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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008Open to Public
Inspection**A** For the **2008** calendar year, or tax year beginning **APR 1, 2008** and ending **MAR 31, 2009**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type: See Specific Instructions	C Name of organization AKRON COMMUNITY FOUNDATION		D Employer identification number 34-1087615
		Doing Business As		E Telephone number (330) 376-8522
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 345 WEST CEDAR ST		G Gross receipts \$ 71,757,864.
		City or town, state or country, and ZIP + 4 AKRON, OH 44307-2407		H(a) Is this a group return for affiliates? ☐ Yes ☒ No
		F Name and address of principal officer: JOHN T. PETURES, JR. SAME AS C ABOVE		H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)
I Tax-exempt status ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527				
J Website: ▶ WWW.AKRONCOMMUNITYFDN.ORG				
K Type 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 assets	
	3 Number of voting members of the governing body (Part VI, line 1a)	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	24
Revenue	5 Total number of employees (Part V, line 2a)	13
	6 Total number of volunteers (estimate if necessary)	24
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	0.
	b Net unrelated business taxable income from Form 990-T, line 34	0.
	8 Contributions and grants (Part VIII, line 1h)	6,110,806.
	9 Program service revenue (Part VIII, line 2g)	7,075,172.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,209,042.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,617,474.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-25,747.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21,294,101.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	23,673,629.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,361,512.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	7,846,014.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 739,836.	803,594.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,066,014.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,464,388.
	19 Revenue less expenses Subtract line 18 from line 12	9,629,494.
	20 Total assets (Part X, line 16)	11,664,607.
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	138,610,405.
	22 Net assets or fund balances Subtract line 21 from line 20	6,699,659.
		131,910,746.

Part II Signature Block

Sign Here	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.	
	Signature of officer 	Date 2/3/10
Paid Preparer's Use Only	JOHN T. PETURES, JR., PRESIDENT AND CEO Type or print name and title	
	Preparer's signature 	Date 1/26/10
	Firm's name (or yours if self-employed), address, and ZIP + 4 BROCKMAN, COATS, GEDELIAN & CO 1735 MERRIMAN ROAD AKRON, OH 44313-9007	
	Check if self-employed ☐	Preparer's identifying number (see instructions) 9157
	EIN ▶	Phone no. ▶ 330-864-6661

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

☒ Yes ☐ No

SCANNED FEB 22 2010

Part III Statement of Program Service Accomplishments (see instructions)

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 exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ **7,846,014.** including grants of \$ **7,846,014.**) (Revenue \$)
AWARDED 886 GRANTS TO PROGRAMS AND NON-PROFIT ORGANIZATIONS THAT ENRICH THE LIFE OF THE COMMUNITY IN SIX AREAS: CHILDREN, HEALTH, CIVIC AFFAIRS, EDUCATION, CULTURE AND COMMUNITY SERVICES.

4b (Code:) (Expenses \$ **718,797.** including grants of \$ **0.**) (Revenue \$)
AKRON COMMUNITY FOUNDATION PROVIDES EXPERTISE AND SUPPORT TO HELP DONORS AND ORGANIZATIONS EFFECTIVELY DISTRIBUTE CHARITABLE DOLLARS. THE FOUNDATION MANAGES OVER 320 CHARITABLE FUNDS ESTABLISHED BY DONORS. PROGRAM RELATED EXPENSES INCURRED IN THE OPERATION OF THE 320+ FUNDS INCLUDE PROGRAM CONSULTING AND OTHER RELATED COSTS.

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 ► \$ **8,564,811.** (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
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 questions 24b-24d and complete Schedule K</i> <i>If "No," go to question 25</i>		X
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) and 501(c)(4) 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>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee.		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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>		X
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>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable		
1a	5		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2a	13		
2b	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 this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
4a			
4b	If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?	X	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter N/A		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter N/A		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Section A. Governing Body and Management

	Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		
1a Enter the number of voting members of the governing body	24	
1b Enter the number of voting members that 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?		X
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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or 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		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization?	X	
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?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **▶**
JOHN T. PETURES, JR., PRES. & CEO - (330) 376-8522
345 WEST CEDAR ST, AKRON, OH 44307-2407

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
GREG MCDERMOTT CHAIR & TRUSTEE	0.50	X		X				0.	0.	0.
PAT PACENTA VICE CHAIR & TRUSTEE	0.50	X		X				0.	0.	0.
DALE KOBLENZER TREASURER & TRUSTEE	0.50	X		X				0.	0.	0.
CARLA MOORE SECRETARY & TRUSTEE	0.50	X		X				0.	0.	0.
MARK ALLIO TRUSTEE	0.50	X						0.	0.	0.
STEVE ALBRECHT TRUSTEE	0.50	X						0.	0.	0.
RENNICK ANDREOLI TRUSTEE	0.50	X						0.	0.	0.
MARK B. BOBER TRUSTEE	0.50	X						0.	0.	0.
MARILYN MEYERS BUCKEY TRUSTEE	0.50	X						0.	0.	0.
EILEEN BURG TRUSTEE	0.50	X						0.	0.	0.
STEVEN COX TRUSTEE	0.50	X						0.	0.	0.
GEORGE DAVERIO, JR. TRUSTEE	0.50	X						0.	0.	0.
OLIVIA DEMAS TRUSTEE	0.50	X						0.	0.	0.
KATHRYN DINDO TRUSTEE	0.50	X						0.	0.	0.
EDWARD ELIOPOULOS TRUSTEE	0.50	X						0.	0.	0.
TIMOTHY FITZWATER TRUSTEE	0.50	X						0.	0.	0.
RICHARD FRANCE TRUSTEE	0.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
DOROTHY GAFFNEY TRUSTEE	0.50	X						0.	0.	0.
SUSAN KINNAMON TRUSTEE	0.50	X						0.	0.	0.
GEORGE LEWIS III TRUSTEE	0.50	X						0.	0.	0.
STEVE MARKS TRUSTEE	0.50	X						0.	0.	0.
ROBERT REFFNER TRUSTEE	0.50	X						0.	0.	0.
REV. SANDRA SELBY TRUSTEE	0.50	X						0.	0.	0.
MICHAEL SWEENEY TRUSTEE	0.50	X						0.	0.	0.
JODY BACON PRESIDENT THROUGH 7/1/08	40.00			X				145,178.	0.	1,078.
JOHN T. PETURES, JR. PRESIDENT & CEO	40.00			X				112,000.	0.	11,183.
STEVEN H. SCHLOENBACH VICE PRESIDENT, FINANCE	40.00			X				104,571.	0.	11,740.
1b Total								361,749.	0.	24,001.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 3

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

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
FIRSTMERIT BANK NA 106 S. MAIN STREET, AKRON, OH 44303	INVESTMENT MANAGEMENT AND CUSTO	113,053.
ADVISORY RESEARCH, INC., 180 N. STETSON AVENUE, SUITE 5500, CHICAGO, IL 60601	INVESTMENT MANAGEMENT FEES	113,028.
FRONTIER CAPITAL MANAGEMENT CO. 99 SUMMER ST., BOSTON, MA 02110	INVESTMENT MANAGEMENT FEES	108,223.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 3

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	158,261.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6916911.			
	g	Noncash contributions included in lines 1a-1f \$		208,041.			
	h	Total. Add lines 1a-1f		7,075,172.			
Program Service Revenue				Business Code			
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			3,629,388.	3,629,388.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)			12988086.		12988086.
	8 a	Gross income from fundraising events (not including \$ 158,261. of contributions reported on line 1c). See Part IV, line 18	a	67,528.			
	b	Less: direct expenses	b	86,545.			
	c	Net income or (loss) from fundraising events			-19,017.		-19,017.
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	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				
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			23673629.	3,629,388.		0.12969069.

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	7,846,014.	7,846,014.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	395,164.	136,315.	146,075.	112,774.
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	485,042.	242,091.	75,012.	167,939.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	123,842.	56,964.	26,651.	40,227.
10 Payroll taxes	61,966.	26,869.	15,290.	19,807.
11 Fees for services (non-employees)				
a Management				
b Legal	12,861.	5,087.	2,895.	4,879.
c Accounting	26,711.	10,566.	6,012.	10,133.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	692,273.		692,273.	
g Other	24,941.	9,866.	5,614.	9,461.
12 Advertising and promotion				
13 Office expenses	115,799.	38,084.	21,671.	56,044.
14 Information technology				
15 Royalties				
16 Occupancy	46,796.	20,292.	11,546.	14,958.
17 Travel	4,705.	2,040.	1,161.	1,504.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,532.	6,301.	3,586.	4,645.
20 Interest	10,362.	4,493.	2,557.	3,312.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	63,617.	25,164.	14,319.	24,134.
23 Insurance	11,634.	4,602.	2,619.	4,413.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a ENDOWMENT EXPENSES	389,381.	130,016.	172,137.	87,228.
b DEVELOPMENT	90,392.			90,392.
c EVENT EXPENSES	87,939.			87,939.
d DUES AND SUBSCRIPTIONS	37,270.	14,742.	8,387.	14,141.
e PLEDGE DISCOUNT EXPENSE	-37,151.	-14,695.	-8,362.	-14,094.
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	10,504,090.	8,564,811.	1,199,443.	739,836.
26 Joint Costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	7,416,370.	2	9,556,082.
	3 Pledges and grants receivable, net	82,528.	3	51,917.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	33,552.	9	44,998.
	10a Land, buildings, and equipment - cost basis	10a 1,995,986.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 559,515.	10c	1,436,471.
	11 Investments - publicly traded securities	116,363,518.	11	78,075,648.
	12 Investments - other securities. See Part IV, line 11	2,433,385.	12	2,433,385.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	10,815,742.	15	8,419,873.
16 Total assets. Add lines 1 through 15 (must equal line 34)	138,610,405.	16	100,018,374.	
Liabilities	17 Accounts payable and accrued expenses	541,855.	17	522,890.
	18 Grants payable	561,209.	18	549,105.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 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		24	
	25 Other liabilities. Complete Part X of Schedule D	5,596,595.	25	4,960,701.
	26 Total liabilities. Add lines 17 through 25	6,699,659.	26	6,032,696.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	44,823,746.	27	29,864,678.
	28 Temporarily restricted net assets	52,674,000.	28	26,627,000.
	29 Permanently restricted net assets	34,413,000.	29	37,494,000.
	Organizations that do not follow SFAS 117, check here ☐ 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	131,910,746.	33	93,985,678.
	34 Total liabilities and net assets/fund balances	138,610,405.	34	100,018,374.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 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?	X	
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?		X
b If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number

34-1087615

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 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.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 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 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 the Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7269504.	5854765.	8296658.	6110806.	7075172.	34606905.
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 - 3	7269504.	5854765.	8296658.	6110806.	7075172.	34606905.
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)						8760964.
6 Public Support. Subtract line 5 from line 4						25845941.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	7269504.	5854765.	8296658.	6110806.	7075172.	34606905.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2684152.	2873681.	3426141.	4169488.	3629388.	16782850.
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 IV.)						
11 Total support. Add lines 7 through 10						51389755.
12 Gross receipts from related activities, etc. (see instructions)					12	211,382.
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 ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	50.29	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	53.31	%
16a 33 1/3% support test - 2008. 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 ☒			
b 33 1/3% support test - 2007. 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 ☐			
17a 10% -facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐			
b 10% -facts-and-circumstances test - 2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐			
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 ☐			

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV.)						
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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. 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 ☐

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008Open to Public
Inspection

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number

34-1087615

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	97	
2 Aggregate contributions to (during year)	3,384,585.	
3 Aggregate grants from (during year)	2,382,653.	
4 Aggregate value at end of year	15,687,337.	
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?		☒ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		☒ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of certified historic structure
☐ Preservation of open space	

2 Complete lines 2a-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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items
- | | |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X | ▶ \$ _____ |

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

3 Using the organization's 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 XIV

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table.

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to 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	119494000.				
b Contributions	4,682,000.				
c Investment earnings or losses	-31365000.				
d Grants or scholarships					
e Other expenditures for facilities and programs	8,598,000.				
f Administrative expenses	37,000.				
g End of year balance	84176000.				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 22.70 %
 b Permanent endowment ▶ 28.80 %
 c Term endowment ▶ 48.50 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

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

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		344,259.		344,259.
b Buildings		1,289,316.	277,849.	1,011,467.
c Leasehold improvements				
d Equipment		362,411.	281,666.	80,745.
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) ▶				1,436,471.

Part VII Investments - Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
CASH VALUE OF LIFE INSURANCE	26,373.
TRUST ACCOUNTS	8,132,460.
ACCRUED INVESTMENT INCOME	260,022.
STAFF COMPUTER PURCHASE	1,018.
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	8,419,873.

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
FUNDS HELD FOR AGENCY ENDOWMENTS	4,960,701.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	4,960,701.

In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	23,673,629.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,504,090.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	13,169,539.
4	Net unrealized gains (losses) on investments	4	-51,804,053.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	709,446.
9	Total adjustments (net). Add lines 4-8	9	-51,094,607.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-37,925,068.

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

1	Total revenue, gains, and other support per audited financial statements	1	-29,015,636.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-51,804,053.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	86,545.
e	Add lines 2a through 2d	2e	-51,717,508.
3	Subtract line 2e from line 1	3	22,701,872.
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 XIV)	4b	971,757.
c	Add lines 4a and 4b	4c	971,757.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	23,673,629.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	8,909,432.
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	8,909,432.
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 XIV)	4b	1,594,658.
c	Add lines 4a and 4b	4c	1,594,658.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	10,504,090.

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT: -12993.

AGENCY ENDOWMENTS, CONTRIBUTIONS: -2459876.

AGENCY ENDOWMENTS, NET APPRECIATION IN INVESTMENTS: 1645207.

AGENCY ENDOWMENTS, INVESTMENT LOSSES: -144095.

AGENCY ENDOWMENTS, GRANTS AND OTHER DISBURSEMENTS: 1520313.

AGENCY ENDOWMENTS, ADMINISTRATIVE EXPENSES: 46899.

Part XIV Supplemental Information (continued)

AGENCY ENDOWMENTS, INVESTMENT EXPENSES: 27446.

PART VIII, LINE 8B: 86545.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PART VIII, LINE 8B: 86545.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT REVENUE: 958764.

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT: 12993.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT EXPENSES: 1594658.

Department of the Treasury
Internal Revenue Service

► **Attach to Form 990 or Form 990-EZ** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open To Public Inspection

Employer identification number
34-1087615

832081 12-18-08

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000

	(a) Event #1 POLSKY AWARD DINNER (event type)	(b) Event #2 MCCF SPRING FLING (event type)	(c) Other Events 6 (total number)	(d) Total Events (Add col (a) through col (c))
	Revenue			
1 Gross receipts	86,920.	41,459.	97,410.	225,789.
2 Less: Charitable contributions	64,420.	31,184.	62,657.	158,261.
3 Gross revenue (line 1 minus line 2)	22,500.	10,275.	34,753.	67,528.
Direct Expenses				
4 Cash prizes				
5 Non-cash prizes				
6 Rent/facility costs				
7 Other direct expenses	46,621.	11,623.	28,301.	86,545.
8 Direct expense summary. Add lines 4 through 7 in column (d)				(86,545.)
9 Net income summary. Combine lines 3 and 8 in column (d)				-19,017.

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

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Non-cash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()
8 Net gaming income summary. Combine lines 1 and 7 in column (d)				()

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states?		
b If "No," Explain. _____ _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		
b If "Yes," Explain _____ _____		
11 Does the organization operate gaming activities with nonmembers?		
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?		

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide 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?**15a****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

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?**17a****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 ► \$ _____

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

► **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**
► **Attach to Form 990.**

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number
34-1087615

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCESS INC. PO BOX 1007 AKRON, OH 44309	34-1395246	501(C)3	10,000.	0.			FOR GENERAL OPERATING SUPPORT
ACCESS INC. PO BOX 1007 AKRON, OH 44309	34-1395246	501(C)3	25,000.	0.			TO SHELTER HOMELESS WOMEN AND CHILDREN
ACCESS INC. PO BOX 1007 AKRON, OH 44309	34-1395246	501(C)3	100.	0.			GENERAL SUPPORT.
ACCESS INC. PO BOX 1007 AKRON, OH 44309	34-1395246	501(C)3	1,193.	0.			GENERAL SUPPORT.
ACT II PRODUCTIONS ILLUSION FACTORY - 1319 SHANABROOK DR. - AKRON, OH 44313	34-1684501	501(C)3	16,000.	0.			FOR OUTREACH PROGRAMMING FOR 16,000 STUDENTS IN 40 SCHOOLS FOR THE '08 - '09 SEASON
ACT II PRODUCTIONS ILLUSION FACTORY - 1319 SHANABROOK DR. - AKRON, OH 44313	34-1684501	501(C)3	2,000.	0.			FOR THEATER SCHOOL SCHOLARSHIPS FOR FAMILIES THAT CANNOT AFFORD THE COST
2 Enter total number of section 501(c)(3) and government organizations							165.
3 Enter total number of other organizations							5.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Use Schedule I-1 (Form 990) 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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: ALL GRANTS FROM UNRESTRICTED OR AFFILIATE FUNDS AWARDED THROUGH COMPETITIVE APPLICATION ARE REQUIRED TO FORMALLY REPORT BACK TO THE FOUNDATION ON THE USE OF FUNDS AND THE SUCCESS OF THE PROGRAM WITHIN ONE YEAR. FOR ORGANIZATIONS THAT HAVE NOT FULLY EXPENDED THE FUNDS, OR WHEN THE FUNDED PROGRAM OR PROJECT IS NOT CONSIDERED COMPLETE, THE FOUNDATION REQUIRES FOLLOW UP REPORTS UNTIL CONSIDERED COMPLETE. FOUNDATION STAFF, BOARD MEMBERS AND AFFILIATE FUND ADVISORY COMMITTEE MEMBERS MAKE SPORADIC SITE VISITS TO GRANTEES AND STAFF WILL ENGAGE IN ON-GOING DISCUSSIONS WITH THE GRANTEE AS APPROPRIATE CONSIDERING THE SIZE

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ **Attach to Form 990 to list additional information for**
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008
Open to Public
Inspection

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number
34-1087615

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ACTORS' SUMMIT 86 OWEN BROWN STREET HUDSON, OH 44236	34-1878529	501(C)3	500.	0.			CULTURE - GENERAL SUPPORT			
ACTORS' SUMMIT 86 OWEN BROWN STREET HUDSON, OH 44236	34-1878529	501(C)3	5,000.	0.			TO FURTHER THE WORK OF THE THEATER			
AKRON ALLIANCE OF BLACK SCHOOL EDUCATORS - P.O. BOX 2853 - AKRON, OH 44309-2853	26-1390717	501(C)3	25,000.	0.			TO HELP COVER THE COSTS FOR 15 MEMBERS OF THE COHORT TO ATTEND THE NATIONAL CONFERENCE.			
AKRON AREA ARTS ALLIANCE SUMMIT CENTER BUILDING AKRON, OH 44308	34-1841587	501(C)3	15,000.	0.			FOR THE '08-'09 SUMMIT ARTSPACE GALLERY SEASON			
AKRON AREA PRIDE COLLECTIVE C/O SCHOOL OF SOCIAL WORK AKRON, OH 44325-8001	34-1871233	501(C)3	10,000.	0.			TO SUPPORT THE BUILDING OF THE AKRON PRIDE CENTER			
AKRON AREA PRIDE COLLECTIVE C/O SCHOOL OF SOCIAL WORK AKRON, OH 44325-8001	34-1871233	501(C)3	2,000.	0.			FOR PRINTING OF THE PROGRAM FOR OUT IN AKRON 2008			
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-2084	34-0813426	501(C)3	10,000.	0.			TO UNDERWRITE THE MUSIC SERIES FUZE! IN COLLABORATION WITH TUESDAY MUSICAL			
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-2084	34-0813426	501(C)3	50,000.	0.			EDWARD WESTON: LIFE WORK PHOTOGRAPHY EXHIBITION OPENING ON JANUARY 31, 2009			
2 Enter total number of Section 501(c)(3) and government organizations										
3 Enter total number of other organizations										

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

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Name of the organization

Employer identification number
34-1087615

AKRON COMMUNITY FOUNDATION

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 44308-2084	34-0813426	501(C)3	3,000.	0.			FOR THE ART TALKS AT DUSK PROGRAM
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-2084	34-0813426	501(C)3	1,505.	0.			SPENDABLE INCOME 3/31/08
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-2084	34-0813426	501(C)3	500.	0.			CULTURE - GENERAL SUPPORT
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-2084	34-0813426	501(C)3	1,000.	0.			CULTURE - GENERAL SUPPORT
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-2084	34-0813426	501(C)3	2,500.	0.			CULTURE - GENERAL SUPPORT
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-2084	34-0813426	501(C)3	5,000.	0.			FOR DIRECTOR'S CIRCLE GENERAL OPERATING SUPPORT
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-2084	34-0813426	501(C)3	341.	0.			2008 ANNUAL FUNDS
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-2084	34-0813426	501(C)3	5,000.	0.			FOR ISAAC JULIEN'S AUDIO-VISUAL INSTALLATION TRUE NORTH (2004)

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
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Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number
34-1087615

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 44308-2084	34-0813426	501(C)3	1,000.	0.			CULTURE - GENERAL SUPPORT
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-2084	34-0813426	501(C)3	5,000.	0.			CULTURE - GENERAL SUPPORT
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-2084	34-0813426	501(C)3	1,000.	0.			CULTURE - GENERAL SUPPORT
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-2084	34-0813426	501(C)3	1,000.	0.			CULTURE - GENERAL SUPPORT
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-2084	34-0813426	501(C)3	1,500.	0.			CULTURE - GENERAL SUPPORT
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-2084	34-0813426	501(C)3	4,761.	0.			SPENDABLE INCOME 12/31/08
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-2084	34-0813426	501(C)3	3,000.	0.			FOR THE CAPITAL CAMPAIGN
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-2084	34-0813426	501(C)3	1,000.	0.			FOR DIRECTOR'S CIRCLE GENERAL OPERATING SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008
Open to Public
Inspection

Name of the organization

Employer identification number
34-1087615

AKRON COMMUNITY FOUNDATION

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 44308-2084	34-0813426	501(C)3	500.	0.			CULTURE - GENERAL SUPPORT
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308-2084	34-0813426	501(C)3	500.	0.			CULTURE - GENERAL SUPPORT
AKRON COMMUNITY HEALTH RESOURCES INC. - P.O. BOX 7695 - AKRON, OH 44306	34-1735884	501(C)3	40,000.	0.			TO SUPPORT "ACCESS TO CARE" WHICH CONNECTS UNINSURED RESIDENTS TO VOLUNTEER MEDICAL
AKRON COMMUNITY SERVICE CENTER & URBAN LEAGUE - 440 VERNON ODOM BLVD. - AKRON, OH 44307	34-0714520	501(C)3	2,000.	0.			TO ALLOW STUDENTS AND CAREGIVERS TO ATTEND THE DR. SYLVESTER SMALL RETIREMENT CELEBRATION
AKRON COMMUNITY SERVICE CENTER & URBAN LEAGUE - 440 VERNON ODOM BLVD. - AKRON, OH 44307	34-0714520	501(C)3	10,000.	0.			FOR STRATEGIC PLANNING
AKRON COMMUNITY SERVICE CENTER & URBAN LEAGUE - 440 VERNON ODOM BLVD. - AKRON, OH 44307	34-0714520	501(C)3	500.	0.			GENERAL SUPPORT
AKRON COUNCIL ON WORLD AFFAIRS INC. - P.O. BOX 5300 - AKRON, OH 44334	30-0086466	501(C)3	7,500.	0.			FOR THE GLOBAL SCHOLARS PROGRAM
AKRON GENERAL DEVELOPMENT FOUNDATION - 400 WABASH AVE. - AKRON, OH 44307	34-1127047	501(C)3	3,000.	0.			GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number
34-1087615

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 DEVELOPMENT FOUNDATION - 400 WABASH AVE. - AKRON, OH 44307	34-1127047	501(C)3	1,500.	0.			HEALTH - GENERAL SUPPORT
AKRON GENERAL DEVELOPMENT FOUNDATION - 400 WABASH AVE. - AKRON, OH 44307	34-1127047	501(C)3	250.	0.			IN HONOR OF SUSAN MELTON AT AKRON GENERAL MEDICAL CENTER
AKRON GENERAL DEVELOPMENT FOUNDATION - 400 WABASH AVE. - AKRON, OH 44307	34-1127047	501(C)3	1,000.	0.			HEALTH - GENERAL SUPPORT
AKRON GENERAL MEDICAL CENTER 400 WABASH AVENUE AKRON, OH 44307	34-0714478	501(C)3	9,000.	0.			TO PURCHASE TWO GOLF CARTS FOR THE EDWIN SHAW CHALLENGE GOLF PROGRAM
AKRON GENERAL MEDICAL CENTER 400 WABASH AVENUE AKRON, OH 44307	34-0714478	501(C)3	1,000.	0.			FOR THE AKRON GENERAL 2008 WOMEN'S BOARD GALA
AKRON METROPOLITAN HOUSING AUTHORITY - 100 WEST CEDAR STREET - AKRON, OH 44307	34-1822330	501(C)3	10,000.	0.			TO SUPPORT ON-SITE EDUCATIONAL PROGRAMMING FOR VERY YOUNG CHILDREN AND PARENTS IN AMHA
AKRON METROPOLITAN HOUSING AUTHORITY - 100 WEST CEDAR STREET - AKRON, OH 44307	34-1822330	501(C)3	30,000.	0.			FOR THE BORN LEARNING PROGRAM
AKRON PUBLIC SCHOOLS 70 N. BROADWAY AKRON, OH 44308-1991	34-6000033	501(C)3	25,000.	0.			TO COVER THE COSTS OF AN AFTER SCHOOL ACTIVITY BUS AND VAN TRANSPORTATION FOR OUT-OF-SCHOOL TIME
2 Enter total number of Section 501(c)(3) and government organizations							
3 Enter total number of other organizations							

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number
34-1087615

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 SPECIAL CHILDREN INC. - 4460 REX LAKE DRIVE - AKRON, OH 44319	34-6557819	501(C)3	6,000.	0.			FOR SUMMER CAMPING ACTIVITIES, INCLUDING "CAMPERSHIPS" FOR THOSE WHO CANNOT AFFORD TO PAY TO SUBSIDIZE CAMPING EXPERIENCES FOR CHILDREN AND ADULTS WITH SPECIAL NEEDS
AKRON ROTARY CAMP FOR SPECIAL CHILDREN INC. - 4460 REX LAKE DRIVE - AKRON, OH 44319	34-6557819	501(C)3	20,000.	0.			FOR USE IN CONNECTION WITH THEIR POKER RUN FUNDRAISER
AKRON ROTARY CAMP FOR SPECIAL CHILDREN INC. - 4460 REX LAKE DRIVE - AKRON, OH 44319	34-6557819	501(C)3	5,000.	0.			FOR GENERAL SUPPORT
AKRON ROTARY CAMP FOR SPECIAL CHILDREN INC. - 4460 REX LAKE DRIVE - AKRON, OH 44319	34-6557819	501(C)3	10,000.	0.			CIVIC AFFAIRS GENERAL SUPPORT
AKRON SUMMIT COMMUNITY ACTION INC 55 E. MILL STREET AKRON, OH 44308	34-0965339	501(C)3	100.	0.			HUMAN SERVICES GENERAL SUPPORT
AKRON SUMMIT COMMUNITY ACTION INC 55 E. MILL STREET AKRON, OH 44308	34-0965339	501(C)3	17,000.	0.			TO PLACE TEACHSMART LEARNING SYSTEMS IN TWO HEAD START SITES
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)3	10,000.	0.			FOR GENERAL OPERATING SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for
 Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number

34-1087615

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)3	400.	0.			HUMAN SERVICES GENERAL SUPPORT
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)3	5,000.	0.			FOR GENERAL OPERATING COSTS
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)3	500.	0.			HUMAN SERVICES GENERAL SUPPORT
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)3	2,000.	0.			FOR THE BACKPACKS FOR KIDS PROGRAM
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)3	20,000.	0.			FOR THE RAPID FOOD DISTRIBUTION PROGRAM
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)3	500.	0.			HUMAN SERVICES GENERAL SUPPORT
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)3	100.	0.			HUMAN SERVICES GENERAL SUPPORT
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)3	10,000.	0.			HUMAN SERVICES GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

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832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

SCHEDULE I-1

(Form 990)

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Internal Revenue Service

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AKRON COMMUNITY FOUNDATION

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AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)3	1,000.	0.			HUMAN SERVICES GENERAL SUPPORT
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)3	150.	0.			HUMAN SERVICES GENERAL SUPPORT
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)3	150.	0.			HUMAN SERVICES GENERAL SUPPORT
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)3	500.	0.			HUMAN SERVICES GENERAL SUPPORT
AKRON-SUMMIT COUNTY PUBLIC LIBRARY 60 SOUTH HIGH STREET AKRON, OH 44326	34-6000031	COUNTY GOVT	20,000.	0.			TO BRING THE NATIONAL ORAL HISTORY PROJECT STORYCORPS TO THE COMMUNITY FOR TEN DAYS
AKRON-SUMMIT COUNTY PUBLIC LIBRARY 60 SOUTH HIGH STREET AKRON, OH 44326	34-6000031	COUNTY GOVT	35,000.	0.			TO EXPAND THE EARLY CHILDHOOD RESOURCES PROJECT
ALL-STAR TRAINING CLUB 3108 SPARROWS CREST AKRON, OH 44319	34-1608210	501(C)3	12,000.	0.			FOR THE ACADEMIC/SPORTS SUMMER CAMP FOR DISABLED YOUTH
ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION - 225 N. MICHIGAN AVE., FLOOR 17 - CHICAGO, IL 60601-7633	13-3039601	501(C)3	10,000.	0.			FOR THE FAMILY MEETING PROGRAM

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Schedule I-1 (Form 990) 2008

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Department of the Treasury
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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 N. MICHIGAN AVE., FLOOR 17 - CHICAGO, IL 60601-7633	13-3039601	501(C)3	2,500.	0.			HEALTH - GENERAL SUPPORT
APOLLO'S FIRE THE CLEVELAND BAROQUE ORCHESTRA - 3091 MAYFIELD ROAD, SUITE 217 - CLEVELAND HEIGHTS, OH 44118	34-1696842	501(C)3	12,000.	0.			TO SUPPORT THE ARTISTIC EXPENSES OF THE '08-'09 CONCERT SEASON
APOLLO'S FIRE THE CLEVELAND BAROQUE ORCHESTRA - 3091 MAYFIELD ROAD, SUITE 217 - CLEVELAND HEIGHTS, OH 44118	34-1696842	501(C)3	500.	0.			CULTURE - GENERAL SUPPORT FOR THE INTERNATIONAL COMMUNITY EMPOWERMENT PROJECT (ICEP) SUMMER PROGRAM
ASIAN SERVICES IN ACTION INC. 730 CARROLL STREET AKRON, OH 44304	34-1798850	501(C)3	1,000.	0.			FOR READY, AN INTENSIVE PROGRAM FOR TODDLERS AND PARENTS OF THE KAREN REFUGEE COMMUNITY
ASIAN SERVICES IN ACTION INC. 730 CARROLL STREET AKRON, OH 44304	34-1798850	501(C)3	15,000.	0.			TO ESTABLISH THE ROBERT J. KEEGAN FAMILY AUTISM CENTER IN SUMMIT COUNTY
AUTISM FAMILY FOUNDATION OF NORTHEAST OHIO - 2504 BALMORAL DRIVE - AKRON, OH 44333	20-8286382	501(C)3	25,000.	0.			TO SUPPORT PERFORMANCES IN THE SUMMER HEINZ POLL FESTIVAL AND TAKE ME OUT TO THE BALLET
BALLET THEATRE OF OHIO 265 N. MAIN STREET SUITE 13 MUNROE FALLS, OH 44262-1090	34-1772850	501(C)3	20,000.	0.			SPENDABLE INCOME 6/30/08 PLUS 10% OF PRINCIPAL FUND BALANCE AS OF 12/31/07
BALLET THEATRE OF OHIO 265 N. MAIN STREET SUITE 13 MUNROE FALLS, OH 44262-1090	34-1772850	501(C)3	22,706.	0.			
2 Enter total number of Section 501(c)(3) and government organizations							
3 Enter total number of other organizations							

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

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BARBERTON CITY SCHOOL DISTRICT BOARD OF EDUCATION - 479 NORTON AVENUE - BARBERTON, OH 44203	34-6000187	POLITICAL SUBDI	7,000.	0.			EDUCATE GENERAL SUPPORT
BATH UNITED CHURCH OF CHRIST P.O. BOX 496 BATH, OH 44210	34-1927041	501(C)3	3,500.	0.			GENERAL SUPPORT
BATH UNITED CHURCH OF CHRIST P.O. BOX 496 BATH, OH 44210	34-1927041	501(C)3	2,500.	0.			GENERAL SUPPORT
BATH UNITED CHURCH OF CHRIST P.O. BOX 496 BATH, OH 44210	34-1927041	501(C)3	1,000.	0.			FOR THE MISSION IN MEMORY OF DR. & MRS. HERBERT JONES
BATH UNITED CHURCH OF CHRIST P.O. BOX 496 BATH, OH 44210	34-1927041	501(C)3	7,300.	0.			FOR THE ANNUAL FUND TO PROVIDE SHELTER RESIDENTS WITH TAXI VOUCHERS SO THAT THEY MAY TRAVEL SAFELY TO AND FROM
BATTERED WOMEN'S SHELTER 759 WEST MARKET STREET AKRON, OH 44303	34-1249342	501(C)3	2,500.	0.			FOR THE TAXIS FOR SAFETY PROGRAM
BATTERED WOMEN'S SHELTER 759 WEST MARKET STREET AKRON, OH 44303	34-1249342	501(C)3	2,000.	0.			2008 ANNUAL SPENDABLE INCOME

2 Enter total number of Section 501(c)(3) and government organizations

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832241 12-17-08

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Schedule I-1 (Form 990) 2008

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BATTERED WOMEN'S SHELTER 759 WEST MARKET STREET AKRON, OH 44303	34-1249342	501(C)3	5,716.	0.			SPENDABLE INCOME 9/30/08
BATTERED WOMEN'S SHELTER 759 WEST MARKET STREET AKRON, OH 44303	34-1249342	501(C)3	650.	0.			HUMAN SERVICES GENERAL SUPPORT
BEACON JOURNAL CHARITY FUND INC. 333 S. MAIN STREET, SUITE 319 AKRON, OH 44308	34-6543299	501(C)3	5,000.	0.			FOR GENERAL OPERATING COSTS
BEACON JOURNAL CHARITY FUND INC. 333 S. MAIN STREET, SUITE 319 AKRON, OH 44308	34-6543299	501(C)3	1,502.	0.			SPENDABLE INCOME 6/30/08
BEACON JOURNAL CHARITY FUND INC. 333 S. MAIN STREET, SUITE 319 AKRON, OH 44308	34-6543299	501(C)3	10,000.	0.			FOR ORAL HEALTH EDUCATION FOR THIRD GRADERS
BIG BROTHERS & SISTERS OF SUMMIT & MEDINA COUNTIES INC. - 780 E. EXCHANGE STREET - AKRON, OH 44306	34-1104356	501(C)3	3,868.	0.			SPENDABLE INCOME 3/31/08
BIG BROTHERS & SISTERS OF SUMMIT & MEDINA COUNTIES INC. - 780 E. EXCHANGE STREET - AKRON, OH 44306	34-1104356	501(C)3	3,951.	0.			CIVIC AFFAIRS GENERAL SUPPORT
BIG BROTHERS & SISTERS OF SUMMIT & MEDINA COUNTIES INC. - 780 E. EXCHANGE STREET - AKRON, OH 44306	34-1104356	501(C)3	4,190.	0.			SPENDABLE INCOME 9/30/08

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832241 12-17-08

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
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Part I	(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 & SISTERS OF SUMMIT & MEDINA COUNTIES INC. - 780 E. EXCHANGE STREET - AKRON, OH 44306	34-1104356	501(C)3	4,213.	0.			CIVIC AFFAIRS GENERAL SUPPORT	
	BOY SCOUTS OF AMERICA, GREAT TRAIL COUNCIL - 1601 S. MAIN STREET - AKRON, OH 44309-0068	34-0737790	501(C)3	10,000.	0.			FOR THE DINING HALL AT CAMP MANATOC	
	BOY SCOUTS OF AMERICA, GREAT TRAIL COUNCIL - 1601 S. MAIN STREET - AKRON, OH 44309-0068	34-0737790	501(C)3	1,000.	0.			FOR THE ANNUAL CAMPAIGN	
	BOY SCOUTS OF AMERICA, GREAT TRAIL COUNCIL - 1601 S. MAIN STREET - AKRON, OH 44309-0068	34-0737790	501(C)3	3,000.	0.			CIVIC AFFAIRS	
	BOY SCOUTS OF AMERICA, GREAT TRAIL COUNCIL - 1601 S. MAIN STREET - AKRON, OH 44309-0068	34-0737790	501(C)3	10,000.	0.			FOR THE EXPLORING/VENTURING CAREERS PROGRAM	
	BOY SCOUTS OF AMERICA, GREAT TRAIL COUNCIL - 1601 S. MAIN STREET - AKRON, OH 44309-0068	34-0737790	501(C)3	3,000.	0.			CIVIC AFFAIRS GENERAL SUPPORT	
	BOY SCOUTS OF AMERICA, GREAT TRAIL COUNCIL - 1601 S. MAIN STREET - AKRON, OH 44309-0068	34-0737790	501(C)3	500.	0.			CIVIC AFFAIRS GENERAL SUPPORT	
	BOY SCOUTS OF AMERICA, GREAT TRAIL COUNCIL - 1601 S. MAIN STREET - AKRON, OH 44309-0068	34-0737790	501(C)3	5,126.	0.			2008 ANNUAL SPENDABLE INCOME	
2 Enter total number of Section 501(c)(3) and government organizations									
3 Enter total number of other organizations									

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

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Part I	(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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, GREAT TRAIL COUNCIL - 1601 S. MAIN STREET - AKRON, OH 44309-0068	34-0737790	501(C)3	200.	0.			FOR THE ANNUAL FUND	
	BOY SCOUTS OF AMERICA, GREAT TRAIL COUNCIL - 1601 S. MAIN STREET - AKRON, OH 44309-0068	34-0737790	501(C)3	1,000.	0.			CIVIC AFFAIRS GENERAL SUPPORT	
	BOYS & GIRLS CLUBS OF THE WESTERN RESERVE - 889 JONATHAN AVENUE - AKRON, OH 44306	34-1351557	501(C)3	13,779.	0.			2008 ANNUAL SPENDABLE INCOME	
	BOYS & GIRLS CLUBS OF THE WESTERN RESERVE - 889 JONATHAN AVENUE - AKRON, OH 44306	34-1351557	501(C)3	2,000.	0.			FOR THE ARTS CORE PROGRAM AREA FOR THE RAVENNA CLUB	
	BOYS & GIRLS CLUBS OF THE WESTERN RESERVE - 889 JONATHAN AVENUE - AKRON, OH 44306	34-1351557	501(C)3	100.	0.			IN HONOR OF MR. & MRS. BRUCE W. ROGERS JR.	
	BOYS & GIRLS CLUBS OF THE WESTERN RESERVE - 889 JONATHAN AVENUE - AKRON, OH 44306	34-1351557	501(C)3	5,000.	0.			CIVIC AFFAIRS GENERAL SUPPORT	
	BOYS & GIRLS CLUBS OF THE WESTERN RESERVE - 889 JONATHAN AVENUE - AKRON, OH 44306	34-1351557	501(C)3	500.	0.			CIVIC AFFAIRS GENERAL SUPPORT	
	BOYS & GIRLS CLUBS OF THE WESTERN RESERVE - 889 JONATHAN AVENUE - AKRON, OH 44306	34-1351557	501(C)3	25,000.	0.			TO SUPPORT AFTER SCHOOL AND SUMMER PROGRAMMING AT THE ELLER CLUB	
2 Enter total number of Section 501(c)(3) and government organizations									
3 Enter total number of other organizations									

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SCHEDULE I-1
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BOYS & GIRLS CLUBS OF THE WESTERN RESERVE - 889 JONATHAN AVENUE - AKRON, OH 44306	34-1351557	501(C)3	1,000.	0.			FOR THE ANNUAL FUND
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE - 889 JONATHAN AVENUE - AKRON, OH 44306	34-1351557	501(C)3	5,000.	0.			TO IMPLEMENT THE SMART TUTOR PROGRAM
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE - 889 JONATHAN AVENUE - AKRON, OH 44306	34-1351557	501(C)3	1,000.	0.			TO SUPPORT THE AUCTION
BOYS HOPE GIRLS HOPE 9619 GARFIELD BLVD. GARFIELD HEIGHTS, OH 44125	51-0182614	501(C)3	25,000.	0.			FOR OPERATIONS IN 2009
BRIMFIELD MEMORIAL HOUSE ASSOCIATION - P. O. BOX 1231 - KENT, OH 44240	34-6596932	501(C)3	15,000.	0.			CULTURE - GENERAL SUPPORT
CASCADE LOCKS PARK ASSOCIATION 248 FERNDAL ST. AKRON, OH 44304	34-1621024	501(C)3	100.	0.			CIVIC AFFAIRS GENERAL SUPPORT
CASCADE LOCKS PARK ASSOCIATION 248 FERNDAL ST. AKRON, OH 44304	34-1621024	501(C)3	25,000.	0.			FOR OPERATIONS
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE. CLEVELAND, OH 44106-7001	34-1018992	501(C)3	5,600.	0.			ALLYSEN ARBELAEZ

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
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CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE. CLEVELAND, OH 44106-7001	34-1018992	501(C)3	5,600.	0.			CATALINA A. ARBELAEZ
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE. CLEVELAND, OH 44106-7001	34-1018992	501(C)3	10,000.	0.			FOR LAW SCHOOL SCHOLARSHIPS
CATHOLIC SOCIAL SERVICES OF SUMMIT COUNTY INC. - 640 N. MAIN ST. - AKRON, OH 44310	34-0714562	501(C)3	20,000.	0.			FOR THE FAMILY LIFE PROGRAM
CENTER FOR APPLIED THEATRE AND ACTIVE CULTURE - 111 OVERWOOD ROAD - AKRON, OH 44313	83-0462908	501(C)3	10,000.	0.			TO EXPAND A THEATRICAL AFTER-SCHOOL PILOT PROGRAM AT LEGGETT ELEMENTARY
CENTER FOR NONPROFIT EXCELLENCE 703 S. MAIN STREET, SUITE 200 AKRON, OH 44311	34-1959024	501(C)3	12,800.	0.			SUBSIDIZE PROF. DEVELOPMENT TRAINING AND CONSULTING SERVICE SUBSIDIES
CENTER FOR NONPROFIT EXCELLENCE 703 S. MAIN STREET, SUITE 200 AKRON, OH 44311	34-1959024	501(C)3	7,010.	0.			SUBSIDIZE PROF. DEVELOPMENT TRAINING AND CONSULTING SERVICE SUBSIDIES
CENTER FOR NONPROFIT EXCELLENCE 703 S. MAIN STREET, SUITE 200 AKRON, OH 44311	34-1959024	501(C)3	10,000.	0.			FOR LEADERSHIP DEVELOPMENT TRAINING FOR NONPROFIT BOARD MEMBERS AND EXECUTIVE STAFF
CENTER FOR NONPROFIT EXCELLENCE 703 S. MAIN STREET, SUITE 200 AKRON, OH 44311	34-1959024	501(C)3	11,713.	0.			SUBSIDIZE PROF. DEVELOPMENT TRAINING AND CONSULTING SERVICE SUBSIDIES

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number

34-1087615

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 NONPROFIT EXCELLENCE 703 S. MAIN STREET, SUITE 200 AKRON, OH 44311	34-1959024	501(C)3	12,600.	0.			PROFESSIONAL CONSULTING SERVICES FOR NPO'S
CENTER FOR NONPROFIT EXCELLENCE 703 S. MAIN STREET, SUITE 200 AKRON, OH 44311	34-1959024	501(C)3	10,000.	0.			PROFESSIONAL CONSULTING SERVICES FOR NPO'S
CENTER FOR NONPROFIT EXCELLENCE 703 S. MAIN STREET, SUITE 200 AKRON, OH 44311	34-1959024	501(C)3	10,000.	0.			FOR RESOURCE CENTER INTERN
CENTER FOR NONPROFIT EXCELLENCE 703 S. MAIN STREET, SUITE 200 AKRON, OH 44311	34-1959024	501(C)3	17,930.	0.			SUBSIDIZE PROF. DEVELOPMENT TRAINING AND CONSULTING SERVICE SUBSIDIES
CENTER FOR NONPROFIT EXCELLENCE 703 S. MAIN STREET, SUITE 200 AKRON, OH 44311	34-1959024	501(C)3	13,000.	0.			PROFESSIONAL CONSULTING SERVICE SUBSIDIES
CENTER FOR NONPROFIT EXCELLENCE 703 S. MAIN STREET, SUITE 200 AKRON, OH 44311	34-1959024	501(C)3	140,000.	0.			FOR COMMUNITY CAPACITY-BUILDING WORK IN 2008-2009
CENTER FOR NONPROFIT EXCELLENCE 703 S. MAIN STREET, SUITE 200 AKRON, OH 44311	34-1959024	501(C)3	9,548.	0.			PROFESSIONAL DEVELOPMENT TRAINING AND CONSULTING SERVICE SUBSIDIES
CENTER FOR NONPROFIT EXCELLENCE 703 S. MAIN STREET, SUITE 200 AKRON, OH 44311	34-1959024	501(C)3	618.	0.			PROFESSIONAL TRAINING AND CONSULTING SERVICES

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047
2008

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Inspection

Name of the organization

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Employer identification number
34-1087615

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 NONPROFIT EXCELLENCE 703 S. MAIN STREET, SUITE 200 AKRON, OH 44311	34-1959024	501(C)3	500.	0.			CIVIC AFFAIRS GENERAL SUPPORT
CENTER FOR NONPROFIT EXCELLENCE 703 S. MAIN STREET, SUITE 200 AKRON, OH 44311	34-1959024	501(C)3	196,052.	0.			ENTIRE 2009 SPENDABLE ALLOCATION FROM KNIGHT FOUNDATION & GAR FOUNDATION ENDOWMENT
CENTER FOR NONPROFIT EXCELLENCE 703 S. MAIN STREET, SUITE 200 AKRON, OH 44311	34-1959024	501(C)3	12,288.	0.			PROFESSIONAL TRAINING AND CONSULTING SERVICES
CENTRAL SUMMIT COUNTY CHORAL SOCIETY - STEINWAY HALL - AKRON, OH 44305	34-1658034	501(C)3	12,000.	0.			FOR THE SUMMIT CHILDREN'S CHOIR PROGRAM
CENTRAL SUMMIT COUNTY CHORAL SOCIETY - STEINWAY HALL - AKRON, OH 44305	34-1658034	501(C)3	20,000.	0.			FOR 2008-2009 OPERATING SUPPORT
CENTRAL SUMMIT COUNTY CHORAL SOCIETY - STEINWAY HALL - AKRON, OH 44305	34-1658034	501(C)3	250.	0.			CULTURE - GENERAL SUPPORT
CENTRAL SUMMIT COUNTY CHORAL SOCIETY - STEINWAY HALL - AKRON, OH 44305	34-1658034	501(C)3	100.	0.			CULTURE - GENERAL SUPPORT
CHILD GUIDANCE & FAMILY SOLUTIONS INC. - 312 LOCUST STREET - AKRON, OH 44302	34-0726083	501(C)3	50,000.	0.			TO SUPPORT PLACEMENT OF CHILD BEHAVIOR SPECIALISTS IN PRESCHOOLS

2 Enter total number of Section 501(c)(3) and government organizations

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 44325-0501	34-0923479	501(C)3	3,000.	0.			TO SUPPORT THE IN-SCHOOL PROGRAMS DURING THE 2008-09 SEASON
CHILDREN'S CONCERT SOCIETY OF AKRON - EJ THOMAS PERFORMING ARTS HALL - AKRON, OH 44325-0501	34-0923479	501(C)3	10,000.	0.			FOR THE '08-'09 IN-SCHOOL CONCERT SERIES
CHILDREN'S CONCERT SOCIETY OF AKRON - EJ THOMAS PERFORMING ARTS HALL - AKRON, OH 44325-0501	34-0923479	501(C)3	6,000.	0.			CULTURE - GENERAL SUPPORT
CHILDREN'S CONCERT SOCIETY OF AKRON - EJ THOMAS PERFORMING ARTS HALL - AKRON, OH 44325-0501	34-0923479	501(C)3	7,805.	0.			SPENDABLE INCOME 9/30/08 FOR THE PURCHASE OF A TRANSMOTION MEDICAL MULTI-PURPOSE STRETCHER CHAIR FOR THE BURN CENTER
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON - ONE PERKINS SQUARE - AKRON, OH 44308	34-0714357	501(C)3	8,000.	0.			FOR THE PALLIATIVE CARE CENTER'S RIVER OF LIFE PROGRAM
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON - ONE PERKINS SQUARE - AKRON, OH 44308	34-0714357	501(C)3	25,000.	0.			FOR THE AUTISM PROGRAM
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON - ONE PERKINS SQUARE - AKRON, OH 44308	34-0714357	501(C)3	5,000.	0.			FOR THE AUTISM PROGRAM
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON - ONE PERKINS SQUARE - AKRON, OH 44308	34-0714357	501(C)3	500.	0.			FOR PALLIATIVE CARE

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832241 12-17-08

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

Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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OMB No. 1545-0047

2008

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Employer identification number

34-1087615

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 - ONE PERKINS SQUARE - AKRON, OH 44308	34-0714357	501(C)3	852.	0.			2008 ANNUAL FUNDS
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON - ONE PERKINS SQUARE - AKRON, OH 44308	34-0714357	501(C)3	17,000.	0.			HEALTH - GENERAL SUPPORT
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON - ONE PERKINS SQUARE - AKRON, OH 44308	34-0714357	501(C)3	2,534.	0.			FOR GLBT LIBRARY MATERIALS FOR THE ADOLESCENT HEALTH CENTER
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON - ONE PERKINS SQUARE - AKRON, OH 44308	34-0714357	501(C)3	1,343.	0.			SPENDABLE INCOME 9/30/08
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON - ONE PERKINS SQUARE - AKRON, OH 44308	34-0714357	501(C)3	10,700.	0.			TO SUPPORT THE RESPECT PROGRAM FOR SEXUAL VIOLENCE PREVENTION
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON - ONE PERKINS SQUARE - AKRON, OH 44308	34-0714357	501(C)3	5,000.	0.			HEALTH - GENERAL SUPPORT
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON - ONE PERKINS SQUARE - AKRON, OH 44308	34-0714357	501(C)3	100.	0.			FOR THE ANNUAL FUND
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON - ONE PERKINS SQUARE - AKRON, OH 44308	34-0714357	501(C)3	30,000.	0.			FOR THE RIVER OF LIFE PROGRAM (PALLIATIVE CARE) & CLEFT PALATE PROGRAM

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Schedule I-1 (Form 990) 2008

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Internal Revenue Service

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Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 - ONE PERKINS SQUARE - AKRON, OH 44308	34-0714357	501(C)3	1,000.	0.			FOR THE ANNUAL FUND		
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON - ONE PERKINS SQUARE - AKRON, OH 44308	34-0714357	501(C)3	1,000.	0.			HEALTH - GENERAL SUPPORT		
CHRIST CHILD SOCIETY OF AKRON P.O. BOX 5855 AKRON, OH 44372	34-1225803	501(C)3	426.	0.			2008 ANNUAL FUNDS		
CHRIST CHILD SOCIETY OF AKRON P.O. BOX 5855 AKRON, OH 44372	34-1225803	501(C)3	10,000.	0.			TO PURCHASE NEW SCHOOL CLOTHING FOR NEEDY SCHOOL CHILDREN		
CITY OF AKRON, AKRON HEALTH DEPARTMENT - COUNSELING SERVICES & ALCOHOLISM DIVISION - AKRON, OH 44308	34-6000020	501(C)3	10,000.	0.			FOR THE AKRON CENTER FOR HEALTH EQUITY		
CITY OF AKRON, AKRON HEALTH DEPARTMENT - COUNSELING SERVICES & ALCOHOLISM DIVISION - AKRON, OH 44308	34-6000020	501(C)3	20,000.	0.			TO SUPPORT THE AKRON OFFICE OF MINORITY HEALTH		
CITY OF AKRON- DEPT. PLANNING & URBAN DEVELOP - DEPT. PLANNING & URBAN DEVELOP - AKRON, OH 44308	34-6000020	501(C)3	10,000.	0.			FOR THE 2008 HEINZ POLL SUMMER DANCE FESTIVAL		
CITY OF AKRON- DEPT. PLANNING & URBAN DEVELOP - DEPT. PLANNING & URBAN DEVELOP - AKRON, OH 44308	34-6000020	501(C)3	75,000.	0.			FOR THE 2009 NEIGHBORHOOD PARTNERSHIP PROGRAM		

2 Enter total number of Section 501(c)(3) and government organizations

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(Form 990)

Department of the Treasury
Internal Revenue Service

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 DEVELOP - DEPT. PLANNING & URBAN DEVELOP - AKRON, OH 44308	34-6000020	501(C)3	20,000.	0.			FOR THE HEINZ POLL DANCE FESTIVAL
CLEVELAND FOUNDATION 1422 EUCLID AVENUE, STE. 1300 CLEVELAND, OH 44115-2001	34-0714588	501(C)3	1,265,000.	0.			TO SUPPORT REGIONAL ECONOMIC DEVELOPMENT FOR THE AKRON PREVIEW PARTY (2/26 AT THE CIVIC THEATER) AND THE FILMSLAM PROJECT
CLEVELAND INTERNATIONAL FILM FESTIVAL - 2510 MARKET AVENUE - CLEVELAND, OH 44113-3434	34-1262368	501(C)3	30,000.	0.			FOR RESIDENCY, MASTER CLASSES AND PERFORMANCE BY DOUG VARONE AND DANCERS AT THE UNIVERSITY
CLEVELAND MODERN DANCE ASSOCIATION 13110 SHAKER SQUARE, SUITE 106 CLEVELAND, OH 44120	34-6561006	501(C)3	10,000.	0.			FOR THE EJ THOMAS PERFORMANCE AND RELATED EDUCATIONAL OUTREACH PROGRAMING
CLEVELAND MODERN DANCE ASSOCIATION 13110 SHAKER SQUARE, SUITE 106 CLEVELAND, OH 44120	34-6561006	501(C)3	10,000.	0.			TO PROVIDE HEALTH AND SCIENCE PROGRAMS
CLEVELAND MUSEUM OF NATURAL HISTORY - WADE OVAL - CLEVELAND, OH 44106	34-0714338	501(C)3	10,000.	0.			SPENDABLE INCOME 6/30/08
CLINTON PRESBYTERIAN CHURCH 402 N. CENTER STREET CLINTON, IL 61727	22-1863674	501(C)3	3,679.	0.			SPENDABLE INCOME 12/31/08
CLINTON PRESBYTERIAN CHURCH 402 N. CENTER STREET CLINTON, IL 61727	22-1863674	501(C)3	3,876.	0.			

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 895 N. MAIN STREET AKRON, OH 44310-2123	31-1506671	501(C)3	6,460.	0.			FOR AN AD CAMPAIGN TO PROMOTE HIV TESTING AMONG AT-RISK YOUTH		
COMMUNITY DRUG BOARD INC. DBA: COMMUNITY HEALTH CENTER - 702 E. MARKET STREET - AKRON, OH 44305	34-1171699	501(C)3	10,000.	0.			TO SUPPORT HORIZON HOUSE; A TWO YEAR TRANSITIONAL PROGRAM FOR HOMELESS YOUNG ADULTS		
COMMUNITY HALL FOUNDATION INC.-AKRON CIVIC THEATRE - 182 S. MAIN STREET - AKRON, OH 44308	34-1015948	501(C)3	25,000.	0.			FOR THE 2008-2009 IN-HOUSE PROGRAMMING		
COMMUNITY HALL FOUNDATION INC.-AKRON CIVIC THEATRE - 182 S. MAIN STREET - AKRON, OH 44308	34-1015948	501(C)3	7,123.	0.			SPENDABLE INCOME 3/31/08		
COMMUNITY HALL FOUNDATION INC.-AKRON CIVIC THEATRE - 182 S. MAIN STREET - AKRON, OH 44308	34-1015948	501(C)3	20,647.	0.			SPENDABLE INCOME 3/31/08		
COMMUNITY HALL FOUNDATION INC.-AKRON CIVIC THEATRE - 182 S. MAIN STREET - AKRON, OH 44308	34-1015948	501(C)3	500.	0.			FOR THE ANNUAL OPERATING CAMPAIGN		
COMMUNITY HALL FOUNDATION INC.-AKRON CIVIC THEATRE - 182 S. MAIN STREET - AKRON, OH 44308	34-1015948	501(C)3	20,779.	0.			SPENDABLE INCOME 6/30/08		
COMMUNITY HALL FOUNDATION INC.-AKRON CIVIC THEATRE - 182 S. MAIN STREET - AKRON, OH 44308	34-1015948	501(C)3	7,168.	0.			SPENDABLE INCOME 6/30/08		

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(Form 990)

Department of the Treasury
Internal Revenue Service

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 INC.-AKRON CIVIC THEATRE - 182 S. MAIN STREET - AKRON, OH 44308	34-1015948	501(C)3	25,000.	0.			TO SUPPORT THE 2008-2009 SEASON OF PROGRAMMING FOR YOUTH AND FAMILIES
COMMUNITY HALL FOUNDATION INC.-AKRON CIVIC THEATRE - 182 S. MAIN STREET - AKRON, OH 44308	34-1015948	501(C)3	20,970.	0.			SPENDABLE INCOME 9/30/08
COMMUNITY HALL FOUNDATION INC.-AKRON CIVIC THEATRE - 182 S. MAIN STREET - AKRON, OH 44308	34-1015948	501(C)3	7,234.	0.			SPENDABLE INCOME 9/30/08
COMMUNITY HALL FOUNDATION INC.-AKRON CIVIC THEATRE - 182 S. MAIN STREET - AKRON, OH 44308	34-1015948	501(C)3	50,000.	0.			FOR THE 2008-2009 SEASON
COMMUNITY HALL FOUNDATION INC.-AKRON CIVIC THEATRE - 182 S. MAIN STREET - AKRON, OH 44308	34-1015948	501(C)3	250.	0.			CULTURE - GENERAL SUPPORT
COMMUNITY HALL FOUNDATION INC.-AKRON CIVIC THEATRE - 182 S. MAIN STREET - AKRON, OH 44308	34-1015948	501(C)3	20,786.	0.			SPENDABLE INCOME 12/31/08
COMMUNITY HALL FOUNDATION INC.-AKRON CIVIC THEATRE - 182 S. MAIN STREET - AKRON, OH 44308	34-1015948	501(C)3	7,170.	0.			SPENDABLE INCOME 12/31/08
COMMUNITY HALL FOUNDATION INC.-AKRON CIVIC THEATRE - 182 S. MAIN STREET - AKRON, OH 44308	34-1015948	501(C)3	500.	0.			FOR ANNUAL OPERATING CAMPAIGN

2 Enter total number of Section 501(c)(3) and government organizations

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832241 12-17-08

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

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2008

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Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	(a) Name and address of organization or government							
	COMMUNITY LEGAL AID SERVICES INC. 50 S. MAIN STREET, SUITE 800 AKRON, OH 44308	34-0753560	501(C)3	250.	0.			IN HONOR OF WILLIAM D. DOWLING-JUSTICE FOR ALL CAMPAIGN
	COMMUNITY LEGAL AID SERVICES INC. 50 S. MAIN STREET, SUITE 800 AKRON, OH 44308	34-0753560	501(C)3	300.	0.			CIVIC AFFAIRS GENERAL SUPPORT
	COMMUNITY LEGAL AID SERVICES INC. 50 S. MAIN STREET, SUITE 800 AKRON, OH 44308	34-0753560	501(C)3	12,000.	0.			TO EXPAND THE LEGAL RIGHTS AND RESPONSIBILITIES EDUCATION (L-RARE)
	CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY ASSOCIATION - P.O. BOX 158 - PENINSULA, OH 44264-0158	23-7198801	501(C)3	568.	0.			SPENDABLE INCOME 3/31/08
	CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY ASSOCIATION - P.O. BOX 158 - PENINSULA, OH 44264-0158	23-7198801	501(C)3	10,000.	0.			FOR THE SCHOOL FIELD TRIP PROGRAM
	CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY ASSOCIATION - P.O. BOX 158 - PENINSULA, OH 44264-0158	23-7198801	501(C)3	10,000.	0.			FOR THE RENOVATION OF THE LINOMA, A VINTAGE LUXURY DOME PASSENGER TRAIN CAR
	CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY ASSOCIATION - P.O. BOX 158 - PENINSULA, OH 44264-0158	23-7198801	501(C)3	2,197.	0.			SPENDABLE INCOME 12/31/08
	CUYAHOGA VALLEY YOUTH BALLET PO BOX 3131 CUYAHOGA FALLS, OH 44223	34-1318396	501(C)3	11,000.	0.			TO SUPPORT THE 33RD PERFORMANCE SEASON INCLUDING THE CREATION OF A NEW MODERN WORK

2 Enter total number of Section 501(c)(3) and government organizations

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047
2008

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Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 PO BOX 3131 CUYAHOGA FALLS, OH 44223	34-1318396	501(C)3	10,000.	0.			FOR CONTINUED SUPPORT OF THE REACH OUT AND DANCE PROGRAM AND THE 33RD SEASON OF THE CVYB		
CUYAHOGA VALLEY YOUTH BALLET PO BOX 3131 CUYAHOGA FALLS, OH 44223	34-1318396	501(C)3	703.	0.			CULTURE - GENERAL SUPPORT		
CUYAHOGA VALLEY YOUTH BALLET PO BOX 3131 CUYAHOGA FALLS, OH 44223	34-1318396	501(C)3	4,000.	0.			FOR THE REACH OUT AND DANCE PROGRAM		
CYO AND COMMUNITY SERVICES, INC. 812 BIRUTA ST. AKRON, OH 44307-1104	34-0815225	501(C)3	10,000.	0.			FOR THE HOME SERVICE PROJECT WHICH ENABLES OLDER ADULTS TO REMAIN IN THEIR HOME		
CYO AND COMMUNITY SERVICES, INC. 812 BIRUTA ST. AKRON, OH 44307-1104	34-0815225	501(C)3	500.	0.			HUMAN SERVICES GENERAL SUPPORT		
CYO AND COMMUNITY SERVICES, INC. 812 BIRUTA ST. AKRON, OH 44307-1104	34-0815225	501(C)3	7,500.	0.			FOR THE AFTER SCHOOL YOUTH ENRICHMENT PROGRAM		
DOWNTOWN AKRON PARTNERSHIP INC. 58 WEST EXCHANGE ST. SUITE C AKRON, OH 44308	34-1823835	501(C)3	10,000.	0.			FOR LOCAL ARTISTS AND PERFORMERS FOR FIRST NIGHT AKRON		
DOWNTOWN AKRON PARTNERSHIP INC. 58 WEST EXCHANGE ST. SUITE C AKRON, OH 44308	34-1823835	501(C)3	10,000.	0.			FOR FIRST NIGHT ARTISTS' FEES		
2 Enter total number of Section 501(c)(3) and government organizations									▲
3 Enter total number of other organizations									▲

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number
34-1087615

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 44306	34-1365690	501(C)3	20,000.	0.			TO PROVIDE EMERGENCY HOME REPAIRS FOR LOW-INCOME SENIORS, DISABLED AND WORKING POOR HOMEOWNERS
FAIRLAWN LUTHERAN CHURCH 3415 WEST MARKET STREET AKRON, OH 44333	34-0858919	501(C)3	1,000.	0.			FOR THE ENDOWMENT FUND
FAIRLAWN LUTHERAN CHURCH 3415 WEST MARKET STREET AKRON, OH 44333	34-0858919	501(C)3	1,000.	0.			FOR THE ENDOWMENT FUND
FAIRLAWN LUTHERAN CHURCH 3415 WEST MARKET STREET AKRON, OH 44333	34-0858919	501(C)3	1,000.	0.			FOR THE BRIDGE SOUND EQUIPMENT
FAIRLAWN LUTHERAN CHURCH 3415 WEST MARKET STREET AKRON, OH 44333	34-0858919	501(C)3	300.	0.			FOR PARISH ARTS IN HONOR OF GARY PINTER
FAIRLAWN LUTHERAN CHURCH 3415 WEST MARKET STREET AKRON, OH 44333	34-0858919	501(C)3	3,000.	0.			FOR THE MISSION AND MINISTRY
FAMILY AND COMMUNITY SERVICES OF PORTAGE COUNTY INC. - 705 OAKWOOD - RAVENNA, OH 44266	34-1902451	501(C)3	10,000.	0.			FOR THE SENIOR COMPANION PROGRAM
FATHERS AND SONS OF NORTHEAST OHIO 146 KING DRIVE, STE. 2 AKRON, OH 44302	03-0434713	501(C)3	10,000.	0.			TO EXPAND PARENTING CLASSES FOR FATHERS

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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FATHERS AND SONS OF NORTHEAST OHIO 146 KING DRIVE, STE. 2 AKRON, OH 44302	03-0434713	501(C)3	7,500.	0.			TO TRAIN MORE PROGRAM FACILITATORS AND DELIVER THE PROGRAM TO MORE FATHERS
FIRST GLANCE STUDENT CENTER, INC. 949B KENMORE BLVD. AKRON, OH 44314	20-2610539	501(C)3	10,000.	0.			FOR THE TEEN MOMS PROGRAM TO ASSIST IN THE DEVELOPMENT OF EMPLOYABILITY SKILLS FOR STUDENTS
FOUR CITIES EDUCATIONAL COMPACT 360 COLLEGE STREET WADSWORTH, OH 44281	34-6002962	501(C)3	15,000.	0.			TO EXPAND THE ADULT SUPPORTIVE SERVICES PROGRAM
FREEDOM HOUSE FOR WOMEN INC. PO BOX 3244 AKRON, OH 44309	02-0691301	501(C)3	15,000.	0.			FOR GENERAL OPERATING COSTS
GIRL SCOUTS OF NORTH EAST OHIO 1 GIRL SCOUT WAY MACEDONIA, OH 44056-2156	34-0726094	501(C)3	5,000.	0.			GENERAL SUPPORT
GIRL SCOUTS OF NORTH EAST OHIO 1 GIRL SCOUT WAY MACEDONIA, OH 44056-2156	34-0726094	501(C)3	200.	0.			FOR GENERAL OPERATING
GIRL SCOUTS OF NORTH EAST OHIO 1 GIRL SCOUT WAY MACEDONIA, OH 44056-2156	34-0726094	501(C)3	10,000.	0.			HUMAN SERVICES GENERAL SUPPORT
GOOD NEIGHBORS, INC. 1453 GOODYEAR BOULEVARD AKRON, OH 44305-4170	34-6560957	501(C)3	300.	0.			

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SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

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GOOD NEIGHBORS, INC. 1453 GOODYEAR BOULEVARD AKRON, OH 44305-4170	34-6560957	501(C)3	500.	0.			HUMAN SERVICES GENERAL SUPPORT
GOOD NEIGHBORS, INC. 1453 GOODYEAR BOULEVARD AKRON, OH 44305-4170	34-6560957	501(C)3	20,000.	0.			TO PURCHASE FOOD
GOOD NEIGHBORS, INC. 1453 GOODYEAR BOULEVARD AKRON, OH 44305-4170	34-6560957	501(C)3	5,000.	0.			TO PURCHASE FOOD FOR THE INNER CITY FOOD CENTER
GOOD SAMARITAN HUNGER CENTER INC. P.O. BOX 5753 AKRON, OH 44372	34-1374539	501(C)3	1,000.	0.			FOR PANTRY BAGS FOR CHILDREN
GOOD SAMARITAN HUNGER CENTER INC. P.O. BOX 5753 AKRON, OH 44372	34-1374539	501(C)3	200.	0.			HUMAN SERVICES GENERAL SUPPORT
GOOD SAMARITAN HUNGER CENTER INC. P.O. BOX 5753 AKRON, OH 44372	34-1374539	501(C)3	2,500.	0.			HUMAN SERVICES GENERAL SUPPORT
GOOD SAMARITAN HUNGER CENTER INC. P.O. BOX 5753 AKRON, OH 44372	34-1374539	501(C)3	300.	0.			HUMAN SERVICES GENERAL SUPPORT
GOOD SAMARITAN HUNGER CENTER INC. P.O. BOX 5753 AKRON, OH 44372	34-1374539	501(C)3	2,000.	0.			FOR THE BAGS FOR KIDS PROGRAM THAT SUPPLIES GROCERIES FOR CHILDREN
2 Enter total number of Section 501(c)(3) and government organizations							
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**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

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2008

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Employer identification number
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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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. P.O. BOX 5753 AKRON, OH 44372	34-1374539	501(C)3	10,000.	0.			TO PURCHASE FOOD
GOOD SAMARITAN HUNGER CENTER INC. P.O. BOX 5753 AKRON, OH 44372	34-1374539	501(C)3	1,000.	0.			HUMAN SERVICES GENERAL SUPPORT
GOOD SHEPHERD ATHLETIC CLUB 940 NORTH HOWARD STREET AKRON, OH 44310	34-1838013	501(C)3	16,415.	0.			TO SUPPORT THE BOXING AND FITNESS PROGRAM FOR AREA YOUTH
GREATER AKRON MUSICAL ASSOCIATION INC. - 17 N. BROADWAY - AKRON, OH 44308	34-6003828	501(C)3	10,000.	0.			FOR 2007-2008 PERFORMANCES AND EDUCATION AND OUTREACH OPPORTUNITIES
GREATER AKRON MUSICAL ASSOCIATION INC. - 17 N. BROADWAY - AKRON, OH 44308	34-6003828	501(C)3	40,000.	0.			FOR THE 2009 CONCERTS FOR KIDS PROGRAM
GREATER AKRON MUSICAL ASSOCIATION INC. - 17 N. BROADWAY - AKRON, OH 44308	34-6003828	501(C)3	1,000.	0.			CULTURE - GENERAL SUPPORT
GREATER AKRON MUSICAL ASSOCIATION INC. - 17 N. BROADWAY - AKRON, OH 44308	34-6003828	501(C)3	250.	0.			CULTURE - GENERAL SUPPORT
GREATER AKRON MUSICAL ASSOCIATION INC. - 17 N. BROADWAY - AKRON, OH 44308	34-6003828	501(C)3	750.	0.			CULTURE - GENERAL SUPPORT

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

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GREATER AKRON MUSICAL ASSOCIATION INC. - 17 N. BROADWAY - AKRON, OH 44308	34-6003828	501(C)3	250.	0.			FOR THE BOARD OF TRUSTEES SPONSORED CONCERT
GREENLEAF FAMILY CENTER 212 EAST EXCHANGE ST AKRON, OH 44304	34-0714398	501(C)3	10,000.	0.			TO SUPPORT SUCH IS LIFE PROGRAM; A SERIES OF DIALOGUES TO HELP AT-RISK YOUTH
GREENLEAF FAMILY CENTER 212 EAST EXCHANGE ST AKRON, OH 44304	34-0714398	501(C)3	100.	0.			IN HONOR OF MS. JUDY JOYCE
GROUNDWORKS DANCETHEATER PO BOX 18191 CLEVELAND HEIGHTS, OH 44118	34-1856594	501(C)3	20,000.	0.			TO SUPPORT THE ANNUAL DANCE RESIDENCY AND OUTREACH PROGRAMMING AT THE AKRON ICEHOUSE
GROUNDWORKS DANCETHEATER PO BOX 18191 CLEVELAND HEIGHTS, OH 44118	34-1856594	501(C)3	10,000.	0.			FOR THE ICEHOUSE SERIES IN AKRON
GROUNDWORKS DANCETHEATER PO BOX 18191 CLEVELAND HEIGHTS, OH 44118	34-1856594	501(C)3	200.	0.			CULTURE - GENERAL SUPPORT TO SUPPORT THE YOUTH SERVICES PROGRAM FOR CHILDREN TRANSITIONING FROM HOMELESSNESS
H.M. LIFE OPPORTUNITY SERVICES 1815 W. MARKET ST., SUITE 102 AKRON, OH 44313	34-1539399	501(C)3	15,000.	0.			FOR MOBILE MOMS WHICH PROVIDES USED VEHICLES AND CAR REPAIRS FOR PARTICIPANTS OF H.M. LIFE
H.M. LIFE OPPORTUNITY SERVICES 1815 W. MARKET ST., SUITE 102 AKRON, OH 44313	34-1539399	501(C)3	14,000.	0.			

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HABITAT FOR HUMANITY OF SUMMIT COUNTY INC. - 1177 ROSEMARY BLVD. - AKRON, OH 44306	34-1518873	501(C)3	10,000.	0.			FOR THE 10TH HOME IN THE UPA FOOTPRINT
HABITAT FOR HUMANITY OF SUMMIT COUNTY INC. - 1177 ROSEMARY BLVD. - AKRON, OH 44306	34-1518873	501(C)3	10,000.	0.			FOR A "MASTER CARPENTER LEVEL" SPONSORSHIP
HABITAT FOR HUMANITY OF SUMMIT COUNTY INC. - 1177 ROSEMARY BLVD. - AKRON, OH 44306	34-1518873	501(C)3	10,000.	0.			FOR A PORTION OF A HOME BEING BUILT IN THE AKRON AREA
HABITAT FOR HUMANITY OF SUMMIT COUNTY INC. - 1177 ROSEMARY BLVD. - AKRON, OH 44306	34-1518873	501(C)3	6,250.	0.			FOR THE CAPITAL CAMPAIGN "A HOME OF OUR OWN"
HAVEN OF REST MINISTRIES INCORPORATED - 175 EAST MARKET ST. - AKRON, OH 44309-0547	34-0750345	501(C)3	7,500.	0.			HUMAN SERVICES GENERAL SUPPORT
HAVEN OF REST MINISTRIES INCORPORATED - 175 EAST MARKET ST. - AKRON, OH 44309-0547	34-0750345	501(C)3	100.	0.			IN MEMORY OF MR. DOUGLAS WRIGHT
HE BROUGHT US OUT MINISTRY PO BOX 1183 AKRON, OH 44309-1183	34-1950491	501(C)3	1,000.	0.			FOR THE HALELL TWIRL TEAM
HE BROUGHT US OUT MINISTRY PO BOX 1183 AKRON, OH 44309-1183	34-1950491	501(C)3	10,000.	0.			TO FUND THE 2008 BUILDING BLOCKS SUMMER ENRICHMENT PROGRAMS I AND II

2 Enter total number of Section 501(c)(3) and government organizations

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 44309-1183	34-1950491	501(C)3	2,000.	0.			FOR A TUTORING PROGRAM FOR AFTER SCHOOL AND SUMMER ENRICHMENT PROGRAMMING AT THE NORTH HILL COMMUNITY HOUSE		
HE BROUGHT US OUT MINISTRY PO BOX 1183 AKRON, OH 44309-1183	34-1950491	501(C)3	10,000.	0.			FOR THE 2009 BUILDING BLOCKS SUMMER ENRICHMENT PROGRAMS I AND II		
HE BROUGHT US OUT MINISTRY PO BOX 1183 AKRON, OH 44309-1183	34-1950491	501(C)3	10,000.	0.			HEALTH - GENERAL SUPPORT		
HEALTH EDUCATION CENTER OF AKRON INC. - JOHN D. MORLEY HEALTH BUILDING - AKRON, OH 44308	23-7152794	501(C)3	10,000.	0.			FOR OPERATING EXPENSES		
HEALTH EDUCATION CENTER OF AKRON INC. - JOHN D. MORLEY HEALTH BUILDING - AKRON, OH 44308	23-7152794	501(C)3	10,000.	0.			HEALTH - GENERAL SUPPORT		
HEALTH EDUCATION CENTER OF AKRON INC. - JOHN D. MORLEY HEALTH BUILDING - AKRON, OH 44308	23-7152794	501(C)3	10,000.	0.			PORTION OF SPENDABLE INCOME		
HEALTH EDUCATION CENTER OF AKRON INC. - JOHN D. MORLEY HEALTH BUILDING - AKRON, OH 44308	23-7152794	501(C)3	10,000.	0.			FOR THE 2009 SUMMER AND FALL TRAINING PROGRAM		
HERE'S HOPE HORSE FARM 2545 NORTHAMPTON RD. CUYAHOGA FALLS, OH 44223	43-2044673	501(C)3	1,800.	0.					
2 Enter total number of Section 501(c)(3) and government organizations									
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HERE'S HOPE HORSE FARM 2545 NORTHAMPTON RD. CUYAHOGA FALLS, OH 44223	43-2044673	501(C)3	5,000.	0.			TO PURCHASE AN INDEPENDENCE SADDLE FOR SEVERELY DISABLED STUDENTS
HOLY TRINITY LUTHERAN CHURCH ELCA 50 N. PROSPECT STREET AKRON, OH 44304	34-0714341	501(C)3	11,000.	0.			OTHER SUPPORT
HOLY TRINITY LUTHERAN CHURCH ELCA 50 N. PROSPECT STREET AKRON, OH 44304	34-0714341	501(C)3	500.	0.			FOR THE TRINITY ORGAN SERIES
HOLY TRINITY LUTHERAN CHURCH ELCA 50 N. PROSPECT STREET AKRON, OH 44304	34-0714341	501(C)3	500.	0.			FOR THE CAPITAL CAMPAIGN
HOSPICE CARE OHIO DBA HOSPICE OF VISITING NURSE SERVICE - 3358 RIDGEWOOD RD., - FAIRLAWN, OH 44333	34-1771508	501(C)3	300.	0.			HEALTH - GENERAL SUPPORT
HOSPICE CARE OHIO DBA HOSPICE OF VISITING NURSE SERVICE - 3358 RIDGEWOOD RD., - FAIRLAWN, OH 44333	34-1771508	501(C)3	500.	0.			HEALTH - GENERAL SUPPORT FOR THE PATIENT ROOM
HOSPICE CARE OHIO DBA HOSPICE OF VISITING NURSE SERVICE - 3358 RIDGEWOOD RD., - FAIRLAWN, OH 44333	34-1771508	501(C)3	10,000.	0.			RENOVATION PROJECT AT THE JUSTIN T. ROGERS HOSPICE CARE CENTER
HUDSON LOCAL SCHOOL DISTRICT ADMINISTRATION BUILDING HUDSON, OH 44236	34-6001451	PUBLIC/CITY SCHO	1,200.	0.			MIKE WEISSHOAR

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1

(Form 990)

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Internal Revenue Service

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HUDSON LOCAL SCHOOL DISTRICT ADMINISTRATION BUILDING HUDSON, OH 44236	34-6001451	PUBLIC/CITY SCHO	78,000.	0.			20 RECIPIENTS
HUDSON LOCAL SCHOOL DISTRICT ADMINISTRATION BUILDING HUDSON, OH 44236	34-6001451	PUBLIC/CITY SCHO	500.	0.			ELIZABETH FOX
HUDSON LOCAL SCHOOL DISTRICT ADMINISTRATION BUILDING HUDSON, OH 44236	34-6001451	PUBLIC/CITY SCHO	2,000.	0.			WILLIAM WITHERSPOON
HUDSON LOCAL SCHOOL DISTRICT ADMINISTRATION BUILDING HUDSON, OH 44236	34-6001451	PUBLIC/CITY SCHO	2,450.	0.			SAMUEL RELLA, SCOTT DANIEL HOOPER, NICOLE DELSANTER
HUDSON LOCAL SCHOOL DISTRICT ADMINISTRATION BUILDING HUDSON, OH 44236	34-6001451	PUBLIC/CITY SCHO	900.	0.			MELISSA BOSLET
HUDSON LOCAL SCHOOL DISTRICT ADMINISTRATION BUILDING HUDSON, OH 44236	34-6001451	PUBLIC/CITY SCHO	500.	0.			KATELYN MCCANDUSS, TYLER BOOTH
HUDSON LOCAL SCHOOL DISTRICT ADMINISTRATION BUILDING HUDSON, OH 44236	34-6001451	PUBLIC/CITY SCHO	300.	0.			MICHAEL JOSEPH
HUDSON LOCAL SCHOOL DISTRICT ADMINISTRATION BUILDING HUDSON, OH 44236	34-6001451	PUBLIC/CITY SCHO	1,300.	0.			YATIN MIRAKHUR, LAUREN ZOK

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HUDSON LOCAL SCHOOL DISTRICT ADMINISTRATION BUILDING HUDSON, OH 44236	34-6001451	PUBLIC/CITY SCHO	500.	0.			ANGELA YACOVAZZI
HUDSON LOCAL SCHOOL DISTRICT ADMINISTRATION BUILDING HUDSON, OH 44236	34-6001451	PUBLIC/CITY SCHO	2,815.	0.			YATIN MIRAKHUR, MICHAEL S. WHARTON
HUDSON LOCAL SCHOOL DISTRICT ADMINISTRATION BUILDING HUDSON, OH 44236	34-6001451	PUBLIC/CITY SCHO	2,750.	0.			ANDREW J. DOMAN
HUDSON LOCAL SCHOOL DISTRICT ADMINISTRATION BUILDING HUDSON, OH 44236	34-6001451	PUBLIC/CITY SCHO	1,000.	0.			ALEXANDER KAEFALOS
HUDSON LOCAL SCHOOL DISTRICT ADMINISTRATION BUILDING HUDSON, OH 44236	34-6001451	PUBLIC/CITY SCHO	300.	0.			KATELYN MCCANDUSS, TYLER BOOTH
HUDSON LOCAL SCHOOL DISTRICT ADMINISTRATION BUILDING HUDSON, OH 44236	34-6001451	PUBLIC/CITY SCHO	600.	0.			READING GRANT AT EVAMERE ELEMENTARY SCHOOL
HUDSON LOCAL SCHOOL DISTRICT ADMINISTRATION BUILDING HUDSON, OH 44236	34-6001451	PUBLIC/CITY SCHO	1,200.	0.			TYLER SAUNDERS, MOLLY SCHOONOVER
HUDSON LOCAL SCHOOL DISTRICT ADMINISTRATION BUILDING HUDSON, OH 44236	34-6001451	PUBLIC/CITY SCHO	2,500.	0.			INTEGRATING TECHNOLOGY INTO MATHEMATICS EDUCATION

2 Enter total number of Section 501(c)(3) and government organizations

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SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number

34-1087615

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

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HUDSON LOCAL SCHOOL DISTRICT ADMINISTRATION BUILDING HUDSON, OH 44236	34-6001451	PUBLIC/CITY SCHO	4,781.	0.			IMPLEMENTING INTELLITOOOLS CLASSROOM SUITE 4
HUDSON LOCAL SCHOOL DISTRICT ADMINISTRATION BUILDING HUDSON, OH 44236	34-6001451	PUBLIC/CITY SCHO	1,306.	0.			PRESENTATION EQUIPMENT FOR BUSINESS
HUDSON LOCAL SCHOOL DISTRICT ADMINISTRATION BUILDING HUDSON, OH 44236	34-6001451	PUBLIC/CITY SCHO	1,568.	0.			INNOVATIVE MATH AND SCIENCE INQUIRY FOR FOURTH GRADERS
HUDSON LOCAL SCHOOL DISTRICT ADMINISTRATION BUILDING HUDSON, OH 44236	34-6001451	PUBLIC/CITY SCHO	427.	0.			ENVIRONMENTAL SCIENCE
HUDSON LOCAL SCHOOL DISTRICT ADMINISTRATION BUILDING HUDSON, OH 44236	34-6001451	PUBLIC/CITY SCHO	477.	0.			GOOD TOUCH/BAD TOUCH
HUMANE SOCIETY OF GREATER AKRON 4904 QUICK ROAD PENINSULA, OH 44264	23-7060744	501(C)3	14,105.	0.			FOR A COMMERCIAL WASHER AND DRYER FOR ANIMAL BEDDING
HUMANE SOCIETY OF GREATER AKRON 4904 QUICK ROAD PENINSULA, OH 44264	23-7060744	501(C)3	10,000.	0.			FOR THE CAPITAL CAMPAIGN FOR A NEW ANIMAL SHELTER
HUMANE SOCIETY OF GREATER AKRON 4904 QUICK ROAD PENINSULA, OH 44264	23-7060744	501(C)3	20,000.	0.			SPENDABLE INCOME 9/30/08

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832241 12-17-08

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1

(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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HUMANE SOCIETY OF GREATER AKRON 4904 QUICK ROAD PENINSULA, OH 44264	23-7060744	501(C)3	10,000.	0.			FOR THE CAPITAL CAMPAIGN - NEW FACILITY
INFO LINE INCORPORATED 703 S. MAIN STREET, SUITE 211 AKRON, OH 44311	34-1170391	501(C)3	15,000.	0.			FOR PROJECT CONNECT'S CAPACITY IMPROVEMENT FUND FOR SMALL NONPROFIT ORGANIZATIONS
INNER-CITY SOCCER TEAM 865 ROSLYN AVE. AKRON, OH 44320	34-1875816	501(C)3	15,000.	0.			TO OFFER FIVE WEEK-LONG SOCCER CAMPS FREE-OF-CHARGE TO CHILDREN AGES 6-14
INTERNATIONAL INSTITUTE OF AKRON INC. - 207 E. TALLMADGE AVENUE - AKRON, OH 44310-3298	34-0733161	501(C)3	1,000.	0.			FOR AN AFTER-SCHOOL TUTORING PROGRAM FOR FOREIGN BORN HIGH SCHOOL STUDENTS
INTERNATIONAL INSTITUTE OF AKRON INC. - 207 E. TALLMADGE AVENUE - AKRON, OH 44310-3298	34-0733161	501(C)3	5,000.	0.			FOR GENERAL OPERATING COSTS
INTERNATIONAL INSTITUTE OF AKRON INC. - 207 E. TALLMADGE AVENUE - AKRON, OH 44310-3298	34-0733161	501(C)3	1,000.	0.			FOR THE PACT PROGRAM WHICH PROMOTES FAMILY LITERACY FOR NEW AMERICAN YOUTH
INTERNATIONAL INSTITUTE OF AKRON INC. - 207 E. TALLMADGE AVENUE - AKRON, OH 44310-3298	34-0733161	501(C)3	2,500.	0.			FOR THE SUMMER FINANCIAL EMPOWERMENT PROGRAM FOR REFUGEE AND IMMIGRANT WOMEN
INTERNATIONAL INSTITUTE OF AKRON INC. - 207 E. TALLMADGE AVENUE - AKRON, OH 44310-3298	34-0733161	501(C)3	5,000.	0.			FOR PROGRAM SERVICES RELATED TO THE ENGLISH SPEAKERS OF OTHER LANGUAGES (ESOL) PROGRAM

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INTERVAL BROTHERHOOD HOMES CORPORATION - 3445 SOUTH MAIN STREET - AKRON, OH 44319	23-7090131	501(C)3	10,000.	0.			TO PURCHASE A NEW LAWN TRACTOR TO CARE FOR THE 25 ACRES OF GROUNDS
INTERVAL BROTHERHOOD HOMES CORPORATION - 3445 SOUTH MAIN STREET - AKRON, OH 44319	23-7090131	501(C)3	25,000.	0.			TO CONVERT, SOUND-PROOF AND TECHNOLOGICALLY EQUIP FIVE COUNSELING-EDUCATION ROOMS
INTERVAL BROTHERHOOD HOMES CORPORATION - 3445 SOUTH MAIN STREET - AKRON, OH 44319	23-7090131	501(C)3	10,242.	0.			SPENDABLE INCOME 9/30/08
JUMPSTART INC. 737 BOLIVAR ROAD, SUITE 3000 CLEVELAND, OH 44115	34-1398522	501(C)3	25,000.	0.			FOR THE DEVELOPMENT OF IDEACROSSING 2.0
JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO, INC. - P.O. BOX 26006 - AKRON, OH 44319	34-0940986	501(C)3	10,000.	0.			TO SUPPORT JUNIOR ACHIEVEMENT PROGRAM IMPLEMENTATION IN SUMMIT COUNTY SCHOOLS
JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO, INC. - P.O. BOX 26006 - AKRON, OH 44319	34-0940986	501(C)3	7,197.	0.			SPENDABLE INCOME 3/31/08
JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO, INC. - P.O. BOX 26006 - AKRON, OH 44319	34-0940986	501(C)3	500.	0.			TO BE USED FOR THE 2008-2009 SCHOOL YEAR
JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO, INC. - P.O. BOX 26006 - AKRON, OH 44319	34-0940986	501(C)3	15,000.	0.			FOR THE JA MORE THAN MONEY PROGRAM

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(Form 990)

Department of the Treasury
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KEEP AKRON BEAUTIFUL 850 EAST MARKET STREET AKRON, OH 44305	34-1341298	501(C)3	10,000.	0.			FOR THE 2008-2009 FLOWERSCAPE PROGRAM
KEEP AKRON BEAUTIFUL 850 EAST MARKET STREET AKRON, OH 44305	34-1341298	501(C)3	2,500.	0.			FOR GENERAL OPERATION
KEEP AKRON BEAUTIFUL 850 EAST MARKET STREET AKRON, OH 44305	34-1341298	501(C)3	10,000.	0.			FOR GENERAL OPERATING SUPPORT
KEEP AKRON BEAUTIFUL 850 EAST MARKET STREET AKRON, OH 44305	34-1341298	501(C)3	100.	0.			CIVIC AFFAIRS GENERAL SUPPORT
KEEP AKRON BEAUTIFUL 850 EAST MARKET STREET AKRON, OH 44305	34-1341298	501(C)3	1,000.	0.			CIVIC AFFAIRS GENERAL SUPPORT
KEEP AKRON BEAUTIFUL 850 EAST MARKET STREET AKRON, OH 44305	34-1341298	501(C)3	250.	0.			CIVIC AFFAIRS GENERAL SUPPORT
KENT STATE UNIVERSITY PO BOX 5190 KENT, OH 44242	31-6402079	501(C)3	2,000.	0.			VINCENT COX
KENT STATE UNIVERSITY PO BOX 5190 KENT, OH 44242	31-6402079	501(C)3	3,733.	0.			LEANNIE ARBELAEZ

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832241 12-17-08

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1

(Form 990)

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Internal Revenue Service

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KENT STATE UNIVERSITY FOUNDATION INC. - 1061 FRATERNITY CIRCLE - KENT, OH 44242-0001	34-6576307	501(C)3	10,000.	0.			FOR THE WICK POETRY CENTER'S GIVING VOICE OUTREACH PROGRAM AT MILLER SOUTH SCHOOL
KENT STATE UNIVERSITY FOUNDATION INC. - 1061 FRATERNITY CIRCLE - KENT, OH 44242-0001	34-6576307	501(C)3	3,000.	0.			FOR THE PORTHOUSE THEATRE (GENERAL OPERATING)
LEADERSHIP AKRON ONE CASCADE PLAZA, 17TH FLOOR AKRON, OH 44308-1192	31-1655877	501(C)3	9,305.	0.			SPENDABLE INCOME 3/31/08
LEADERSHIP AKRON ONE CASCADE PLAZA, 17TH FLOOR AKRON, OH 44308-1192	31-1655877	501(C)3	9,620.	0.			CIVIC AFFAIRS GENERAL SUPPORT
LEADERSHIP AKRON ONE CASCADE PLAZA, 17TH FLOOR AKRON, OH 44308-1192	31-1655877	501(C)3	1,000.	0.			FOR THE ENDOWMENT FUND
LEADERSHIP AKRON ONE CASCADE PLAZA, 17TH FLOOR AKRON, OH 44308-1192	31-1655877	501(C)3	15,000.	0.			FOR PROGRAM SUPPORT FOR CLASS 25
LEADERSHIP AKRON ONE CASCADE PLAZA, 17TH FLOOR AKRON, OH 44308-1192	31-1655877	501(C)3	2,500.	0.			CIVIC AFFAIRS GENERAL SUPPORT
LET'S GROW AKRON INC. 467 HARVEY AVE. AKRON, OH 44314	34-1632443	501(C)3	15,000.	0.			FOR THE COMMUNITY GARDENING PROGRAM

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1

(Form 990)
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AKRON COMMUNITY FOUNDATION

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LET'S GROW AKRON INC. 467 HARVEY AVE. AKRON, OH 44314	34-1632443	501(C)3	10,000.	0.			TO MAKE RESOURCES AND TRAINING AVAILABLE TO INNER-CITY RESIDENTS TO GROW GARDENS
LET'S GROW AKRON INC. 467 HARVEY AVE. AKRON, OH 44314	34-1632443	501(C)3	100.	0.			CIVIC AFFAIRS GENERAL SUPPORT
LOYOLA OF THE LAKES JESUIT RETREAT HOUSE INC. - 700 KILLINGER ROAD - CLINTON, OH 44216	34-0960779	RELIGIOUS ORGANI	8,531.	0.			SPENDABLE INCOME 3/31/08 FOR THE RESIDENT PERFORMANCE PROGRAM, WHICH PROVIDES PROFESSIONAL THEATER
MAGICAL THEATRE COMPANY 565 W. TUSCARAWAS BARBERTON, OH 44203	34-1196629	501(C)3	10,000.	0.			TO ASSIST IN FUNDING THE RESIDENT PERFORMANCE PROGRAM FOR STUDENTS AND FAMILIES
MAGICAL THEATRE COMPANY 565 W. TUSCARAWAS BARBERTON, OH 44203	34-1196629	501(C)3	10,000.	0.			CULTURE - GENERAL SUPPORT
MAGICAL THEATRE COMPANY 565 W. TUSCARAWAS BARBERTON, OH 44203	34-1196629	501(C)3	200.	0.			FOR GENERAL OPERATING
MAGICAL THEATRE COMPANY 565 W. TUSCARAWAS BARBERTON, OH 44203	34-1196629	501(C)3	150.	0.			FOR THE 2009 CONCERT SEASON AND TO CONTINUE AND EXPAND EDUCATIONAL PROGRAMMING
MASTER SINGERS INC. 2280 RIDGEWOOD ROAD AKRON, OH 44313-4465	56-2291413	501(C)3	12,000.	0.			

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MATURE SERVICES INCORPORATED 415 S. PORTAGE PATH AKRON, OH 44320	51-0148544	501(C)3	3,000.	0.			TO SUBSIDIZE SENIORS AT THE FARMER'S MARKETS THIS SUMMER
MATURE SERVICES INCORPORATED 415 S. PORTAGE PATH AKRON, OH 44320	51-0148544	501(C)3	2,000.	0.			FOR THE GRAND PALS MENTORING PROGRAM
MATURE SERVICES INCORPORATED 415 S. PORTAGE PATH AKRON, OH 44320	51-0148544	501(C)3	10,000.	0.			FOR THE SENIOR FARMERS MARKET NUTRITION PROGRAM
MEDINA COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - P.O. BOX 135 - MEDINA, OH 44258-0135	34-1507786	501(C)3	60,000.	0.			ANIMAL CARE FACILITY IN MEDINA
MEDINA COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - P.O. BOX 135 - MEDINA, OH 44258-0135	34-1507786	501(C)3	2,500.	0.			CIVIC AFFAIRS GENERAL SUPPORT
MENTAL HEALTH AMERICA OF SUMMIT COUNTY INC. - 405 TALLMADGE ROAD - CUYAHOGA FALLS, OH 44221	34-0840366	501(C)3	2,000.	0.			FOR GENERAL OPERATING COSTS
MENTAL HEALTH AMERICA OF SUMMIT COUNTY INC. - 405 TALLMADGE ROAD - CUYAHOGA FALLS, OH 44221	34-0840366	501(C)3	12,000.	0.			FOR THE PEERS PROJECT PROVIDING SUPPORT AND ADVOCACY FOR FAMILIES
METRO PARKS, SERVING SUMMIT COUNTY 975 TREATY LINE ROAD AKRON, OH 44313-5837	34-6553677	501(C)3	5,125.	0.			2008 ANNUAL SPENDABLE INCOME

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MILLWORKS GALLERY INC. 106 N. MAIN ST. AKRON, OH 44308	34-1756117	501(C)3	10,000.	0.			CULTURE - GENERAL SUPPORT
MINORITY HEALTH ROUNDTABLE AKRON URBAN LEAGUE AKRON, OH 44307	34-1219001	501(C)3	5,000.	0.			FOR OPERATIONS AND PROGRAMMING
MINORITY HEALTH ROUNDTABLE AKRON URBAN LEAGUE AKRON, OH 44307	34-1219001	501(C)3	5,000.	0.			TO SUPPORT COLLABORATIVE EFFORTS TO IMPROVE THE HEALTH OF MINORITY POPULATIONS IN SUMMIT
MOBILE MEALS FOUNDATION 1063 S. BROADWAY AKRON, OH 44311-2340	34-1460222	501(C)3	35,000.	0.			FOR FOOD OPERATIONS
MOBILE MEALS FOUNDATION 1063 S. BROADWAY AKRON, OH 44311-2340	34-1460222	501(C)3	250.	0.			HUMAN SERVICES GENERAL SUPPORT
MOBILE MEALS INC. 1063 SOUTH BROADWAY STREET AKRON, OH 44311	34-1109890	501(C)3	10,000.	0.			TO UPGRADE AND ENHANCE COMPUTER CAPACITY
MOBILE MEALS INC. 1063 SOUTH BROADWAY STREET AKRON, OH 44311	34-1109890	501(C)3	20,000.	0.			FOR OPERATIONS
MONTROSE-ZION UNITED METHODIST CHURCH - 565 N. CLEVELAND-MASSILLON RD. - AKRON, OH 44313	34-1415202	CHURCH	10,270.	0.			GENERAL SUPPORT

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MONTROSE-ZION UNITED METHODIST CHURCH - 565 N. CLEVELAND-MASSILLON RD. - AKRON, OH 44313	34-1415202	CHURCH	850.	0.			GENERAL SUPPORT
MONTROSE-ZION UNITED METHODIST CHURCH - 565 N. CLEVELAND-MASSILLON RD. - AKRON, OH 44313	34-1415202	CHURCH	8,300.	0.			GENERAL SUPPORT
MUSICAL ARTS ASSOCIATION THE CLEVELAND ORCHESTRA - SEVERANCE HALL - CLEVELAND, OH 44106-9822	34-0714468	501(C)3	30,000.	0.			FOR MARKETING AND PROMOTIONAL EXPENSES FOR THE 2008 BLOSSOM FESTIVAL
MUSICAL ARTS ASSOCIATION THE CLEVELAND ORCHESTRA - SEVERANCE HALL - CLEVELAND, OH 44106-9822	34-0714468	501(C)3	1,000.	0.			CULTURE - GENERAL SUPPORT
MUSICAL ARTS ASSOCIATION THE CLEVELAND ORCHESTRA - SEVERANCE HALL - CLEVELAND, OH 44106-9822	34-0714468	501(C)3	341.	0.			2008 ANNUAL FUND TO PROVIDE FINANCIAL COUNSELING AND LITERACY TRAINING TO 170 INDIVIDUALS
MUSTARD SEED DEVELOPMENT CENTER 1357 HOME AVE AKRON, OH 44310	34-1920318	501(C)3	30,000.	0.			FOR THE FINANCIAL LITERACY AND FORECLOSURE PREVENTION PROGRAM
MUSTARD SEED DEVELOPMENT CENTER 1357 HOME AVE AKRON, OH 44310	34-1920318	501(C)3	14,000.	0.			FOR SEVEN CAMPS IN AKRON (SUMMER '09) & TWENTY CLUBS AT APS & EMMANUEL CHRISTIAN ACADEMY (SPRING
NATIONAL INVENTORS HALL OF FAME FOUNDATION, INC. - 221 S. BROADWAY STREET - AKRON, OH 44308	34-1580038	501(C)3	179,000.	0.			

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34-1087615

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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. - 221 SOUTH BROADWAY - AKRON, OH 44308-1505	52-1088781	501(C)3	5,869.	0.			SPENDABLE INCOME 3/31/08
NATIONAL INVENTORS HALL OF FAME INC. - 221 SOUTH BROADWAY - AKRON, OH 44308-1505	52-1088781	501(C)3	5,000.	0.			GENERAL SUPPORT
NATIONAL INVENTORS HALL OF FAME INC. - 221 SOUTH BROADWAY - AKRON, OH 44308-1505	52-1088781	501(C)3	8,224.	0.			SPENDABLE INCOME 6/30/08
NATIONAL INVENTORS HALL OF FAME INC. - 221 SOUTH BROADWAY - AKRON, OH 44308-1505	52-1088781	501(C)3	6,285.	0.			SPENDABLE INCOME 9/30/08
NATIONAL INVENTORS HALL OF FAME INC. - 221 SOUTH BROADWAY - AKRON, OH 44308-1505	52-1088781	501(C)3	8,546.	0.			SPENDABLE INCOME 12/31/08
NATIONAL INVENTORS HALL OF FAME INC. - 221 SOUTH BROADWAY - AKRON, OH 44308-1505	52-1088781	501(C)3					FOR A "\$2,500" SPONSORSHIP (NO TICKETS TO EVENT) IN SUPPORT OF THE 2009 INDUCTION
NORTHEASTERN EDUCATIONAL TELEVISION OF OHIO INC. - 1750 CAMPUS CENTER DR. - KENT, OH 44240-5191	34-1123819	501(C)3	2,300.	0.			FOR PRODUCTION OF TWO PROGRAMS RELATED TO AKRON SYMPHONY ORCHESTRA'S ANNUAL GOSPEL MEETS
NORTHEASTERN EDUCATIONAL TELEVISION OF OHIO INC. - 1750 CAMPUS CENTER DR. - KENT, OH 44240-5191	34-1123819	501(C)3	15,000.	0.			TO SUPPORT MEDIA AT THE AKRON BEACON JOURNAL'S COMMUNITY FORUM ON ECONOMIC ISSUES
	34-1123819	501(C)3	3,400.	0.			

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

SCHEDULE I-1

(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number

34-1087615

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 CANAL CORRIDOR COALITION INC. - 520 S. MAIN ST., SUITE 2452 - AKRON, OH 44311	34-1636766	501(C)3	1,000.	0.			FOR OPERATIONS
OHIO & ERIE CANAL CORRIDOR COALITION INC. - 520 S. MAIN ST., SUITE 2452 - AKRON, OH 44311	34-1636766	501(C)3	500.	0.			FOR THE HOWE HOUSE RESTORATION
OHIO & ERIE CANAL CORRIDOR COALITION INC. - 520 S. MAIN ST., SUITE 2452 - AKRON, OH 44311	34-1636766	501(C)3	1,000.	0.			FOR GENERAL OPERATIONS
OHIO & ERIE CANAL CORRIDOR COALITION INC. - 520 S. MAIN ST., SUITE 2452 - AKRON, OH 44311	34-1636766	501(C)3	10,000.	0.			FOR SUPPORT OF TUSCARAWAS COUNTY PROJECTS
OHIO FOUNDATION OF INDEPENDENT COLLEGES INC. - 250 E. BROAD STREET, SUITE 1700 - COLUMBUS, OH 43215-3722	31-4441082	501(C)3	300.	0.			EDUCATE GENERAL SUPPORT
OHIO FOUNDATION OF INDEPENDENT COLLEGES INC. - 250 E. BROAD STREET, SUITE 1700 - COLUMBUS, OH 43215-3722	31-4441082	501(C)3	1,100.	0.			FOR OFIC'S 2008-09 STATEWIDE CAMPAIGN
OHIO FOUNDATION OF INDEPENDENT COLLEGES INC. - 250 E. BROAD STREET, SUITE 1700 - COLUMBUS, OH 43215-3722	31-4441082	501(C)3	100,000.	0.			FOR PLANNING GRANT FOR THE AKRON BRIDGES PROGRAM AND TO FUND 24 SCHOLARSHIPS
OHIO GRANTMAKERS FORUM 37 WEST BROAD ST., SUITE 800 COLUMBUS, OH 43215-4198	31-1111842	501(C)3	9,500.	0.			FOR OPERATING SUPPORT

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Internal Revenue Service

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OLD TRAIL SCHOOL 2315 IRA ROAD BATH, OH 44210	34-0737805	501(C)3	3,000.	0.			FOR THE ENDORSEMENT FUND
OLD TRAIL SCHOOL 2315 IRA ROAD BATH, OH 44210	34-0737805	501(C)3	341.	0.			2008 ANNUAL FUNDS
OLD TRAIL SCHOOL 2315 IRA ROAD BATH, OH 44210	34-0737805	501(C)3	2,500.	0.			FOR THE ANNUAL FUND
OLD TRAIL SCHOOL 2315 IRA ROAD BATH, OH 44210	34-0737805	501(C)3	1,000.	0.			FOR THE ANNUAL FUND
OLD TRAIL SCHOOL 2315 IRA ROAD BATH, OH 44210	34-0737805	501(C)3	100.	0.			EDUCATE GENERAL SUPPORT
OLD TRAIL SCHOOL 2315 IRA ROAD BATH, OH 44210	34-0737805	501(C)3	250.	0.			IN HONOR OF PAUL FRANK TO SUPPORT THE FIRST PHASE OF THE AKRON WIRELESS PROJECT, PROVIDING FREE INTERNET
ONECOMMUNITY 800 WEST ST., CLAIR CLEVELAND, OH 44113	52-2443602	501(C)3	25,000.	0.			FOR ADOPT-A-KID SUMMER CAMP
OPPORTUNITY PARISH ECUMENICAL NEIGHBORHOOD - - 941 PRINCETON STREET - AKRON, OH 44311	34-1046107	501(C)3	330.	0.			

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Schedule I-1 (Form 990) 2008

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OPPORTUNITY PARISH ECUMENICAL NEIGHBORHOOD- - 941 PRINCETON STREET - AKRON, OH 44311	34-1046107	501(C)3	1,000.	0.			IN HONOR OF JODY BACON RETIRING PRESIDENT OF AKRON COMMUNITY FOUNDATION
OPPORTUNITY PARISH ECUMENICAL NEIGHBORHOOD- - 941 PRINCETON STREET - AKRON, OH 44311	34-1046107	501(C)3	500.	0.			HUMAN SERVICES GENERAL SUPPORT
OPPORTUNITY PARISH ECUMENICAL NEIGHBORHOOD- - 941 PRINCETON STREET - AKRON, OH 44311	34-1046107	501(C)3	500.	0.			HUMAN SERVICES GENERAL SUPPORT
OPPORTUNITY PARISH ECUMENICAL NEIGHBORHOOD- - 941 PRINCETON STREET - AKRON, OH 44311	34-1046107	501(C)3	25,000.	0.			TO PROVIDE FREE MEDICAL TREATMENT TO THE UNINSURED WORKING POOR
OPPORTUNITY PARISH ECUMENICAL NEIGHBORHOOD- - 941 PRINCETON STREET - AKRON, OH 44311	34-1046107	501(C)3	1,000.	0.			FOR CHRISTMAS BASKETS
OPPORTUNITY PARISH ECUMENICAL NEIGHBORHOOD- - 941 PRINCETON STREET - AKRON, OH 44311	34-1046107	501(C)3	40,000.	0.			FOR OPERATIONS OF OPEN M'S FREE CLINIC
OPPORTUNITY PARISH ECUMENICAL NEIGHBORHOOD- - 941 PRINCETON STREET - AKRON, OH 44311	34-1046107	501(C)3	20,037.	0.			SPENDABLE INCOME 9/30/08
OPPORTUNITY PARISH ECUMENICAL NEIGHBORHOOD- - 941 PRINCETON STREET - AKRON, OH 44311	34-1046107	501(C)3	500.	0.			FOR OPERATIONS

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**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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OMB No. 1545-0047

2008

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OUR LADY OF THE ELMS HIGH SCHOOL 1375 WEST EXCHANGE STREET AKRON, OH 44313	34-1910169	501(C)3	4,500.	0.			PURCHASE OF TECHNOLOGY AND COLLABORATIVE TEACHER TRAINING
OUR LADY OF THE ELMS HIGH SCHOOL 1375 WEST EXCHANGE STREET AKRON, OH 44313	34-1910169	501(C)3	2,000.	0.			EDUCATE GENERAL SUPPORT
OUR LADY STAR OF THE SEA CATHOLIC CHURCH - 545 A1A NORTH - PONTE VEDRA BEACH, FL 32082	59-1430331	501(C)3	25,000.	0.			FOR THE EXTENTION FUND TO SUPPORT BUILDING A STRONGER FUTURE; RENOVATING THE HEADQUARTERS OF PPNEO
PLANNED PARENTHOOD OF NORTHEAST OHIO - 444 W. EXCHANGE STREET - AKRON, OH 44302	34-1015976	501(C)3	10,000.	0.			
PLANNED PARENTHOOD OF NORTHEAST OHIO - 444 W. EXCHANGE STREET - AKRON, OH 44302	34-1015976	501(C)3	1,632.	0.			SPENDABLE INCOME 3/31/08
PLANNED PARENTHOOD OF NORTHEAST OHIO - 444 W. EXCHANGE STREET - AKRON, OH 44302	34-1015976	501(C)3	4,000.	0.			FOR GENERAL OPERATING COSTS
PLANNED PARENTHOOD OF NORTHEAST OHIO - 444 W. EXCHANGE STREET - AKRON, OH 44302	34-1015976	501(C)3	1,000.	0.			FOR THE THANK GOODNESS I'M A FEMALE! (TGIF) PROGRAM FOR 11-14 YEAR OLD GIRLS
PLANNED PARENTHOOD OF NORTHEAST OHIO - 444 W. EXCHANGE STREET - AKRON, OH 44302	34-1015976	501(C)3	2,000.	0.			HEALTH - GENERAL SUPPORT

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832241 12-17-08

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)
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Internal Revenue Service

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PLANNED PARENTHOOD OF NORTHEAST OHIO - 444 W. EXCHANGE STREET - AKRON, OH 44302	34-1015976	501(C)3	1,000.	0.			HEALTH - GENERAL SUPPORT
PLANNED PARENTHOOD OF NORTHEAST OHIO - 444 W. EXCHANGE STREET - AKRON, OH 44302	34-1015976	501(C)3	10,000.	0.			FOR THE TEENS TALKING TO TEENS PROGRAM
PLANNED PARENTHOOD OF NORTHEAST OHIO - 444 W. EXCHANGE STREET - AKRON, OH 44302	34-1015976	501(C)3	100.	0.			HEALTH - GENERAL SUPPORT
PLANNED PARENTHOOD OF NORTHEAST OHIO - 444 W. EXCHANGE STREET - AKRON, OH 44302	34-1015976	501(C)3	650.	0.			HEALTH - GENERAL SUPPORT
PLANNED PARENTHOOD OF NORTHEAST OHIO - 444 W. EXCHANGE STREET - AKRON, OH 44302	34-1015976	501(C)3	1,000.	0.			FOR THE ROBERTA E. ABER FUND
PREGNANCY CARE OF SUMMIT COUNTY INC. - 195 EAST TALLMADGE AVENUE - AKRON, OH 44310	23-7176524	501(C)3	10,000.	0.			FOR A SERIES OF TEEN PARENTING CLASSES
PREGNANCY CARE OF SUMMIT COUNTY INC. - 195 EAST TALLMADGE AVENUE - AKRON, OH 44310	23-7176524	501(C)3	1,000.	0.			HEALTH - GENERAL SUPPORT
PROJECT ALL READING CHILDREN INC. 9810 RAVENNA RD, SUITE 1 TWINSBURG, OH 44087	32-0020345	501(C)3	15,000.	0.			FOR TUTORING SERVICES FOR UNDER-ACHIEVING K-12 STUDENTS AND A SUMMER PROGRAM

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PROJECT GRAD AKRON 65 STEINER AVENUE, SUITE 211 AKRON, OH 44301	16-1639511	501(C)3	25,000.	0.			FOR LITERACY COACHING AT FOUR AKRON PUBLIC ELEMENTARY SCHOOLS
PROJECT LEARN OF SUMMIT COUNTY 60 SOUTH HIGH STREET AKRON, OH 44326	34-1491695	501(C)3	10,000.	0.			TO COVER THE COSTS OF PRINTED MATERIALS AND WEBSITE MAINTENANCE USED IN OUTREACH ACTIVITIES
PROJECT LEARN OF SUMMIT COUNTY 60 SOUTH HIGH STREET AKRON, OH 44326	34-1491695	501(C)3	30,000.	0.			FOR 2009 OPERATING SUPPORT
PROJECT LEARN OF SUMMIT COUNTY 60 SOUTH HIGH STREET AKRON, OH 44326	34-1491695	501(C)3	15,000.	0.			FOR THE TRANSITION TO COLLEGE INITIATIVE
PROJECT LEARN OF SUMMIT COUNTY 60 SOUTH HIGH STREET AKRON, OH 44326	34-1491695	501(C)3	6,034.	0.			SPENDABLE INCOME 9/30/08
PROJECT R.I.S.E., AKRON PUBLIC SCHOOLS - 65 STEINER AVENUE - AKRON, OH 44301	34-6000033	501(C)3	10,000.	0.			FOR THE PACT (PERFORMING ARTS CAN TEACH) RISE PROGRAM
PROJECT SHINE P.O. BOX 3895 AKRON, OH 44314	55-0868524	501(C)3	3,500.	0.			TO ASSIST VOLUNTEERS IN KENMORE WITH HOME IMPROVEMENTS
PROJECT SHINE P.O. BOX 3895 AKRON, OH 44314	55-0868524	501(C)3	3,500.	0.			FOR PURPOSES OF PROVIDING SCHOLARSHIPS FOR INDIVIDUALS TO PROVIDE COMMUNITY SERVICE

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REBUILDING TOGETHER SUMMIT COUNTY INC. - 788 DONALD AVENUE - AKRON, OH 44306	34-1814515	501(C)3	20,000.	0.			FOR THE EMERGENCY HOME REPAIR PROGRAM FOR LOW-INCOME ELDERLY AND DISABLED HOMEOWNERS
REBUILDING TOGETHER SUMMIT COUNTY INC. - 788 DONALD AVENUE - AKRON, OH 44306	34-1814515	501(C)3	50,000.	0.			FOR 2009 OPERATING SUPPORT AND THE ADDITION OF A SECOND YEAR AMERICORPS SERVICE
REVERE LOCAL SCHOOL DISTRICT P.O. BOX 340 BATH, OH 44210	34-6000201	POLITICAL SUBDI	5,395.	0.			FOR THE TURF INITIATIVE
RIVERWALK JAZZ PO BOX 831632 SAN ANTONIO, TX 78283-1632	52-2403460	501(C)3	25,000.	0.			CULTURE - GENERAL SUPPORT
RIVERWALK JAZZ PO BOX 831632 SAN ANTONIO, TX 78283-1632	52-2403460	501(C)3	6,000.	0.			CULTURE - GENERAL SUPPORT
SAY YES TO TENNIS 812 RUSSELL AVENUE AKRON, OH 44307	34-1616377	501(C)3	15,000.	0.			FOR PARENTS IN THE GAME, A TENNIS PROGRAM FOR ELEMENTARY SCHOOL STUDENTS AND THEIR
SERVICE CORPS OF RETIRED EXECUTIVES ASSOCIATION - AKRON CHAPTER - ONE CASCADE PLAZA, 18TH FLOOR - AKRON, OH 44308	34-1630378	501(C)3	30,000.	0.			FOR GENERAL OPERATIONS
SHELTER CARE INC. 32 SOUTH AVE. TALLMADGE, OH 44278	34-1172458	501(C)3	7,500.	0.			FOR A REMODELING PROJECT AT THE SAFE LANDING YOUTH SHELTER FOR BOYS

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SHELTER CARE INC. 32 SOUTH AVE. TALLMADGE, OH 44278	34-1172458	501(C)3	12,500.	0.			FOR RENOVATIONS AT THE SAFE LANDING YOUTH SHELTER FOR BOYS
SHELTER CARE INC. 32 SOUTH AVE. TALLMADGE, OH 44278	34-1172458	501(C)3	5,000.	0.			TO COMPLETE A REMODELING PROJECT AT THE SAFE LANDING YOUTH SHELTER FOR BOYS
SISTERS OF SAINT DOMINIC OF AKRON, OHIO - CROWN POINT FARM - BATH, OH 44210	34-0714690	501(C)3	10,500.	0.			FOR UP TO 60 YOUTH TO ATTEND THE 2009 SUMMER FARM AND SCIENCE SCHOOL AT CROWN POINT
SISTERS OF SAINT DOMINIC OF AKRON, OHIO - CROWN POINT FARM - BATH, OH 44210	34-0714690	501(C)3	8,800.	0.			FOR CROWN POINT ECOLOGY CENTER, OF WHICH \$6,000 IS FOR SEEDS AND SUPPLIES AND \$2,800 IS FOR FIELDS
SISTERS OF SAINT DOMINIC OF AKRON, OHIO - CROWN POINT FARM - BATH, OH 44210	34-0714690	501(C)3	100.	0.			FOR THE CROWN POINT ECOLOGY CENTER
SOCIETY OF ST. VINCENT DE PAUL, ST. HILARY CHURCH - 2750 WEST MARKET ST. - AKRON, OH 44333	34-1011571	501(C)3	12,000.	0.			FOR AIM HIGH WHICH PROVIDES NEEDY CHILDREN WITH DONATED COMPUTERS
SPRING GARDEN WALDORF SCHOOL 1791 S. JACOB ROAD COPLEY, OH 44321	34-1512962	501(C)3	3,000.	0.			FOR TUITION SCHOLARSHIPS
SPRING GARDEN WALDORF SCHOOL 1791 S. JACOB ROAD COPLEY, OH 44321	34-1512962	501(C)3	3,000.	0.			FOR A NEW WASTE WATER TREATMENT SYSTEM

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AKRON COMMUNITY FOUNDATION

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ST. MATTHEW EVANGELICAL LUTHERAN CHURCH - 400 N. BROADWAY STREET - MEDINA, OH 44256	34-1158557	501(C)3	12,000.	0.			QUARTERLY DISTRIBUTION
ST. MATTHEW EVANGELICAL LUTHERAN CHURCH - 400 N. BROADWAY STREET - MEDINA, OH 44256	34-1158557	501(C)3	12,000.	0.			QUARTERLY DISTRIBUTION
ST. MATTHEW EVANGELICAL LUTHERAN CHURCH - 400 N. BROADWAY STREET - MEDINA, OH 44256	34-1158557	501(C)3	8,000.	0.			QUARTERLY DISTRIBUTION
ST. MATTHEW EVANGELICAL LUTHERAN CHURCH - 400 N. BROADWAY STREET - MEDINA, OH 44256	34-1158557	501(C)3	8,000.	0.			QUARTERLY DISTRIBUTION
ST. VINCENT - ST. MARY HIGH SCHOOL 15 N. MAPLE STREET AKRON, OH 44303	34-1686290	501(C)3	6,000.	0.			EDUCATE GENERAL SUPPORT
ST. VINCENT - ST. MARY HIGH SCHOOL 15 N. MAPLE STREET AKRON, OH 44303	34-1686290	501(C)3	50,000.	0.			EDUCATE GENERAL SUPPORT
ST. VINCENT - ST. MARY HIGH SCHOOL 15 N. MAPLE STREET AKRON, OH 44303	34-1686290	501(C)3	4,500.	0.			PURCHASE OF TECHNOLOGY AND COLLABORATIVE TEACHER TRAINING
ST. VINCENT - ST. MARY HIGH SCHOOL 15 N. MAPLE STREET AKRON, OH 44303	34-1686290	501(C)3	41,000.	0.			EDUCATE GENERAL SUPPORT

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OMB No. 1545-0047
 2008
 Open to Public
 Inspection

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number
34-1087615

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 N. MAPLE STREET AKRON, OH 44303	34-1686290	501(C)3	10,000.	0.			EDUCATE GENERAL SUPPORT
STAN HYWET HALL & GARDENS INC. 714 N. PORTAGE PATH AKRON, OH 44303-1399	34-0819149	501(C)3	20,000.	0.			FOR RESTORATION OF THE MANOR HOUSE'S 1916 AEOLIAN ORGAN
STAN HYWET HALL & GARDENS INC. 714 N. PORTAGE PATH AKRON, OH 44303-1399	34-0819149	501(C)3	10,000.	0.			TO UPGRADE SOFTWARE
STAN HYWET HALL & GARDENS INC. 714 N. PORTAGE PATH AKRON, OH 44303-1399	34-0819149	501(C)3	3,000.	0.			FOR THE AEOLIAN ORGAN RESTORATION
STAN HYWET HALL & GARDENS INC. 714 N. PORTAGE PATH AKRON, OH 44303-1399	34-0819149	501(C)3	1,000.	0.			CULTURE - GENERAL SUPPORT
STAN HYWET HALL & GARDENS INC. 714 N. PORTAGE PATH AKRON, OH 44303-1399	34-0819149	501(C)3	341.	0.			2008 ANNUAL FUNDS
STAN HYWET HALL & GARDENS INC. 714 N. PORTAGE PATH AKRON, OH 44303-1399	34-0819149	501(C)3	500.	0.			FOR THE ANNUAL FUND
STAN HYWET HALL & GARDENS INC. 714 N. PORTAGE PATH AKRON, OH 44303-1399	34-0819149	501(C)3	300.	0.			FOR THE AEOLIAN ORGAN RESTORATION, IN MEMORY OF JOHN & CORA GUDIKUNST

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

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STAN HYWET HALL & GARDENS INC. 714 N. PORTAGE PATH AKRON, OH 44303-1399	34-0819149	501(C)3	1,000.	0.			FOR THE ANNUAL FUND
STAN HYWET HALL & GARDENS INC. 714 N. PORTAGE PATH AKRON, OH 44303-1399	34-0819149	501(C)3	500.	0.			FOR THE ANNUAL FUND
STAN HYWET HALL & GARDENS INC. 714 N. PORTAGE PATH AKRON, OH 44303-1399	34-0819149	501(C)3	1,500.	0.			CULTURE - GENERAL SUPPORT
STAN HYWET HALL & GARDENS INC. 714 N. PORTAGE PATH AKRON, OH 44303-1399	34-0819149	501(C)3	1,000.	0.			CULTURE - GENERAL SUPPORT
STAN HYWET HALL & GARDENS INC. 714 N. PORTAGE PATH AKRON, OH 44303-1399	34-0819149	501(C)3	250.	0.			FOR THE ANNUAL FUND
STAN HYWET HALL & GARDENS INC. 714 N. PORTAGE PATH AKRON, OH 44303-1399	34-0819149	501(C)3	1,000.	0.			CULTURE - GENERAL SUPPORT
STEWART'S CARING PLACE INC. 2955 W. MARKET STREET, SUITE R AKRON, OH 44334	20-0181338	501(C)3	300.	0.			HEALTH - GENERAL SUPPORT
STEWART'S CARING PLACE INC. 2955 W. MARKET STREET, SUITE R AKRON, OH 44334	20-0181338	501(C)3	15,000.	0.			FOR CAPACITY BUILDING

2 Enter total number of Section 501(c)(3) and government organizations

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832241 12-17-08

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
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Department of the Treasury
Internal Revenue Service

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STEWART'S CARING PLACE INC. 2955 W. MARKET STREET, SUITE R AKRON, OH 44334	20-0181338	501(C)3	200.	0.			IN HONOR OF ED KELLERMAN'S 90TH BIRTHDAY		
STEWART'S CARING PLACE INC. 2955 W. MARKET STREET, SUITE R AKRON, OH 44334	20-0181338	501(C)3	200.	0.			FOR GENERAL OPERATING		
SUMMA FOUNDATION 525 EAST MARKET STREET AKRON, OH 44304	34-1219001	501(C)3	250,000.	0.			FOR THE JUDITH A. AND ROGER T. READ FUND FOR ONCOLOGY		
SUMMA FOUNDATION 525 EAST MARKET STREET AKRON, OH 44304	34-1219001	501(C)3	500.	0.			FOR THE CHARLES H. LOUGHRY BREAST CANCER RESEARCH FUND		
SUMMA FOUNDATION 525 EAST MARKET STREET AKRON, OH 44304	34-1219001	501(C)3	68,954.	0.			FOR THE WALTER A. HOYT, JR. MUSCULOSKELETAL RESEARCH LABORATORY		
SUMMA FOUNDATION 525 EAST MARKET STREET AKRON, OH 44304	34-1219001	501(C)3	4,500.	0.			FOR THE WALTER A. HOYT, JR. MUSCULOSKELETAL RESEARCH LABORATORY		
SUMMA FOUNDATION 525 EAST MARKET STREET AKRON, OH 44304	34-1219001	501(C)3	15,000.	0.			FOR THE WALTER A. HOYT, JR. MUSCULOSKELETAL RESEARCH LABORATORY		
SUMMA FOUNDATION 525 EAST MARKET STREET AKRON, OH 44304	34-1219001	501(C)3	2,500.	0.			HEALTH - GENERAL SUPPORT		

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SUMMA HEALTH SYSTEM 525 E. MARKET STREET AKRON, OH 44309-2090	34-1887844	501(C)3	9,000.	0.			FOR THE DEPARTMENT OF ORTHOPAEDIC SURGERY ACCOUNT
SUMMA HEALTH SYSTEM 525 E. MARKET STREET AKRON, OH 44309-2090	34-1887844	501(C)3	1,000.	0.			HEALTH - GENERAL SUPPORT
SUMMIT ANIMAL COALITION 4904 QUICK ROAD PENINSULA, OH 44264	23-7060744	501(C)3	2,950.	0.			TO SPAY AND NEUTER FERAL AND STRAY CATS
SUMMIT ANIMAL COALITION 4904 QUICK ROAD PENINSULA, OH 44264	23-7060744	501(C)3	13,000.	0.			FOR EDUCATION AND OUTREACH RELATED TO FERAL CAT SPAY AND NEUTER EFFORTS IN SUMMIT COUNTY
SUMMIT ANIMAL COALITION 4904 QUICK ROAD PENINSULA, OH 44264	23-7060744	501(C)3	1,890.	0.			SPAY/NEUTER PROGRAM
SUMMIT ANIMAL COALITION 4904 QUICK ROAD PENINSULA, OH 44264	23-7060744	501(C)3	3,004.	0.			FOR THE SUMMIT ANIMAL COALITION'S SPAY/NEUTER PROGRAM
SUMMIT COUNTY FAMILY & CHILDREN FIRST COUNCIL - 1100 GRAHAM ROAD CIRCLE - STOW, OH 44224	34-6002767	COUNTY GOVT	65,000.	0.			TO IMPLEMENT A CHILD FIND COORDINATION PROJECT FOR FAMILIES AND CHILDREN.
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON, OHIO - 550 COPLEY ROAD - AKRON, OH 44320	34-0766170	501(C)3	5,000.	0.			FOR GENERAL OPERATING COSTS

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SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON, OHIO - 550 COPLEY ROAD - AKRON, OH 44320	34-0766170	501(C)3	4,200.	0.			FOR THE RUBBER CITY ROAD RALLY
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON, OHIO - 550 COPLEY ROAD - AKRON, OH 44320	34-0766170	501(C)3	5,000.	0.			FOR THE ENDOWMENT FUND
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON, OHIO - 550 COPLEY ROAD - AKRON, OH 44320	34-0766170	501(C)3	5,000.	0.			FOR THE ENDOWMENT CAMPAIGN
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON, OHIO - 550 COPLEY ROAD - AKRON, OH 44320	34-0766170	501(C)3	4,200.	0.			FOR THE 2009 RUBBER CITY ROAD RALLY
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON, OHIO - 550 COPLEY ROAD - AKRON, OH 44320	34-0766170	501(C)3	5,000.	0.			FOR THE ENDOWMENT FUND
SUMMIT COUNTY SHERIFF'S OFFICE 53 UNIVERSITY AVENUE AKRON, OH 44308	34-6002767	COUNTY GOVT	10,000.	0.			TO EXPAND THE JUVENILE DIVERSION PROGRAM TO NEW FRANKLIN AND NORTHFIELD CENTER TOWNSHIP
SUMMIT EDUCATION INITIATIVE 520 S. MAIN STREET, SUITE 2455 AKRON, OH 44311-1010	34-1843220	501(C)3	111,739.	0.			SPENDABLE INCOME 6/30/2009
SUMMIT EDUCATION INITIATIVE 520 S. MAIN STREET, SUITE 2455 AKRON, OH 44311-1010	34-1843220	501(C)3	111,739.	0.			SPENDABLE INCOME 9/30/2008

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(Form 990)

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SUMMIT EDUCATION INITIATIVE 520 S. MAIN STREET, SUITE 2455 AKRON, OH 44311-1010	34-1843220	501(C)3	20,000.	0.			FOR DESTINATION COLLEGE
SUMMIT EDUCATION INITIATIVE 520 S. MAIN STREET, SUITE 2455 AKRON, OH 44311-1010	34-1843220	501(C)3	111,739.	0.			SPENDABLE INCOME 12/31/2008
SUMMIT EDUCATION INITIATIVE 520 S. MAIN STREET, SUITE 2455 AKRON, OH 44311-1010	34-1843220	501(C)3	3,736.	0.			SPENDABLE INCOME 9/30/08
SUMMIT EDUCATION INITIATIVE 520 S. MAIN STREET, SUITE 2455 AKRON, OH 44311-1010	34-1843220	501(C)3	111,739.	0.			SPENDABLE INCOME 3/31/09
SUMMIT WORKFORCE SOLUTIONS 1040 EAST TALLMADGE AVENUE AKRON, OH 44310	34-2019627	501(C)3	20,000.	0.			TO SUPPORT PLANNING AND DEVELOPMENT TOWARD EXPANDING THE JOB CENTER
TEMPLE ISRAEL 133 MERRIMAN ROAD AKRON, OH 44303-1998	34-0719171	RELIGIOUS ORGANI	5,000.	0.			FOR THE ENDOWMENT FUND
TEMPLE ISRAEL 133 MERRIMAN ROAD AKRON, OH 44303-1998	34-0719171	RELIGIOUS ORGANI	8,200.	0.			GENERAL SUPPORT
TEMPLE ISRAEL 133 MERRIMAN ROAD AKRON, OH 44303-1998	34-0719171	RELIGIOUS ORGANI	3,000.	0.			GENERAL SUPPORT

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TEMPLE ISRAEL 133 MERRIMAN ROAD AKRON, OH 44303-1998	34-0719171	RELIGIOUS ORGANIZATION	100.	0.			FOR THE SUMMIT COUNTY CHILDREN'S SERVICES DONATION MATCH PROGRAM "SOCIAL ACTION BEDS"
THE ARC OF SUMMIT & PORTAGE COUNTIES INC. - 3869 DARROW ROAD, SUITE 109 - STOW, OH 44224	34-0701590	501(C)3	3,014.	0.			SPENDABLE INCOME 3/31/08
THE ARC OF SUMMIT & PORTAGE COUNTIES INC. - 3869 DARROW ROAD, SUITE 109 - STOW, OH 44224	34-0701590	501(C)3	3,079.	0.			SPENDABLE INCOME 6/30/08
THE ARC OF SUMMIT & PORTAGE COUNTIES INC. - 3869 DARROW ROAD, SUITE 109 - STOW, OH 44224	34-0701590	501(C)3	3,152.	0.			SPENDABLE INCOME 9/30/08
THE ARC OF SUMMIT & PORTAGE COUNTIES INC. - 3869 DARROW ROAD, SUITE 109 - STOW, OH 44224	34-0701590	501(C)3	15,000.	0.			FOR THE PEOPLE TOGETHER DISABILITY AWARENESS PROGRAM
THE ARC OF SUMMIT & PORTAGE COUNTIES INC. - 3869 DARROW ROAD, SUITE 109 - STOW, OH 44224	34-0701590	501(C)3	49,900.	0.			FOR OPERATING SUPPORT
THE ARC OF SUMMIT & PORTAGE COUNTIES INC. - 3869 DARROW ROAD, SUITE 109 - STOW, OH 44224	34-0701590	501(C)3	3,168.	0.			SPENDABLE INCOME 12/31/08
THE BUTCH REYNOLDS CARE FOR KIDS FOUNDATION - 825 FULLER STREET - AKRON, OH 44306	31-1454650	501(C)3	15,000.	0.			FOR A YOUTH OBESITY CONTROL PROGRAM

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832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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THE FIRST TEE OF AKRON INC. 2000 S. HAWKINS AVENUE AKRON, OH 44319	34-1886744	501(C)3	10,000.	0.			FOR 2009 OPERATING COSTS
THE FOUNDATION CENTER CLEVELAND 1422 EUCLID AVENUE, SUITE 1600 CLEVELAND, OH 44115-2001	13-1837418	501(C)3	3,250.	0.			FOR 2008 PROGRAMMING RELATED TO CAPACITY BUILDING OF AREA NONPROFITS
THE FOUNDATION CENTER CLEVELAND 1422 EUCLID AVENUE, SUITE 1600 CLEVELAND, OH 44115-2001	13-1837418	501(C)3	6,000.	0.			FOR GENERAL OPERATIONS
THE GOODWILL INDUSTRIES OF AKRON, OHIO INC. - 570 E. WATERLOO ROAD - AKRON, OH 44319	34-0252230	501(C)3	5,000.	0.			FOR THE VINTAGE CLOTHING COLLECTION
THE GOODWILL INDUSTRIES OF AKRON, OHIO INC. - 570 E. WATERLOO ROAD - AKRON, OH 44319	34-0252230	501(C)3	5,000.	0.			GENERAL SUPPORT
THE GOODWILL INDUSTRIES OF AKRON, OHIO INC. - 570 E. WATERLOO ROAD - AKRON, OH 44319	34-0252230	501(C)3	2,000.	0.			FOR GENERAL OPERATING COSTS
THE GOODWILL INDUSTRIES OF AKRON, OHIO INC. - 570 E. WATERLOO ROAD - AKRON, OH 44319	34-0252230	501(C)3	1,000.	0.			CIVIC AFFAIRS GENERAL SUPPORT
THE MEDINA HEALTH MINISTRY PO BOX 30 MEDINA, OH 44258	30-0092944	501(C)3	9,300.	0.			FOR THE OPERATION OF THE FREE CLINIC IN MEDINA

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THE OHIO STATE UNIVERSITY STUDENT FINANCIAL AID COLUMBUS, OH 43218-3029	31-6401599	UNIVERSITY	1,000.	0.			MARCY A. GLEGHORN
THE OHIO STATE UNIVERSITY STUDENT FINANCIAL AID COLUMBUS, OH 43218-3029	31-6401599	UNIVERSITY	1,250.	0.			MICHAEL WILSON
THE OHIO STATE UNIVERSITY STUDENT FINANCIAL AID COLUMBUS, OH 43218-3029	31-6401599	UNIVERSITY	1,000.	0.			MEGAN E. KOSTA
THE OHIO STATE UNIVERSITY STUDENT FINANCIAL AID COLUMBUS, OH 43218-3029	31-6401599	UNIVERSITY	1,000.	0.			JESSEE HORTON
THE OHIO STATE UNIVERSITY ATI 1328 DOVER ROAD WOOSTER, OH 44691-4000	31-6401599	UNIVERSITY	500.	0.			JOHNATHAN G. TOMAYKO
THE OHIO STATE UNIVERSITY ATI 1328 DOVER ROAD WOOSTER, OH 44691-4000	31-6401599	UNIVERSITY	1,250.	0.			CHRISTINA MANUELLE
THE SALVATION ARMY 190 S. MAPLE ST. AKRON, OH 44302-0549	13-5562351	501(C)3	500.	0.			TO HELP LOCATE A NEEDY FAMILY PROGRAM
THE SALVATION ARMY 190 S. MAPLE ST. AKRON, OH 44302-0549	13-5562351	501(C)3	300.	0.			HUMAN SERVICES GENERAL SUPPORT

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THE SALVATION ARMY 190 S. MAPLE ST. AKRON, OH 44302-0549	13-5562351	501(C)3	10,000.	0.			TO HELP SUPPORT THE SALVATION ARMY LEARNING ZONE PURCHASE OF NEW VEHICLES FOR CHILDCARE
THE SALVATION ARMY 190 S. MAPLE ST. AKRON, OH 44302-0549	13-5562351	501(C)3	10,000.	0.			FOR THE HOT MEALS PROGRAM
THE SALVATION ARMY 190 S. MAPLE ST. AKRON, OH 44302-0549	13-5562351	501(C)3	37,696.	0.			SPENDABLE INCOME 9/30/08
THE SALVATION ARMY 190 S. MAPLE ST. AKRON, OH 44302-0549	13-5562351	501(C)3	1,000.	0.			HUMAN SERVICES GENERAL SUPPORT
THE SALVATION ARMY 190 S. MAPLE ST. AKRON, OH 44302-0549	13-5562351	501(C)3	500.	0.			HUMAN SERVICES GENERAL SUPPORT
THE SALVATION ARMY 190 S. MAPLE ST. AKRON, OH 44302-0549	13-5562351	501(C)3	150.	0.			HUMAN SERVICES GENERAL SUPPORT
THE SALVATION ARMY 190 S. MAPLE ST. AKRON, OH 44302-0549	13-5562351	501(C)3	500.	0.			FOR THE FOOD PANTRY
THE SALVATION ARMY 190 S. MAPLE ST. AKRON, OH 44302-0549	13-5562351	501(C)3	1,000.	0.			HUMAN SERVICES GENERAL SUPPORT

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THE UNIVERSITY OF AKRON 302 BUCHTEL MALL AKRON, OH 44325	34-6002924	UNIVERSITY	500.	0.			ROBERT HERMANN
THE UNIVERSITY OF AKRON 302 BUCHTEL MALL AKRON, OH 44325	34-6002924	UNIVERSITY	1,000.	0.			DEZARAE CARROLL
THE UNIVERSITY OF AKRON 302 BUCHTEL MALL AKRON, OH 44325	34-6002924	UNIVERSITY	1,250.	0.			MICHELLE HETSON
THE UNIVERSITY OF AKRON 302 BUCHTEL MALL AKRON, OH 44325	34-6002924	UNIVERSITY	1,000.	0.			SARAH L. DIETZEL
THE UNIVERSITY OF AKRON 302 BUCHTEL MALL AKRON, OH 44325	34-6002924	UNIVERSITY	1,250.	0.			ASHLEY R. SOYK
THE UNIVERSITY OF AKRON 302 BUCHTEL MALL AKRON, OH 44325	34-6002924	UNIVERSITY	500.	0.			MARIO GARCIA
THE UNIVERSITY OF AKRON 302 BUCHTEL MALL AKRON, OH 44325	34-6002924	UNIVERSITY	10,000.	0.			FOR THE COLLEGE OF ENGINEERING'S PLUG-IN VEHICLE HYBRID PROJECT
THE UNIVERSITY OF AKRON 302 BUCHTEL MALL AKRON, OH 44325	34-6002924	UNIVERSITY	5,000.	0.			FOR THE BUSINESS COLLEGE; DEAN'S DISCRETIONARY ACCOUNT
2 Enter total number of Section 501(c)(3) and government organizations							
3 Enter total number of other organizations							

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047
2008

**Open to Public
Inspection**

Name of the organization

Employer identification number

AKRON COMMUNITY FOUNDATION

34-1087615

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 UNIVERSITY OF AKRON 302 BUCHTEL MALL AKRON, OH 44325	34-6002924	UNIVERSITY	5,000.	0.			EDUCATE GENERAL
THE UNIVERSITY OF AKRON 302 BUCHTEL MALL AKRON, OH 44325	34-6002924	UNIVERSITY	1,000.	0.			FOR THE BURGNER MEMORIAL MEDICAL SCHOLARSHIP FUND
THE UNIVERSITY OF AKRON 302 BUCHTEL MALL AKRON, OH 44325	34-6002924	UNIVERSITY	1,000.	0.			TINA SMREKAR
THIS CITY READS 60 SOUTH HIGH STREET AKRON, OH 44326	34-1491695	501(C)3	10,000.	0.			FOR THE ANNUAL DAY OF READING AND ACTIVITIES LEADING UP TO THE EVENT
TRI-COUNTY JOBS FOR OHIO'S GRADUATES - 55 E. CUYAHOGA FALLS AVE. - AKRON, OH 44310	31-1204720	501(C)3	10,000.	0.			TO EXPAND THE CAREER AND LEADERSHIP DEVELOPMENT PROGRAMS FROM 200 TO 250 HIGH SCHOOL STUDENTS
TRUST FOR PUBLIC LAND THE HANNA BUILDING CLEVELAND, OH 44115	23-7222333	501(C)3	25,000.	0.			FOR PROJECT MANAGEMENT EXPENSES RELATED TO CONSERVING 620 ACRES OF LAND AT BLOSSOM MUSIC
TUESDAY MUSICAL ASSOCIATION 198 HILL STREET AKRON, OH 44325-0501	34-0786212	501(C)3	10,000.	0.			FOR THE HILARY HAHN CONCERT ON FEBRUARY 24, 2009
TUESDAY MUSICAL ASSOCIATION 198 HILL STREET AKRON, OH 44325-0501	34-0786212	501(C)3	5,000.	0.			FOR THE GAR CHALLENGE GRANT FOR BAXTRESSER FUND

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number

34-1087615

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 198 HILL STREET AKRON, OH 44325-0501	34-0786212	501(C)3	1,000.	0.			FOR SUPPORT OF IT'S 2008-2009 CONCERT SERIES
TUESDAY MUSICAL ASSOCIATION 198 HILL STREET AKRON, OH 44325-0501	34-0786212	501(C)3	250.	0.			CULTURE - GENERAL SUPPORT
TUESDAY MUSICAL ASSOCIATION 198 HILL STREET AKRON, OH 44325-0501	34-0786212	501(C)3	10,000.	0.			FOR SPONSORSHIP OF THE RENEE FLEMING CONCERT
TUESDAY MUSICAL ASSOCIATION 198 HILL STREET AKRON, OH 44325-0501	34-0786212	501(C)3	600.	0.			CULTURE - GENERAL SUPPORT
TWINSBURG CITY SCHOOL DISTRICT 11136 RAVENNA ROAD TWINSBURG, OH 44087-1022	51-3187179	POLITICAL SUBDI	10,000.	0.			FOR PROJECT STAR READING PROGRAM
UNITED WAY OF SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	15,383.	0.			SPENDABLE INCOME 3/31/08
UNITED WAY OF SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	2,053.	0.			SPENDABLE INCOME 3/31/08
UNITED WAY OF SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	2,500.	0.			HUMAN SERVICES GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

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SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number
34-1087615

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	5,000.	0.			FOR GENERAL OPERATING COSTS
UNITED WAY OF SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	2,500.	0.			HUMAN SERVICES GENERAL SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	16,000.	0.			FOR THE ANNUAL APPEAL
UNITED WAY OF SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	10,000.	0.			FOR THE WOMEN'S INITIATIVE FUND
UNITED WAY OF SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	2,500.	0.			HUMAN SERVICES GENERAL SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	2,500.	0.			HUMAN SERVICES GENERAL SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	426.	0.			2008 ANNUAL FUNDS
UNITED WAY OF SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	2,097.	0.			SPENDABLE INCOME 6/30/08

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047
2008

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Inspection

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number

34-1087615

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	15,647.	0.			SPENDABLE INCOME 6/30/08
UNITED WAY OF SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	500.	0.			HUMAN SERVICES GENERAL SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	1,000.	0.			HUMAN SERVICES GENERAL SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	2,500.	0.			HUMAN SERVICES GENERAL SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	11,000.	0.			HUMAN SERVICES GENERAL SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	2,147.	0.			SPENDABLE INCOME 9/30/08
UNITED WAY OF SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	16,017.	0.			SPENDABLE INCOME 9/30/08
UNITED WAY OF SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	2,500.	0.			HUMAN SERVICES GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

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SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number

34-1087615

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	1,953.	0.			SPENDABLE INCOME 9/30/08
UNITED WAY OF SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	10,000.	0.			HUMAN SERVICES GENERAL SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	5,000.	0.			HUMAN SERVICES GENERAL SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	1,000.	0.			HUMAN SERVICES GENERAL SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	1,000.	0.			HUMAN SERVICES GENERAL SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	10,000.	0.			HUMAN SERVICES GENERAL SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	5,000.	0.			FOR 2008-2009
UNITED WAY OF SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	16,099.	0.			SPENDABLE INCOME 12/31/08

2 Enter total number of Section 501(c)(3) and government organizations

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SCHEDULE I-1

(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047

2008

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AKRON COMMUNITY FOUNDATION

34-1087615

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	2,158.	0.			SPENDABLE INCOME 12/31/08
UNITED WAY OF SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	2,500.	0.			HUMAN SERVICES GENERAL SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	1,000.	0.			HUMAN SERVICES GENERAL SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	10,000.	0.			HUMAN SERVICES GENERAL SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	3,000.	0.			HUMAN SERVICES GENERAL SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	200.	0.			FOR THE ANNUAL APPEAL
UNITED WAY OF SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257	501(C)3	2,500.	0.			HUMAN SERVICES GENERAL SUPPORT
UNIVERSITY OF AKRON FOUNDATION MARTIN UNIVERSITY CENTER AKRON, OH 44325-2603	34-6575496	501(C)3	3,000.	0.			GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

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2008

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Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number
34-1087615

Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)									
Part I	(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 MARTIN UNIVERSITY CENTER AKRON, OH 44325-2603	34-6575496	501(C)3	500.	0.			TO SUPPORT STUDENTS INTERESTED IN PURSUING DEGREES IN THE FIELD OF PUBLIC EDUCATION	
	UNIVERSITY OF AKRON FOUNDATION MARTIN UNIVERSITY CENTER AKRON, OH 44325-2603	34-6575496	501(C)3	300.	0.			EDUCATE GENERAL SUPPORT FOR THE MILDRED HETER BUCKINGHAM FUND-SCHOLARSHIPS (\$2,500) & RUTH HETER	
	UNIVERSITY OF AKRON FOUNDATION MARTIN UNIVERSITY CENTER AKRON, OH 44325-2603	34-6575496	501(C)3	5,000.	0.			FOR THE GRANDSTANDS FOR THE OUTDOOR TRACK	
	VICTIM ASSISTANCE PROGRAM FURNACE STREET MISSION AKRON, OH 44309-0444	38-3142753	501(C)3	10,000.	0.			CIVIC AFFAIRS GENERAL SUPPORT	
	VICTIM ASSISTANCE PROGRAM FURNACE STREET MISSION AKRON, OH 44309-0444	38-3142753	501(C)3	1,000.	0.			FOR THE ANNUAL VICTIM ASSISTANCE PICNIC FOR CHILDREN WHO HAVE BEEN VICTIMS OR WITNESSES OF	
	VICTIM ASSISTANCE PROGRAM FURNACE STREET MISSION AKRON, OH 44309-0444	38-3142753	501(C)3	500.	0.			CIVIC AFFAIRS GENERAL SUPPORT	
	VICTIM ASSISTANCE PROGRAM FURNACE STREET MISSION AKRON, OH 44309-0444	38-3142753	501(C)3	15,000.	0.			FOR A MENTAL HEALTH PROGRAM FOR VICTIMS OF CRIMES AND TRAUMA	

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

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Employer identification number

34-1087615

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 FURNACE STREET MISSION AKRON, OH 44309-0444	38-3142753	501(C)3	7,000.	0.			FOR A CHILD ADVOCACY CENTER VICTIM ADVOCATE TO ADDRESS VICTIMS NEEDS AND CONCERNS
WAITING CHILD FUND 17407 NEFF ROAD CLEVELAND, OH 44119	20-2727509	501(C)3	10,000.	0.			FOR SUPPORT OF A SUMMIT ADOPTION PLAN
WALSH JESUIT HIGH SCHOOL 4550 WYOGA LAKE ROAD CUYAHOGA FALLS, OH 44224	34-0947373	501(C)3	10,000.	0.			FOR REGULAR PROGRAM NEEDS
WALSH JESUIT HIGH SCHOOL 4550 WYOGA LAKE ROAD CUYAHOGA FALLS, OH 44224	34-0947373	501(C)3	15,000.	0.			EDUCATE GENERAL SUPPORT
WALSH JESUIT HIGH SCHOOL 4550 WYOGA LAKE ROAD CUYAHOGA FALLS, OH 44224	34-0947373	501(C)3	4,500.	0.			PURCHASE OF TECHNOLOGY AND COLLABORATIVE TEACHER TRAINING
WEATHERVANE COMMUNITY PLAYHOUSE INC. - 1301 WEATHERVANE LANE - AKRON, OH 44313	34-6560923	501(C)3	10,000.	0.			FOR PROJECT STAGE OUTREACH FOR AKRON PUBLIC SCHOOL STUDENTS; OUTREACH PROGRAMS FOR SENIOR
WEATHERVANE COMMUNITY PLAYHOUSE INC. - 1301 WEATHERVANE LANE - AKRON, OH 44313	34-6560923	501(C)3	10,000.	0.			TO SUPPORT AND EXPAND PRODUCTION OF AMAL AND THE NIGHT VISITORS FOR LOCAL PUBLIC SCHOOLS
WEATHERVANE COMMUNITY PLAYHOUSE INC. - 1301 WEATHERVANE LANE - AKRON, OH 44313	34-6560923	501(C)3	2,323.	0.			SPENDABLE INCOME 3/31/08

2 Enter total number of Section 501(c)(3) and government organizations

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SCHEDULE I-1

(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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WEATHERVANE COMMUNITY PLAYHOUSE INC. - 1301 WEATHERVANE LANE - AKRON, OH 44313	34-6560923	501(C)3	5,000.	0.			GENERAL SUPPORT
WEATHERVANE COMMUNITY PLAYHOUSE INC. - 1301 WEATHERVANE LANE - AKRON, OH 44313	34-6560923	501(C)3	500.	0.			FOR YOUTH EDUCATION PROGRAMS
WEATHERVANE COMMUNITY PLAYHOUSE INC. - 1301 WEATHERVANE LANE - AKRON, OH 44313	34-6560923	501(C)3	20,000.	0.			FOR THE CAPITAL CAMPAIGN
WEATHERVANE COMMUNITY PLAYHOUSE INC. - 1301 WEATHERVANE LANE - AKRON, OH 44313	34-6560923	501(C)3	7,234.	0.			SPENDABLE INCOME 12/31/08 FOR EDUCATIONAL PROGRAMING AT HALE FARM AND VILLAGE AS PART OF ITS 50TH ANNIVERSARY CELEBRATION
WESTERN RESERVE HISTORICAL SOCIETY 10825 EAST BOULEVARD CLEVELAND, OH 44106	34-0714724	501(C)3	20,000.	0.			FOR THE MAINTENANCE OF THE MCALONAN MANUFACTORY BUILDING AT HALE FARM AND VILLAGE
WESTERN RESERVE HISTORICAL SOCIETY 10825 EAST BOULEVARD CLEVELAND, OH 44106	34-0714724	501(C)3	10,000.	0.			
WESTERN RESERVE HISTORICAL SOCIETY 10825 EAST BOULEVARD CLEVELAND, OH 44106	34-0714724	501(C)3	1,000.	0.			CULTURE - GENERAL SUPPORT
WKSU/FM P.O. BOX 5190 KENT, OH 44242	31-6402079	501(C)3	20,000.	0.			FOR SOUNDPROOFING AT THE NEW DOWNTOWN AKRON STUDIO

2 Enter total number of Section 501(c)(3) and government organizations

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832241 12-17-08

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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WOMEN'S NETWORK, INC. P.O. BOX 13259 FAIRLAWN, OH 44334	34-1253569	501(C)3	6,000.	0.			FOR THE WOMEN CENTRAL PROJECT		
YOUNG MEN'S CHRISTIAN ASSOCIATION OF AKRON - 209 SOUTH MAIN ST., SUITE 501 - AKRON, OH 44308	34-0714727	501(C)3	3,000.	0.			GENERAL SUPPORT		
YOUNG MEN'S CHRISTIAN ASSOCIATION OF AKRON - 209 SOUTH MAIN ST., SUITE 501 - AKRON, OH 44308	34-0714727	501(C)3	10,000.	0.			TO HELP PURCHASE AN ULTRAVIOLET SYSTEM FOR THE GREEN FAMILY YMCA FOR TWO SWIMMING POOLS		
YOUNG MEN'S CHRISTIAN ASSOCIATION OF AKRON - 209 SOUTH MAIN ST., SUITE 501 - AKRON, OH 44308	34-0714727	501(C)3	250.	0.			CIVIC AFFAIRS GENERAL SUPPORT		
YOUNG MEN'S CHRISTIAN ASSOCIATION OF AKRON - 209 SOUTH MAIN ST., SUITE 501 - AKRON, OH 44308	34-0714727	501(C)3	10,000.	0.			TO PROVIDE AFTER SCHOOL GENDER SPECIFIC PROGRAMMING FOR AT-RISK GIRLS AND JUVENILE FEMALE		
YOUNG MEN'S CHRISTIAN ASSOCIATION OF AKRON - 209 SOUTH MAIN ST., SUITE 501 - AKRON, OH 44308	34-0714727	501(C)3	500.	0.			CIVIC AFFAIRS GENERAL SUPPORT		
YOUTH EXCELLENCE PERFORMING ARTS WORKSHOP - 1084 SEVENTH AVENUE - AKRON, OH 44306-1797	34-1967561	501(C)3	15,000.	0.			FOR THE AFTER-SCHOOL YEPAW 365 PROGRAM FOR THE '08-'09 SCHOOL YEAR		
YOUTH EXCELLENCE PERFORMING ARTS WORKSHOP - 1084 SEVENTH AVENUE - AKRON, OH 44306-1797	34-1967561	501(C)3	15,000.	0.			TO BRING THE DANCE THEATRE OF HARLEM ENSEMBLE TO AKRON		

2 Enter total number of Section 501(c)(3) and government organizations

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Part IV Supplemental Information

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

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

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: AKRON ART MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO UNDERWRITE THE MUSIC SERIES FUZE! IN COLLABORATION WITH TUESDAY MUSICAL ASSOCIATION

NAME OF ORGANIZATION OR GOVERNMENT: AKRON COMMUNITY HEALTH RESOURCES INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT "ACCESS TO CARE" WHICH CONNECTS UNINSURED RESIDENTS TO VOLUNTEER MEDICAL PROVIDERS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: AKRON METROPOLITAN HOUSING AUTHORITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ON-SITE EDUCATIONAL PROGRAMMING FOR VERY YOUNG CHILDREN AND PARENTS IN AMHA FAMILY DEVELOPMENTS

NAME OF ORGANIZATION OR GOVERNMENT: AKRON PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COVER THE COSTS OF AN AFTER SCHOOL ACTIVITY BUS AND VAN TRANSPORTATION FOR OUT-OF-SCHOOL TIME PROGRAMING AT PERKINS, RIEDINGER AND JENNINGS MIDDLE SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT: BATTERED WOMEN'S SHELTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SHELTER RESIDENTS WITH TAXI VOUCHERS SO THAT THEY MAY TRAVEL SAFELY TO AND FROM JOBS AND APPOINTMENTS AT NIGHT

NAME OF ORGANIZATION OR GOVERNMENT: CLEVELAND MODERN DANCE ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR RESIDENCY, MASTER CLASSES AND PERFORMANCE BY DOUG VARONE AND DANCERS AT THE UNIVERSITY OF AKRON AND EJ THOMAS HALL IN OCTOBER 2008

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND THE LEGAL RIGHTS AND RESPONSIBILITIES EDUCATION (L-RARE) PRESENTATIONS TO LOW-INCOME AND ELDERLY INDIVIDUALS

NAME OF ORGANIZATION OR GOVERNMENT: H.M. LIFE OPPORTUNITY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR MOBILE MOMS WHICH PROVIDES USED

Part IV Supplemental InformationVEHICLES AND CAR REPAIRS FOR PARTICIPANTS OF H.M. LIFE PROGRAMSNAME OF ORGANIZATION OR GOVERNMENT: MAGICAL THEATRE COMPANY(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE RESIDENT PERFORMANCEPROGRAM, WHICH PROVIDES PROFESSIONAL THEATER PERFORMANCES TO STUDENTS AND
FAMILIES THROUGHOUT SUMMIT COUNTYNAME OF ORGANIZATION OR GOVERNMENT: MINORITY HEALTH ROUNDTABLE(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT COLLABORATIVE EFFORTS TO
IMPROVE THE HEALTH OF MINORITY POPULATIONS IN SUMMIT COUNTYNAME OF ORGANIZATION OR GOVERNMENT:NATIONAL INVENTORS HALL OF FAME FOUNDATION, INC.(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SEVEN CAMPS IN AKRON (SUMMER
'09) & TWENTY CLUBS AT APS & EMMANUEL CHRISTIAN ACADEMY (SPRING & FALL
'09)NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL INVENTORS HALL OF FAME INC.(H) PURPOSE OF GRANT OR ASSISTANCE: FOR A "\$2,500" SPONSORSHIP (NO
TICKETS TO EVENT) IN SUPPORT OF THE 2009 INDUCTION CEREMONYNAME OF ORGANIZATION OR GOVERNMENT:NORTHEASTERN EDUCATIONAL TELEVISION OF OHIO INC.(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PRODUCTION OF TWO PROGRAMS
RELATED TO AKRON SYMPHONY ORCHESTRA'S ANNUAL GOSPEL MEETS SYMPHONY
PERFORMANCENAME OF ORGANIZATION OR GOVERNMENT: ONECOMMUNITY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE FIRST PHASE OF THE
AKRON WIRELESS PROJECT, PROVIDING FREE INTERNET ACCESS IN AN 8 TO
12-SQUARE-MILE AREA SURROUNDING DOWNTOWN

NAME OF ORGANIZATION OR GOVERNMENT: SAY YES TO TENNIS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PARENTS IN THE GAME, A TENNIS
PROGRAM FOR ELEMENTARY SCHOOL STUDENTS AND THEIR PARENTS

NAME OF ORGANIZATION OR GOVERNMENT:

SISTERS OF SAINT DOMINIC OF AKRON, OHIO

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CROWN POINT ECOLOGY CENTER, OF
WHICH \$6,000 IS FOR SEEDS AND SUPPLIES AND \$2,800 IS FOR FIELDS AND
INPUTS (FERTILIZER AND SOIL)

NAME OF ORGANIZATION OR GOVERNMENT: THE SALVATION ARMY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP SUPPORT THE SALVATION ARMY
LEARNING ZONE PURCHASE OF NEW VEHICLES FOR CHILDCARE TRANSPORTATION

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND THE CAREER AND LEADERSHIP
DEVELOPMENT PROGRAMS FROM 200 TO 250 HIGH SCHOOL STUDENTS DURING THE
'08-'09 SCHOOL YEAR

NAME OF ORGANIZATION OR GOVERNMENT: TRUST FOR PUBLIC LAND

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PROJECT MANAGEMENT EXPENSES
RELATED TO CONSERVING 620 ACRES OF LAND AT BLOSSOM MUSIC CENTER

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF AKRON FOUNDATION

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE MILDRED HETER BUCKINGHAM
FUND-SCHOLARSHIPS (\$2,500) & RUTH HETER BUCKINGHAM FUND SCHOLARSHIPS
(\$2,500)

NAME OF ORGANIZATION OR GOVERNMENT: VICTIM ASSISTANCE PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE ANNUAL VICTIM ASSISTANCE
PICNIC FOR CHILDREN WHO HAVE BEEN VICTIMS OR WITNESSES OF VIOLENCE

NAME OF ORGANIZATION OR GOVERNMENT: WEATHERVANE COMMUNITY PLAYHOUSE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PROJECT STAGE OUTREACH FOR AKRON
PUBLIC SCHOOL STUDENTS; OUTREACH PROGRAMS FOR SENIOR CITIZENS;
AUDIO-DESCRIBED AND SIGN LANGUAGE INTERPRETED PERFORMANCES

NAME OF ORGANIZATION OR GOVERNMENT:

YOUNG MEN'S CHRISTIAN ASSOCIATION OF AKRON

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE AFTER SCHOOL GENDER
SPECIFIC PROGRAMMING FOR AT-RISK GIRLS AND JUVENILE FEMALE OFFENDERS

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.

▶ To be completed by organizations that answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

2008

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) and section 501(c)(4) organizations only)

To be completed by organizations that 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) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the 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.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that 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 grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 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
GREGORY MCDERMOTT	BOARD CHAIR AND TRU	113,053.	MR. MCDERMO		X
RENNICK ANDREOLI	BOARD OF TRUSTEES M	38,424.	MR. ANDREOL		X
PAT PACENTA	BOARD VICE CHAIR AN	12,809.	LEGAL SERVI		X

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

Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2008

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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	13	208,041.	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 Acknowledgment

29 **0**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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?

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?

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

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2008

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**▶ Attach to Form 990. To be completed by organizations to provide
additional information for responses to specific questions for the
Form 990 or to provide any additional information.

OMB No. 1545-0047

2008Open to Public
Inspection

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number

34-1087615

FORM 990, PART VI, SECTION A, LINE 10: THE FINAL VERSION OF THE FORM 990
IS POSTED ON THE ORGANIZATION'S WEB SITE FOR REVIEW BY ALL AKRON COMMUNITY
FOUNDATION TRUSTEES PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: AKRON COMMUNITY FOUNDATION
COLLECTS SIGNED CONFLICT STATEMENTS FROM ALL OFFICERS AND DIRECTORS ON AN
ANNUAL BASIS. INDIVIDUAL RESPONSES ARE MONITORED AT QUARTERLY EXECUTIVE
COMMITTEE MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15: A COMPENSATION COMMITTEE OF MEMBERS
FROM THE AKRON COMMUNITY FOUNDATION'S BOARD CONDUCTS AN ANNUAL WRITTEN
PERFORMANCE REVIEW OF THE PRESIDENT/CEO AND ESTABLISHES THE PRESIDENT/CEO'S
SALARY BASED ON THIS REVIEW AS WELL AS A DETAILED REVIEW OF COMPARABLE DATA
PROVIDED BY THE COUNCIL ON FOUNDATIONS AND THE OHIO GRANTMAKERS FORUM.

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 REQUEST.

FORM 990, PART XI, LINE 2C:
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR
OVERSIGHT OF THE AUDIT AND SELECTION OF THE ORGANIZATION'S AUDITORS.
THE PROCESS HAS NOT CHANGED DURING THE CURRENT YEAR.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

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

Schedule O (Form 990) 2008

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**▶ Attach to Form 990. To be completed by organizations to provide
additional information for responses to specific questions for the
Form 990 or to provide any additional information.

OMB No 1545-0047

2008Open to Public
Inspection

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number

34-1087615

(A) NAME OF PERSON: GREGORY MCDERMOTT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD CHAIR AND TRUSTEE

(C) AMOUNT OF TRANSACTION \$ 113053.

(D) DESCRIPTION OF TRANSACTION: MR. MCDERMOTT WORKS FOR FIRSTMERIT BANK.

FIRSTMERIT BANK SERVES AS AKRON COMMUNITY FOUNDATION'S CUSTODIAN AND
INVESTMENT MANAGER.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: RENNICK ANDREOLI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD OF TRUSTEES MEMBER

(C) AMOUNT OF TRANSACTION \$ 38424.

(D) DESCRIPTION OF TRANSACTION: MR. ANDREOLI WORKS FOR THE HILTON WEST

AKRON. AKRON COMMUNITY FOUNDATION HELD A FUNDRAISING EVENT AT THE HILTON
WEST AKRON DURING THE YEAR.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: PAT PACENTA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD VICE CHAIR AND TRUSTEE

(C) AMOUNT OF TRANSACTION \$ 12809.

(D) DESCRIPTION OF TRANSACTION: LEGAL SERVICES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

AKRON COMMUNITY FOUNDATION

Employer identification number
34-1087615

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
ACF PROPERTIES, LLC - 92-0182198 345 WEST CEDAR ST. AKRON, OH 44307-2407	OWN AND HOLD REAL ESTATE AS INVESTMENT, OTHER ACTIVITIES PERMITTED BY LAW OHIO		0.	0.	N/A

Part II Identification of Related Tax-Exempt Organizations

(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

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

Schedule R (Form 990) 2008

Part V Transactions With Related Organizations**Note.** Complete line 1 if any entry is listed in Parts II, III, or IV.**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 (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**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 other organization(s)	(B) Transaction type (a-r)	(C) Amount involved	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization	Employer identification number
	AKRON COMMUNITY FOUNDATION	34-1087615
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	345 WEST CEDAR ST	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	AKRON, OH 44307-2407	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

JOHN T. PETURES, JR., PRES. & CEO

- The books are in the care of ► **345 WEST CEDAR ST - AKRON, OH 44307-2407**

Telephone No. ► **(330) 376-8522**

FAX No ► **330-376-0202**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or

► ☒ tax year beginning **APR 1, 2008**, and ending **MAR 31, 2009**

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)	
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	AKRON COMMUNITY FOUNDATION	34-1087615
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	345 WEST CEDAR ST	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	AKRON, OH 44307-2407	

Check type of return to be filed (File a separate application for each return)

☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

JOHN T. PETURES, JR., PRES. & CEO

• The books are in the care of **345 WEST CEDAR ST - AKRON, OH 44307-2407**

Telephone No **(330) 376-8522**

FAX No **330-376-0202**

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐

If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **FEBRUARY 15, 2010**

5 For calendar year _____, or other tax year beginning **APR 1, 2008**, and ending **MAR 31, 2009**

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **T. Petures** Title **Director**

Date **10/21/09**

Form 8868 (Rev. 4-2009)