPEN M 941 PRINCETON STREET AKRON, OH 44311922	34-1046107	501(C)(3)	500				FOR GENERAL PROGRAM SUPPORT
OPEN M 941 PRINCETON STREET AKRON, OH 44311922	34-1046107	501(C)(3)	2,000				TO SUPPORT THE DENTAL CLINIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OPEN M 941 PRINCETON STREET AKRON, OH 44311922	34-1046107	501(C)(3)	2,000				FOR GENERAL OPERATING SUPPORT
OPEN M 941 PRINCETON STREET AKRON, OH 44311922	34-1046107	501(C)(3)	3,000				TO SUPPORT THE COMMUNITY WORKS CONNECTION (CWC) PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OPEN M 941 PRINCETON STREET AKRON, OH 443111922	34-1046107	501(C)(3)	3,000				FOR GENERAL OPERATING SUPPORT
OPEN M 941 PRINCETON STREET AKRON, OH 443111922	34-1046107	501(C)(3)	5,000				TO SUPPORT A COMPREHENSIVE FREE MEDICAL CLINIC AND PHARMACY FOR THE COMMUNITY'S WORKING POOR AND UNINSURED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OPEN M 941 PRINCETON STREET AKRON, OH 443111922	34-1046107	501(C)(3)	12,000				FOR GENERAL PROGRAM SUPPORT
OPEN M 941 PRINCETON STREET AKRON, OH 443111922	34-1046107	501(C)(3)	25,000				TO SUPPORT THE COMMUNITY WORKS CONNECTION (CWC) PROGRAM, IN MEMORY OF H PETER BURG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OPEN M 941 PRINCETON STREET AKRON, OH 44311922	34-1046107	501(C)(3)	82				RESIDUAL/FINAL DISTRIBUTION
OPEN M 941 PRINCETON STREET AKRON, OH 44311922	34-1046107	501(C)(3)	14,377				SPENDABLE INCOME FOR THE QUARTER ENDING SEPTEMBER 30, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OPEN M 941 PRINCETON STREET AKRON, OH 44311922	34-1046107	501(C)(3)	25,000				DISTRIBUTION
OPEN M 941 PRINCETON STREET AKRON, OH 44311922	34-1046107	501(C)(3)	5,000				TO SUPPORT THE COMMUNITY WORKS CONNECTION (CWC) PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OPEN M 941 PRINCETON STREET AKRON, OH 44311922	34-1046107	501(C)(3)	10,000				TO SUPPORT THE COMPREHENSIVE FREE MEDICAL CLINIC
OPEN M 941 PRINCETON STREET AKRON, OH 44311922	34-1046107	501(C)(3)	10,000				TO SUPPORT THE COMPREHENSIVE FREE MEDICAL CLINIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OPEN TONE MUSIC LLC PO BOX 5261 CLEVELAND, OH 441010261	27-3088230	501(C)(3)	500				TO SUPPORT THE RUBBER CITY JAZZ & BLUES FESTIVAL (TO MATCH KNIGHT ARTS CHALLENGE)
OPEN TONE MUSIC LLC PO BOX 5261 CLEVELAND, OH 441010261	27-3088230	501(C)(3)	3,000				TO SUPPORT K-12 EDUCATIONAL PROGRAMMING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OPEN TONE MUSIC LLC PO BOX 5261 CLEVELAND, OH 441010261	27-3088230	501(C)(3)	3,000				TO SUPPORT RUBBER CITY JAZZ AND BLUES FESTIVAL
ORIANA HOUSE INC PO BOX 1501 AKRON, OH 443091501	34-1334919	501(C)(3)	15,000				TO SUPPORT THE SUMMIT COUNTY REENTRY NETWORK

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ORMACO INC 4403 BELMONT COURT MEDINA, OH 44256	27-3240979	501(C)(3)	1,000				TO SUPPORT JAZZ UNDER THE STARS 2016
OUR LADY OF THE ELMS SCHOOL 1375 WEST EXCHANGE STREET AKRON, OH 443137619	34-1910169	501(C)(3)	2,500				FOR THE RALPH L & FLORENCE A BERNARD SCHOLARSHIP CHALLENGE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OUR LADY OF THE ELMS SCHOOL 1375 WEST EXCHANGE STREET AKRON, OH 443137619	34-1910169	501(C)(3)	5,000				FOR GENERAL OPERATING SUPPORT
OUR LADY OF THE ELMS SCHOOL 1375 WEST EXCHANGE STREET AKRON, OH 443137619	34-1910169	501(C)(3)	5,580				FOR PROFESSIONAL DEVELOPMENT RELATED TO COMMON CORE STANDARDS AND ASSESSMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OUTSUPPORT INC PO BOX 1728 MEDINA, OH 44258	47-3958449	501(C)(3)	750				FOR A LEADERSHIP DAY FOR TEENS INVOLVED IN MEDINA COUNTY SCHOOLS' GAY-STRAIGHT ALLIANCES
OUTSUPPORT INC PO BOX 1728 MEDINA, OH 44258	47-3958449	501(C)(3)	2,850				FOR OUTREACH AND OPERATIONAL EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PARENT PEE WEE FOOTBALL ASSOC PO BOX 573 AKRON, OH 44309	34-1557367	501(C)(3)	500				FOR THE EAST DRAGONS PEE WEE CHEERLEADING PROGRAM IN MEMORY OF ROXANNE "BEANIE" LEGRAIR
PARENTS AND FRIENDS OF LESBIANS AND GAYS INC AKRON CHAPTER PO BOX 5471 AKRON, OH 44334	34-1408438	501(C)(3)	4,000				TO SUPPORT THE TEEN PRIDE NETWORK COLLABORATIVE PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PARTNERSHIP FOR PHILANTHROPIC PLANNING INC DBA LEAVE A LEGACY SUMMIT POR PO BOX 2255 HUDSON, OH 442360855	35-1796186	501(C)(3)	375				FOR GENERAL OPERATING SUPPORT
PARTNERSHIP FOR PHILANTHROPIC PLANNING INC DBA LEAVE A LEGACY SUMMIT POR PO BOX 2255 HUDSON, OH 442360855	35-1796186	501(C)(3)	1,500				TO SUPPORT THE 2016 VOICES OF GIVING EVENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PARTNERSHIP WITH CHILDREN INC 299 BROADWAY SUITE 1300 NEW YORK, NY 100071932	13-5596751	501(C)(3)	2,000				FOR GENERAL OPERATING SUPPORT, IN HONOR OF THE 41ST ANNIVERSARY OF GEORGE & JOAN HORNIG
PEACE TOGETHER INC PO BOX 15003 AKRON, OH 443145003	33-1016518	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT, IN MEMORY OF H PETER BURG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PECHAKUCHA AKRON C/O CRAFTY MART AKRON, OH 443082014	47-1337945	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT OF PECHAKUCHA AKRON
PENINSULA FOUNDATION INC 6138 RIVERVIEW ROAD SUITE F PENINSULA, OH 442649651	31-1534973	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PET OH-STOW 3760 LOVINA LANE STOW, OH 442246428	46-3433291	501(C)(3)	1,500				FOR GENERAL OPERATING SUPPORT
PET RESCUE INCORPORATED PO BOX 393 LARCHMONT, NY 105380393	13-3315325	501(C)(3)	1,000				TO SUPPORT THE THANKSGIVING FOOD DRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PETFIX NORTHEAST OHIO INC 885 EAST 222ND STREET EUCLID, OH 441233313	20-2205609	501(C)(3)	350				FOR GENERAL OPERATING SUPPORT
PHI DELTA THETA FOUNDATION 2 SOUTH CAMPUS AVENUE OXFORD, OH 45056	34-6539803	501(C)(3)	82				RESIDUAL/FINAL CONTRIBUTION FOR THE OHIO EPSILON SCHOLARSHIP IN HONOR OF ROGER T READ

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PHI DELTA THETA FOUNDATION 2 SOUTH CAMPUS AVENUE OXFORD, OH 45056	34-6539803	501(C)(3)	25,000				FOR THE OHIO EPSILON SCHOLARSHIP IN HONOR OF ROGER T READ
PLANNED PARENTHOOD OF GREATER OHIO 444 WEST EXCHANGE STREET AKRON, OH 443021711	34-1015976	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PLANNED PARENTHOOD OF GREATER OHIO 444 WEST EXCHANGE STREET AKRON, OH 443021711	34-1015976	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT
PLANNED PARENTHOOD OF GREATER OHIO 444 WEST EXCHANGE STREET AKRON, OH 443021711	34-1015976	501(C)(3)	400				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PLANNED PARENTHOOD OF GREATER OHIO 444 WEST EXCHANGE STREET AKRON, OH 443021711	34-1015976	501(C)(3)	650				FOR GENERAL PROGRAM SUPPORT
PLANNED PARENTHOOD OF GREATER OHIO 444 WEST EXCHANGE STREET AKRON, OH 443021711	34-1015976	501(C)(3)	2,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PLANNED PARENTHOOD OF GREATER OHIO 444 WEST EXCHANGE STREET AKRON, OH 443021711	34-1015976	501(C)(3)	1,337				SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 2016
PLANNED PARENTHOOD OF GREATER OHIO 444 WEST EXCHANGE STREET AKRON, OH 443021711	34-1015976	501(C)(3)	7,500				FOR GET REAL, AN EVIDENCE-BASED CURRICULUM ON HEALTHY RELATIONSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PLANNED PARENTHOOD OF GREATER OHIO 444 WEST EXCHANGE STREET AKRON, OH 443021711	34-1015976	501(C)(3)	20,000				FOR LONG-ACTING REVERSIBLE CONTRACEPTION AT THE AKRON HEALTH CENTER
PLAY ON PHILLY PO BOX 8662 PHILADELPHIA, PA 191018662	45-3754114	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PORTAGE COUNTRY CLUB TEAM MEMBER SCHOLARSHIP FOUNDATION 240 NORTH PORTAGE PATH AKRON, OH 443031244	26-4676000	501(C)(3)	250				FOR THE DENNY SHUTE SCHOLARSHIP FOUNDATION FUND TO SUPPORT SCHOLARSHIPS FOR GOLF CADDIES
PORTAGE-SUMMIT DIAPER BANK 1046 HOWE ROAD KENT, OH 44240	47-1943747	501(C)(3)	2,000				TO PROVIDE DIAPERS TO LOW-INCOME FAMILIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PRESBYTERIAN HOMES AND SERVICES 2845 HAMLINE AVENUE NORTH ROSEVILLE, MN 551137127	41-0758756	501(C)(3)	1,000				TO SUPPORT THE BOUTWELLS LANDING NEIGHBORS HELPING NEIGHBORS INITIATIVE
PROJECT ED BEAR INC 656 CHILHAM CIRCLE UNIONTOWN, OH 446856917	34-1814871	501(C)(3)	1,500				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PROJECT GRAD AKRON 400 WEST MARKET STREET SUITE 1 AKRON, OH 443032060	16-1639511	501(C)(3)	2,500				FOR THE BRIDGE TO KINDERGARTEN PROGRAM
PROJECT GRAD AKRON 400 WEST MARKET STREET SUITE 1 AKRON, OH 443032060	16-1639511	501(C)(3)	1,000				TO SUPPORT MONEY MANAGEMENT PROGRAMS FOR COLLEGE-GOING STUDENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PROJECT GRAD AKRON 400 WEST MARKET STREET SUITE 1 AKRON, OH 443032060	16-1639511	501(C)(3)	25,000				FOR THE BRIDGE TO KINDERGARTEN PROGRAM
PROJECT GRAD AKRON 400 WEST MARKET STREET SUITE 1 AKRON, OH 443032060	16-1639511	501(C)(3)	1,000				TO SUPPORT THE 2016 ACHIEVING DREAMS CELEBRATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PROJECT LEARN OF SUMMIT COUNTY 60 SOUTH HIGH STREET AKRON, OH 443261000	34-1491695	501(C)(3)	250				FOR THE NIGHT OF ILLUMINATION, IN TRIBUTE TO CHRISTINE MARSHALL
PROJECT LEARN OF SUMMIT COUNTY 60 SOUTH HIGH STREET AKRON, OH 443261000	34-1491695	501(C)(3)	4,330				SPENDABLE INCOME FOR THE QUARTER ENDING SEPTEMBER 30, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PROJECT LEARN OF SUMMIT COUNTY 60 SOUTH HIGH STREET AKRON, OH 443261000	34-1491695	501(C)(3)	9,390				FOR MARKETING SUPPORT
PROJECT LEARN OF SUMMIT COUNTY 60 SOUTH HIGH STREET AKRON, OH 443261000	34-1491695	501(C)(3)	20,000				TO IMPROVE CAREER READINESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PROJECT SUMMIT INC PO BOX 5253 FAIRLAWN, OH 443340253	47-2193615	501(C)(3)	10,000				TO SUPPORT VETERANS PROGRAMS
PROYECTO RAICES C/O SAINT MATTHEW PARRISH AKRON, OH 44312	31-1555846	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT OF PROYECTO RAICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PROYECTO RAICES C/O SAINT MATTHEW PARRISH AKRON, OH 44312	31-1555846	501(C)(3)	2,000				TO PROVIDE TRANSPORTATION FOR PROGRAMMING TO HISPANIC CHILDREN 4-14 IN GREATER AKRON
PROYECTO RAICES C/O SAINT MATTHEW PARRISH AKRON, OH 44312	31-1555846	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT FOR PROYECTO RAICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
RAINEY INSTITUTE 1705 EAST 55TH STREET CLEVELAND, OH 441033117	34-6555952	501(C)(3)	500				TO SUPPORT INNER VISIONS OF CLEVELAND
RALPH E WAITE ELEMENTARY SCHOOL PTO 4765 COBBLESTONE PARK DRIVE MEDINA, OH 442565570	27-1286413	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
RAPE CRISIS CENTER 974 EAST MARKET STREET AKRON, OH 44305	34-1836495	501(C)(3)	1,000				TO SUPPORT OUTREACH FOR SURVIVORS AND CO-SURVIVORS OF SEXUAL VIOLENCE WHO IDENTIFY AS LGBT
RAPE CRISIS CENTER 974 EAST MARKET STREET AKRON, OH 44305	34-1836495	501(C)(3)	2,000				TO SUPPORT HEROES 4 HOPE TEEN DATING VIOLENCE PREVENTION PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
RAPE CRISIS CENTER 974 EAST MARKET STREET AKRON, OH 44305	34-1836495	501(C)(3)	8,000				TO SUPPORT HEROES 4 HOPE, A VIOLENCE PREVENTION EDUCATION PROGRAM FOR TEENS
REACHING ABOVE HOPELESSNESS & BROKENNESS MINISTRIES INC DBA RAHAB MINISTR PO BOX 13866 AKRON, OH 443343866	20-3285531	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
REACHING ABOVE HOPELESSNESS & BROKENNESS MINISTRIES INC DBA RAHAB MINISTR PO BOX 13866 AKRON, OH 443343866	20-3285531	501(C)(3)	12,500				TO SUPPORT THE WELL COMMUNITY DEVELOPMENT CORPORATION
REBUILDING TOGETHER NORTHEAST OHIO 788 DONALD AVENUE AKRON, OH 44306	34-1814515	501(C)(3)	1,500				FOR MATERIAL AND SUPPLIES FOR FALL HOME REPAIR PROJECT DAY 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
REBUILDING TOGETHER NORTHEAST OHIO 788 DONALD AVENUE AKRON, OH 44306	34-1814515	501(C)(3)	15,000				TO SUPPORT COMMUNITY REVITALIZATION EFFORTS SERVING LOW-INCOME HOMEOWNERS AND NEIGHBORHOODS
RED COMPANY REAL EDGE DANCE 1540 GEORGETOWN ROAD HUDSON, OH 44236	80-0716533	501(C)(3)	5,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
RENAISSANCE CHARITABLE FOUNDATION INC 8910 PURDUE RD SUITE 555 INDIANAPOLIS, IN 46268	35-2129262	501(C)(3)	250				FOR THE GLOBAL GIFT FUND OF VALMARK SECURITIES IN HONOR OF LARRY RYBKA
REPLAY FOR KIDS 600 WEST STURBRIDGE DRIVE MEDINA, OH 442564242	34-1962478	501(C)(3)	2,500				TO FUND TWO WORKSHOPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
REPLAY FOR KIDS 600 WEST STURBRIDGE DRIVE MEDINA, OH 442564242	34-1962478	501(C)(3)	1,000				TO SUPPORT A FAMILY TOY ADAPTATION WORKSHOP IN MEDINA COUNTY
REPLAY FOR KIDS 600 WEST STURBRIDGE DRIVE MEDINA, OH 442564242	34-1962478	501(C)(3)	1,000				TO SUPPORT A FAMILY TOY ADAPTATION WORKSHOP IN SUMMIT COUNTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
REPLAY FOR KIDS 600 WEST STURBRIDGE DRIVE MEDINA, OH 442564242	34-1962478	501(C)(3)	3,000				TO PROMOTE STEM EDUCATION FOR SUMMIT COUNTY PUBLIC SCHOOL STUDENTS THROUGH TOY ADAPTING WORKSHOPS
REVERE LOCAL SCHOOL DISTRICT PO BOX 340 BATH, OH 442100340	34-6000201	GOVERNMENT	206				TO SUPPORT THE REVERE MIDDLE SCHOOL CANCER RESEARCH WRISTBAND PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
RIGHT - RESIDENTS IMPROVING GOODYEAR HEIGHTS TOGETHER 867 MORNINGVIEW AVENUE AKRON, OH 44305	20-0137045	501(C)(3)	1,500				TO PROVIDE LITTLE FREE LIBRARIES THROUGHOUT GOODYEAR HEIGHTS
ROBBYS VOICE 1114 NORTH COURT STREET 123 MEDINA, OH 442561579	45-5547643	501(C)(3)	1,000				TO SUPPORT THERAPY PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
RONALD MCDONALD HOUSE OF AKRON INC 245 LOCUST STREET AKRON, OH 443021806	34-1860682	501(C)(3)	500				FOR THE GENERAL FUND
RONALD MCDONALD HOUSE OF AKRON INC 245 LOCUST STREET AKRON, OH 443021806	34-1860682	501(C)(3)	500				FOR THE GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 647 EAST MARKET STREET AKRON, OH 44304	47-2484892	501(C)(3)	2,500				FOR GENERAL OPERATING SUPPORT
RUNNING FOR PARKINSON'S 12667 DONATION ROAD WATERFORD, PA 164418137	27-2979943	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SCENIC AMERICA 1307 NEW HAMPSHIRE AVE NW SUITE 300 300 WASHINGTON, DC 200361537	23-2188166	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT
SCENIC OHIO PO BOX 09816 COLUMBUS, OH 432090816	34-6558860	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SECOND HARVEST FOODBANK OF THE MAHONING VALLEY 2805 SALT SPRINGS ROAD YOUNGSTOWN, OH 445091037	34-1380074	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT
SERVICE CORPS OF RETIRED EXECUTIVES ASSOCIATION DBA AKRON SCORE SUMMIT COUNTY OHIO BUILDING AKRON, OH 44308	52-1067290	501(C)(3)	7,500				TO PROVIDE OPERATING FUNDS FOR SMALL BUSINESS COUNSELING AND WORKSHOPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SHC FOUNDATION 4283 PARADISE ROAD SEVILLE, OH 44273	90-0805201	501(C)(3)	34,000				TO SUPPORT THE MISSION OF SHC
SHELTER CARE INC 32 SOUTH AVENUE TALLMADGE, OH 442782802	34-1172458	501(C)(3)	500				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SHELTER CARE INC 32 SOUTH AVENUE TALLMADGE, OH 442782802	34-1172458	501(C)(3)	2,000				TO SUPPORT RECREATIONAL & EDUCATIONAL ACTIVITIES
SHELTER CARE INC 32 SOUTH AVENUE TALLMADGE, OH 442782802	34-1172458	501(C)(3)	2,500				TO PROVIDE BABY SUPPLIES FOR HOMELESS AND AT-RISK TEEN MOMS AT THE HIGHLAND SHELTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SHELTER CARE INC 32 SOUTH AVENUE TALLMADGE, OH 442782802	34-1172458	501(C)(3)	250				TO SUPPORT EDUCATIONAL AND RECREATIONAL PROGRAMS
SHELTER CARE INC 32 SOUTH AVENUE TALLMADGE, OH 442782802	34-1172458	501(C)(3)	10,000				FOR CAPITAL IMPROVEMENTS TO THE SHELTER HOME PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY INC 4283 PARADISE ROAD SEVILLE, OH 44273	34-1011571	501(C)(3)	2,500				FOR THE RESOURCE CENTER MEDICAL EQUIPMENT LOAN PROGRAM
SOCIETY OF ST VINCENT DE PAUL C/O ST HILARY CHURCH FAIRLAWN, OH 44334236	13-5562362	501(C)(3)	100				FOR GENERAL OPERATING SUPPORT, IN MEMORY OF ROSE ANN GILTNER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SOCIETY OF ST VINCENT DE PAUL C/O ST HILARY CHURCH FAIRLAWN, OH 443334236	13-5562362	501(C)(3)	2,500				FOR GENERAL PROGRAM SUPPORT
SOCIETY OF ST VINCENT DE PAUL C/O ST HILARY CHURCH FAIRLAWN, OH 443334236	13-5562362	501(C)(3)	30,000				PORTION OF THE SPENDABLE INCOME

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SOCIETY OF ST VINCENT DE PAUL C/O ST HILARY CHURCH FAIRLAWN, OH 443334236	13-5562362	501(C)(3)	30,000				PORTION OF THE SPENDABLE INCOME
SOCIETY OF ST VINCENT DE PAUL C/O ST HILARY CHURCH FAIRLAWN, OH 443334236	13-5562362	501(C)(3)	30,000				DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SOCIETY OF ST VINCENT DE PAUL C/O ST HILARY CHURCH FAIRLAWN, OH 443334236	13-5562362	501(C)(3)	30,000				DISTRIBUTION
SOCIETY OF ST VINCENT DE PAUL C/O ST HILARY CHURCH FAIRLAWN, OH 443334236	13-5562362	501(C)(3)	30,000				DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SOLUTIONS FOR CHANGE 722 WEST CALIFORNIA AVENUE VISTA, CA 920833565	33-0902617	501(C)(3)	2,000				TO SUPPORT SPONSORSHIP FOR VICTORIA
SOUTH AKRON YOUTH MENTORSHIP PO BOX 26563 AKRON, OH 44319	45-2883406	501(C)(3)	250				FOR A HOLE SPONSOR FOR THE 6TH ANNUAL GOLF SCRAMBLE ON JUNE 20, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SOUTH COUNTY FAMILY YMCA DBA THE SKY FAMILY YMCA BONITA SPRINGS YMCA BONITA SPRINGS, FL 341356207	59-1629660	501(C)(3)	1,000				TO SUPPORT THE SEND KIDS TO CAMP PROGRAM
SOUTH STREET MINISTRIES 130 WEST SOUTH STREET AKRON, OH 443111964	26-2660679	501(C)(3)	2,750				TO SUPPORT THE BREAKFAST CLUB SPEAKER SERIES AT THE FRONT PORCH CAFE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SOUTH STREET MINISTRIES 130 WEST SOUTH STREET AKRON, OH 443111964	26-2660679	501(C)(3)	3,000				TO SUPPORT SOUTH STREET EMPLOYMENT SERVICES FOR Q3
SOUTH STREET MINISTRIES 130 WEST SOUTH STREET AKRON, OH 443111964	26-2660679	501(C)(3)	3,000				TO SUPPORT WORK ON LIFTING FAMILIES FROM POVERTY THROUGH EDUCATION OR WORK

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SOUTH STREET MINISTRIES 130 WEST SOUTH STREET AKRON, OH 443111964	26-2660679	501(C)(3)	3,000				FOR GENERAL OPERATING SUPPORT
SOUTH STREET MINISTRIES 130 WEST SOUTH STREET AKRON, OH 443111964	26-2660679	501(C)(3)	5,000				TO SUPPORT THE 2ND FLOOR REMODEL OF THE FRONT PORCH CAFE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SOUTH STREET MINISTRIES 130 WEST SOUTH STREET AKRON, OH 443111964	26-2660679	501(C)(3)	5,000				TO SUPPORT THE FRONT PORCH CAFE 2ND FLOOR REMODEL
SOUTH STREET MINISTRIES 130 WEST SOUTH STREET AKRON, OH 443111964	26-2660679	501(C)(3)	5,000				GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SOUTH STREET MINISTRIES 130 WEST SOUTH STREET AKRON, OH 44311964	26-2660679	501(C)(3)	500				TO SUPPORT COMMUNITY ORGANIZING EFFORTS
SOUTH STREET MINISTRIES 130 WEST SOUTH STREET AKRON, OH 44311964	26-2660679	501(C)(3)	2,000				TO SUPPORT THE SOUTH STREET AFTER SCHOOL PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SOUTH STREET MINISTRIES 130 WEST SOUTH STREET AKRON, OH 443111964	26-2660679	501(C)(3)	4,000				TO SUPPORT SOUTH STREET'S GIRLS' STUDIO
SOUTH STREET MINISTRIES 130 WEST SOUTH STREET AKRON, OH 443111964	26-2660679	501(C)(3)	250				FOR THE MEN'S PRAYER GROUP TO SUPPORT THE SOUTH STREET MINISTRIES SUMMER PROJECT IN HONOR OF TOM MEDZIE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ST HILARY PARISH 2750 WEST MARKET STREET AKRON, OH 443334236	53-0196617	501(C)(3)	2,000				TO SUPPORT THE BATTERED WOMEN'S (BWS) PLAYGROUND PROJECT
ST HILARY PARISH 2750 WEST MARKET STREET AKRON, OH 443334236	53-0196617	501(C)(3)	12,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ST HILARY PARISH 2750 WEST MARKET STREET FAIRLAWN, OH 44333	53-0196617	501(C)(3)	-1,000				TO FUND A ONE-ONE-ONE AFTER SCHOOL TUTORING AND ENRICHMENT PROGRAM AT HELEN ARNOLD CLC
ST HILARY PARISH FOUNDATION 2750 WEST MARKET STREET AKRON, OH 443334236	34-0893059	RELIGIOUS ORG	2,000				TO SUPPORT PROGRAMMING AT ST HILARY SCHOOL FOR CHILDREN WITH SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ST HILARY PARISH FOUNDATION 2750 WEST MARKET STREET AKRON, OH 443334236	34-0893059	RELIGIOUS ORG	8,223				SPENDABLE INCOME FOR THE QUARTER ENDING DECEMBER 31, 2016
ST HILARY PARISH FOUNDATION 2750 WEST MARKET STREET AKRON, OH 443334236	34-0893059	RELIGIOUS ORG	10,151				SPENDABLE INCOME FOR THE QUARTER ENDING DECEMBER 31, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ST HILARY PARISH FOUNDATION 2750 WEST MARKET STREET AKRON, OH 443334236	34-0893059	RELIGIOUS ORG	43,279				SPENDABLE INCOME FOR THE QUARTER ENDING DECEMBER 31, 2016
ST JAMES FIRE DEPARTMENT INC 3628 ST JAMES DRIVE SOUTHPORT, NC 28461	56-2105738	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ST JOHN THE BAPTIST CHURCH 427 1ST STREET CONEMAUGH, PA 159091907	11-2654661	501(C)(3)	700				TO SUPPORT IMPROVEMENTS TO THE CHURCH (NOT TO BE USED FOR OPERATING EXPENSES)
ST JUDE CHILDREN'S RESEARCH HOSPITAL INC 501 ST JUDE PLACE MEMPHIS, TN 381051905	62-0646012	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ST JUDE CHILDREN'S RESEARCH HOSPITAL INC 501 ST JUDE PLACE MEMPHIS, TN 381051905	62-0646012	501(C)(3)	250				GENERAL RESEARCH OR OPERATIONAL SUPPORT
ST MATTHEW EVANGELICAL LUTHERAN CHURCH 400 NORTH BROADWAY STREET MEDINA, OH 44256	34-1158557	RELIGIOUS ORG	8,000				QUARTERLY DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ST MATTHEW EVANGELICAL LUTHERAN CHURCH 400 NORTH BROADWAY STREET MEDINA, OH 44256	34-1158557	RELIGIOUS ORG	8,000				QUARTERLY DISTRIBUTION
ST MATTHEW EVANGELICAL LUTHERAN CHURCH 400 NORTH BROADWAY STREET MEDINA, OH 44256	34-1158557	RELIGIOUS ORG	8,000				QUARTERLY DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ST MATTHEW EVANGELICAL LUTHERAN CHURCH 400 NORTH BROADWAY STREET MEDINA, OH 44256	34-1158557	RELIGIOUS ORG	8,000				QUARTERLY DISTRIBUTION
ST PAUL CATHOLIC PARISH 1580 BROWN STREET AKRON, OH 44301	34-1908579	501(C)(3)	910				DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ST PAUL SCHOOL 1580 BROWN STREET AKRON, OH 44301	34-1908579	501(C)(3)	910				DISTRIBUTION
ST THOMAS AQUINAS PARISH 955 ALTON ROAD EAST LANSING, MI 488232749	38-1359586	501(C)(3)	3,550				TO SUPPORT THE SCHOOL AND CHURCH FUNDRAISER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ST THOMAS AQUINAS SCHOOL 915 ALTON ROAD EAST LANSING, MI 488232749	38-1359586	RELIGIOUS ORG	1,000				FOR GENERAL PROGRAM SUPPORT IN HONOR NORA COFFEY, 7TH GRADE AND KATE COFFEY, 3RD GRADE
ST VINCENT ELEMENTARY SCHOOL 17 SOUTH MAPLE STREET AKRON, OH 443032119	34-0718409	501(C)(3)	1,000				TO SUPPORT THE STEM PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ST VINCENT ELEMENTARY SCHOOL 17 SOUTH MAPLE STREET AKRON, OH 443032119	34-0718409	501(C)(3)	10,000				TO SUPPORT THE STEM PROGRAM
ST VINCENT ELEMENTARY SCHOOL 17 SOUTH MAPLE STREET AKRON, OH 443032119	34-0718409	501(C)(3)	1,337				FOR CATHOLIC EDUCATION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ST VINCENT ELEMENTARY SCHOOL 17 SOUTH MAPLE STREET AKRON, OH 443032119	34-0718409	501(C)(3)	17,962				FOR TUITION AID
ST VINCENT-ST MARY HIGH SCHOOL 15 NORTH MAPLE STREET AKRON, OH 443032326	34-1686290	RELIGIOUS	1,000				TO SUPPORT THE ST VINCENT-ST MARY ROCKET TEAMS COMPETING IN THE TEAM AMERICA ROCKETRY CHALLENGE (TARC)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ST VINCENT-ST MARY HIGH SCHOOL 15 NORTH MAPLE STREET AKRON, OH 443032326	34-1686290	RELIGIOUS	1,100				TO SUPPORT THE PURCHASE OF BEEKEEPER SUITS
ST VINCENT-ST MARY HIGH SCHOOL 15 NORTH MAPLE STREET AKRON, OH 443032326	34-1686290	RELIGIOUS	2,500				OF WHICH \$1,250 IS TO SUPPORT THE MODEL UN TEAM & \$1,250 IS FOR THE VICTORY GARDEN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ST VINCENT-ST MARY HIGH SCHOOL 15 NORTH MAPLE STREET AKRON, OH 443032326	34-1686290	RELIGIOUS	5,580				FOR TECHNOLOGY AND PROFESSIONAL DEVELOPMENT FOR TEACHERS
STAN HYWET HALL & GARDENS INC 714 NORTH PORTAGE PATH AKRON, OH 443031399	34-0819149	501(C)(3)	400				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
STAN HYWET HALL & GARDENS INC 714 NORTH PORTAGE PATH AKRON, OH 443031399	34-0819149	501(C)(3)	500				FOR THE ANNUAL FUND
STAN HYWET HALL & GARDENS INC 714 NORTH PORTAGE PATH AKRON, OH 443031399	34-0819149	501(C)(3)	500				TO SUPPORT THE ANNUAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
STAN HYWET HALL & GARDENS INC 714 NORTH PORTAGE PATH AKRON, OH 443031399	34-0819149	501(C)(3)	1,000				FOR THE ANNUAL FUND
STAN HYWET HALL & GARDENS INC 714 NORTH PORTAGE PATH AKRON, OH 443031399	34-0819149	501(C)(3)	1,000				FOR THE ANNUAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
STAN HYWET HALL & GARDENS INC 714 NORTH PORTAGE PATH AKRON, OH 443031399	34-0819149	501(C)(3)	1,500				TO SUPPORT THE TAX DEDUCTIBLE PORTION FOR THE GRACIOUS GATHERING 2016 GALA
STAN HYWET HALL & GARDENS INC 714 NORTH PORTAGE PATH AKRON, OH 443031399	34-0819149	501(C)(3)	2,000				TO SUPPORT THE 2ND CENTURY RESTORATION & SUSTAINABILITY CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
STAN HYWET HALL & GARDENS INC 714 NORTH PORTAGE PATH AKRON, OH 443031399	34-0819149	501(C)(3)	25,000				TO SUPPORT THE CAPITAL CAMPAIGN
STAN HYWET HALL & GARDENS INC 714 NORTH PORTAGE PATH AKRON, OH 443031399	34-0819149	501(C)(3)	278				FOR THE BENEFIT OF THE 2016 ANNUAL FUNDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
STAN HYWET HALL & GARDENS INC 714 NORTH PORTAGE PATH AKRON, OH 443031399	34-0819149	501(C)(3)	10,000				FOR THE PURCHASE AND INSTALLATION OF A HEAT REFLECTIVE CURTAIN IN THE CORBIN CONSERVATORY
STAN HYWET HALL & GARDENS INC 714 NORTH PORTAGE PATH AKRON, OH 443031399	34-0819149	501(C)(3)	1,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
STAN HYWET HALL & GARDENS INC 714 NORTH PORTAGE PATH AKRON, OH 443031399	34-0819149	501(C)(3)	2,000				FOR GENERAL PROGRAM SUPPORT
STAN HYWET HALL & GARDENS INC 714 NORTH PORTAGE PATH AKRON, OH 443031399	34-0819149	501(C)(3)	40,000				FOR 2016 GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
STAN HYWET HALL & GARDENS INC 714 NORTH PORTAGE PATH AKRON, OH 443031399	34-0819149	501(C)(3)	70				FOR GENERAL OPERATING SUPPORT
STAN HYWET HALL & GARDENS INC 714 NORTH PORTAGE PATH AKRON, OH 443031399	34-0819149	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT IN HONOR OF BRYAN AND SUSAN KINNAMON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
STAN HYWET HALL & GARDENS INC 714 NORTH PORTAGE PATH AKRON, OH 443031399	34-0819149	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT
STARK STATE COLLEGE FOUNDATION 6200 FRANK AVE NW CANTON, OH 44720	34-1577595	501(C)(3)	-2,000				FOR LBGTBS GLOBAL STUDENTS TO ATTEND THE MLGBTACC 2015 CONFERENCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
STEPHEN A COMUNALE JR CHARITABLE FOUNDATION PO BOX 13805 AKRON, OH 443343805	20-4345267	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT IN HONOR OF A SUCCESSFUL FUNDRAISER
STEPHEN A COMUNALE JR CHARITABLE FOUNDATION PO BOX 13805 AKRON, OH 443343805	20-4345267	501(C)(3)	500				FOR PROGRAMS TO SUPPORT THOSE WITH CANCER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
STEPHEN A COMUNALE JR CHARITABLE FOUNDATION PO BOX 13805 AKRON, OH 443343805	20-4345267	501(C)(3)	9,200				TO SUPPORT THE TAX-DEDUCTIBLE PORTION OF THE 2016 HAVANA NIGHTS EVENT
STEPHEN A COMUNALE JR CHARITABLE FOUNDATION PO BOX 13805 AKRON, OH 443343805	20-4345267	501(C)(3)	14,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
STEPHEN A COMUNALE JR CHARITABLE FOUNDATION PO BOX 13805 AKRON, OH 443343805	20-4345267	501(C)(3)	303				DISTRIBUTION
STEPHEN A COMUNALE JR CHARITABLE FOUNDATION PO BOX 13805 AKRON, OH 443343805	20-4345267	501(C)(3)	500				TO SUPPORT THE HAVANA NIGHTS EVENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
STEPHENS CHILDREN FOUNDATION 3755 36TH STREET SE GRAND RAPIDS, MI 495123146	58-2219199	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT
STEWART'S CARING PLACE INC 2955 WEST MARKET STREET SUITE R AKRON, OH 443333613	20-0181338	501(C)(3)	2,500				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
STEWART'S CARING PLACE INC 2955 WEST MARKET STREET SUITE R AKRON, OH 443333613	20-0181338	501(C)(3)	2,500				TO SUPPORT THE DIGITAL ART PROGRAM
STEWART'S CARING PLACE INC 2955 WEST MARKET STREET SUITE R AKRON, OH 443333613	20-0181338	501(C)(3)	5,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
STEWART'S CARING PLACE INC 2955 WEST MARKET STREET SUITE R AKRON, OH 443333613	20-0181338	501(C)(3)	5,000				FOR GENERAL OPERATING SUPPORT
STEWART'S CARING PLACE INC 2955 WEST MARKET STREET SUITE R AKRON, OH 443333613	20-0181338	501(C)(3)	5,000				TO OFFER SUPPORT GROUPS AND EDUCATION PROGRAMS FOR RESIDENTS AFFECTED BY CANCER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
STEWART'S CARING PLACE INC 2955 WEST MARKET STREET SUITE R AKRON, OH 443333613	20-0181338	501(C)(3)	5,000				TO SUPPORT THE MATCHING CONTRIBUTION CAMPAIGN
STEWART'S CARING PLACE INC 2955 WEST MARKET STREET SUITE R AKRON, OH 443333613	20-0181338	501(C)(3)	10,000				FOR PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
STEWART'S CARING PLACE INC 2955 WEST MARKET STREET SUITE R AKRON, OH 443333613	20-0181338	501(C)(3)	2,200				TO SUPPORT THE 2016 BUTTERFLY GALA
STILL HERE BASKETBALL INC PO BOX 92 CHIPPEWA LAKE, OH 44215	45-2630570	501(C)(3)	200				TO SUPPORT CHILDREN'S ATHLETIC PROGRAMMING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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STOW-MUNROE FALLS CITY SCHOOL DISTRICT-HIGHLAND ELEMENTARY SCHOOL 1843 GRAHAM ROAD STOW, OH 44224	34-6002738	GOVERNMENT	3,100				FOR EDUCATIONAL EQUIPMENT, MATERIALS AND ACTIVITIES AT HIGHLAND ELEMENTARY SCHOOL
STOW-MUNROE FALLS CITY SCHOOLS 4350 ALLEN ROAD STOW, OH 442241082	34-6002738	GOVERNMENT	1,000				TO SUPPORT STUDENTS IN 21ST CENTURY LEARNING CLASSROOMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
STUDENTS WITH A GOAL AKA SWAG 1095 EDISON AVENUE AKRON, OH 44301	34-1169257	FISCAL AGENT	2,000				FOR GENERAL OPERATING SUPPORT OF STUDENTS WITH A GOAL (SWAG) MENTORING PROGRAM
STUDENTS WITH A GOAL AKA SWAG 1095 EDISON AVENUE AKRON, OH 44301	34-1169257	FISCAL AGENT	2,000				FOR (SWAG) STUDENTS WITH A GOAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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STUDENTS WITH A GOAL AKA SWAG 1095 EDISON AVENUE AKRON, OH 44301	34-1169257	FISCAL AGENT	10,000				FOR (SWAG) STUDENTS WITH A GOAL
SUMMA FOUNDATION PO BOX 2090 AKRON, OH 443092090	34-1219001	501(C)(3)	2,500				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SUMMA FOUNDATION PO BOX 2090 AKRON, OH 443092090	34-1219001	501(C)(3)	5,000				FOR GENERAL PROGRAM SUPPORT
SUMMA FOUNDATION PO BOX 2090 AKRON, OH 443092090	34-1219001	501(C)(3)	10,000				TO SUPPORT THE 2016 SUMMA HEALTH SAPPHIRE BALL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUMMA FOUNDATION PO BOX 2090 AKRON, OH 443092090	34-1219001	501(C)(3)	2,500				TO SUPPORT THE 2016 SAPPHIRE BALL
SUMMA FOUNDATION PO BOX 2090 AKRON, OH 443092090	34-1219001	501(C)(3)	25,000				FOR THE DONOVAN FUND FOR VETERAN CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUMMA FOUNDATION PO BOX 2090 AKRON, OH 443092090	34-1219001	501(C)(3)	1,000				TO SUPPORT THE 2016 SUMMA HEALTH SAPPHIRE BALL
SUMMA FOUNDATION PO BOX 2090 AKRON, OH 443092090	34-1219001	501(C)(3)	20,000				TO SUPPORT THE WISKIND ADVANCED PRACTICE/NURSING EDUCATION SCHOLARSHIP FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SUMMA HEALTH 1077 GORGE BLVD AKRON, OH 443102408	34-1887844	501(C)(3)	2,500				FOR THE ANDREOLI NURSING EDUCATION FUND
SUMMA HEALTH 1077 GORGE BLVD AKRON, OH 443102408	34-1887844	501(C)(3)	1,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUMMA HEALTH 1077 GORGE BLVD AKRON, OH 443102408	34-1887844	501(C)(3)	2,000				FOR GENERAL PROGRAM SUPPORT
SUMMIT ACADEMY AKRON ELEMENTARY SCHOOL 2503 LELAND AVENUE AKRON, OH 443122426	34-1879407	501(C)(3)	1,000				TO SUPPORT THE CONSTRUCTION OF THE LEARNINGLAND PLAYGROUND AT THE AKRON ELEMENTARY SCHOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUMMIT CHORAL SOCIETY INC 50 SOUTH MAIN STREET SUITE LL 130 AKRON, OH 443081847	34-1658034	501(C)(3)	250				FOR GENERAL PROGRAM SUPPORT
SUMMIT CHORAL SOCIETY INC 50 SOUTH MAIN STREET SUITE LL 130 AKRON, OH 443081847	34-1658034	501(C)(3)	1,000				TO SUPPORT THE CHILDREN'S CHOIR PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUMMIT CHORAL SOCIETY INC 50 SOUTH MAIN STREET SUITE LL 130 AKRON, OH 443081847	34-1658034	501(C)(3)	1,000				TO SUPPORT THE CHILDREN'S CHOIR PROGRAM
SUMMIT CHORAL SOCIETY INC 50 SOUTH MAIN STREET SUITE LL 130 AKRON, OH 443081847	34-1658034	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUMMIT CHORAL SOCIETY INC 50 SOUTH MAIN STREET SUITE LL 130 AKRON, OH 443081847	34-1658034	501(C)(3)	1,000				TO SUPPORT THE CHILDREN'S CHOIR PROGRAM
SUMMIT CHORAL SOCIETY INC 50 SOUTH MAIN STREET SUITE LL 130 AKRON, OH 443081847	34-1658034	501(C)(3)	500				TO SUPPORT THE ANNUAL FUND CAMPAIGN FOR THE 2017-2018 SEASON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUMMIT CHORAL SOCIETY INC 50 SOUTH MAIN STREET SUITE LL 130 AKRON, OH 443081847	34-1658034	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT
SUMMIT COUNTY COMMUNITY PARTNERSHIP 1100 GRAHAM ROAD CIRCLE STOW, OH 442242933	34-1818660	501(C)(3)	1,000				TO SUPPORT SUBSTANCE ABUSE DISORDER PREVENTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUMMIT COUNTY FAMILY & CHILDREN FIRST COUNCIL 1867 WEST MARKET STREET AKRON, OH 44313	34-6002767	GOVERNMENT	9,000				FOR THE FIRST THINGS FIRST COMMUNITY DEVELOPMENT SCREENING PROJECT
SUMMIT COUNTY FATHERHOOD INITIATIVE 1477 COPLEY ROAD AKRON, OH 44308	34-1169257	FISCAL AGE	20,000				FOR SUMMIT COUNTY FATHERHOOD INITIATIVE PROGRAM CAPACITY BUILDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO 550 COPLEY ROAD AKRON, OH 443202324	34-0766170	501(C)(3)	100				FOR GENERAL OPERATING SUPPORT
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO 550 COPLEY ROAD AKRON, OH 443202324	34-0766170	501(C)(3)	250				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO 550 COPLEY ROAD AKRON, OH 443202324	34-0766170	501(C)(3)	400				FOR GENERAL PROGRAM SUPPORT
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO 550 COPLEY ROAD AKRON, OH 443202324	34-0766170	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO 550 COPLEY ROAD AKRON, OH 443202324	34-0766170	501(C)(3)	2,198				FOR APRIL ALLOCATION
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO 550 COPLEY ROAD AKRON, OH 443202324	34-0766170	501(C)(3)	2,198				FOR MAY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO 550 COPLEY ROAD AKRON, OH 443202324	34-0766170	501(C)(3)	2,198				FOR JUNE ALLOCATION
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO 550 COPLEY ROAD AKRON, OH 443202324	34-0766170	501(C)(3)	2,198				FOR JULY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO 550 COPLEY ROAD AKRON, OH 443202324	34-0766170	501(C)(3)	2,198				FOR AUGUST ALLOCATION
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO 550 COPLEY ROAD AKRON, OH 443202324	34-0766170	501(C)(3)	2,198				FOR SEPTEMBER ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO 550 COPLEY ROAD AKRON, OH 443202324	34-0766170	501(C)(3)	2,198				FOR OCTOBER ALLOCATION
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO 550 COPLEY ROAD AKRON, OH 443202324	34-0766170	501(C)(3)	2,198				FOR NOVEMBER ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO 550 COPLEY ROAD AKRON, OH 443202324	34-0766170	501(C)(3)	2,198				FOR NOVEMBER ALLOCATION
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO 550 COPLEY ROAD AKRON, OH 443202324	34-0766170	501(C)(3)	2,198				FOR JANUARY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO 550 COPLEY ROAD AKRON, OH 443202324	34-0766170	501(C)(3)	2,198				FOR FEBRUARY ALLOCATION
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO 550 COPLEY ROAD AKRON, OH 443202324	34-0766170	501(C)(3)	2,198				FOR MARCH ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO 550 COPLEY ROAD AKRON, OH 443202324	34-0766170	501(C)(3)	2,198				FOR APRIL ALLOCATION
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO 550 COPLEY ROAD AKRON, OH 443202324	34-0766170	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO 550 COPLEY ROAD AKRON, OH 443202324	34-0766170	501(C)(3)	2,140				TO SUPPORT THE 2016 RUBBER CITY ROAD RALLY
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO 550 COPLEY ROAD AKRON, OH 443202324	34-0766170	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO 550 COPLEY ROAD AKRON, OH 443202324	34-0766170	501(C)(3)	60				FOR GENERAL OPERATING SUPPORT
SUMMIT COUNTY JUVENILE COURT COURT OF COMMON PLEAS AKRON, OH 443103989	34-6002767	GOVERNMENT	2,145				FOR STAFF DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUMMIT COUNTY JUVENILE COURT COURT OF COMMON PLEAS AKRON, OH 443103989	34-6002767	GOVERNMENT	2,235				FOR STAFF DEVELOPMENT
SUMMIT COUNTY PUBLIC HEALTH 1867 WEST MARKET STREET AKRON, OH 44313	34-1552441	GOVERNMENT	750				FOR THE DENTAL SEALANT PROGRAM FOR ELEMENTARY SCHOOLS IN SUMMIT COUNTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUMMIT EDUCATION INITIATIVE 120 EAST MILL STREET SUITE 330 AKRON, OH 443081745	34-1843220	501(C)(3)	1,000				FOR GENERAL PROGRAM SUPPORT
SUMMIT EDUCATION INITIATIVE 120 EAST MILL STREET SUITE 330 AKRON, OH 443081745	34-1843220	501(C)(3)	2,500				TO SUPPORT REGIONAL EARLY CHILDHOOD EDUCATION THROUGH READINESS COALITIONS (RC)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUMMIT EDUCATION INITIATIVE 120 EAST MILL STREET SUITE 330 AKRON, OH 443081745	34-1843220	501(C)(3)	100,000				FOR ADVANCING THE EARLY CHILDHOOD EDUCATION STRATEGIC INITIATIVE
SUMMIT EDUCATION INITIATIVE 120 EAST MILL STREET SUITE 330 AKRON, OH 443081745	34-1843220	501(C)(3)	2,827				SPENDABLE INCOME FOR THE QUARTER ENDING SEPTEMBER 30, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUMMIT EDUCATION INITIATIVE 120 EAST MILL STREET SUITE 330 AKRON, OH 443081745	34-1843220	501(C)(3)	94,191				QUARTERLY DISTRIBUTION
SUMMIT EDUCATION INITIATIVE 120 EAST MILL STREET SUITE 330 AKRON, OH 443081745	34-1843220	501(C)(3)	94,191				QUARTERLY DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUMMIT EDUCATION INITIATIVE 120 EAST MILL STREET SUITE 330 AKRON, OH 443081745	34-1843220	501(C)(3)	94,191				QUARTERLY DISTRIBUTION
SUMMIT EDUCATION INITIATIVE 120 EAST MILL STREET SUITE 330 AKRON, OH 443081745	34-1843220	501(C)(3)	94,191				QUARTERLY DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUMMIT EDUCATION INITIATIVE 120 EAST MILL STREET SUITE 330 AKRON, OH 443081745	34-1843220	501(C)(3)	15,000				TO SUPPORT REGIONAL EARLY CHILDHOOD EDUCATION THROUGH READINESS COALITIONS (RC)
SUMMIT EDUCATION INITIATIVE 120 EAST MILL STREET SUITE 330 AKRON, OH 443081745	34-1843220	501(C)(3)	1,500				FOR A SENIOR SPONSORSHIP FOR THE "THEIR SUCCESS IS OUR SUCCESS CLIMBING TOWARD 48,000 DEGREES"

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUMMIT FOOD COALITION C/O CUYAHOGA VALLEY COUNTRYSIDE CONSERVANCY PENINSULA, OH 44264	34-1169257	FISCAL AGE	10,000				FOR GENERAL OPERATING SUPPORT AND IMPLEMENTATION OF A RECENTLY COMPLETED STRATEGIC PLAN
SUMMIT FOOD COALITION C/O CUYAHOGA VALLEY COUNTRYSIDE CONSERVANCY PENINSULA, OH 44264	34-1169257	FISCAL AGE	25,000				FOR GENERAL OPERATING SUPPORT AND IMPLEMENTATION OF STRATEGIC PLAN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUMMIT FOOD COALITION C/O CUYAHOGA VALLEY COUNTRYSIDE CONSERVANCY PENINSULA, OH 44264	34-1169257	FISCAL AGE	10,000				TO SUPPORT THE SUMMIT FOOD COALITION
SUMMIT METRO PARKS FOUNDATION 975 TREATY LINE ROAD AKRON, OH 443135837	34-1683837	501(C)(3)	18,626				2016 ANNUAL SPENDABLE INCOME

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUMMIT WORKFORCE SOLUTIONS DBA CONEXUSNEO 1040 EAST TALLMADGE AVENUE AKRON, OH 44310	34-2019627	501(C)(3)	10,000				TO SUPPORT YEAR TWO IMPLEMENTATION OF THE TALENTNEO INITIATIVE IN SUMMIT COUNTY
SUPREME COUNCIL BENEVOLENT FOUNDATION PO BOX 519 LEXINGTON, MA 024200519	04-6116088	501(C)(3)	250				TO SUPPORT THE SCOTTISH RITE GRAND ALMONER'S CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SWIM ACROSS AMERICA INC 11600 N COMMUNITY HOUSE ROAD SUITE 100 CHARLOTTE, NC 282772159	22-3248256	501(C)(3)	250				TO SUPPORT TEAM TURN THE TIDE, IN HONOR OF ROBERT JACOBSON'S BAR MITZVAH
THE 1 IN 6 FOUNDATION 106 SOUTH MAIN STREET SUITE 1100 AKRON, OH 443081443	20-2797605	501(C)(3)	1,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE ARC OF OHIO 1335 DUBLIN RD SUITE 100A COLUMBUS, OH 432157007	31-0642964	501(C)(3)	50				FOR IN-SCHOOL ACTIVITIES AT HIGHLAND ELEMENTARY SCHOOL
THE ARC OF OHIO 1335 DUBLIN RD SUITE 100A COLUMBUS, OH 432157007	31-0642964	501(C)(3)	675				PORTION OF THE SPENDABLE INCOME

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE ARC OF OHIO 1335 DUBLIN RD SUITE 100A COLUMBUS, OH 432157007	31-0642964	501(C)(3)	10,000				TO SUPPORT ADVOCACY AND INCLUSION PROGRAMS IN SUMMIT COUNTY
THE BARBERTON COMMUNITY FOUNDATION 460 WEST PAIGE AVENUE BARBERTON, OH 442032564	34-1846432	501(C)(3)	3,000				IN SUPPORT OF LAKE ANNA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE BATH TOWNSHIP COMMUNITY DEVELOPMENT CORPORATION INC 3864 W BATH ROAD AKRON, OH 44333	65-1313272	GOVERNMENT	5,000				FOR THE CONSTRUCTION OF AN ADDITIONAL RESTROOM
THE BOAT COMPANY LTD 18819 3RD AVE NE SUITE 200 POULSBO, WA 983700258	92-0074462	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE CATHOLIC WORKER OF AKRON 838 PRINCETON STREET AKRON, OH 44311430	30-0082467	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT
THE CHILDREN'S CENTER OF MEDINA COUNTY 200 HIGHLAND DRIVE MEDINA, OH 44256	42-1749846	501(C)(3)	1,000				FOR EDUCATIONAL MATERIALS FOR THE IDENTIFICATION AND PREVENTION OF CHILD SEXUAL ABUSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE CHILDREN'S HOSPITAL OF PHILADELPHIA FOUNDATION PO BOX 781352 PHILADELPHIA, PA 191781352	23-2237932	501(C)(3)	100,000				FOR THE ELISE BONSKY FUND FOR ALEXANDER DISEASE RESEARCH
THE CLEVELAND WHITECAPS 7239 FORESTWOOD DRIVE INDEPENDENCE, OH 44131	81-1490775	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT IN HONOR OF SOPHIA BORIS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE COMMUNITY FOUNDATION OF HARRISONBURG & ROCKINGHAM COUNTY PO BOX 1068 HARRISONBURG, VA 228031068	54-1920746	501(C)(3)	1,000				TO SUPPORT THE SOS FOUNDATION SCHOLARSHIP ENDOWMENT AND PROVIDE SCHOLARSHIPS TO NEEDY STUDENTS
THE EMPOWERMENT PLAN 1401 VERMONT STREET DETROIT, MI 482161833	45-3265365	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT, IN HONOR OF JOAN HORNIG'S BIRTHDAY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE FIRST CONGREGATIONAL CHURCH OF AKRON 292 EAST MARKET STREET AKRON, OH 443082091	39-0968242	501(C)(3)	1,000				TO SUPPORT THE 2016-2017 ANNUAL GIVING CAMPAIGN
THE FIRST CONGREGATIONAL CHURCH OF AKRON 292 EAST MARKET STREET AKRON, OH 443082091	39-0968242	501(C)(3)	1,000				TO SUPPORT THE LUNCH BAG PROGRAM AT MASON ELEMENTARY SCHOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE FOUNDATION CENTER CLEVELAND 1422 EUCLID AVENUE SUITE 1600 CLEVELAND, OH 441152001	13-1837418	501(C)(3)	2,500				FOR GENERAL OPERATING SUPPORT
THE GREATER BOSTON FOOD BANK INC 70 SOUTH BAY AVENUE BOSTON, MA 021182704	04-2717782	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT IN HONOR OF AARON PERLROTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE JUNIOR LEAGUE OF AKRON OHIO INC 929 WEST MARKET STREET AKRON, OH 443137184	34-6001542	501(C)(3)	500				TO SUPPORT THE CAPITAL CAMPAIGN/HOUSE IMPROVEMENTS
THE JUNIOR LEAGUE OF AKRON OHIO INC 929 WEST MARKET STREET AKRON, OH 443137184	34-6001542	501(C)(3)	2,500				TO SUPPORT THE 2016 DESIGNER SHOWHOUSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE LIPPMAN SCHOOL 750 WHITE POND DRIVE AKRON, OH 443201128	34-0968632	501(C)(3)	1,000				TO SUPPORT THE EXCELLENCE IN EDUCATION PROGRAM
THE LIPPMAN SCHOOL 750 WHITE POND DRIVE AKRON, OH 443201128	34-0968632	501(C)(3)	500				TO SUPPORT THE ANNUAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE MIAMI FOUNDATION 40 NW 3RD STREET SUITE 305 MIAMI, FL 331281839	65-0350357	501(C)(3)	2,000				TO SUPPORT THE CURATED STOREFRONT IN AKRON, OHIO
THE MIAMI FOUNDATION 40 NW 3RD STREET SUITE 305 MIAMI, FL 331281839	65-0350357	501(C)(3)	10,000				TO SUPPORT DTVISION'S PROJECT IN AKRON, #DREAMUP330

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE MIAMI FOUNDATION 40 NW 3RD STREET SUITE 305 MIAMI, FL 331281839	65-0350357	501(C)(3)	5,000				TO SUPPORT CIVIC ENGAGEMENT THROUGH MODERATOR TRAINING AND SOCIAL MEDIA OUTREACH
THE MICHIGAN WOMEN'S FOUNDATION 615 GRISWOLD STREET SUITE 1020 DETROIT, MI 482263985	38-2689979	501(C)(3)	1,000				FOR THE HARLEM ICE SKATING PROGRAM, IN HONOR OF THE EXEMPLARY WORK OF ALISSANDRA E ARONOW

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE MUSICAL THEATER PROJECT 5755 GRANGER ROAD SUITE 830 INDEPENDENCE, OH 44131	34-1950084	501(C)(3)	5,000				TO SUPPORT "KIDS LOVE MUSICALS!" FOR SPECIAL EDUCATION CLASSROOMS IN AKRON PUBLIC SCHOOLS
THE OAK CLINIC 3838 MASSILLON ROAD SUITE 360 UNIONTOWN, OH 446857965	34-1930683	501(C)(3)	50,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE OAK CLINIC 3838 MASSILLON ROAD SUITE 360 UNIONTOWN, OH 446857965	34-1930683	501(C)(3)	25,000				FOR GENERAL PROGRAM SUPPORT
THE OHIO FOUNDATION OF INDEPENDENT COLLEGES INC 250 EAST BROAD STREET SUITE 1700 COLUMBUS, OH 432153722	31-4441082	501(C)(3)	250				FOR TUITION ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE OHIO FOUNDATION OF INDEPENDENT COLLEGES INC 250 EAST BROAD STREET SUITE 1700 COLUMBUS, OH 432153722	31-4441082	501(C)(3)	350				TO SUPPORT THE 2015-2016 FUNDRAISING CAMPAIGN
THE OHIO FOUNDATION OF INDEPENDENT COLLEGES INC 250 EAST BROAD STREET SUITE 1700 COLUMBUS, OH 432153722	31-4441082	501(C)(3)	1,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE OHIO STATE UNIVERSITY OFFICE OF THE UNIVERSITY BURSAR-EXT RNAL SCHOLARSHIPS COLUMBUS, OH 432183248	31-6025986	501(C)(1)	1,000				FOR TUITION ASSISTANCE
THE PAINTED TURTLE 1300 4TH STREET SUITE 300 SANTA MONICA, CA 904011342	95-4612481	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT, IN MEMORY OF H PETER BURG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE PETER MAURIN CENTER OF AKRON PO BOX 1105 HUDSON, OH 442366305	30-0712679	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT
THE SALVATION ARMY 190 SOUTH MAPLE STREET AKRON, OH 443020549	13-5562351	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE SALVATION ARMY 190 SOUTH MAPLE STREET AKRON, OH 443020549	13-5562351	501(C)(3)	500				FOR GENERAL PROGRAM SUPPORT
THE SALVATION ARMY 190 SOUTH MAPLE STREET AKRON, OH 443020549	13-5562351	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE SALVATION ARMY 190 SOUTH MAPLE STREET AKRON, OH 443020549	13-5562351	501(C)(3)	1,000				FOR GENERAL PROGRAM SUPPORT IN 2016-2017
THE SALVATION ARMY 615 SLATERS LANE ALEXANDRIA, VA 223141112	13-3485289	501(C)(3)	5,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE SALVATION ARMY 190 SOUTH MAPLE STREET AKRON, OH 443020549	13-5562351	501(C)(3)	29,766				SPENDABLE INCOME FOR THE QUARTER ENDING SEPTEMBER 30, 2016
THE SALVATION ARMY 190 SOUTH MAPLE STREET AKRON, OH 443020549	13-5562351	501(C)(3)	1,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE SALVATION ARMY 190 SOUTH MAPLE STREET AKRON, OH 443020549	13-5562351	501(C)(3)	2,000				FOR GENERAL PROGRAM SUPPORT
THE SHELBY COUNTY HISTORICAL SOCIETY ROSS HISTORICAL CENTER SIDNEY, OH 453650376	34-1317780	501(C)(3)	7,500				FOR GENERAL OPERATING SUPPORT

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

(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
THE SHRINERS HOSPITALS FOR CHILDREN ATTN TRUST INVESTMENT ACCOUNTING MANAGER TAMPA, FL 336313356	04-2121377	501(C)(3)	361				1/3 SPENDABLE INCOME FOR THE PERIOD ENDING DECEMBER 31, 2016
THE SHRINERS HOSPITALS FOR CHILDREN ATTN TRUST INVESTMENT ACCOUNTING MANAGER TAMPA, FL 336313356	04-2121377	501(C)(3)	1,203				1/3 SPENDABLE INCOME FOR THE PERIOD ENDING JUNE 30, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE SHRINERS HOSPITALS FOR CHILDREN ATTN TRUST INVESTMENT ACCOUNTING MANAGER TAMPA, FL 336313356	04-2121377	501(C)(3)	5,000				FOR GENERAL OPERATING SUPPORT
THE TRUST FOR PUBLIC LAND 1621 EUCLID AVENUE SUITE 1600 CLEVELAND, OH 441152195	23-7222333	501(C)(3)	1,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE TWELVE OF OHIO INC 619 TREMONT AVENUE SW MASSILLON, OH 446476468	34-1033011	501(C)(3)	500				FOR INDEPENDENT LIVING TRAINING
THE UP SIDE OF DOWNS OF NORTHEAST OHIO 6533B BRECKSVILLE ROAD INDEPENDENCE, OH 441314855	34-1630114	501(C)(3)	2,500				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE VILLAGE NETWORK PO BOX 518 SMITHVILLE, OH 446770518	34-0768857	501(C)(3)	1,000				TO SUPPORT THE MARUNA HEALTH CENTER
THE WELL COMMUNITY DEVELOPMENT CORPORATION 647 EAST MARKET STREET AKRON, OH 443041620	81-2680851	501(C)(3)	25,000				TO SUPPORT A PLANNING GRANT FOR THE CONGRESS OF NEIGHBORHOODS AND THE WELL'S NEW CDC IN MIDDLEBURY

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

(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
THE WELL COMMUNITY DEVELOPMENT CORPORATION 647 EAST MARKET STREET AKRON, OH 443041620	81-2680851	501(C)(3)	10,000				TO HELP LAUNCH THE WELL AKRON COMMUNITY DEVELOPMENT CORPORATION TO SERVE THE MIDDLEBURY NEIGHBORHOOD
THE YOUNGSTOWN FOUNDATION PO BOX 1162 YOUNGSTOWN, OH 445011162	34-6515788	501(C)(3)	5,000				TO SUPPORT THE YOUNGSTOWN BUSINESS INCUBATOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
TIP OF THE MITT WATERSHED COUNCIL 426 BAY STREET PETOSKEY, MI 497702428	38-2361745	501(C)(3)	250				FOR GENERAL PROGRAM SUPPORT
TO YOUR RESCUE P O BOX 10983 SOUTHPORT, NC 284610983	46-4632886	501(C)(3)	500				TO ASSIST WITH ANIMAL RESCUE EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
TORCHBEARERS PO BOX 1443 AKRON, OH 443091443	20-1869314	501(C)(3)	5,000				TO SUPPORT THE CONNECT2AKRON INITIATIVE (C2A)
TRANSOHIO PO BOX 14481 COLUMBUS, OH 43214	27-5363107	501(C)(3)	3,000				TO PROVIDE FREE LEGAL CLINICS FOR THE TRANSGENDER COMMUNITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
TRI-COUNTY JOBS FOR OHIO'S GRADUATES 55 EAST CUYAHOGA FALLS AVENUE AKRON, OH 44310	31-1204720	501(C)(3)	10,000				TO SUPPORT THE DROPOUT RECOVERY AND PREVENTION PROGRAMMING FOR YOUTH IN SUMMIT COUNTY
TRINITY ROSE FOUNDATION INCORPORATED 1194 TY DRIVE MEDINA, OH 44256	20-4640811	501(C)(3)	250				TO SUPPORT A PAR LEVEL GOLF SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
TRULY REACHING YOU MINISTRIES 587 BAIRD STREET AKRON, OH 443111804	75-3223368	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT
TRULY REACHING YOU MINISTRIES 587 BAIRD STREET AKRON, OH 443111804	75-3223368	501(C)(3)	1,500				FOR GENERAL OPERATING SUPPORT IN Q3

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
TRULY REACHING YOU MINISTRIES 587 BAIRD STREET AKRON, OH 443111804	75-3223368	501(C)(3)	1,500				TO SUPPORT Q4 GENERAL OPERATIONS
TRULY REACHING YOU MINISTRIES 587 BAIRD STREET AKRON, OH 443111804	75-3223368	501(C)(3)	6,000				TO PURCHASE TOOLS AND EQUIPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
TUESDAY MUSICAL ASSOCIATION 1041 WEST MARKET STREET SUITE 200 AKRON, OH 443137103	34-0786212	501(C)(3)	250				FOR GENERAL OPERATING SUPPORT
TUESDAY MUSICAL ASSOCIATION 1041 WEST MARKET STREET SUITE 200 AKRON, OH 443137103	34-0786212	501(C)(3)	250				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
TUESDAY MUSICAL ASSOCIATION 1041 WEST MARKET STREET SUITE 200 AKRON, OH 443137103	34-0786212	501(C)(3)	500				FOR GENERAL PROGRAM SUPPORT
TUESDAY MUSICAL ASSOCIATION 1041 WEST MARKET STREET SUITE 200 AKRON, OH 443137103	34-0786212	501(C)(3)	700				FOR THE ANNUAL CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
TUESDAY MUSICAL ASSOCIATION 1041 WEST MARKET STREET SUITE 200 AKRON, OH 443137103	34-0786212	501(C)(3)	1,000				TO SUPPORT ANNUAL CAMPAIGN
TUESDAY MUSICAL ASSOCIATION 1041 WEST MARKET STREET SUITE 200 AKRON, OH 443137103	34-0786212	501(C)(3)	3,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
TUESDAY MUSICAL ASSOCIATION 1041 WEST MARKET STREET SUITE 200 AKRON, OH 443137103	34-0786212	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT
TUESDAY MUSICAL ASSOCIATION 1041 WEST MARKET STREET SUITE 200 AKRON, OH 443137103	34-0786212	501(C)(3)	10,000				TO SUPPORT EDUCATION & COMMUNITY ENGAGEMENT ACTIVITIES BY THE ESCHER STRING QUARTET IN GREATER AKRON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
TUESDAY MUSICAL ASSOCIATION 1041 WEST MARKET STREET SUITE 200 AKRON, OH 443137103	34-0786212	501(C)(3)	2,000				TO SUPPORT THE 2016-2017 SEASON
TUESDAY MUSICAL ASSOCIATION 1041 WEST MARKET STREET SUITE 200 AKRON, OH 443137103	34-0786212	501(C)(3)	12,500				TO SUPPORT THE 2016-17 SEASON'S OPENING NIGHT CONCERT AND WORLD PREMIERE BY EMERSON STRING QUARTET

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNITARIAN UNIVERSALIST CHURCH OF AKRON 3300 MOREWOOD ROAD AKRON, OH 44333	34-0792930	501(C)(3)	3,200				FOR GENERAL OPERATING SUPPORT
UNITED DISABILITY SERVICES INC 701 SOUTH MAIN STREET AKRON, OH 443111019	34-1374195	501(C)(3)	1,000				TO SUPPORT THE GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNITED DISABILITY SERVICES INC 701 SOUTH MAIN STREET AKRON, OH 443111019	34-1374195	501(C)(3)	3,000				FOR GENERAL PROGRAM SUPPORT
UNITED DISABILITY SERVICES INC 701 SOUTH MAIN STREET AKRON, OH 443111019	34-1374195	501(C)(3)	82				RESIDUAL/FINAL CONTRIBUTION FOR THE LOW VISION SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNITED DISABILITY SERVICES INC 701 SOUTH MAIN STREET AKRON, OH 443111019	34-1374195	501(C)(3)	246				RESIDUAL/FINAL CONTRIBUTION FOR THE ENDOWMENT FUND
UNITED DISABILITY SERVICES INC 701 SOUTH MAIN STREET AKRON, OH 443111019	34-1374195	501(C)(3)	25,000				FOR THE LOW VISION SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNITED DISABILITY SERVICES INC 701 SOUTH MAIN STREET AKRON, OH 443111019	34-1374195	501(C)(3)	75,000				FOR THE ENDOWMENT FUND
UNITED DISABILITY SERVICES INC 701 SOUTH MAIN STREET AKRON, OH 443111019	34-1374195	501(C)(3)	10,000				FOR ROOF REPLACEMENT AT THE UDS SWEITZER LOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNITED DISABILITY SERVICES INC 701 SOUTH MAIN STREET AKRON, OH 44311019	34-1374195	501(C)(3)	15,000				TO SUPPORT EMPLOYMENT SERVICES FOR SUMMIT COUNTY RESIDENTS WITH SEVERE DISABILITIES
UNITED STATES ASSOCIATION OF BLIND ATHLETES INC 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909	31-0977121	501(C)(3)	700				FOR GENERAL PROGRAM SUPPORT, ESPECIALLY TO PROGRAMS SUPPORTING LONG-DISTANCE RUNNING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNITED WAY OF COLLIER COUNTY INC 9015 STRADA STELL COURT SUITE 204 NAPLES, FL 341094373	59-1026096	501(C)(3)	3,000				FOR GENERAL PROGRAM SUPPORT
UNITED WAY OF LEE COUNTY 7273 CONCOURSE DRIVE FORT MYERS, FL 339082604	59-1005169	501(C)(3)	10,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNITED WAY OF SOUTH SARASOTA COUNTY 157 HAVANA ROAD VENICE, FL 342923104	13-1635294	501(C)(3)	250				FOR GENERAL PROGRAM SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 443041273	34-1169257	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 443041273	34-1169257	501(C)(3)	2,000				FOR GENERAL PROGRAM SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 443041273	34-1169257	501(C)(3)	2,500				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 443041273	34-1169257	501(C)(3)	2,500				TO SUPPORT THE IMAGINATION LIBRARY, IN MEMORY OF H PETER BURG
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 443041273	34-1169257	501(C)(3)	3,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 443041273	34-1169257	501(C)(3)	5,000				FOR GENERAL PROGRAM SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 443041273	34-1169257	501(C)(3)	7,500				FOR THE GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 443041273	34-1169257	501(C)(3)	10,000				TO SUPPORT THE STUFF THE BUS SCHOOL SUPPLY DRIVE
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 443041273	34-1169257	501(C)(3)	10,000				TO SUPPORT THE ANNUAL GIVING CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 443041273	34-1169257	501(C)(3)	10,000				TO BE USED FOR OPERATING SUPPORT OF CHARITIES AS DIRECTED BY DONOR
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 443041273	34-1169257	501(C)(3)	15,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 443041273	34-1169257	501(C)(3)	20,000				TO SUPPORT THE NEIGHBORHOOD NETWORK OF UNIVERSITY PARK BETTER BLOCK IN MIDDLEBURY
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 443041273	34-1169257	501(C)(3)	20,000				TO SUPPORT THE ANNUAL CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 443041273	34-1169257	501(C)(3)	25,000				FOR GENERAL PROGRAM SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 443041273	34-1169257	501(C)(3)	69,950				TO BE USED FOR OPERATING SUPPORT OF CHARITIES AS DIRECTED BY DONOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 443041273	34-1169257	501(C)(3)	150,000				TO BE USED TO SUPPORT WESTERN RESERVE ACADEMY AS DIRECTED BY DONOR
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 443041273	34-1169257	501(C)(3)	12,500				TO SUPPORT THE SUMMIT FOOD COALITION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 443041273	34-1169257	501(C)(3)	347				FOR THE BENEFIT OF THE 2016 ANNUAL FUNDS
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 443041273	34-1169257	501(C)(3)	1,400				SPENDABLE INCOME FOR THE QUARTER ENDING SEPTEMBER 30, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 443041273	34-1169257	501(C)(3)	11,000				SECOND ANNUAL DISTRIBUTION
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 443041273	34-1169257	501(C)(3)	763				SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 443041273	34-1169257	501(C)(3)	834				SPENDABLE INCOME FOR THE QUARTER ENDING DECEMBER 31, 2016
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 443041273	34-1169257	501(C)(3)	862				SPENDABLE INCOME FOR THE QUARTER ENDING SEPTEMBER 30, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 443041273	34-1169257	501(C)(3)	885				SPENDABLE INCOME FOR THE QUARTER ENDING JUNE 30, 2016
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 443041273	34-1169257	501(C)(3)	10,738				SPENDABLE INCOME FOR THE QUARTER ENDING DECEMBER 31, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 443041273	34-1169257	501(C)(3)	11,099				SPENDABLE INCOME FOR THE QUARTER ENDING SEPTEMBER 30, 2016
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 443041273	34-1169257	501(C)(3)	11,247				SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 443041273	34-1169257	501(C)(3)	11,395				SPENDABLE INCOME FOR THE QUARTER ENDING JUNE 30, 2016
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 443041273	34-1169257	501(C)(3)	3,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 443041273	34-1169257	501(C)(3)	6,000				FOR GENERAL PROGRAM SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 NORTH PROSPECT STREET AKRON, OH 443041273	34-1169257	501(C)(3)	22,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNIVERSITY HOSPITALS HEALTH SYSTEM INC INSTITUTIONAL RELATIONS AND DEVELOPMENT CLEVELAND, OH 441069845	34-0714775	501(C)(3)	25,000				TO SUPPORT THE WORK OF DR JEFFREY M HARDACRE
UNIVERSITY HOSPITALS HEALTH SYSTEM INC INSTITUTIONAL RELATIONS AND DEVELOPMENT CLEVELAND, OH 441069845	34-0714775	501(C)(3)	50,000				TO SUPPORT GLOBAL HEALTH RESEARCH INITIATIVES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNIVERSITY HOSPITALS HEALTH SYSTEM INC INSTITUTIONAL RELATIONS AND DEVELOPMENT CLEVELAND, OH 441069845	34-0714775	501(C)(3)	75,000				TO ESTABLISH A FUND TO SUPPORT CLINICAL RESEARCH FOR PARKINSON'S DISEASE
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	250				TO SUPPORT FRIENDS OF HOWER HOUSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	250				TO SUPPORT THE UA SCHOOL OF LAW DEAN'S CLUB
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	250				TO SUPPORT SYNAPSE STEAM INTO STEM 2017-2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	300				FOR GENERAL PROGRAM SUPPORT
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	500				FOR THE UNIVERSITY OF AKRON SCHOOL OF LAW SCHOLARSHIP FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	1,000				TO SUPPORT THE 2016-2017 MBB SEAT DONATION
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	1,000				TO SUPPORT THE U OF A WOMEN'S TENNIS TEAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	1,000				TO SUPPORT THE U OF A WOMEN'S BASKETBALL TEAM
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	1,000				TO SUPPORT THE MAKING A DIFFERENCE MOVING FORWARD SCHOLARSHIP CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	2,000				TO SUPPORT THE FOOTBALL PROGRAM
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	2,500				FOR THE STRIVE SCHOLARSHIP FUND, IN HONOR OF JOANNE ROHRER & GENE FIOCCA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	4,000				TO SUPPORT THE Z-FUND
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	4,000				\$2,000 SCHOOL OF ACCOUNTANCY/PAY IT FORWARD BOOK FUND & \$2,000 SCHOOL OF ACCOUNTANCY/OPERATING SUPPORT FOR VITA PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	5,000				TO SUPPORT ZIPS FOR HAITI
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	6,600				TO SUPPORT THE 2016 GRADUATE POLYMER CONFERENCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	9,000				TO SUPPORT THREE COURSES IN THE EX[L] CENTER WITH EXPERIENTIAL, ENTREPRENEURIAL AND CIVIC ENGAGEMENT COMPONENTS
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	10,000				TO SUPPORT THE UNIVERSITY OF AKRON MEN'S BASKETBALL TEAM, IN MEMORY OF H PETER BURG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	16,700				TO FUND UNBOX AKRON TO DESIGN 500 CUSTOM BOXES FOR STUDENTS ADMITTED, BUT NOT YET ENROLLED IN THE UNIVERSITY OF AKRON'S COLLEGE OF BUSINESS
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	25,000				TO SUPPORT THE H PETER BURG PERSONAL LEADERSHIP AND DEVELOPMENT SPEAKER SERIES FOR THE COLLEGE OF BUSINESS ADMINISTRATION, IN MEMORY OF H PETER BURG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	25,000				TO SUPPORT THE H PETER BURG LEADERSHIP SERIES ENDOWMENT, IN MEMORY OF H PETER BURG
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	40,000				OF WHICH \$20,000 IS FOR THE CBA BUILDING CAMPAIGN & \$20,000 IS FOR THE UA MAKING A DIFFERENCE & MOVING FORWARD SCHOLARSHIP CAMPAIGN, IN MEMORY OF H PETER BURG

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

(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
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	50,000				TO SUPPORT THE H PETER BURG PERSONAL LEADERSHIP AND DEVELOPMENT SPEAKER SERIES FOR THE COLLEGE OF BUSINESS ADMINISTRATION, IN MEMORY OF H PETER BURG
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	50,000				OF WHICH \$25,000 IS FOR THE U OF A SCHOOL OF LAW & \$25,000 IS TO BE USED FOR SCHOLARSHIPS AT THE U OF A DURING THE 2016/2017 SCHOOL YEAR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	75,000				TO SUPPORT THE COLLEGE OF BUSINESS ADMINISTRATION BUILDING ADDITION PROJECT
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	99,500				TO BE USED AS DIRECTED BY DONOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	33				RESIDUAL/FINAL CONTRIBUTION FOR THE DR GEORGE E PROUGH SCHOLARSHIP FUND IN THE COLLEGE OF BUSINESS ADMINISTRATION
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	328				RESIDUAL/FINAL CONTRIBUTION FOR THE JUDITH A AND ROGER T READ SCHOLARSHIP FUND IN THE BUCHTEL COLLEGE OF ARTS AND SCIENCES

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

(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
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	627				TO PROVIDE STUDENT FINANCIAL SUPPORT TO THE EARLY CHILDHOOD DEVELOPMENT PROGRAM AT THE UNIVERSITY OF AKRON COLLEGE OF APPLIED SCIENCE AND TECHNOLOGY
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	2,000				SCHOLARSHIPS FOR JOSEPH F TUCK AND MICHAEL A WEYANDT FOR SPRING 2017

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	2,426				FOR THE MARY DIDONATO NURSING SCHOLARSHIP
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	10,000				FOR THE DR GEORGE E PROUGH SCHOLARSHIP FUND IN THE COLLEGE OF BUSINESS ADMINISTRATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	100,000				FOR THE JUDITH A AND ROGER T READ SCHOLARSHIP FUND IN THE BUCHTEL COLLEGE OF ARTS AND SCIENCES
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	1,000				FOR THE COLLEGE OF ENGINEERING'S OUTREACH EVENT FOR AFRICAN AMERICAN MIDDLE SCHOOL STUDENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	10,000				TO SUPPORT THE SOCIETY OF AUTOMOTIVE ENGINEERS BAJA TEAM AT THE UNIVERSITY OF AKRON
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	10,000				TO SUPPORT THE SOCIETY OF AUTOMOTIVE ENGINEERS FORMULA CAR TEAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	10,000				TO SUPPORT THE SOCIETY OF AUTOMOTIVE ENGINEERS ELECTRIC FORMULA TEAM AT THE UNIVERSITY OF AKRON
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	5,000				FOR THE MILDRED HETER BUCKINGHAM FUND-SCHOLARSHIPS (\$2,500) & THE RUTH HETER BUCKINGHAM FUND-SCHOLARSHIPS (\$2,500)

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

(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
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	10,000				FOR THE MILDRED HETER BUCKINGHAM FUND-SCHOLARSHIPS (\$5,000) & THE RUTH HETER BUCKINGHAM FUND-SCHOLARSHIPS (\$5,000)
UNIVERSITY OF AKRON FOUNDATION THE UNIVERSITY OF AKRON AKRON, OH 443252603	34-6575496	501(C)(3)	10,000				TO SUPPORT LITERACY COACHING FOR TEACHERS LEDGEVIEW ELEMENTARY IN NORDONIA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNIVERSITY OF AKRON RESEARCH FOUNDATION GOODYEAR POLYMER CENTER SUITE 312 AKRON, OH 443252103	34-1972453	501(C)(3)	15,000				TO SUPPORT AKRON STARTUPBUS IN PARTNERSHIP WITH WASTEBITS
UNIVERSITY OF CINCINNATI OFFICE OF THE BURSAR CINCINNATI, OH 452210140	31-0896555	501(C)(3)	1,000				FOR TUITION ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNIVERSITY OF MASSACHUSETTS AMHERST FOUNDATION INC DEVELOPMENT OFFICE AMHERST, MA 010039270	54-2084125	501(C)(3)	1,000				TO SUPPORT PETER K HEPLER'S RESEARCH
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 537264090	39-0743975	501(C)(3)	50,000				TO SUPPORT THE WAISMAN CENTER - ALEXANDER DISEASE RESEARCH (FUND # 112446633)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 537264090	39-0743975	501(C)(3)	50,000				TO SUPPORT THE WAISMAN CENTER - ALEXANDER DISEASE RESEARCH (FUND # 112446633)
UNIVERSITY PARISH NEWMAN CENTER 1424 HORNING ROAD KENT, OH 442407657	34-1949373	501(C)(3)	4,000				FOR GENERAL OPERATING SUPPORT IN Q3

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNIVERSITY PARISH NEWMAN CENTER 1424 HORNING ROAD KENT, OH 442407657	34-1949373	501(C)(3)	4,000				TO SUPPORT Q4 GENERAL OPERATIONS
UNIVERSITY PARISH NEWMAN CENTER 1424 HORNING ROAD KENT, OH 442407657	34-1949373	501(C)(3)	4,200				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
URBAN VISION 749 BLAINE AVENUE AKRON, OH 44310	34-1720630	501(C)(3)	3,000				TO SUPPORT URBAN VISION'S BALLET OUTREACH PROGRAM
URBAN VISION 749 BLAINE AVENUE AKRON, OH 44310	34-1720630	501(C)(3)	7,500				TO SUPPORT THE S O S (SET ON SUCCESS) AFTER-SCHOOL ENRICHMENT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
VEGGIE U 184 OBERLIN ROAD OBERLIN, OH 44074	04-3712962	501(C)(3)	10,000				FOR INDOOR CLASSROOM GARDEN REFILLS FOR 3RD GRADERS IN AKRON PUBLIC SCHOOLS
VERB BALLETS 3445 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS, OH 44122	34-1645238	501(C)(3)	5,000				TO SUPPORT THE 30TH ANNIVERSARY PERFORMANCE AND NOWGEN PROJECT AT AKRON CIVIC THEATRE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
VFW OF THE UNITED STATES DEPARTMENT OF OHIO FAIRLAWN VFW POST 349 COPLEY, OH 44321	34-1513225	501(C)(19)	10,000				TO SUPPORT THEIR GOAL OF ASSISTING VETERANS
VICTIM ASSISTANCE PROGRAM INC 150 FURNACE STREET AKRON, OH 443041208	38-3142753	501(C)(3)	500				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
VICTIM ASSISTANCE PROGRAM INC 150 FURNACE STREET AKRON, OH 443041208	38-3142753	501(C)(3)	650				FOR GENERAL PROGRAM SUPPORT
VICTIM ASSISTANCE PROGRAM INC 150 FURNACE STREET AKRON, OH 443041208	38-3142753	501(C)(3)	5,000				TO ASSIST INDIVIDUALS WHO ARE VICTIMIZED BY CRIME, AND THOSE WHO HAVE EXPERIENCED TRAUMA, THROUGH ADVOCACY, EDUCATION AND SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
VICTIM ASSISTANCE PROGRAM INC 150 FURNACE STREET AKRON, OH 443041208	38-3142753	501(C)(3)	1,000				FOR KIDS NEED A FIRM FOUNDATION (K N A F F) PICNIC
VICTIM ASSISTANCE PROGRAM INC 150 FURNACE STREET AKRON, OH 443041208	38-3142753	501(C)(3)	5,000				TO SUPPORT OUR 24-HOUR CRISIS RESPONSE PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
VICTIM ASSISTANCE PROGRAM INC 150 FURNACE STREET AKRON, OH 443041208	38-3142753	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT
VICTIM ASSISTANCE PROGRAM INC 150 FURNACE STREET AKRON, OH 443041208	38-3142753	501(C)(3)	20,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
VICTORY GALLOP INC 1745 NORTH HAMETOWN ROAD BATH, OH 442100551	34-1787436	501(C)(3)	1,000				TO SUPPORT RIDER SPONSORSHIP
VICTORY GALLOP INC 1745 NORTH HAMETOWN ROAD BATH, OH 442100551	34-1787436	501(C)(3)	1,267				SPENDABLE INCOME FOR THE QUARTER ENDING DECEMBER 31, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
VICTORY GALLOP INC 1745 NORTH HAMETOWN ROAD BATH, OH 442100551	34-1787436	501(C)(3)	500				TO PURCHASE SAFETY RIDING HELMETS FOR CHILDREN WITH SPECIAL NEEDS
VICTORY GALLOP INC 1745 NORTH HAMETOWN ROAD BATH, OH 442100551	34-1787436	501(C)(3)	1,000				TO SUPPORT 2017 RIDER HORSE SHOWS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
VICTORY GALLOP INC 1745 NORTH HAMETOWN ROAD BATH, OH 442100551	34-1787436	501(C)(3)	5,000				FOR GENERAL OPERATING SUPPORT
VICTORY GALLOP INC 1745 NORTH HAMETOWN ROAD BATH, OH 442100551	34-1787436	501(C)(3)	1,000				TO SPONSOR THREE RIDERS FOR 12 WEEKS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
VILLAGE PROJECT PO BOX 40023 BAY VILLAGE, OH 441400023	61-1705980	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT
VINE AND BRANCHES INDIA MINISTRIES 1023 CONCORD DRIVE MEDINA, OH 442563006	26-1185364	501(C)(3)	500				TO SUPPORT DRILLING FRESH WATER WELLS AND THE SLUM CITY MINISTRY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WAGS 4 WARRIORS PO BOX 41191 BRECKSVILLE, OH 441410191	45-3749401	501(C)(3)	10,000				TO SUPPORT THEIR GOAL OF ASSISTING VETERANS
WALSH JESUIT HIGH SCHOOL 4550 WYOGA LAKE ROAD STOW, OH 442241084	53-0196617	501(C)(3)	5,000				FOR THE IGNATIAN FUND WITH CREDIT TO POWWOW

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WALSH JESUIT HIGH SCHOOL 4550 WYOGA LAKE ROAD STOW, OH 442241084	53-0196617	501(C)(3)	5,580				FOR TECHNOLOGY, PROFESSIONAL DEVELOPMENT AND CHRISTIAN SERVICE OPPORTUNITIES FOR ALL STUDENTS
WALSH JESUIT HIGH SCHOOL 4550 WYOGA LAKE ROAD STOW, OH 442241084	53-0196617	501(C)(3)	10,000				TO SUPPORT THE TUITION ASSISTANCE PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WANDERING AESTHETICS 377 WEST EXCHANGE STREET AKRON, OH 44302	47-2263015	FISCAL AGENT	5,000				FOR THE ELECTRIC PRESSURE COOKER PRESENTS BIGGER THAN A BREADBOX
WEATHERVANE COMMUNITY PLAYHOUSE INC 1301 WEATHERVANE LANE AKRON, OH 443135103	34-6560923	501(C)(3)	1,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WEATHERVANE COMMUNITY PLAYHOUSE INC 1301 WEATHERVANE LANE AKRON, OH 443135103	34-6560923	501(C)(3)	1,662				SPENDABLE INCOME FOR THE QUARTER ENDING MARCH 31, 2016
WEATHERVANE COMMUNITY PLAYHOUSE INC 1301 WEATHERVANE LANE AKRON, OH 443135103	34-6560923	501(C)(3)	4,904				SPENDABLE INCOME FOR THE QUARTER ENDING DECEMBER 31, 2016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WEATHERVANE COMMUNITY PLAYHOUSE INC 1301 WEATHERVANE LANE AKRON, OH 443135103	34-6560923	501(C)(3)	1,000				FOR SCHOLARSHIP SUPPORT FOR AT-RISK STUDENTS TO ATTEND THEATER CLASSES
WEATHERVANE COMMUNITY PLAYHOUSE INC 1301 WEATHERVANE LANE AKRON, OH 443135103	34-6560923	501(C)(3)	2,000				FOR SUPPORT OF THE PRODUCTION A KID LIKE JAKE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WEATHERVANE COMMUNITY PLAYHOUSE INC 1301 WEATHERVANE LANE AKRON, OH 443135103	34-6560923	501(C)(3)	6,000				TO SUPPORT THE 2016-2017 SEASON
WEATHERVANE COMMUNITY PLAYHOUSE INC 1301 WEATHERVANE LANE AKRON, OH 443135103	34-6560923	501(C)(3)	10,000				TO SUPPORT THE 2016-2017 SEASON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WEST HILL NEIGHBORHOOD ORGANIZATION INC 220 S BALCH STREET AKRON, OH 44302	31-1561928	501(C)(3)	2,500				FOR A COMMUNITY ORCHARD ON A VACANT LOT IN THE WEST HILL VICTORIAN VILLAGE NEIGHBORHOOD
WESTERN RESERVE ACADEMY ALUMNI DEVELOPMENT OFFICE HUDSON, OH 442362999	34-0714390	501(C)(3)	1,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WESTERN RESERVE HISTORICAL SOCIETY 10825 EAST BLVD CLEVELAND, OH 441061703	34-0714724	501(C)(3)	2,500				FOR GENERAL OPERATING SUPPORT OF HALE FARM & VILLAGE
WESTERN RESERVE HISTORICAL SOCIETY 10825 EAST BLVD CLEVELAND, OH 441061703	34-0714724	501(C)(3)	10,000				TO SUPPORT MAINTENANCE AND OPERATION OF THE MCALONAN CARRIAGE MANUFACTORY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WESTERN RESERVE HISTORICAL SOCIETY 10825 EAST BLVD CLEVELAND, OH 441061703	34-0714724	501(C)(3)	10,000				TO SUPPORT PLACE-BASED FIELD EXPERIENCES AND FURTHER EXPAND ACCESSIBILITY TO PROGRAMMING
WESTERN RESERVE HISTORICAL SOCIETY 10825 EAST BLVD CLEVELAND, OH 441061703	34-0714724	501(C)(3)	1,000				TO SUPPORT THE MIDWESTERN SYMPOSIUM AT HALE FARM & VILLAGE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WESTERN RESERVE PLAYHOUSE PO BOX 88 CUYAHOGA FALLS, OH 442220088	34-6554799	501(C)(3)	3,000				FOR CAPITAL IMPROVEMENTS TO OUR FACILITY
WESTERN RIVERS CONSERVANCY 71 SW OAK STREET SUITE 100 PORTLAND, OR 972043419	93-1326405	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WHEELS4CHANGE PO BOX 503 TALLMADGE, OH 442780503	45-5451567	501(C)(3)	5,000				FOR PROGRAMS SUPPORTING VETERANS
WILDLIFE MEDIA 1208 BAY ST SUITE 202 BELLINGHAM, WA 982254304	20-8802794	501(C)(3)	3,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WILDLIFE MEDIA 1208 BAY ST SUITE 202 BELLINGHAM, WA 982254304	20-8802794	501(C)(3)	10,000				TO SUPPORT WILDLIFE MEDIA PROGRAMS & BEARTREK
WILLIAMS CHALLENGE 2081 MEADOW GATE AKRON, OH 44313	74-3061888	501(C)(3)	500				TO SUPPORT THE MAN2MAN PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WITTENBERG UNIVERSITY PO BOX 720 SPRINGFIELD, OH 455010720	31-0537177	501(C)(3)	1,000				TO SUPPORT THE ANNUAL GIVING CAMPAIGN
WOMEN'S AUXILIARY BOARD OF THE SUMMIT COUNTY CHILDREN'S HOME INC 264 S ARLINGTON STREET AKRON, OH 44306	34-0757175	501(C)(3)	1,000				FOR THE 2017 BEDS FOR KIDS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WOMEN'S AUXILIARY BOARD OF THE SUMMIT COUNTY CHILDREN'S HOME INC 264 S ARLINGTON STREET AKRON, OH 44306	34-0757175	501(C)(3)	10,000				FOR THE 2017 BEDS FOR KIDS PROGRAM
WOMEN'S NETWORK INC 526 SOUTH MAIN STREET SUITE 508 AKRON, OH 443114401	34-1253569	501(C)(3)	5,000				TO SUPPORT THE DEVELOPMENT OF A CORE LEADERSHIP CURRICULUM FOR PROFESSIONAL WOMEN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WOMEN'S NETWORK INC 526 SOUTH MAIN STREET SUITE 508 AKRON, OH 443114401	34-1253569	501(C)(3)	2,500				TO SUPPORT WOMEN'S LEADERSHIP AND PROFESSIONAL DEVELOPMENT PROGRAMS
WOMENSAFE INC 12041 RAVENNA ROAD CHARDON, OH 44024	34-1341527	501(C)(3)	500				TO SUPPORT THE HOLIDAY WISH LIST 2016 IN HONOR OF JIM & GAYLE TERESI

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WOODRIDGE LOCAL SCHOOLS 4411 QUICK ROAD PENINSULA, OH 44264	34-6000295	GOVERNMENT	1,000				FOR EDUCATIONAL SCHOLARSHIPS AND PROGRAMS IN THE WOODRIDGE SCHOOL DISTRICT
WREATHS FOR WESTERN RESERVE PO BOX 573 SHARON CENTER, OH 442740573	26-2452691	501(C)(3)	1,000				FOR CHRISTMAS WREATHS FOR OHIO WESTERN RESERVE NATIONAL CEMETERY GRAVES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
YMCA OF AKRON OHIO 50 SOUTH MAIN STREET SUITE LL 100 AKRON, OH 443081859	34-0714727	501(C)(3)	500				TO SUPPORT FREE SUMMER YOUTH CAMPS
YMCA OF AKRON OHIO 50 SOUTH MAIN STREET SUITE LL 100 AKRON, OH 443081859	34-0714727	501(C)(3)	1,500				TO SUPPORT MAKE-A-SPLASH, IN MEMORY OF H PETER BURG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
YMCA OF AKRON OHIO 50 SOUTH MAIN STREET SUITE LL 100 AKRON, OH 443081859	34-0714727	501(C)(3)	10,000				FOR THE SAFETY AROUND WATER/MAKE A SPLASH PROGRAM FOR AKRON PUBLIC SCHOOLS
YMCA OF AKRON OHIO 50 SOUTH MAIN STREET SUITE LL 100 AKRON, OH 443081859	34-0714727	501(C)(3)	500				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
YMCA OF AKRON OHIO 50 SOUTH MAIN STREET SUITE LL 100 AKRON, OH 443081859	34-0714727	501(C)(3)	1,000				FOR GENERAL OPERATING SUPPORT
YMCA OF AKRON OHIO 50 SOUTH MAIN STREET SUITE LL 100 AKRON, OH 443081859	34-0714727	501(C)(3)	1,000				FOR GENERAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
YMCA OF AKRON OHIO 50 SOUTH MAIN STREET SUITE LL 100 AKRON, OH 443081859	34-0714727	501(C)(3)	5,000				FOR THE SAFETY AROUND WATER/MAKE A SPLASH PROGRAM FOR AKRON PUBLIC SCHOOLS
YOUNG BLACK PROFESSIONALS COALITION 1370 STADELMAN AVENUE AKRON, OH 443201909	27-4716578	501(C)(3)	7,800				TO FUND STRATEGIC PLANNING CONSULTING BY TOBY ANN WEBER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
YOUNG LIFE GREATER AKRON 111 BROAD STREET SUITE 200 WADSWORTH, OH 442811867	84-0385934	501(C)(3)	2,000				FOR GENERAL OPERATING SUPPORT
YOUTH EXCELLENCE PERFORMING ARTS WORKSHOP AKA YEPAW 220 SOUTH BALCH STREET 1ST FLOOR AKRON, OH 44302	34-1967561	501(C)(3)	1,000				FOR GENERAL PROGRAM SUPPORT IN Q3

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
YOUTH EXCELLENCE PERFORMING ARTS WORKSHOP AKA YEPAW 220 SOUTH BALCH STREET 1ST FLOOR AKRON, OH 44302	34-1967561	501(C)(3)	5,000				FOR GENERAL OPERATING SUPPORT
YOUTH EXCELLENCE PERFORMING ARTS WORKSHOP AKA YEPAW 220 SOUTH BALCH STREET 1ST FLOOR AKRON, OH 44302	34-1967561	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
YOUTH OPPORTUNITIES UNLIMITED 1361 EUCLID AVENUE CLEVELAND, OH 441151819	34-1381135	501(C)(3)	2,500				FOR GENERAL OPERATING SUPPORT
YWCA OF CLEVELAND OHIO 4019 PROSPECT AVENUE SUITE 100 CLEVELAND, OH 441034340	34-0714800	501(C)(3)	350				TO SUPPORT THE INDEPENDENCE PLACE PROGRAM

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in 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	Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3 Indicate which, if any, of the following the filing 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. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
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?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 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?		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III		No
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?		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III		No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
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		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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 are not 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)	256,544 -----	7,263 -----	0 -----	0 -----	39,652 -----	303,459 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
2 STEVEN H SCHLOENBACH VICE PRESIDENT, FINANCE	(i)	131,501 -----	2,260 -----	0 -----	0 -----	33,162 -----	166,923 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----

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.

Return Reference	Explanation
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.

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public
Inspection

Name of the organization
AKRON COMMUNITY FOUNDATION

Employer identification number
34-1087615

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total							▶ \$					

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) FIRSTMERIT BANK NA	FIRSTMERIT BANK'S PRESIDENT/CEO IS A BOARD MEMBER OF THE ORGANIZATION	155,563	NICHOLAS BROWNING IS PRESIDENT/CEO OF FIRSTMERIT BANK AND ALSO SERVES AS A BOARD MEMBER FOR ACF FIRSTMERIT BANK IS ACF'S INVESTMENT CUSTODIAN AND INVESTMENT MANAGER		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
AKRON COMMUNITY FOUNDATION

Employer identification number
34-1087615

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . .				
7 Boats and planes				
8 Intellectual property . . .				
9 Securities—Publicly traded .	X	40	2,799,912	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 IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

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

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

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

32a

No

b If "Yes," describe in Part II

33 If the organization did not 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.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
AKRON COMMUNITY FOUNDATION**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2016**Open to Public
Inspection**

Employer identification number

34-1087615

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 V IA 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	A COMPENSATION COMMITTEE OF MEMBERS FROM THE AKRON COMMUNITY FOUNDATION'S BOARD CONDUCTS A N 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT -2,812 PRIOR PERIOD ADJUSTMENT 347 AGENCY EN DOWMENT REVENUE -2,540,181 AGENCY ENDOWMENT EXPENSES 1,554,267

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

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
(1) ACF PROPERTIES LLC 345 WEST CEDAR ST AKRON, OH 443072407 92-0182198	OWN AND HOLD REAL ESTATE AS INVESTMENT, OTHER ACTIVITIES PERMITTED BY LAW	OH	60,721	215	AKRON COMMUNITY FOUNDATION
(2) AKRON DIGITAL MEDIA CENTERAKRONISTCOM LLC 345 WEST CEDAR ST AKRON, OH 443072407 34-1087615	IMPROVE DELIVERY OF INFORMATION IN THE COMMUNITY	OH	7,482	7,973	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

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

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2016

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

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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