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#### DLN: 93491317014175

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

#### **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 instructions is at <u>www.irs.gov/form990pf</u>.

For	cale	ndar year 2014, or tax year beginning 01-	01-2014	, and en	ding 1	2-31-2014	
		indation		A Em	ployer id	entification numb	er
ΙH	E MARG	GARET CLARK MORGAN FOUNDATION		34-19	48246		
Num	her and	street (or P O box number if mail is not delivered to street address	s) Room/suite	<b>B</b> Tele	ephone nu	ımber (see ınstructio	ns)
		EETSBORO NO 200	, Koom, sake	(330)	655-1366	5	
Cutur		, state or province, country, and ZIP or foreign postal code					ng, check here
		f, state of province, country, and zip of foreign postal code f 44236			xemption	аррікацоп із репиіі	ig, check here 📮 j
							_
GCI	песк а	Il that apply   Initial return   Initial return of a	former public charity			rganızatıons, check h	·
		Address change Name change				rganizations meeting :k here and attach co	
<b>H</b> C ł	neck ty	pe of organization Section 501(c)(3) exempt privi	ate foundation			undation status was n 507(b)(1)(A), chec	
$\Gamma_{s}$	ection	4947(a)(1) nonexempt charitable trust Other taxa		n		557 (2)(2)(1,1), 6115	,
		ket value of all assets at end  J Accounting method	l Cash I Accr			ation is in a 60-mont n 507(b)(1)(B), chec	
		from Part II, col. (c),	t be on cash basis.)	"	aci sectio	11 307(b)(1)(b), che	in here . ,
Pa	rt I	Analysis of Revenue and Expenses (The					(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	(a) Revenue and expenses per books	<b>(b)</b> Net inve		(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach					
		schedule)	98,943				
	2	Check ► ☐ If the foundation is <b>not</b> required to attach					
	_	Sch B	401		401		
	3	Interest on savings and temporary cash investments  Dividends and interest from securities	2,407,001	2	481 ,407,001		
	4   5a	Gross rents	2,407,001		,407,001		
	b	Net rental income or (loss)					
Φ	6a	Net gain or (loss) from sale of assets not on line 10	14,049,958				
Revenue	ь	Gross sales price for all assets on line 6a					
	7	86,864,037  Capital gain net income (from Part IV, line 2)		1:	3,239,480		
	8	Net short-term capital gain			· ·		
	9	Income modifications					
	10a	Gross sales less returns and					
		allowances					
	b	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	16,556,383	15	,646,962	C	
	13	Compensation of officers, directors, trustees, etc	427,409		213,705	0	213,704
	14	Other employee salaries and wages	278,549		139,275	C	139,275
\$	15	Pension plans, employee benefits	83,103		41,552	C	41,552
S de	16a	Legal fees (attach schedule)					
Expenses	b	Accounting fees (attach schedule)			41,750	С	0
φ	c	Other professional fees (attach schedule)	374,705		374,705	C	<u> </u>
and Administrative	17	Interest	90,700		90,700	C	
货	18	Taxes (attach schedule) (see instructions)	167,784		15,904	C	10,500
	19	Depreciation (attach schedule) and depletion	25,756		22 604	0	<b>1</b>
든	20	Occupancy	65,208 57,559		32,604 28,780	0	32,551
į þi	21	Travel, conferences, and meetings	6,022		3,011		<del></del>
	23	Other expenses (attach schedule)	·		39,584		386,129
	24	Total operating and administrative expenses.	.55,551		, 5 0 1		300,123
Operating		Add lines 13 through 23	2,051,896	1	,021,570	C	860,957
ă O	25	Contributions, gifts, grants paid	2,885,489				2,885,489
_	26	Total expenses and disbursements. Add lines 24 and					
		25	4,937,385	1	,021,570	С	3,746,446
	27	Subtract line 26 from line 12					
	a .	Excess of revenue over expenses and disbursements	11,618,998		625.255		
	b	Net investment income (if negative, enter -0-)		14	,625,392		
	C	<b>Adjusted net income</b> (If negative, enter -0-)	I			1	1

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	. ,	, ,	
	2	Savings and temporary cash investments	4,412,524	1,900,157	1,900,157
	3	Accounts receivable			
		Less allowance for doubtful accounts -			
	4	Pledges receivable -			
	-	Less allowance for doubtful accounts ►			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts -			
	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges			
Д5:		Investments—U S and state government obligations (attach schedule)		<b>95.</b> 5,222,902	5,274,031
•		Investments—corporate stock (attach schedule)		_	
		Investments—corporate bonds (attach schedule)			
		Investments—land, buildings, and equipment basis	3,102,133	3,077,111	3,000,007
	11	Less accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
		Investments—other (attach schedule)	4,893,107	<b>95.</b> 13,615,551	14,626,244
	14	Land, buildings, and equipment basis   390,421	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	14	Less accumulated depreciation (attach schedule) 139,281	275,317	251,140	251,140
	15	Other assets (describe •)			1 202,210
	16	Total assets (to be completed by all filers—see the			
	10	instructions Also, see page 1, item I)	73,033,659	84,654,909	89,180,529
	17	Accounts payable and accrued expenses	, ,	, ,	, ,
	18	Grants payable			1
φ	19	Deferred revenue			-
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			1
ap	21	Mortgages and other notes payable (attach schedule)			1
	22		1,677	3,929	
	23	Total liabilities (add lines 17 through 22)	1,677	3,929	1
		Foundations that follow SFAS 117, check here			1
es		and complete lines 24 through 26 and lines 30 and 31.			
Balance	24	Unrestricted	73,031,982	84,650,980	
3a k	25	Temporarily restricted			1
P	26	Permanently restricted			
Fund		Foundations that do not follow SFAS 117, check here			1
or F		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			1
	29	Retained earnings, accumulated income, endowment, or other funds			1
Net	30	Total net assets or fund balances (see instructions)	73,031,982	84,650,980	
_	31	Total liabilities and net assets/fund balances (see instructions)	73,033,659	84,654,909	
Pa	rt II	Analysis of Changes in Net Assets or Fund Balances			
1		Total net assets or fund balances at beginning of year—Part II, column	(a), line 30 (must a	gree	
-				·	73,031,982
2		Enter amount from Part I, line 27a		2	11,618,998
3		Other increases not included in line 2 (itemize)		3	0
4		Add lines 1, 2, and 3		4	84,650,980
5		Decreases not included in line 2 (itemize) ▶			0
6		Total net assets or fund balances at end of year (line 4 minus line 5)—l	Part II, column (b), l	ine 30 <b>. 6</b>	84,650,980

the Part VI instructions

		he kınd(s) of property sold (e g , re use, or common stock, 200 shs N		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1 a	FIFTH THIRD BANK -	AVAILABLE UPON REQUEST		Р		
b	3,935 SHS MORGAN	FREEPORT		D		
С	MERRILL LYNCH - AV	/AILABLE UPON REQUEST		Р		
d	MERRILL LYNCH EMA	A - AVAILABLE UPON REQUEST		Р		
е	ALTERNATIVE INVE			Р		
		(f) Depreciation allowe	d (a) Cost	or other basis	(h) Gain	or (loss)
(е	e) Gross sales price	(or allowable)		pense of sale	(e) plus (f)	
а	26,91	8,563		21,850,98	5	5,067,578
b	7(	0,043		53,999	Э	16,044
С	54,30	8,718		46,706,05	2	7,602,666
d	2,25	0,407		2,213,52	1	36,886
e	3,31	6,306		2,800,000	0	516,306
Со	mplete only for assets sh	nowing gain in column (h) and owne	ed by the foundation	on 12/31/69	(I) Gains (Col	(h) gain minus
	FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exc	ess of col (ı) ol (j), ıf any		ess than -0-) <b>or</b>
а						5,067,578
b						16,044
С						7,602,666
d						36,886
e						516,306
3		gain or (loss) as defined in sectio art I, line 8, column (c) (see instru		J	3	13,239,480
Part	<u> </u>	nder Section 4940(e) for R	Reduced Tax on	Net Investme		
For opt	nonal use by domestic pr	rivate foundations subject to the se	ection 4940(a) tax (	on net investment	ıncome )	
[fsection	on 4940(d)(2) applies, le	ave this part blank				
		section 4942 tax on the distribut t qualify under section 4940(e) D			eriod?	┌ Yes ┌ No
<b>1</b> Ent	ter the appropriate amou	nt in each column for each year, s	ee instructions befo	re makıng any ent	ries	
	(a) period years Calendar or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of nonchar	itable-use assets	<b>(d)</b> Distribution (col (b) divided	
	2013	3,270,814		81,885,829		0 039944
	2012	3,671,827		74,887,372		0 049031
	2011	3,298,386		75,143,831		0 043894
	2010	2,958,182		72,123,730		0 041015
	2009	3,341,294		61,437,112		0 054386
2	<b>Total</b> of line 1, column				2	0 228270
3	the number of years th	atio for the 5-year base period—di ie foundation has been in existence	e ıf less than 5 year	s	3	0 045654
4	Enter the net value of	noncharitable-use assets for 2014	4 from Part X, line 5		4	86,113,088
5	Multiply line 4 by line	3			5	3,931,407
6	Enter 1% of net invest	tment income (1% of Part I, line 2	7b)		6	146,254
7	Add lines 5 and 6			[	7	4,077,661
8	Enter qualifying distrib	outions from Part XII, line 4		[	8	3,746,446
		greater than line 7, check the box		<u> </u>	part using a 1% tax	

	990-PF (2014)			age <b>4</b>
Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the ins	tructio	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here 🟲 🦵 and enter "N/A"			
	on line 1			
	Date of ruling or determination letter(attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		29	2,508
_	here F and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
3	Add lines 1 and 2		29	 2,508
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others			
•	enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		29	2,508
6	Credits/Payments			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 107,136			
b	Exempt foreign organizations—tax withheld at source 6b			
C	Tax paid with application for extension of time to file (Form 8868) 6c 245,000			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d		35	2,136
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here 🔽 if Form 2220 is attached. 🕏 🔒 🔒			959
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10		5	3,669
11	Enter the amount of line 10 to be Credited to 2015 estimated tax 58,669 Refunded 11			0
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No
	it participate or intervene in any political campaign?	. 1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions			
	for definition)?	1b		No
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
С.	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation  \$\bigs\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
_	on foundation managers 🕨 \$0	_		NI-
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	. 2		No
2	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 changes	. 3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	. 3 4a		No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	. 5		No
•	If "Yes," attach the statement required by General Instruction T.	<u> </u>		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or	\		]
	By state legislation that effectively amends the governing instrument so that no mandatory directions			
	that conflict with the state law remain in the governing instrument?	. 6	Yes	'
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c),			
	and Part XV.	. 7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	<b>▶</b> ОН			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			
	or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)?			
	If "Yes," complete Part XIV	. 9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names			
	and addresses.	. 10		No

Pai	rt VII-A Statements Regarding Activities (continued)			- 3
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	Yes	
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►WWW MCMFDN ORG		1.00	<u> </u>
14	The books are in care of ►RICK KELLAR Telephone no ►(330)		-1366	
	Located at ►10 W STREETSBORO 200 HUDSON OH ZIP+4 ►4423640	93		
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			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			110
	Accounts (FBAR) If "Yes", enter the name of the foreign country			
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes V No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)? 🔽 Yes 🔽 No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	ıf the foundatıon agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days ) <b>Yes</b> 🔽 <b>No</b>			
b	If any answer is "Yes" to $1a(1)-(6)$ , did <b>any</b> 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		No
	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		No
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))			
а	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?			
	If "Yes," list the years 🕨 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to <b>all</b> years listed, answer "No" and attach statement—see instructions )	2b		
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			
	<b>▶</b> 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
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, Form 4720, to determine			
	If the foundation had excess business holdings in 2014.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

5a	During the year did the foundation	п рау	or incurany amoun	t to							
	(1) Carry on propaganda, or other	rwise	attempt to influenc	e leg	ıslatıon (section 49	45(e	))?	√ No			
	(2) Influence the outcome of any	spec	ific public election (	(see	section 4955), or to	carı	ry				
	on, directly or indirectly, any	vote	r registration drive?				\ \ Yes \	√ No			
	(3) Provide a grant to an individu	al for	travel, study, or otl	ners	ımılar purposes?		┌ Yes ┌	√ No			
	(4) Provide a grant to an organiza										
	ın section 4945(d)(4)(A)? (se	ee in	structions)				TYes 🖟	√ No			
	(5) Provide for any purpose other		= :	-							
	educational purposes, or for t										
b	If any answer is "Yes" to 5a(1)-(										
	Regulations section 53 4945 or i		_	_					. <u>5b</u>		<u> </u>
	Organizations relying on a curren										
С	If the answer is "Yes" to question				•			_			
	tax because it maintained expend						Yes	No			
	If "Yes," attach the statement requ				• •						
6a	Did the foundation, during the yea										
_	a personal benefit contract?								۱.,		l <u>.</u> .
Ь	Did the foundation, during the year	ır, pa	y premiums, directl	y orı	ndirectly, on a pers	onall	benefit contract?	•	6Ь		No
_	If "Yes" to 6b, file Form 8870.										
7a	At any time during the tax year, w								l		
	If yes, did the foundation receive										<u> </u>
Pa	rt VIII and Contractors	t Of	licers, Director	s, II	rustees, Founda	otioi	n Managers, Highly	Paid	ı Emp	поуе	es,
1	List all officers, directors, trustees	s. fo	undation managers a	and t	heir compensation (	see i	nstructions).				
		_	Title, and average		c) Compensation		(d) Contributions to	(-)			
	(a) Name and address		hours per week	(1	If not paid, enter		mployee benefit plans				
	Address Bots Table	d e	evoted to position		-0-)	and	deferred compensation				
See	Additional Data Table										
		-									
		1									
				_							
_2	Compensation of five highest-paid	emp	oloyees (other than	thos	e included on line 1-	-see	T .	nter "	NONE.	"	
(a'	Name and address of each employ	/00	(b) Title, and aver				(d) Contributions to employee benefit	(6)	Evnan	5 A A C C	ount
(a)	paid more than \$50,000	,	hours per week		(c) Compensation	on	plans and deferred		No 6b No No 7b aid Employees,  e) Expense account other allowances  er "NONE."  e) Expense account other allowances		
			devoted to positi	on			compensation				
тно	M CRAIG		SR PRO GRAM		91	,752	29,448				0
	VSTREETSBORO SUITE 200 DSON,OH 44236		CONSULTAN 60 00								
VIC	TORIA ROMANDA		PROJECT OFFICE	R	54	,095	22,646				0
	V STREETSBORO SUITE 200 DSON,OH 44236		60 00								
	RIE ERB		GRANT OPERATIO	NS	62	,400	1,872				0
10 V	V STREETSBORO SUITE 200		MAN								
	SON,OH 44236		60 00								
			]								
<del></del>											

Part VIII Information About Officers, Directors, Trustees, Foundation Manager and Contractors (continued)	ers, Highly Paid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, en	ter "NONE".
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	• 0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as torganizations and other beneficiaries served, conferences convened, research papers produced, etc.	the number of Expenses
1PLANNED AND CONVENED STAKEHOLDER FORUMS ON MENTAL HEALTH ISSUES (EXPRESS THERAPY, GERIATRIC MENTAL HEALTH) AND FOLLOW-UP	IVE ARTS 87,300
2PROVIDED SUPPORT FOR ARTS PRIZE, AND THE MARGARET CLARK MORGAN ART GALLERY PROMOTING ARTS IN SUMMIT COUNTY	, 60,640
<b>3</b> CONDUCTED OUTREACH EFFORT TO CREATE DISCUSSION, SHARE KNOWLEDGE, AND BUIL COLLABORATIVE OPPORTUNITIES WITH OTHER LEADERS, FUNDERS, AND ORGANIZATION WILL RESULT IN THE FORMATION OF RESOURCE PARTNERSHIPS FOCUSED ON THE MCMF I	IS THAT
4PROVIDED SPONSORSHIP SUPPORT TO 23 ORGANIZATIONS TO ENHANCE/FACILITATE THE FUNDRAISING ACTIVITIES	HEIR 90,544
Part IX-B Summary of Program-Related Investments (see instructions)	•
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	A mount
1	
2	
All other program-related investments See instructions  3	
Total Add lines 1 through 2	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations. see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. 1 purposes 1a 78.969.173 1h 3.159.878 1c 5.295.404 1d 87.424.455 Reduction claimed for blockage or other factors reported on lines 1a and 1e 2 2 3 3 Subtract line 2 from line 1d. 87.424.455 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4 1,311,367 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4. 5 86.113.088 5 4,305,654 **Distributable Amount** (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and Part XT certain foreign organizations check here  $\blacktriangleright \Gamma$  and do not complete this part.) 4.305.654 1 Tax on investment income for 2014 from Part VI, line 5. . . . . . 292.508 2a Income tax for 2014 (This does not include the tax from Part VI). . . Add lines 2a and 2b. 292,508 2c 3 3 4.013.146 4 Λ 4 5 5 4.013.146 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . 7 7 4.013.146 Part XIII Oualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1 Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . . . 1a 3.746.446 1b 0 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. 2 2 3 Amounts set aside for specific charitable projects that satisfy the За. 3b 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 3,746,446 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 3,746,446 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

the section 4940(e) reduction of tax in those years

	olidistributed fricollie (see liistru	•			
		<b>(a)</b> Corpus	(b) Years prior to 2013	<b>(c)</b> 2013	<b>(d)</b> 2014
1	Distributable amount for 2014 from Part XI, line 7		· ·		4,013,146
	Undistributed income, if any, as of the end of 2014				
	Enter amount for 2013 only			3,271,092	
	Total for prior years 2012, 2011, 2010		0	, ,	
3					
	From 2009				
	From 2010				
_	From 2011				
	From 2012				
	From 2013				
	Total of lines 3a through e		0		
	Qualifying distributions for 2014 from Part				
•	XII, line 4 <b>&gt;</b> \$ 3,746,446				
а	Applied to 2013, but not more than line 2a			3,271,092	
	Applied to undistributed income of prior years		0	· · ·	
_	(Election required—see instructions)				
c	Treated as distributions out of corpus (Election		0		
_	required—see instructions)				
d	Applied to 2014 distributable amount				475,354
е	Remaining amount distributed out of corpus		0		
	Excess distributions carryover applied to 2014		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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5		0		
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		
е	Undistributed income for 2013 Subtract line				
	4a from line 2a Taxable amount—see			0	
	Instructions			0	
f	Undistributed income for 2014 Subtract				
	lines 4d and 5 from line 1 This amount must be distributed in 2015				3,537,792
7	Amounts treated as distributions out of				, ,
•	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may				
	be required - see instructions)		0		
8	Excess distributions carryover from 2009 not				
	applied on line 5 or line 7 (see instructions)		0		
9	Excess distributions carryover to 2015.		0		
	Subtract lines 7 and 8 from line 6a		٧		
	Analysis of line 9				
	Excess from 2010				
	Excess from 2011				
	Excess from 2012				
	Excess from 2013				
е	Excess from 2014		1		

INFORMATION MUST ALSO BE INCLUDED FINANCIAL STATEMENTS (TWO YEARS), FORM 990 (TWO YEARS), BUDGET FOR

LETTER OF INQUIRY DEADLINE OCTOBER 1, FEBRUARY 1 APPLICATION DEADLINE NOVEMBER 1, MARCH 1

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

CURRENT FISCAL YEAR, PROJECT BUDGET, BOARD LIST AND IRS DETERMINATION LETTER

TAX EXEMPT ORGANIZATIONS DESCRIBED AS PUBLIC CHARITIES

c Any submission deadlines

factors

Part XV Supplementary Inform	nation (continued)			Page <b>1</b>
3 Grants and Contributions Paid		proved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year See Additional Data Table	or substantial contributor	Тестриенс		
Total			▶ 3a	2 885 48
b Approved for future payment	· · · · · · · · · · · · · · · · · · ·	<u></u>		2,885,48
			in an	

Form 990-I	PF (2014) I-A Analysis of Income-Produci	na Activitia	<u> </u>			Page <b>12</b>
	s amounts unless otherwise indicated		usiness income	Excluded by section	n 512, 513, or 514	(e)
-	n service revenue	(a) Business code	<b>(b)</b> A mount	(c) Exclusion code	(d) A mount	Related or exempt function income (See instructions )
d						
f	and contracts from government agencies					
2 Membe 3 Interes	rship dues and assessments st on savings and temporary cash			14	481	
	nds and interest from securities			14	2,407,001	
<b>a</b> Debt- <b>b</b> Not d	financed property ebt-financed property					
proper	ntal income or (loss) from personal ty					
8 Gain or	nvestment income			18	14,049,958	
	ome or (loss) from special events profit or (loss) from sales of inventory				, ,	
<b>11</b> Otherr	evenue <b>a</b>					
с						
е	al Add columns (b), (d), and (e).		(	1	16,457,440	C
13 Total.	Add line 12, columns (b), (d), and (e)			1	.3	
Part XVI Line No.	Explain below how each activity for whice the accomplishment of the foundation's instructions )	h income is re	ported ın column (	e) of Part XVI-A c	ontributed importa	

Part	XVII	Noncharitable					isactio	ns and I	Relationships	with			
		rganization directly or ii 501(c) of the Code (othe	ndırectly e	engage	ın any of t	the following v						Yes	No
orga	anızat	ions?											
<b>a</b> Tra	nsfers	s from the reporting four	ndation to	a nonc	harıtable (	exempt organ	ızatıon of	:					
(1)	Casl	h									1a(1)		No
(2)	Othe	erassets									1a(2)		No
		insactions											
		s of assets to a noncha											
		hases of assets from a									1b(2)		No
		al of facilities, equipme										Yes	
		nbursement arrangemen									1b(4)		
		ns or loan guarantees.									<u> </u>		
		rmance of services or m									<b>—</b>		
	_	of facilities, equipment, i	_										No
of tl	he go	swer to any of the above ods, other assets, or se ansaction or sharing arr	rvices giv	en by t	he reporti	ng foundation	If the fo	undation r	eceived Íess thai	n fair marke	et value		
(a) Line	No	(b) Amount involved				empt organizatioi	<del></del>	•	of transfers, transact	tions, and sha	ırıng arra	ngemer	nts
1b(3)		65,208	MBI REA	LESTA	TE		RENTA	AL OF BUI	LDING				
	-												
<b>3-</b> Io +	ha fai	undation directly or indi	rootly offil	istad w	uth or role	tad to one o	mara ta	v avamnt	0 r g 0 p 1 7 0 p 0				
des	cribe	d in section 501(c) of th complete the following :	ne Code (d schedule		an sectioi	n 501(c)(3)) (	or in sect					es <b>Г</b>	No
MBI RE	AI F	• • • • • • • • • • • • • • • • • • • •	1				Zation	COM			onsnip		
	.,,	<u> </u>			001(0)(0	<i>1</i>			TO IN DINE OF OR				
	l					1.1							
Sian	the	best of my knowledge a	nd belief,	ıt ıs tru	ie, correct					an taxpaye	r) is bas	sed on	
_	•	*****				2015-11-1	1	*****		return with the			
		Signature of officer or t	rustee			Date	r	Title			tr )? 🔽 🕦	∕es ┌ N	oV
		Print/Type preparer's ALANE BOFFA	name	Prepa	rer's Sıgn	ature	Date 201	5-11-11	Check if self- employed ▶	PTIN P(	000123	337	
Prepa	arer	Firm's name ► COHEN & COMPANY	LTD	ı			ı		Firm's EIN ► 34	4-191296	1	a(1) No a(2) No b(1) No b(2) No b(3) Yes b(4) No b(6) No 1c No et value value  g arrangements  ments, and to is based on all s discuss this eparer shown 1 Yes No  012337	
b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship  COMMON DIRECTORS  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on information of which preparer has any knowledge  ******  Signature of officer or trustee  Date  Print/Type preparer's name ALANE BOFFA  Preparer's Signature  Date 2015-11-11  Check if self-employed ▶ PTIN P00012337													
		i e							1				

# Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
RICK KELLAR	PRESIDENT	210,409	24,650	0
10 W STREETSBORO SUITE 200 HUDSON,OH 44236	60 00			
A WILLIAM MCGRAW	CHAIRMAN	28,000	0	0
10 W STREETSBORO SUITE 200 HUDSON,OH 44236	15 00			
WILLIAM H FELLOWS	TRUSTEE	28,000	0	0
10 W STREETSBORO SUITE 200 HUDSON,OH 44236	15 00			
PENELOPE FRESE	TRUSTEE	0	0	0
10 W STREETSBORO SUITE 200 HUDSON,OH 44236	15 00			
ROBERT D KALLSTROM	TRUSTEE	28,000	0	0
10 W STREETSBORO SUITE 200 HUDSON,OH 44236	15 00			
JEFFREY T KNOLL	TRUSTEE	28,000	0	0
10 W STREETSBORO SUITE 200 HUDSON,OH 44236	15 00			
SUZANNE MORGAN	TRUSTEE	28,000	0	0
10 W STREETSBORO SUITE 200 HUDSON,OH 44236	15 00			
JONATHAN T PAVLOFF	TRUSTEE	28,000	0	0
10 W STREETSBORO SUITE 200 HUDSON,OH 44236	15 00			
TERESA PROENZA	TRUSTEE	21,000	0	0
10 W STREETSBORO SUITE 200 HUDSON,OH 44236	15 00			
KEITH RILEY	TRUSTEE	28,000	0	0
10 W STREETSBORO SUITE 200 HUDSON,OH 44236	15 00			

Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
	or substantial contributor			
a Paid during the year				
ACCESSINC 230 WMARKET STREET AKRON,OH 44303	NONE	EXEMPT	FOR GENERAL OPERATIONS	10,000
ACTIVE MINDS INC 2001 S STREET NW SUITE 450 WASHINGTON,DC 20009	NONE	EXEMPT	FOR GENERAL OPERATIONS	150,000
ADAMHS BOARD OF CUYAHOGA COUNTY 2012 W 25TH STREET 6TH FLOOR CLEVELAND,OH 44113	NONE	EXEMPT	FOR GENERAL OPERATIONS	10,000
ADVOCACY CHOICES & EMPOWERMENT INC PO BOX 621 NEW PHILA, OH 44663	NONE	EXEMPT	FOR GENERAL OPERATIONS	7,400
AKRON AREA ARTS ALLIANCE 140 E MARKET STREET AN,OH 44308	NONE	EXEMPT	FOR GENERAL OPERATIONS	10,000
AKRON ART MUSEUM 1 SOUTH HIGH STREET AKRON,OH 44308	NONE	EXEMPT	FOR GENERAL OPERATIONS	17,500
AKRON CIVIC THEATRE 182 SOUTH MAIN STREET AKRON,OH 44308	NONE	EXEMPT	FOR GENERAL OPERATIONS	15,000
AKRON COMMUNITY SERVICE CENTER & URBAN LEAGUE 440 VERNON ODOM BLVD AKRON,OH 44307	NONE	EXEMPT	FOR GENERAL OPERATIONS	5,000
ALCHEMY INC PO BOX 4041 COPLEY,OH 44321	NONE	EXEMPT	FOR GENERAL OPERATIONS	10,000
AXESS POINTE COMMUNITY HEALTH CENTER INC 390 ROBINSON AVE BARBERTON,OH 44203	NONE	EXEMPT	FOR GENERAL OPERATIONS	40,000
BALDWIN- WALLACE COLLEGE 275 EASTLAND ROAD BEREA,OH 44017	NONE	EXEMPT	FOR GENERAL OPERATIONS	19,000
BALLET THEATRE OF OHIO 265 SOUTH MAIN STREET TALLMADGE,OH 44278	NONE	EXEMPT	FOR GENERAL OPERATIONS	15,000
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE 889 JONATHAN AVENUE AKRON,OH 44306	NONE	EXEMPT	FOR GENERAL OPERATIONS	5,000
BVU THE CENTER FOR NONPROFIT EXCELLENCE 1300 E 9TH ST 1805 CLEVELAND,OH 44114	NONE	EXEMPT	FOR GENERAL OPERATIONS	11,400
CHILDREN'S CONCERT SOCIETY OF AKRON EJ THOMAS HALL AKRON,OH 44325	NONE	EXEMPT	FOR GENERAL OPERATIONS	5,000
Total				2,885,489

Recipient	If recipient is an individual, show any relationship to	status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CHILD AND ADOLESCENT BEHAVIORAL HEALTH 919 2ND ST NE CANTON,OH 44704	NONE	EXEMPT	FOR GENERAL OPERATIONS	41,000
CHOICES A COMMUNITY SOCIAL CENTER 320 EAST SOUTH STREET AKRON,OH 44311	NONE	EXEMPT	FOR GENERAL OPERATIONS	7,975
CHRISTIAN CHILDREN'S HOME OF OHIO 2685 ARMSTRONG ROAD WOOSTER,OH 44691	NONE	EXEMPT	FOR GENERAL OPERATIONS	20,000
CLEVELAND ORCHESTRA 1422 EUCLID AVEVNUE SUITE 256 CLEVELAND,OH 44115	NONE	EXEMPT	FOR GENERAL OPERATIONS	5,000
CRISIS INTERVENTION AND RECOVERY CENTER 2421 13TH ST NW 100 CANTON,OH 44708	NONE	EXEMPT	FOR GENERAL OPERATIONS	167,030
COLEMAN PROFESSIONAL SERVICES 5982 RHODES ROAD KENT,OH 44240	NONE	EXEMPT	FOR GENERAL OPERATIONS	50,000
COMPASS FAMILY AND COMMUNITY SERVICES 535 MARMION AVENUE YOUNGSTOWN,OH 44502	NONE	EXEMPT	FOR GENERAL OPERATIONS	30,000
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK 1403 W HINES HILL ROAD PENINSULA,OH 44264	NONE	EXEMPT	FOR GENERAL OPERATIONS	7,500
CUYAHOGA VALLEY ART CENTER 2131 FRONT ST CUYAHOGA FALLS,OH 44221	NONE	EXEMPT	FOR GENERAL OPERATIONS	20,000
CUYAHOGA VALLEY SCENIC RAILROAD PO BOX 158 PENINSULA,OH 44264	NONE	EXEMPT	FOR GENERAL OPERATIONS	7,500
CUYAHOGA VALLEY YOUTH BALLET PO BOX 3131 CUYAHOGA FALLS,OH 44223	NONE	EXEMPT	FOR GENERAL OPERATIONS	10,000
EMERGE MINISTRIES 900 MULL AVE AKRON,OH 44313	NONE	EXEMPT	FOR GENERAL OPERATIONS	7,500
FAMILY PRIDE OF NORTHEAST OHIO 695 SOUTH STREET 6 CHARDON,OH 44024	NONE	EXEMPT	FOR GENERAL OPERATIONS	10,000
FAMILY INSTITUTE AT NORTHWESTERN UNIVERSITY 618 LIBRARY PL EVANSTON,IL 60201	NONE	EXEMPT	FOR GENERAL OPERATIONS	55,000
FIRST CONGREGATIONAL CHURCH OF HUDSON 47 AURORA ST HUDSON,OH 44236	NONE	EXEMPT	FOR GENERAL OPERATIONS	112,000
Total			▶ 3a	2,885,489

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
<b>a</b> Paid during the year				
FRONTLINE SERVICE 1744 PAYNE AVENUE CLEVELAND, OH 44114	NONE	EXEMPT	FOR GENERAL OPERATIONS	10,000
GREATER AKRON MUSICAL ASSOCIATION 17 N BROADWAY ST AKRON,OH 44308	NONE	EXEMPT	FOR GENERAL OPERATIONS	15,000
GROUNDWORKS DANCE THEATER 13125 SHAKER SQUARE CLEVELAND,OH 44120	NONE	EXEMPT	FOR GENERAL OPERATIONS	15,000
HELP HOTLINE CRISIS CENTER INC PO BOX 46 YOUNGSTOWN,OH 44501	NONE	EXEMPT	FOR GENERAL OPERATIONS	27,500
HUDSON CITY SCHOOLS FOUNDATION PO BOX 473 HUDSON,OH 44236	NONE	EXEMPT	FOR GENERAL OPERATIONS	100,000
HOPEWELL 9637 OHIO 534 MIDDLEFIELD,OH 44062	NONE	EXEMPT	FOR GENERAL OPERATIONS	15,000
IDEASTREAM 1375 EUCLID AVENUE CLEVELAND,OH 44115	NONE	EXEMPT	FOR GENERAL OPERATIONS	35,000
JOBS FOR OHIO'S GRADUATES INC 55 E CUYAHOGA FALLS AVE LEONARD F BLANTON AKRON,OH 44310	NONE	EXEMPT	FOR GENERAL OPERATIONS	20,000
KENT STATE UNIVERSITY - COLLEGE OF NURSING 800 EAST SUMMIT STREET KENT,OH 44240	NONE	EXEMPT	FOR GENERAL OPERATIONS	35,000
KENT STATE UNIVERSITY- SCHOOL OF FASHION 800 E SUMMIT ST KENT,OH 44240	NONE	EXEMPT	FOR GENERAL OPERATIONS	99,060
LEADERSHIP AKRON 54 EAST MILL STREET AKRON,OH 44308	NONE	EXEMPT	FOR GENERAL OPERATIONS	15,000
LEADERSHIP HUDSON PO BOX 1078 HUDSON,OH 44236	NONE	EXEMPT	FOR GENERAL OPERATIONS	5,000
MAGICAL THEATRE COMPANY 564 W TUSCARAWAS AVENUE SUITE 307 BARBERTON,OH 44203	NONE	EXEMPT	FOR GENERAL OPERATIONS	25,000
METRO HEALTH SYSTEMS 2500 METROHEALTH DR CLEVELAND,OH 44109	NONE	EXEMPT	FOR GENERAL OPERATIONS	50,000
MENTAL HEALTH AMERICAN OF SUMMIT COUNTY 20 OLIVE ST 404 AKRON,OH 44310	NONE	EXEMPT	FOR GENERAL OPERATIONS	15,000

RESERVE 144 N MAIN ST HUDSON, OH 44236  MISC OTHER 5000 1521 GEORGETOWN ROAD HUDSON, OH 44236  NONE  EXEMPT FOR GENERAL OPERATIONS FOR GENERAL OPERATIONS FOR GENERAL OPERATIONS FOR GENERAL OPERATIONS 15,000 CLEVELAND, OH 44113 NONE EXEMPT FOR GENERAL OPERATIONS 11,599 VICTORIA PL SUITE 2800 PAINESVILLE, OH 44077 NONE EXEMPT FOR GENERAL OPERATIONS 5,000 CLEVELAND, OH 10 1225 DUBLIN ROAD 125 COLUMBUS, OH 43215 NAMI-STARK COUNTY OHIO 125 NAMI-STARK COUNTY OHIO A100 CLEVELAND AVE NW CANTON, OH 44709 NONE EXEMPT FOR GENERAL OPERATIONS FOR GENERAL OPERATIONS 72,200 BOX 462 CUYANDOA, OH 44709 NONE EXEMPT FOR GENERAL OPERATIONS 72,200 BOX 462 CUYANDOA, OH 44709 NONE EXEMPT FOR GENERAL OPERATIONS 72,200 BOX 462 CUYANDOA, OH 44722 NONE BOAD STREET SUITE 800 COLUMBUS, OH 43215 PORTAGE PATH BEHAVIORAL HEALTH 340 S BROADWAY STREET ARRON, OH 44308 RED COMPANY REAL EGGE DANCE PO BOX 2478 ARRON, OH 44308 FOR GENERAL OPERATIONS RED COMPANY SEALE LOGGE DANCE PO BOX 2478 ARRON, OH 44308 SHELTER CARE INC 32 SOUTH AVE TALKMADGE, OH 44278 HELETER CARE INC 32 SOUTH AVE TALKMADGE, OH 44278 HELETER CARE INC 32 SOUTH AVE TALKMADGE, OH 44278 HUNDERSITY OF ARRON NONE EXEMPT FOR GENERAL OPERATIONS POR GEN					<del>'</del>
a Paid during the year  MISIC FOR THE WESTERN RESERVE 144 N MAIN ST MUSIC FROM THE WESTERN RESERVE 144 N MAIN ST MUSIC FOR THE WESTERN RESERVE 144 N MAIN ST MUSIC FOR THE WESTERN RESERVE 144 N MAIN ST MUSIC FOR THE WESTERN RESERVE 144 N MAIN ST MUSIC FOR THE WESTERN RESERVE 144 N MAIN ST MUSIC FOR THE WESTERN RESERVE 144 N MAIN ST MUSIC FOR THE WESTERN RESERVE 144 N MAIN ST MUSIC FOR THE WESTERN RESERVE 144 N MAIN ST MUSIC FOR THE WESTERN RESERVE 144 N MAIN ST MUSIC FOR THE WESTERN RESERVE 144 N MAIN ST MUSIC FOR THE WESTERN RESERVE 144 N MAIN ST MONE  EXEMPT FOR GENERAL OPERATIONS FOR GEN	<u> </u>	show any relationship to	status of		A mount
MUSIC FROM THE WESTERN RESERVE 144 N MAIN ST MUDSON, OH 44236  MISC OTHER 5000 1521 GEORGETOWN ROAD MUDSON, OH 44236  MISC OTHER 5000 1521 GEORGETOWN ROAD MUDSON, OH 44236  MISC OTHER 5000 1521 GEORGETOWN ROAD MUDSON, OH 44236  NONE  EXEMPT FOR GENERAL OPERATIONS  15,000  15,000  15,000  10,000  EXEMPT FOR GENERAL OPERATIONS  15,000  11,599 FOR GENERAL OPERATIONS  12,500  13,500  14,500  EXEMPT FOR GENERAL OPERATIONS  5,000 FOR GENERAL OPERATIONS  5,000 FOR GENERAL OPERATIONS  5,000 FOR GENERAL OPERATIONS  5,000 FOR GENERAL OPERATIONS  68,000  ANAI - STARK COUNTY OHIO FOR GENERAL OPERATIONS  FOR GENERAL OPERATIONS  68,000  ANAI - STARK COUNTY OHIO FOR GENERAL OPERATIONS  FOR GENERAL OPERATIONS  FOR GENERAL OPERATIONS  FOR GENERAL OPERATIONS  72,200  ROW HAS ONE FOR GENERAL OPERATIONS  FOR GENERAL OPERATIONS  1,090,725  MINUTENSITY 4209 OHIO 44 ROOTSTOWN, OH 44272  FOR GENERAL OPERATIONS  1,090,725  MONE FOR GENERAL OPERATIONS  1,000  1	Name and address (home or business)		recipient		
RESERVE 144 N MAIN ST HUDSON, OH 44236  MISC OTHER 5000 1521 GEORGETOWN ROAD HUDSON, OH 44218  NONE  EXEMPT FOR GENERAL OPERATIONS FOR GENERAL OPERATIONS  15,000 CLEVELAND, OH 44113  NONE EXEMPT FOR GENERAL OPERATIONS  11,599  NAMI - ARC COUNTY OHIO 1 VICTORIA PL SUITE 2600 NONE PAINESVILLE, OH 44077  NAMI - OHIO 1225 DUBLIN ROAD 125 COLUMBUS, OH 43215  NAMI - STARK COUNTY OHIO 126 NONE  EXEMPT FOR GENERAL OPERATIONS  5,000 CLEVELAND, OH 44413  NONE EXEMPT FOR GENERAL OPERATIONS  5,000 CLEVELAND, OH 44077  NAMI - OHIO 1225 DUBLIN ROAD 125 COLUMBUS, OH 43215  NAMI - STARK COUNTY OHIO 105 NAMI - STARK COUNTY OHIO 105 NAMI - SUMMIT COUNTY OHIO PO 106 NAMI - SUMMIT COUNTY OHIO PO 107 NAMI - OHIO 127 NAMI - SUMMIT COUNTY OHIO PO 108 NAMI - SUMMIT COUNTY OHIO PO 109 NAMI - SUMMIT COUNTY OHIO ST NONE  EXEMPT FOR GENERAL OPERATIONS  1,090,725 NONE  EXEMPT FOR GENERAL OPERATIONS  1,090,725 NONE  EXEMPT FOR GENERAL OPERATIONS  1,090,725 NONE  EXEMPT FOR GENERAL OPERATIONS  1,090 NONE EXEMPT FOR GENERAL OPERATIONS  20,000  EXEMPT FOR GENERAL OPERATIONS  10,000  1	a Paid during the year				
GEORGETOWN ROADD HUDSON, OH 44236  NAMI - GREATER CLEVELAND 2012 W35TH ST 600 CLEVELAND, OH 44113  NAMI - LAKE COUNTY OHIO 1 VOICE NONE EXEMPT FOR GENERAL OPERATIONS 11,599 FOR GENERAL OPERATIONS 11,599 FOR GENERAL OPERATIONS 11,599 FOR GENERAL OPERATIONS 11,599 FOR GENERAL OPERATIONS 12,5000 FAINESVILLE, OH 44077  NAMI - OHIO 1225 DUBLIN ROAD 125 COLUMBUS, OH 43215  NOAMI - STARK COUNTY OHIO 100 FOR GENERAL OPERATIONS 12,5000 FOR GENERAL OPERATIONS 14,000 FOR GENERAL OPERATIONS 14,000 FOR GENERAL OPERATIONS 14,000 FOR GENERAL OPERATIONS 14,000 FOR GENERAL OPERATIONS 15,000 FOR GENERAL OPERATIONS 15	MUSIC FROM THE WESTERN RESERVE 144 N MAIN ST HUDSON,OH 44236	NONE	EXEMPT	FOR GENERAL OPERATIONS	10,000
2012 W2STH ST 600 CLEVELAND, OH 44113  NAMI - LAKE COUNTY OHIO 1 VICTORIA PL SUITE 260 PAINESVILLE, OH 44077  NAMI - OHIO 1225 DUBLIN ROAD 125 COLUMBUS, OH 43215  NAMI - STARK COUNTY OHIO 4100 CLEVELAND AVE NEW CANTON, OH 44709  NAMI - SUMMIT COUNTY OHIO PO BOX 462 CUYAHOGA FALLS, OH 44222  NONE  EXEMPT  FOR GENERAL OPERATIONS  68,000  EXEMPT  FOR GENERAL OPERATIONS  72,200 BOX 462 CUYAHOGA FALLS, OH 44222  NONE  EXEMPT  FOR GENERAL OPERATIONS  72,200 BOX 462 CUYAHOGA FALLS, OH 44222  NONE  EXEMPT  FOR GENERAL OPERATIONS  1,090,725  MONE  EXEMPT  FOR GENERAL OPERATIONS  1,090,725  PORTAGE PATH BEHAVIORAL HEALTH 340 S BROADWAY STREET ARRON, OH 44308  RED COMPANY REAL EDGE DANCE PO BOX 2478  RERO COMPANY REAL EDGE DANCE PO BOX 2478  SALVATION ARMY OF SUMMIT  SALVATION ARMY OF SUMMIT  NONE  EXEMPT  FOR GENERAL OPERATIONS  80,000  EXEMPT  FOR GENERAL OPERATIONS  6,500  COUNTED SOUTH MAPLE STREET  ARRON, OH 443020549  SHELTER CARE INC 32 SOUTH AVE AVE TALLMADGE, OH 44278  TUESDAY MUSICAL ASSOCIATION  1 SOUTH MAIN STREET 301  ARRON, OH 44308  UNIVERSITY OF ARRON  FOR GENERAL OPERATIONS  1 0,000  EXEMPT  FOR GENERAL OPERATIONS  1 0,000  FOR GENERAL OPERATIONS  FOR GENERAL OPERATION		NONE	EXEMPT	FOR GENERAL OPERATIONS	54,100
VICTORIA PL SUITE 260 PAINESVILLE, OH 44077  NAMI - OHIO 1225 DUBLIN ROAD 125 COLUMBUS, OH 43215  NAMI - STARK COUNTY OHIO 4100 CLEVELAND AVE NW CANTON, OH 44709  NAMI - SUMMIT COUNTY OHIO PO BOX 462 CUYAHOGA FALLS, OH 44222  NO RATHEAST OHIO MEDICAL UNIVERSITY 4299 OHIO 44 ROOTSTOWN, OH 44272  PHILANTHROPY OHIO 37 W PRORD STREET SUITE 800 COLUMBUS, OH 43215  NONE  EXEMPT  FOR GENERAL OPERATIONS  1,090,725 PORTAGE PATH 860 COLUMBUS, OH 43215  PORTAGE PATH 860 COLUMBUS, OH 43215  PORTAGE PATH 860 COLUMBUS, OH 43215  PORTAGE PATH 870 RED COMPANY REAL EDGE DANCE PO BOX 2478 AKRON, OH 44309  SALVATION ARMY OF SUMMIT COUNTY 190 SOUTH MAPLE STREET STREET AKRON, OH 44302549  SHELTER CARE INC 32 SOUTH AVE	2012 W 25TH ST 600	NONE	EXEMPT	FOR GENERAL OPERATIONS	15,000
125 COLUMBUS, OH 43215  NAMI - STARK COUNTY OHIO   4100 CLEVELAND AVE NW   CANTON, OH 44709  NAMI - SUMMIT COUNTY OHIO PO   BOX 462   CUYAHOGA FALLS, OH 44222  NORTHEAST OHIO MEDICAL   UNIVERSITY 4209 OHIO 44   ROOTSTOWN, OH 44722  PHILANTHROPY OHIO 37 W   BROAD STREET SUITE 800   COLUMBUS, OH 43215  PORTAGE PATH BEHAVIORAL   HEALTH 340 S BROADWAY STREET   AKRON, OH 44309  SALVATION ARMY OF SUMMIT   COUNTY 190 SOUTH MAPLE   STREET AKRON, OH 44308  SHELTER CARE INC 32 SOUTH   AVE   TALKBASE T 301   AKRON, OH 44308  NONE   EXEMPT   FOR GENERAL OPERATIONS   6,500		NONE	EXEMPT	FOR GENERAL OPERATIONS	11,599
4100 CLEVELAND AVE NW CANTON, OH 44709  NAMI - SUMMIT COUNTY OHIO PO BOX 462 CUYAHOGA FALLS, OH 44222  NOR THEAST OHIO MEDICAL UNIVERSITY 4209 OHIO 44 ROOTSTOWN, OH 44272  PHILANTHROPY OHIO 37 W BROAD STREET SUITE 800 COLUMBUS, OH 43215  PORTAGE PATH BEHAVIORAL HEALTH 340 S BROADWAY STREET AKRON, OH 44308  RED COMPANY REAL EDGE DANCE OF BOX 2478 AKRON, OH 44309  SALVATION ARMY OF SUMMIT COUNTY 190 SOUTH MAPLE STREET AKRON, OH 443025  SALVATION ARMY OF SUMMIT AVE STREET AKRON, OH 44308  NONE  EXEMPT FOR GENERAL OPERATIONS F	125	NONE	EXEMPT	FOR GENERAL OPERATIONS	5,000
BOX 462 CUYAHOGA FALLS,OH 44222  NONE BOX HEAST OHIO MEDICAL UNIVERSITY 4209 OHIO 44 ROOTSTOWN, OH 44272  PHILANTHROPY OHIO 37 W BROAD STREET SUITE 800 COLUMBUS, OH 43215  PORTAGE PATH BEHAVIORAL HEALTH 340 S BROADWAY STREET AKRON, OH 44309  SALVATION ARMY OF SUMMIT COUNTY 190 SOUTH MAPLE STREET AKRON, OH 443020549  SHELTER CARE INC 32 SOUTH AVE TALLIMADGE, OH 44278  TUESDAY MUSICAL ASSOCIATION 1 SOUTH MAIN STREET 301 AKRON, OH 44308  NONE  EXEMPT FOR GENERAL OPERATIONS FOR GENERAL OPERATIONS COLUMBUS, OH 44309  EXEMPT FOR GENERAL OPERATIONS COLUMBUS, OH 44309  EXEMPT FOR GENERAL OPERATIONS COLUMBUS, OH 44309  SALVATION ARMY OF SUMMIT COUNTY 190 SOUTH MAPLE STREET AKRON, OH 443020549  SHELTER CARE INC 32 SOUTH AVE TALLIMADGE, OH 44278  TUESDAY MUSICAL ASSOCIATION 1 SOUTH MAIN STREET 301 AKRON, OH 44308  NONE EXEMPT FOR GENERAL OPERATIONS 10,000  1 SOUTH MAIN STREET 301 AKRON, OH 44308  NONE EXEMPT FOR GENERAL OPERATIONS 10,000  1 SOUTH MAIN STREET 301 AKRON, OH 44308  NONE EXEMPT FOR GENERAL OPERATIONS 10,000		NONE	EXEMPT	FOR GENERAL OPERATIONS	68,000
UNIVERSITY 4209 OHIO 44 ROOTSTOWN, OH 44272  PHILANTHROPY OHIO 37 W BROAD STREET SUITE 800 COLUMBUS, OH 43215  PORTAGE PATH BEHAVIORAL HEALTH 340 S BROADWAY STREET AKRON, OH 44308  RED COMPANY REAL EDGE DANCE PO BOX 2478 AKRON, OH 44309  SALVATION ARMY OF SUMMIT COUNTY 190 SOUTH MAPLE STREET AKRON, OH 443020549  SHELTER CARE INC 32 SOUTH AVE TALLMADGE, OH 44278  TUESDAY MUSICAL ASSOCIATION 1 SOUTH MAIN STREET 301 AKRON, OH 44308  UNIVERSITY OF AKRON FOR GENERAL OPERATIONS  1 SOUTH MAIN STREET AKRON, OH 44308  UNIVERSITY OF AKRON FOUNDATION 185 E MILL STREET AKRON, OH 443256220  NONE  EXEMPT FOR GENERAL OPERATIONS 25,000  EXEMPT FOR GENERAL OPERATIONS 10,000  1 SOUTH MAIN STREET 301 AKRON, OH 44308  UNIVERSITY OF AKRON FOUNDATION 185 E MILL STREET AKRON, OH 443256220		NONE	EXEMPT	FOR GENERAL OPERATIONS	72,200
BROAD STREET SUITE 800 COLUMBUS, OH 43215  PORTAGE PATH BEHAVIORAL HEALTH 340 S BROADWAY STREET AKRON, OH 44308  RED COMPANY REAL EDGE DANCE PO BOX 2478 AKRON, OH 44309  SALVATION ARMY OF SUMMIT COUNTY 190 SOUTH MAPLE STREET AKRON, OH 443020549  SHELTER CARE INC 32 SOUTH AVE TALLMADGE, OH 44278  TUESDAY MUSICAL ASSOCIATION 1 SOUTH MAIN STREET 301 AKRON, OH 44308  UNIVERSITY OF AKRON FOUNDATION 185 E MILL STREET AKRON, OH 443256220  NONE  EXEMPT FOR GENERAL OPERATIONS 25,000 EXEMPT FOR GENERAL OPERATIONS 10,000 FOR GENERAL OPERATIONS 10,000		NONE	EXEMPT	FOR GENERAL OPERATIONS	1,090,725
HEALTH 340 S BROADWAY STREET AKRON, OH 44308  RED COMPANY REAL EDGE DANCE PO BOX 2478 AKRON, OH 44309  SALVATION ARMY OF SUMMIT COUNTY 190 SOUTH MAPLE STREET AKRON, OH 443020549  SHELTER CARE INC 32 SOUTH AVE TALLMADGE, OH 44278  TUESDAY MUSICAL ASSOCIATION 1 SOUTH MAIN STREET 301 AKRON, OH 44308  UNIVERSITY OF AKRON FOUNDATION 185 E MILL STREET AKRON, OH 443256220  HONE SEXEMPT FOR GENERAL OPERATIONS 25,000 FOUNDATION 185 E MILL STREET AKRON, OH 443256220  REXEMPT FOR GENERAL OPERATIONS 10,000 FOUNDATION 185 E MILL STREET AKRON, OH 443256220	BROAD STREET SUITE 800	NONE	EXEMPT	FOR GENERAL OPERATIONS	9,000
PO BOX 2478 AKRON,OH 44309  SALVATION ARMY OF SUMMIT COUNTY 190 SOUTH MAPLE STREET AKRON,OH 443020549  SHELTER CARE INC 32 SOUTH AVE TALLMADGE,OH 44278  TUESDAY MUSICAL ASSOCIATION 1 SOUTH MAIN STREET 301 AKRON,OH 44308  UNIVERSITY OF AKRON FOUNDATION 185 E MILL STREET AKRON,OH 443256220  AND SEXEMPT FOR GENERAL OPERATIONS 10,000 FOUNDATION 185 E MILL STREET AKRON,OH 443256220	PORTAGE PATH BEHAVIORAL HEALTH 340 S BROADWAY STREET AKRON,OH 44308	NONE	EXEMPT	FOR GENERAL OPERATIONS	80,000
COUNTY 190 SOUTH MAPLE STREET AKRON, OH 443020549  SHELTER CARE INC 32 SOUTH AVE TALLMADGE, OH 44278  TUESDAY MUSICAL ASSOCIATION 1 SOUTH MAIN STREET 301 AKRON, OH 44308  UNIVERSITY OF AKRON FOUNDATION 185 E MILL STREET AKRON, OH 443256220  AKRON, OH 443256220  SEXEMPT FOR GENERAL OPERATIONS 10,000 EXEMPT FOR GENERAL OPERATIONS 10,000		NONE	EXEMPT	FOR GENERAL OPERATIONS	6,500
AVE TALLMADGE, OH 44278  TUESDAY MUSICAL ASSOCIATION 1 SOUTH MAIN STREET 301 AKRON, OH 44308  UNIVERSITY OF AKRON FOUNDATION 185 E MILL STREET AKRON, OH 443256220  REMPT FOR GENERAL OPERATIONS 10,000	COUNTY 190 SOUTH MAPLE	NONE	EXEMPT	FOR GENERAL OPERATIONS	20,000
1 SOUTH MAIN STREET 301 AKRON,OH 44308  UNIVERSITY OF AKRON FOUNDATION 185 E MILL STREET AKRON,OH 443256220  NONE  EXEMPT FOR GENERAL OPERATIONS 10,000		NONE	EXEMPT	FOR GENERAL OPERATIONS	25,000
FOUNDATION 185 E MILL STREET AKRON,OH 443256220		NONE	EXEMPT	FOR GENERAL OPERATIONS	10,000
Total	UNIVERSITY OF AKRON FOUNDATION 185 E MILL STREET AKRON,OH 443256220	NONE	EXEMPT	FOR GENERAL OPERATIONS	10,000
I I	Total				2,885,489

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
WEATHERVANE COMMUNITY PLAYHOUSE INC 1301 WEATHERVANE LANE AKRON,OH 44313	NONE	EXEMPT	FOR GENERAL OPERATIONS	10,000
WESTERN RESERVE PUBLIC MEDIA PO BOX 5191 KENT,OH 44240	NONE	EXEMPT	FOR GENERAL OPERATIONS	5,000
WOMEN'S BOARD TO THE SUMMIT CO JUVENILE COURT CTR 650 DAN ST AKRON,OH 44310	NONE	EXEMPT	FOR GENERAL OPERATIONS	6,000
YEPAW PO BOX 462 CUYAHOGA FALLS,OH 44222	NONE	EXEMPT	FOR GENERAL OPERATIONS	15,000
Total				2,885,489

### **TY 2014 Accounting Fees Schedule**

Name: THE MARGARET CLARK MORGAN FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	41,750	41,750	0	0

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Note: To capture the full content of this document, please select landscape mode (11"  $\times$  8.5") when printing.

#### TY 2014 Gain/Loss from Sale of Other Assets Schedule

Name: THE MARGARET CLARK MORGAN FOUNDATION

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
FLAT SCREEN TV	2009-10	PURCHASED	2014-05			2,710		0	-271	2,439

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# **TY 2014 Investments Corporate Bonds Schedule**

Name: THE MARGARET CLARK MORGAN FOUNDATION

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS	3,677,444	3,680,067

# **TY 2014 Investments Corporate Stock Schedule**

Name: THE MARGARET CLARK MORGAN FOUNDATION

Name of Stock	End of Year Book Value	End of Year Fair Market Value
EQUITY SECURITIES	59,987,715	63,448,890

TY 2014 Investments Government
Obligations Schedule

Name: THE MARGARET CLARK MORGAN FOUNDATION
EIN: 34-1948246

US Government Securities - End of
Year Book Value: 5,222,902

US Government Securities - End of
Year Fair Market Value: 5,274,031

State & Local Government

DLN: 93491317014175

Securities - End of Year Book
Value:
0

State & Local Government Securities - End of Year Fair

Market Value:

0

#### **TY 2014 Investments - Other Schedule**

Name: THE MARGARET CLARK MORGAN FOUNDATION

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
30% INVESTMENT IN MORGAN FREEPORT	AT COST	4,666	5,983
INVESTMENT IN ELEUTHERA PROPERTY	AT COST	146,353	368,310
INVESTMENT IN MBI	AT COST	4,586,364	4,586,364
ALTERNATIVE INVESTMENTS	AT COST	8,878,168	9,665,587

### **TY 2014 Other Expenses Schedule**

Name: THE MARGARET CLARK MORGAN FOUNDATION

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK SERVICE CHARGES	594	594	0	0
COMPUTER EXPENSES	129	129	0	0
DUES AND SUBSCRIPTIONS	11,183	5,592	0	5,591
INSURANCE	30,946	15,473	0	15,473
MARKETING	18,448	9,224	0	9,224
OFFICE EXPENSE	12,807	6,404	0	6,404
POSTAGE AND DELIVERY	742	371	0	371
PRO GRAM EXPENSE	347,270	0	0	347,270
REPAIRS & MAINTENANCE	7,639	0	0	0
TELEPHONE	3,593	1,797	0	1,796



#### **TY 2014 Other Liabilities Schedule**

Name: THE MARGARET CLARK MORGAN FOUNDATION

Description	Beginning of Year - Book Value	End of Year - Book Value	
CREDIT CARD PAYABLE	1,677	3,929	

#### **TY 2014 Other Professional Fees Schedule**

Name: THE MARGARET CLARK MORGAN FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT ADVISORY EXPENSES	332,810	332,810	0	0
INVESTMENT FEES	41,895	41,895	0	0

#### **TY 2014 Taxes Schedule**

Name: THE MARGARET CLARK MORGAN FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	31,807	15,904	0	15,903
FEDERAL EXCISE TAX	135,977	0	0	0

# TY 2014 TransfersFrmControlledEntities

Name: THE MARGARET CLARK MORGAN FOUNDATION

Name	US / Foreign Address	EIN	Description	Amount
MBI REAL ESTATE	10 W STREETSBORO 200 HUDSON, OH 44236	37-1535341	RENTAL INCOME LESS EXPENSES	98,943
Total				98,943

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Schedule B

THE MARGARET CLARK MORGAN FOUNDATION

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

Department of the Treasury Internal Revenue Service

Name of the organization

As Filed Data -

DLN: 93491317014175

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

► Attach to Form 990, 990-EZ, or 990-PF.

► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

**Employer identification number** 

2014

			34-1948246
Organ	ization type (check or	ne)	
Filers	of:	Section:	
Form 9	90 or 990-EZ	☐ 501(c)( ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
		527 political organization	
Form 9	90-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
Gener 「マ	For an organization fili	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions to ny one contributor. Complete Parts I and II. See instructions for determining a co	
		ny one contributor Complete Parts I and II See instructions for determining a co	ontributor's total contributions
Specia	ıl Rules		
Γ	under sections 509(a) received from any one	escribed in section $501(c)(3)$ filing Form $990$ or $990$ -EZ that met the $33^1 \Bar{s}\%$ supposes (1) and $170(b)(1)(A)(vi)$ , that checked Schedule A (Form $990$ or $990$ -EZ), Part is contributor, during the year, total contributions of the greater of <b>(1)</b> \$5,000 or $990$ -EZ, line 1 Complete Parts I and II	ll, line 13, 16a, or 16b, and that
Γ	during the year, total of	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, cruelty to children or animals. Complete Parts I, II, and III	
Γ	during the year, contri this box is checked, ei purpose Do not comp	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received butions exclusively for religious, charitable, etc., purposes, but no such contributer here the total contributions that were received during the year for an excludete any of the parts unless the <b>General Rule</b> applies to this organization becance, contributions totaling \$5,000 or more during the year	utions totaled more than \$1,000 If usively religious, charitable, etc, use it received nonexclusively

**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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
THE MARGARET CLARK MORGAN FOUNDATION

Employer identification number

THE MARGARET CLARK MORGAN FOUNDATION 34-1948246 Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (c) (d) (a) (b) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution Person 굣 MBI REAL ESTATE Payroll 10 W STREETSBORO 200 Noncash 98,943 HUDSON, OH44236 (Complete Part II for noncash contributions) (d) (b) (c) (a) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization
THE MARGARET CLARK MORGAN FOUNDATION
34-1948246

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

chedule	B (Form 990, 990-EZ, or 990-PF) (2014)			Page	
	organization			Employer identification number	
HE MAR	GARET CLARK MORGAN FOUNDATION		34-1948246		
Part III		r from any one enter the total of nstructions)	e contributor. Complet f exclusively religious, c	cribed in section 501(c)(7), (8), or (10) e columns (a) through (e) and the following line charitable, etc., contributions of \$1,000 or less for \$	
(a) No. from Part I	(b) Purpose of gift		c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, ar	•	) Transfer of gift Relatio	onship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(4	c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, ar	(e) Transfer of gift and ZIP 4 Relatio		onship of transferor to transferee	
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relation			onship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(4	c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, ar		) Transfer of gift Relatio	onship of transferor to transferee	