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Department of the Treasu Internal Revenue Service

EXTENDED TO NOVEMBER 16, 2015 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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

▶ Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

OMB No 1545-0052

For	caler	dar year 2014 or tax year beginning		, and ending		
		foundation			A Employer identification	number
		STEPHEN A. COMUNALE JR RITABLE FOUNDATION			20-4345267	
		nd street (or P O box number if mail is not delivered to street	address)	Room/suite		<del></del>
		. BOX 13805	addi 033)	Hoomvalle	B Telephone number 330 – 835 – 59	85
	_	own, state or province, country, and ZIP or foreign p	ostal code	l	C If exemption application is pe	
		ON, OH 44333	0000		T exemplior application is po	inding, shock hard
		all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	, check here
		Final return	Amended return	•		
		Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test, mputation
H (	Check	type of organization: X Section 501(c)(3) ex	empt private foundation		E If private foundation stat	us was terminated
	Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda		under section 507(b)(1)	(A), check here $ ightharpoonup$
I Fa	air ma	rket value of all assets at end of year   J   Accounti	•	X Accrual	F If the foundation is in a 6	
			her (specify)	<del></del>	under section 507(b)(1)	(B), check here
_	-\$	2,332,276 • (Part I, colu				/d\'=
Pa	irt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	772,205.			
	2	Check In the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	31,779.	31,779.	31,779.	STATEMENT 1
	5a	Gross rents .				
	b	Net rental income or (loss)	227 204			
9	Ι.	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 7 71 1 725	227,384.			
Revenue	_b	Gross sales price for all assets on line 6a 2,711,735.  Capital gain net income (from Part IV, line 2)		227,384.	<u> </u>	
æ	7   8	Net short-term capital_gain		221,304.	107,146.	
	9			· · · · · · · · · · · · · · · · · · ·	207,2200	
	10a	Income modifications  Gross sales less returns and allowances				
		Less Cost of goods sold	5			
	C	Gross profit or (loss) NOV 10 (101)				
	11	Other income				
	12	Total. Add lines 1 through TEN 15	1,031,368.	259,163.	138,925.	'
	13	Compensation of officers, directors, trustees, etc.	56,125.	0.	0.	43,193.
	14	Other employee salaries and wages	1,465.	0.	0.	0.
g	ı	Pension plans, employee benefits				
enses	l	Legal fees Accounting fees STMT 2	4,615.	0.	0.	925.
		Accounting fees STMT 2 Other professional fees STMT 3	1,360.	0.		681.
Ш	17	Interest			ļ — — — ·	
aÈ	18	Taxes STMT 4	7,194.	0.	0.	4,163.
ist	19	Depreciation and depletion	215.	0.	0.	
Ē	20	Occupancy				
₹	21	Travel, conferences, and meetings	1,041.	0.	0.	781.
and	22	Printing and publications	15,403.	0.	0.	5,083.
Operating and Administrative Exp	23	Other expenses STMT 5	296,029.	14,413.	14,413.	28,546.
жat	24	Total operating and administrative	202 447	14 413	14 412	92 272
ğ	25	expenses. Add lines 13 through 23	383,447. 177,942.	14,413.	14,413.	83,372. 177,942.
	25	Contributions, gifts, grants paid  Total expenses and disbursements.	111,344.	· · · · · · · · · · · · · · · · · · ·	<del></del>	111,344.
	20	Add lines 24 and 25	561,389.	14,413.	14,413.	261,314.
_	27	Subtract line 26 from line 12:				
	1	Excess of revenue over expenses and disbursements	469,979.		l	
		Net investment income (if negative, enter -0-)		244,750.	1	
	C	Adjusted net income (if negative, enter -0-)			124,512.	

423501 11-24-14 LHA For Paperwork Reduction Act Notice, see instructions.

13541102 767445 03063A

Form **990-PF** (2014)

CHARITABLE FOUNDATION

20-4345267

Page 2

5-	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
Pa	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
$\neg$	1 Cash - non-interest-bearing	251,206.	362,884.	362,884.
	2 Savings and temporary cash investments		74,981.	74,981.
	3 Accounts receivable ► 33,950.			1 1 7 7 7 1
	Less: allowance for doubtful accounts	Ť	33,950.	33,950.
	4 Pledges receivable		33,330.	33,3301
	Less; allowance for doubtful accounts	+	1	
1	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other			
	disqualified persons			
	7 Other notes and loans receivable	1		
	Less; allowance for doubtful accounts			
<b>1</b>	8 Inventories for sale or use			
Assets	9 Prepaid expenses and deferred charges		630.	630.
₹   1	Oa Investments - U.S. and state government obligations			· · · · · · · · · · · · · · · · · · ·
	b Investments - corporate stock STMT 7	981,355.	1,362,992.	1,362,992.
	c Investments - corporate bonds STMT 8	556,274.	481,743.	481,743.
1	1 Investments - land, buildings, and equipment basis	<u> </u>		<del></del>
ŀ	Less accumulated depreciation	İ	İ	
1	2 Investments - mortgage loans			<del> </del>
ŀ	3 Investments - other STMT 9	0.	14,557.	14,557.
- 1	4 Land, buildings, and equipment basis > 2,057.	<del></del>		
1.	Less accumulated depreciation 1,518.	754.	539.	539.
١,	5 Other assets (describe ► )	7,511		337.
	6 Total assets (to be completed by all filers - see the			
-   '		1,789,589.	2,332,276.	2,332,276.
+.	instructions. Also, see page 1, item I)	5,193.		4,334,410.
	7 Accounts payable and accrued expenses	5,133.	12,287.	
	8 Grants payable			
<u>8</u>   1	9 Deferred revenue			
Liabilities 5	Loans from officers, directors, trustees, and other disqualified persons			
털   2	1 Mortgages and other notes payable			
<b>-</b>   2	2 Other liabilities (describe ►))			
2	3 Total liabilitles (add lines 17 through 22)	5,193.	12,287.	
- 1	Foundations that follow SFAS 117, check here			
_	and complete lines 24 through 26 and lines 30 and 31.			
or Fund Balances	4 Unrestricted		Í	
<u> </u>	5 Temporarily restricted			
E 2	6 Permanently restricted			
2	Foundations that do not follow SFAS 117, check here			
로 [	and complete lines 27 through 31.	}		
<u>ہ</u> ا	7 Capital stock, trust principal, or current funds	0.	0.	
5   g		0.	0.	
ööl.	Retained earnings, accumulated income, endowment, or other funds	1,784,396.	2,319,989.	
<b>5</b> 3	O Total net assets or fund balances	1,784,396.	2,319,989.	
zľ	Total not associate to tail a saturation	277027000	2/323/3031	
9	1 Total liabilities and net assets/fund balances	1,789,589.	2,332,276.	
		<del></del>	2,332,2704	<del></del>
Pa	Analysis of Changes in Net Assets or Fund Ba	lances		
1 To	otal net assets or fund balances at beginning of year - Part II, column (a), line 30	0		
	nust agree with end-of-year figure reported on prior year's return)		1	1,784,396.
•	eter amount from Part I, line 27a		2	469,979.
	her increases not included in line 2 (itemize)	SEE STA	TEMENT 6 3	103,208.
	dd lines 1, 2, and 3		4	2,357,583.
	ecreases not included in line 2 (itemize)   UNREALIZED LOSS	ON INVESTMEN		37,594.
	otal net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu		6	2,319,989.
				Form <b>990-PF</b> (2014)
				(2017)

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			ses for Tax on In		t Income							
_	2-story brick wa	rehouse; or	d(s) of property sold (e.g. common stock, 200 shs			( <b>b</b> )	How a - Purc - Don	nase i	(c) Date a (mo., da		(d) Date (mo., day	
1	a PUBLICLY TRADE								1/0		12/31	
_	b PUBLICLY TRADE	D SEC	URITIES					P (	01/0	1/14	12/31	./14
_	C					<u> </u>						
_	<u>d</u>					_						
_	<u>e</u>	/#\ Do	preciation allowed	(a) Co.	st or other basis	<u> </u>			/h) Cc	ın or (loss	<u> </u>	
	(e) Gross sales price		or allowable)		expense of sale					(f) minus (		
-	a 464,675.		<del>`</del>	<del></del>	344,43	7.			<del>```</del> -			238.
_	b 2,247,060.				2,139,91						107,	146.
_	C				<u> </u>						<del></del>	_
	d											
Ξ	e											
	Complete only for assets showin	g gain in co	lumn (h) and owned by t	he foundation	on 12/31/69			(I)	Gains (C	ol. (h) gain	minus	
	(i) F.M.V. as of 12/31/69		Adjusted basis		cess of col. (i)			COI.		ot less that from col. (		
_	(7)	a	s of 12/31/69		col. (j), if any			-				000
_	<u>a</u>					i				_		238. 146.
_	<u>b</u>		<del></del>		·	$\dashv$			• •		107,	140.
_	c				-	$\dashv$						
_	e					$\dashv$						
_	<u> </u>		C If goin also anter	un Dort I. luna	7	╗		I				
2	Capital gain net income or (net cap	ortal loss)	If gain, also enter If (loss), enter -0-			١١	2				227,	384.
	Net short-term capital gain or (los	,	•			1					·	
٠	If gain, also enter in Part I, line 8,			u (0).		J						
_	If (loss), enter -0- in Part I, line 8	, ,				Л	3				107,	146.
	Pant V Qualification U							nent Inc	ome			
(F	or optional use by domestic private	foundation	s subject to the section 4	940(a) tax on	net investment in	come	.)					
lf	section 4940(d)(2) applies, leave th	ıs part blan	k.									
14	as the foundation liable for the sect	on 4040 to	v on the diatributable ame	nunt of any w	or in the bose car						□ van [	X No
	"Yes," the foundation does not quali				•	luu r			•		L res [	_A INU
	Enter the appropriate amount in e					ntries						
_	(a)		(b)			(c)				Dieterk	(d) oution ratio	
	Base period years Calendar year (or tax year beginnin	ıg ın)	Adjusted qualifying dist	rıbutions	Net value of no			use assets		col. (b) div	rided by col. (	(c))
	2013			2,274.				6,485				4000
Ξ	2012			5,426.				5,472				9158
_	2011			1,859.				3,193				6294
_	2010			9,783.				1,549				6338
_	2009		11	7,146.	<u></u>	1	<u>, 02</u>	9,355	· <del>                                       </del>		•11	3805
_									1 . 1		EO	0000
	Total of line 1, column (d)	· b		n han O hu C	h tha	<b>-6</b>			2		• 50	9595
3	Average distribution ratio for the 5 the foundation has been in existen	•	•	n line 2 by 5,	or by the number	or ye	ars		3		. 10	1919
	ule loulidation has been in existen	100 11 1035 11	iali 5 years						-		• • • •	
4	Enter the net value of noncharitab	le-use asse	ts for 2014 from Part X II	ine 5					4		2,004,	392.
7	Enter the net value of nonenanas	ic 430 4330	15 101 2014 HOIII I GILA, II						<del>                                     </del>			,
5	Multiply line 4 by line 3								5		204.	286.
_				•								
6	Enter 1% of net investment incom	e (1% of Pa	art I, line 27b)						6		2,	448.
		•	,								_	•
7	Add lines 5 and 6								7		<u>2</u> 06,	734.
8	Enter qualifying distributions from	Part XII, III	ne 4						8		261,	314.
	If line 8 is equal to or greater than See the Part VI instructions.	line 7, ched	ck the box in Part VI, line	1b, and comp	lete that part using	g a 1º	% tax	rate.				

THE STEPHEN A. COMUNALE JR

Form'990-PF (2014) CHARITABLE FOUNDATION		20-434			Page 4
Part VI Excise Tax Based on Investment Income (Section 494	40(a), 4940(b), 4940(e), or	4948 - sec	instr	uctio	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ and					
Date of ruling or determination letter: (attach copy of letter if ne	ecessary-see instructions)				
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here	<b>►</b> X and enter 1%	1		2,4	48.
of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 49	% of Part I, line 12, col. (b). リ	1.1.			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. C	Others enter -0-)	2			0.
3 Add lines 1 and 2		3		2,4	<u> 48.</u>
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only.	Others enter -0-)	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5		2,4	48.
6 Credits/Payments:	1 - 1 - 620	1 1			
a 2014 estimated tax payments and 2013 overpayment credited to 2014	6a 630	4			
b Exempt foreign organizations - tax withheld at source	6b	-l   l			
c Tax paid with application for extension of time to file (Form 8868)	6c 2,500	4			
d Backup withholding erroneously withheld	6d	┥╶┤		2 1	20
7 Total credits and payments. Add lines 6a through 6d		7		<u>, , , , , , , , , , , , , , , , , , , </u>	$\frac{30.}{48.}$
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	acneo	8			40.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9			34.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	63 <b>4</b> • Refunded ►	10			0.
11 Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶  Part VH-A   Statements Regarding Activities	O 3 4 •   Refunded	1 111		_	<del>- 0 -</del>
1a During the tax year, did the foundation attempt to influence any national, state, or local legis	relation or did it participate or interven	6 ID		Yes	No
any political campaign?	islation of did it participate of litterver	C 111	1a	163	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purpo	Deac (see instructions for the definitio	0/2	1b		X
If the answer is "Yes" to 18 or 16, attach a detailed description of the activities ar	•	•	"	-	<del>                                     </del>
distributed by the foundation in connection with the activities	nd copies or any materials publish	ied oi			
c Did the foundation file Form 1120-POL for this year?			1c	† ·	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	e vear		···		<del> </del>
(1) On the foundation. ▶ \$ 0 • (2) On foundation managers	= -				
e Enter the reimbursement (if any) paid by the foundation during the year for political expend		_			
managers. ▶ \$ 0.	·				
2 Has the foundation engaged in any activities that have not previously been reported to the l	IRS?		2	1	X
If "Yes," attach a detailed description of the activities.					
3 Has the foundation made any changes, not previously reported to the IRS, in its governing	instrument, articles of incorporation,	or			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the chang	ges		3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year	ar?		4a		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		N/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	?		5		X
If "Yes," attach the statement required by General Instruction T					
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	either:				
By language in the governing instrument, or					'
By state legislation that effectively amends the governing instrument so that no mandator	ry directions that conflict with the sta	te law		<b></b> -	+
remain in the governing instrument?			6	X	<b>├</b> ─
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," con	mplete Part II, col. (c), and Part X	V	7	X	<del> </del>
On Fotos the states to which the foundation reports or with which the registered (one replaced					1
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instruction <b>OH</b>	ons) –		.		}
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attornay Congrel (or decignate)		.		
•	Automey deneral (or designate)		8b	χ̈́	<del> </del> -¹
of each state as required by General Instruction G? If "No," attach explanation  9 Is the foundation claiming status as a private operating foundation within the meaning of se	ection 4942(i)(3) or 4942(i)(5) for an	ondar	100	^	<del> </del>
year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," of		GIIUAI	9	X	<del> </del>
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a sched	•		10	<del></del>	x
recome sessing sessing seminations during the tax year. It is, attached society	sale . Suring their harries and addresses	Fo	orm <b>990</b>	-PF (	

Part VN-A   Statements Regarding Activities (continued)			
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
If "Yes," attach statement (see instructions)	12		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
Website address ► N/A			
14 The books are in care of ► RENNICK A. ANDREOLI Telephone no. ► 330-			
	<u>44333</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		. , _ ▶	· []
and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16 At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,	1	Yes	No
securities, or other financial account in a foreign country?	16	L	<u> </u>
See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			
Part VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
		Yes	No
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-	162	NO
1a During the year did the foundation (either directly or indirectly):  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X N			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	١ .		
a disqualified person?			
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		l	
(5) Transfer any income or assets to a disqualified person (or make any of either available	<b>*</b>	1	ı
for the benefit or use of a disqualified person)?			
(6) Agree to pay money or property to a government official? (Exception. Check "No"			
if the foundation agreed to make a grant to or to employ the official for a period after			
termination of government service, if terminating within 90 days.)	ю		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
Organizations relying on a current notice regarding disaster assistance check here			
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
before the first day of the tax year beginning in 2014?	1c		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			i T
a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			,
before 2014?	io		,
If "Yes," list the years ▶		l	1
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			j
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			ئا
statement - see instructions.) N/F	2b		<u> </u>
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
<u> </u>		ŀ	!
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  Yes X N		ŀ	'
	°		1
b If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after		]	!
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	1		
Form 4720, to determine if the foundation had excess business holdings in 2014)  N/A	3b	·	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	-	x
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		<del>                                     </del>	<del></del>
had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b	<u> </u>	$\bar{\mathbf{x}}$
	Form <b>99</b>	0-PF	

Part VII-B. Statements Regarding Activities for Which I	Form 4/20 May Be I	Required (contin	ued)			
5a During the year did the foundation pay or incur any amount to:						
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	• • • •		es X No	1		
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire					
any voter registration drive?	_		es X No	- 1		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y	es X No	1		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section	<u> </u>	GET			
4945(d)(4)(A)? (see instructions)			es X No	- 1		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t					
the prevention of cruelty to children or animals?		· · · · · · · · · · · · · · · · · · ·	es X No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	•	n Regulations	37/3		ł	
section 53.4945 or in a current notice regarding disaster assistance (see instru		•	N/A	5b		
Organizations relying on a current notice regarding disaster assistance check h					i	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			l			
expenditure responsibility for the grant?		I/A Y	es L No			
If "Yes," attach the statement required by Regulations section 53 4945	• •					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		TEFT			
a personal benefit contract?		Y	es X No	<u>.</u> +	- ∤,	.,
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		_	6b		<u>X</u> _
If "Yes" to 6b, file Form 8870		<u> </u>			- }	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y	es X No	+		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b		
Part VIII Information About Officers, Directors, Trustone Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highly	<b>y</b>			
List all officers, directors, trustees, foundation managers and their	compensation					
List all officers, directors, a disters, foundation managers and their		(c) Compensation	(d) Contributions to	le.	) Expen	se.
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	acc	count, ot	her
	to position	`enter'-0-)	compensation	a	llowance	
SEE STATEMENT 10		56,125.	0.			0.
SEE STATEMENT TO		30,123.		+		<del>·</del>
		<del> </del>				—
	•			+		
· · · · · · · · · · · · · · · · · · ·						
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."		Ь.,		
	(b) Title, and average		(d) Contributions to	(e	Expension, of	se
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	acc	count, ot llowance	her
NONE	devoted to position		compensation	┼	no wane	
NONE				1		
				+-		—
				$\vdash$		
		<del> </del>		+		—
		+		1		
				1		
Total number of other employees paid over \$50,000	L	1		1		0
				. 000	-PF (2)	

Part Vill Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	dation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, en	ter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<b>_</b>	
The Laurence of others receiving over CEO 000 for preferenced convers		▶ 0
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant state	testical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers pr		Expenses
1		
		1
SEE STATEMENT 11		173,115.
2		
SEE STATEMENT 12		8,270.
3		-
SEE STATEMENT 13		9,235.
		9,233.
4		1
	· -	1
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year of	on lines 1 and 2.	Amount
1 N/A		
2		
		1
All other program related investments. See instructions		
All other program-related investments. See instructions.		
3		1
		1
Total. Add lines 1 through 3	<b>&gt;</b>	0.
	<u></u>	Form <b>990-PF</b> (2014)

CHARITABLE FOUNDATION

Р	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а		1a	1,706,729.
b		1b	328,187.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,034,916.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •	l i	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,034,916.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	30,524.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,004,392.
6	Minimum investment return. Enter 5% of line 5	6	2,004,392. 100,220.
P	<b>art XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here <b>X</b> and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
<b>P</b>	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		261 214
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	261,314. 0.
	Program-related investments - total from Part IX-B	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	261 214
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	261,314.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	2 440
•	Income. Enter 1% of Part I, line 27b	5	2,448. 258,866.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualities fo	r me section

Form **990-PF** (2014)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	( <b>d</b> ) 2014
1 Distributable amount for 2014 from Part XI,	·			
line 7				0.
2 Undistributed income, if any, as of the end of 2014			,	
a Enter amount for 2013 only			0.	
<b>b</b> Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2014:		;		
a From 2009 66,060.				
b From 2010 47,902.				
c From 2011 70,899.				
d From 2012				
e From 2013	184,861.			
f Total of lines 3a through e	104,001.			
4 Qualifying distributions for 2014 from Part XII, line 4: ►\$ N/A		į		
a Applied to 2013, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior			0.	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount		<del></del>	··········	0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2014	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:	104 051			
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	184,861.			
b Prior years' undistributed income. Subtract				-
line 4b from line 2b		0.		· · · · · ·
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.	_		0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015			<del></del>	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)			- <del></del>	<del></del>
8 Excess distributions carryover from 2009	66,060.			
not applied on line 5 or line 7				
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	118,801.	l		
O Analysis of line 9:	110,001.			
a Excess from 2010 47,902.				
b Excess from 2011 70,899.				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014				
23581				Form 990-PF (2014)

	BLE FOUNDATI			20-434	5267 Page 1
PastXIV Private Operating Fo	<del></del>		, question 9)		
1 a If the foundation has received a ruling or			02/1	2/15	
foundation, and the ruling is effective for	•	•	▶ 03/1		
b Check box to indicate whether the found		toundation described in s		42(j)(3) or 4942	(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2014	(b) 2013	Prior 3 years (c) 2012	(d) 2011	(e) Total
income from Part I or the minimum investment return from Part X for	(4)2014	(0)2010	(6)2012	(4) 2011	(6) 10121
each year listed	100,220.	82,824.	42,194.	48,121.	273,359
b 85% of line 2a	85,187.	70,400.	35,865.	40,903.	232,355
c Qualifying distributions from Part XII.	03/10/1	70,100.	33,003.	10,505.	
line 4 for each year listed	261,314.	174,760.	165,943.	143,209.	745,226
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities	10,700.	900.	0.	0.	11,600
e Qualifying distributions made directly					<u> </u>
for active conduct of exempt activities.					
Subtract line 2d from line 2c	250,614.	173,860.	165,943.	143,209.	733,626
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					0.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
b "Endowment" alternative test - enter		-			
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed	66,813.	55,216.	50,516.	49,107.	221,652.
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)				_	0.
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					0.
(3) Largest amount of support from					_
an exempt organization					0.
(4) Gross investment income   ParkXVI   Supplementary Infor	mation (Complete	this part only if	the foundation by	ad \$5 000 ar mar	0 .
at any time during the			the foundation in	au \$5,000 or more	e III assets
1 Information Regarding Foundation	<del></del>				
a List any managers of the foundation who	_	in 2% of the total contrib	utions received by the foil	ndation before the close of	of any tax
year (but only if they have contributed me					, <u></u>
NONE					
b List any managers of the foundation who other entity) of which the foundation has		tock of a corporation (or	an equally large portion o	f the ownership of a partr	nership or
NONE					
2 Information Regarding Contribution Check here ► X if the foundation on	nly makes contributions to p	preselected charitable org	janizations and does not a		
a The name, address, and telephone numb					
h The form would be and a second			lal materials:		
<b>b</b> The form in which applications should be	SUDMITTED AND INTORMATION	n and materials they shou			
c Any submission deadlines;					
d Any restrictions or limitations on awards.	such as by geographical a	reas, charitable fields. kir	ids of institutions, or othe	r factors:	

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation status of recipient Purpose of grant or contribution show any relationship to Amount any foundation manager or substantial contributor Name and address (home or business) a Paid during the year BLESSINGS IN A BACKPACK N/A PC EDUCATION 3454 AEGEAN DRIVE AKRON, OH 44333 100. GREAT TRAIL COUNCIL, BSA N/A PC EDUCATION 1601 S MAIN ST AKRON, OH 44309 1,000. THE UNIVERSITY OF AKRON N/A MARY DIDONATO NURSING PC SCHOLARSHIP 302 E BUCHTEL AVE AKRON, OH 44325 150. DEBBIE'S DREAM FOUNDATION N/A PC SUPPORT TO INDIVIDUALS 9110 WEST STATE ROAD 84 TOUCHED BY CANCER DAVIE, FL 33324 500. STEWART'S CARING PLACE N/A PC SUPPORT SERVICES TO 2955 W. MARKET STREET SUITE R FAMILIES TOUCHED BY AKRON, OH 44333 CANCER 1,000. SEE CONTINUATION SHEET(S) Total **▶** 3a 177,942. b Approved for future payment NONE 0. Total **▶** 3b

423611 11-24-14

Part XVI-A	Analysis	of Income	-Producina	Activities
Lateval.	Milalysis	oi income	-Producing	ACUVILIES

Enter areas amounts unless athenwas indicated	11-1-1-1-1		·		
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d)	(e) Related or exempt
1 Program service revenue;	code	Amount	code	Amount	function income
a			$oxed{oxed}$		
b	_				
c			<b>↓</b>		
d					
e	-		oxdot		
f			$oxed{oxed}$		
g Fees and contracts from government agencies					
2 Membership dues and assessments			ļ., . ļ		
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	31,779.	
5 Net rental income or (loss) from real estate:					·
a Debt-financed property	ļ				
<b>b</b> Not debt-financed property			<b> </b>		
6 Net rental income or (loss) from personal					
property					
7 Other investment income			14		
8 Gain or (loss) from sales of assets other				207 204	
than inventory			18	227,384.	- <del></del>
9 Net income or (loss) from special events					<del> </del>
10 Gross profit or (loss) from sales of inventory			$\vdash$		
11 Other revenue:					
a	-		$\vdash$		
b	-				
<u> </u>	-				
d	- J				
6 40 Cubasa) Add calusars (b) (d) and (a)	-	0.	$\vdash$	259,163.	
12 Subtotal. Add columns (b), (d), and (e)	L	<u> </u>			0. 259,163.
13 Total. Add line 12, columns (b), (d), and (e)				13	259,105.
(See worksheet in line 13 instructions to verify calculations.)				<del></del>	
Part XVI-B Relationship of Activities	to the Accom	plishment of Ex	empt F	Purposes	
Line No.   Explain below how each activity for which inc	ome is reported in co	olumn (a) of Part V\/I_A	contribute	d importantly to the accomm	
LINE NO. 1 EXDIAIN DEIOW NOW EACH ACTIVITY FOR WRICH INC					dishment of
			00111110010	a importantly to the accomp	olishment of
the foundation's exempt purposes (other that				u importantly to the accomp	lishment of
				a importantly to the accomp	lishment of
				a importantly to the accomp	lishment of
				o importantly to the accomp	lishment of
				o importantly to the accomp	olishment of
				o importantly to the decomp	olishment of
				o importantly to the decomp	olishment of
				a importantly to the accomp	olishment of
				a importantly to the accomp	olishment of
				o importantly to the accomp	olishment of
				o importantly to the decomp	olishment of
				o importantly to the decomp	olishment of
					olishment of
				o importantly to the decomp	olishment of
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					olishment of
					olishment of
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					olishment of

Form **990-PF** (2014)

Part )	KVM Informatio	n Regarding Tr ganizations	_	and Transactions	and Relation		ncharitable		ige 13
1 Did		<del>-</del>	inv of the following	ng with any other organizati	on described in se	ction 501(c) of	1	Yes	No
				27, relating to political orga		0.001 00 1(0) 01			
	nsfers from the reporting f		•						ĺ
	Cash		·				1a(1)	1	$\mathbf{x}^{-}$
(2)	Other assets				-		1a(2)		X
b Oth	er transactions:						<u> </u>		
(1)	Sales of assets to a nonc	harıtable exempt orgar	uzation				1b(1)	1 1	X
(2)	Purchases of assets from	a noncharitable exem	pt organization				1b(2)		X
(3)	Rental of facilities, equipr	ment, or other assets				•	1b(3)		X
(4)	Reimbursement arranger	nents					1b(4)		X
	Loans or loan guarantees						1b(5)		X
(6)	Performance of services	or membership or fund	fraising solicitation	ons			1b(6)		X
	ring of facilities, equipmer				-		10		X
				edule. Column (b) should a				sets,	
		_		ed less than fair market val	ue in any transaction	on or sharing arranger	nent, show in		
	ımn (d) the value of the go								
(a)Line no	(b) Amount involve	d (c) Nam		e exempt organization	(0) Descripti	on of transfers, transaction	ns, and sharing ar	rangeme	nts
			N/A	<u>.</u>					
	-				<del> </del>				
	-				-				
	<del></del>			<u> </u>					
	<del>                                     </del>				<del> </del>				
	<del> </del>		<del></del>		<del></del>				
					<del></del>			<u> </u>	
	<del> </del>			<del></del>	<del></del>	<del></del>			
	<del>                                     </del>								
	<del></del>								
			· · · · · · · · · · · · · · · · · · ·						
				· · · · · · · · · · · · · · · · · · ·					
	ection 501(c) of the Code	•	-	or more tax-exempt organ bon 527?	izations described		Yes	X	No
b If "Y	es," complete the following	g schedule.							
		of organization	-	(b) Type of organization		(c) Description of rel	ationship		
	N/	'A							
					<u> </u>				
								_	
					<u> </u>				
				<u> </u>	<u> </u>	<del></del>			
Sinn				ng accompanying schedules and in taxpayer) is based on all inform			May the IRS return with th	discuss t	inis er
Sign Here				11/11/2018	DDEGT	DEM	shown below	(see inst	tr )?
110.0	Signature of officer or tr	uotoo		X /··/	PRESI	DENT	_ X Yes		J No∣
	Print/Type prepare		Preparer's s	Date	Title   Date	Check if	PTIN		
	Trimo Type prepare	a Spaille	Freparciss	synature 4	Date	self- employed	r i iiv		
Paid	DALE RUT	סשעיי	In I n		11-60	Jon Unipidyeu	P00403	U 3 0	
Prepa				OROVICH & CO	MPANY	Firm's EIN > 34			
Use O		CLOCK, MAKI	rar, ten	ONOVICE & CC	ATTE FAIN I	TRITISEIN > 34	- TJGJU	50	
		3421 RTDG1	TWOOD RO	AD SUTTE 30	00	+			
Firm's address ► 3421 RIDGEWOOD ROAD, SUITE 300 AKRON, OH 44333				. 5	Phone no. 330	762-9	785		

423622 11-24-14

## Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990 ·

OMB No 1545-0047

2014

Name of the organization

THE STEPHEN A. COMUNALE JR CHARITABLE FOUNDATION

Employer identification number

20-4345267

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-E2	501(c)( ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Note. Only a section	ization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . in 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions.				
General Rule					
	anization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or rom any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III					
year, contr is checked purpose D	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Employer Identification number

20-4345267

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EMCOR  301 MERRITT SEVEN, 6TH FLOOR  NORWALK, CT 06831	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MR. & MRS. MARK HAMLIN JR.  2083 RIDGEWOOD ROAD  AKRON, OH 44313	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MR. JOHN & JENNIFER BLICKLE  470 ST. ANDREWS DRIVE  AKRON, OH 44303	\$5,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MR. PAUL THOMARIOS  ONE CANAL SQUARE PLAZA  AKRON, OH 44308	\$ <u>7,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MS. MARTHA COMUNALE  1295 LEDGEWOOD DRIVE  AKRON, OH 44333	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
423452 11-03	MS. SARAH RAYBURN  15008 HILLBROOK LANE EAST  NOVELTY, OH 44072	\$\$ 40,000.	Person X Payroll

2014.04030 THE STEPHEN A. COMUNALE JR 03063A\_1

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Employer identification number

20-4345267

Partle	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	RENNICK & DEE ANDREOLI  4218 IDLEBROOK DRIVE  AKRON, OH 44333	\$10,000.	Person X Payroll		
(a) No.	(b) • Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	S.A. COMUNALE, CO. INC.  2900 NEWPARK DR.  BARBERTON, OH 44203	\$10,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	STEPHEN COMUNALE  2300 SOUREK TRAIL  AKRON, OH 44313	\$ <u>115,000.</u>	Person X Payroll Complete Part II for noncash contributions.)		
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	THE RELIABLE AUTOMATIC SPRINKLER CO., INC.  103 FAIRVIEW PARK DR.  ELMSFORD, NY 10523	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11	DANA MASELLI  471 WEST HOMESTEAD DRIVE REMINDERVILLE, OH 44202	\$8,500.	Person X Payroli		
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12	RICHARD JUVE 755 RIDGECREST ROAD AKRON, OH 44303	\$7,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Employer identification number

20-4345267

Pan I	Contributors (see instructions). Use duplicate copies of Part I	ir additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	BUCKEYE CORRUGATED, INC.  822 KUMHO DRIVE, SUITE 400  FAIRLAWN, OH 44333	ss	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	LAKESIDE SUPPLY COMPANY  3000 WEST 117 STREET  CLEVELAND, OH 44111	\$\$, 5,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	WILLIAM AND KAT MILLER  543 HAMPSHIRE ROAD  AKRON, OH 44313	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	ANTHONY ALEXANDER  76 S. MAIN ST.  AKRON, OH 44303	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	DANIEL POHL  862 BATH COUNTRY DR  AKRON, OH 44333	\$\$, 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
423452 11-03	JEFF EVANKO  1414 KENMORE BLVD  AKRON, OH 44314	\$ 7,450.	Person Payroll Noncash (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2014)

Employer identification number

20-4345267

िस्तरी	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	JEFF AND TINA GILL  2000 49TH ST NW  CANTON, OH 44709	\$8,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	JOHN MALLOY PO BOX 31 EASTON, PA 18044	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	SAMUEL AND SHIRLEY KELLER  167 RIDGEWOOD RD.  WADSWORTH, OH 44281	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	STEVE BROWN  9 S CLEVELAND AVE.  WILMINGTON, DE 19805	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	EM CONSTRUCTION, LLC PO BOX 1092 AKRON, OH 44210	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	JEFF THE PLUMBER  1100 TOWER DR.  AKRON, OH 44305	\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2014)
423452 11-05	J-14	Ocheune D (LAIII)	556, 550°LL, 01 550°F F) (20 14)

Employer identification number

20-4345267

Partl	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	PNC FINANCIAL SERVICES GROUP  1 CASCADE PLAZA  AKRON, OH 44308	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	SUMMA FOUNDATION  525 E. MARKET ST.  AKRON, OH 44304	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	VIKING SUPPLYNET  210 N. INDUSTRIAL PARK DR.  HASTINGS, MI 49058	\$5,000.	Person X Payroll Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
423452 11-05	j-14	Schedule B (Form	990, 990-EZ, or 990-PF) (2014)

THE STEPHEN A. COMUNALE JR CHARITABLE FOUNDATION

**Employer Identification number** 

20-4345267

Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		*		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part i	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
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(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		s		

Schedule B	s (Form 990, 990-EZ, or 990-PF) (2014)			Page <b>4</b>			
Name of org	anization	<del></del>		Employer identification number			
	EPHEN A. COMUNALE JR						
Pantin	ABLE FOUNDATION	tributions to organizations described	in control Entrol	20-4345267			
Pantin	the year from any one contributor. Complete	columns (a) through (e) and the follow	ving line entry. For	(7), (8), or (10) that total more than \$1,000 for organizations			
	completing Part III, enter the total of exclusively religiouse duplicate copies of Part III if addition	us, charitable, etc., contributions of \$1,000 or	less for the year (Ente	er this info once) 🕨 \$			
(a) No.		<u></u>					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
1							
-	<del></del>	<u> </u>					
		(e) Transfer of gift					
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Part I							
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Γ		(e) Transfer of gift	<u> </u>				
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from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
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	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
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(a) No.		11					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
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- 1	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
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