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# J .... 1675 MAY 0 6 2016

1 990-PF

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.

OMB No. 1545-0052 2015

Departmant of the Treasury

| lni      | ternal         | Revenue Service Information about Form   | 990-PF and its separat  | te instructions is at <i>wv</i> | vw.irs.gov/form990pf                   | Open to Public Inspection    |
|----------|----------------|--|-------------------------|---------------------------------|--|------------------------------|
| F        | or ca          | lendar year 2015 or tax year beginning   |                         | , 2015, and e                   | nding                                  | , 20                         |
| 1        | Name           | of foundation  |                         |                                 | A Employeride                          | ntification number           |
|          | CHA            | RLES E. AND MABEL M. RITCHIE   | MEMORIAL                |                                 | 3.                                     | 4-6500802                    |
| 1        | Numb           | er and street (or P O box number if mail is not delivered t                            |                         | mber (see instructions)         |  |                              |
|          |                |  |                         |                                 |  |                              |
|          | 106            | SOUTH MAIN STREET, STE 16  |                         | 330-384-7301                    |  |                              |
| (        | City or        | town, state or province, country, and ZIP or foreign post                              | al code                 |                                 |  |                              |
|          |                |  |                         |                                 | C If exemption app<br>pending, check h | lication is                  |
|          | <u>AKR</u>     | ON, OH 44308   |                         |                                 | portaing, oneon t                      |                              |
| G        | Che            | eck all that apply: Initial return   | Initial return          | of a former public ch           | narity D 1 Foreign organ               | izations, check here         |
|          |                | Final return   | Amended re              | eturn                           |  | izations meeting the         |
|          |                | Address change   | Name chang              | je                              |  | ck here and attach           |
| H        | Che            | ck type of organization: Section 501(c   | :)(3) exempt private    | foundation                      | E If anyone founds                     | tion status was terminated   |
|          | X s            | Section 4947(a)(1) nonexempt charitable trust  | Other taxable p         | rivate foundation               | · ·                                    | 7(b)(1)(A), check here •     |
| ı        | Fair           | market value of all assets at JAccou   | nting method: X C       | ash Accrual                     |  | is in a 60-month termination |
|          | end            | of year (from Part II, col. (c), line Ot   | her (specify)           |                                 |  | 7(b)(1)(B), check here . >   |
|          | 16)            | ▶\$ 6,905,115. (Part I, co   | olumn (d) must be on ca | ash basis )                     |  |                              |
| P        | art            | Analysis of Revenue and Expenses (The  | (a) Revenue and         |                                 |  | (d) Disbursements            |
|          |                | total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in | expenses per            | (b) Net investment income       | (c) Adjusted net income                | for charitable purposes      |
| _        |                | column (a) (see instructions).)  | books                   |                                 |  | (cash basis only)            |
|          | 1              | Contributions, gifts, grants, etc , received (attach schedule) .                       |                         |                                 |  |                              |
|          | 2              | Check If the foundation is not required to attach Sch B.                               |                         |                                 |  |                              |
|          | 3              | Interest on savings and temporary cash investments-                                    |                         |                                 |  |                              |
|          | 4              | Dividends and interest from securities   | 170,513                 | . 170,513                       | 3.                                     | STMT 1                       |
|          | 5a             | Gross rents  |                         |                                 |  |                              |
|          | b              | Net rental income or (loss)  |                         | <u> </u>                        |  |                              |
| e        |                | Net gain or (loss) from sale of assets not on line 10                                  | 216,216                 |                                 |  |                              |
| evenue   | b              | Gross sales price for all 2,120,912.   |                         |                                 |  |                              |
| ě        | 7              | Capital gain net income (from Part IV, line 2) .                                       |                         | 216,216                         | 5.                                     |                              |
| Y        | 8              | Net short-term capital gain  |                         |                                 |  |                              |
|          | 9              | Income modifications   |                         |                                 | RECEIVED                               |                              |
|          | IVa            | Gross sales less returns and allowances  |                         |                                 |  |                              |
|          |                | Less Cost of goods sold .  |                         | 222                             | MAY 1-0-2015                           |                              |
|          | C              | Gross profit or (loss) (attach schedule)   |                         | A                               | (10.3)                                 | 13                           |
|          | 11             | Other income (attach schedule)   |                         |                                 |  |                              |
| 4        | 12             | Total. Add lines 1 through 11  | 386,729                 |                                 | 1000-11 <u>01</u>                      |                              |
| ွှ       | 13             | Compensation of officers, directors, trustees, etc.                                    | 81,082                  | 40,541                          | . •                                    | 40,541                       |
| S)       | 14             | Other employee salaries and wages  |                         |                                 | -                                      |                              |
| en<br>E  | 15             | Pension plans, employee benefits   |                         |                                 |  |                              |
| X        |                | Legal fees (attach schedule)   | 1 000                   | F00                             | 1                                      | TT                           |
| 9        | b              | Accounting fees (attach schedule) STMT. 3  | 1,000                   | . 500                           | NOI                                    | <u>√E 500</u> .              |
|          | C              | Other professional fees (attach schedule)  |                         |                                 |  |                              |
| Ĭ        | 17             | Interest   | 10 051                  | 1 222                           |  |                              |
|          | 18             | Taxes (attach schedule) (see instructions). 4.   | 19,251                  | 1,326                           | ·                                      |                              |
| Ē        | 19             | Depreciation (attach schedule) and depletion.  |                         |                                 | <u> </u>                               |                              |
| 밁        | 20             | Occupancy  |                         |                                 |  |                              |
| 밀        | 21<br>22       | Travel, conferences, and meetings  |                         |                                 |  |                              |
| ā        | 22             | Printing and publications  | 0 105                   | 1 005                           | +                                      | 0 105                        |
| ĭ        | 23<br>24<br>25 | Other expenses (attach schedule) STMT. 5.  | 2,125.                  | 1,925                           | · <del> </del>                         | 2,125                        |
| <u>a</u> | 24             | Total operating and administrative expenses.   | 100 450                 | 44 000                          | 370                                    |                              |
| ᆲ        |                | Add lines 13 through 23  | 103,458.                | 44,292                          | NON NON                                |                              |
|          |                | Contributions, gifts, grants paid  | 323,597.                |                                 |  | 323,597                      |
| _        | 26             | Total expenses and disbursements Add lines 24 and 25                                   | 427,055.                | 44,292                          | . NOM                                  | <u>JE 366,763</u> .          |
|          | 27             | Subtract line 26 from line 12:   |                         |                                 |  |                              |
|          |                | Excess of revenue over expenses and disbursements                                      | -40,326.                | 2.2                             |  |                              |
|          |                | Net investment income (if negative, enter -0-)   | <del></del>             | 342,437                         | ·                                      |                              |
| - [      | C              | Adjusted net income (if negative, enter -0-).  |                         | 1                               | 1                                      | }                            |

JSA For Paperwork Reduction Act Notice, see instructions. 5E1410 1 000 CVW263 L668 04/15/2016 07:49:51

≨orm 990-F (2015) 34-6500802 Attached schedules and amounts in the Beginning of year End of year Part II Balance Sheets description column should be for end-of-year (a) Book Value (b) Book Value (c) Fair Market Value amounts only. (See instructions ) 331. 320 320 315,476. 371,745 371,745 2 Accounts receivable > Less allowance for doubtful accounts Pledges receivable Less: allowance for doubtful accounts ▶ Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . Other notes and loans receivable (attach schedule) Less: allowance for doubtful accounts 8 9 102,000. 607,851 10a Investments - U.S and state government obligations (attac 6 3 1 1 2 1 ). 649,014 3,638,719. 3,324,129. 3,954,713 Investments - corporate stock (attach schedule) . STMT .7. . 1,977,270 Investments - corporate bonds (attach schedule). STMT .8. 2,266,941. 1,929,323 11 Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule) 12 13 Land, buildings, and 14 equipment basis Less accumulated depreciation (attach schedule) 15 Other assets (describe > 16 Total assets (to be completed by all filers - see the 6,281,315. 6,323,467. 6,905,115 17 18 19 Deferred revenue.......... 20 Loans from officers, directors, trustees, and other disqualified persons. . 21 Mortgages and other notes payable (attach schedule) . . . . . 22 Other liabilities (describe ▶\_\_\_ Total liabilities (add lines 17 through 22) . . . . . . . . . . . . NONE Foundations that follow SFAS 117, check here . > Balances and complete lines 24 through 26 and lines 30 and 31. 24 25 Fund 26 Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ٥ 27 6,323,467. 6,281,315. Capital stock, trust principal, or current funds . . . . . . . . . Assets 28 Paid-in or capital surplus, or land, bldg , and equipment fund. . . . . . 29 Retained earnings, accumulated income, endowment, or other funds . . 30 Total net assets or fund balances (see instructions) . . . . . 6,323,467. 6,281,315 Net 31 Total liabilities and net assets/fund balances (see 6,323,467. 6,281,315 Part III Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with 6,323,467. 2 -40,326. 3 Other increases not included in line 2 (itemize) ▶ 2014 INCOME POSTED TO 2015 3 1,624. 4 6,284,765. 5 Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 9 3,450. 6,281,315. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 . . . .

Form **990-PF** (2015)

Form 990-PF (2015)

Page 3

| Pa             | rt IV Capital Gains                    | and Losses for Tax on Inve                | estment Income   |  |   |                 |
|----------------|--|---|--|--|---|-----------------|
|                | (a) List and                           | d describe the kind(s) of property sold ( | _  | (b) How acquired                                 | (c) Date acquired                         | (d) Date sold   |
|                | 2-story b                              | rick warehouse, or common stock, 200      | shs. MLC Co.)  | P - Purchase<br>D - Donation                     | (mo , day, yr.)                           | (mo , day, yr.) |
| <u>1a</u>      | PUBLICLY TRADED                        | SECURITIES                                |  |  |   |                 |
| _b             |  |   |  |  |   |                 |
| _ <u>c</u>     |  |   |  |  |   |                 |
| _ <u>d</u>     |  |   |  |  |   |                 |
| <u>e</u>       |  |   | -  |  |   |                 |
|                | (e) Gross sales price                  | (f) Depreciation allowed (or allowable)   | (g) Cost or other basis  |  | (h) Gain or (lo                           |                 |
|                | 0 100 010                              | (or allowable)                            | plus expense of sale   |  | (e) plus (f) mini                         |                 |
| <u>a</u>       | 2,120,912.                             |   | 1,904,696.   |  |   | 216,216.        |
| <u>b</u>       | <del></del>                            |   |  |  |   |                 |
| _ <u>c</u>     |  |   |  | <u> </u>   |   |                 |
| <u>d</u>       |  |   |  |  |   |                 |
| <u>e</u>       | Complete only for second               | have a coin in column (b) and accord      | buths foundation on 12/21/60   | l  |   |                 |
|                | Complete only for assets s             | showing gain in column (h) and owned      | <u>r -                                     </u>                        |  | Gains (Col. (h) ga<br>(k), but not less t |                 |
|                | (i) F.M V. as of 12/31/69              | (j) Adjusted basis<br>as of 12/31/69      | (k) Excess of col. (ı) over col. (ı), ıf any                           | ÇOI.   | Losses (from co                           | •               |
|                |  | 23 31 127 3 17 33                         | 0 vo. 00. (j,, 11 dily   |  | •   |                 |
| _ <u>a</u>     |  |   |  |  |   | 216,216.        |
| _ <u>b</u>     |  |   |  |  |   |                 |
| _ <del>_</del> | <del> </del>                           |   |  |  |   |                 |
| _ <u>d</u>     |  |   |  |  |   |                 |
| <u>e</u>       |  | . If                                      | gain also enter in Part I line 7                                       |  |   |                 |
| 2              | Capital gain net income of             | or (net capital loss)                     | gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7 | 2  |   | 216,216.        |
| 3              | Net short-term capital ga              | in or (loss) as defined in sections 1     |  | <del>                                     </del> |   | ZIO, ZIO.       |
| •              |  | art I, line 8, column (c) (see inst       |  |  |   |                 |
|                |  |   | •  | 3  |   |                 |
| Pa             |  | Inder Section 4940(e) for Red             |  |  |   |                 |
| (Fo            | r optional use by domestic             | private foundations subject to the        | section 4940(a) tax on net investo                                     | nent inco  | me.)                                      |                 |
| •              | ,                                      | ,   | , ,  |  |   |                 |
| lf s           | ection 4940(d)(2) applies,             | leave this part blank.                    |  |  |   |                 |
|                |  | ·   |  |  |   |                 |
|                |  | the section 4942 tax on the distrib       |  | ase period                                       | d?  | Yes X No        |
| If "\          | Yes," the foundation does r            | not qualify under section 4940(e). I      | Do not complete this part.   |  |   |                 |
| 1              | Enter the appropriate am               | ount in each column for each year         | ; see the instructions before making                                   | g any entr                                       | ies.                                      |                 |
|                | (a)<br>Base period years               | (b)                                       | (c)  |  | (d)<br>Distribution ra                    | tio             |
| Ca             | lendar year (or tax year beginning in) | Adjusted qualifying distributions         | Net value of noncharitable-use assets                                  |  | (col. (b) divided by                      |                 |
|                | 2014                                   | 350,356.                                  | 7,341,709.   |  |   | 0.047721        |
|                | 2013                                   | 335,786.                                  | 7,078,372.   |  |   | 0.047438        |
|                | 2012                                   | 318,786.                                  | 6,839,228.   |  |   | 0.046611        |
|                | 2011                                   | 347,743.                                  | 6,866,967.   |  |   | 0.050640        |
|                | 2010                                   | 311,153.                                  | 6,651,200.   |  | · · · · · · · · · · · · · · · · · · ·     | 0.046781        |
|                |  |   |  |  |   |                 |
| 2              | Total of line 1, column (c             | 1)  |  | 2  |   | 0.239191        |
| 3              | Average distribution ratio             | o for the 5-year base period - divide     | the total on line 2 by 5, or by the                                    |  |   |                 |
|                | number of years the four               | idation has been in existence if less     | s than 5 years   | 3  |   | 0.047838        |
|                |  |   |  |  |   |                 |
| 4              | Enter the net value of no              | ncharitable-use assets for 2015 fro       | m Part X, line 5   | 4  | 7,  | 165,331.        |
|                |  |   |  |  |   |                 |
| 5              | Multiply line 4 by line 3              |   |  | 5  |   | 342,775.        |
|                | •                                      |   |  |  |   |                 |
| 6              | Enter 1% of net investme               | ent income (1% of Part I, line 27b)       |  | 6  |   | 3,424.          |
|                |  |   |  |  |   |                 |
| 7              | Add lines 5 and 6                      |   |  | 7  |   | 346,199.        |
|                |  |   |  |  |   |                 |
| 8              | Enter qualifying distributi            | ons from Part XII, line 4                 |  | 8  |   | 366,763.        |
|                |  | reater than line 7, check the box         | in Part VI, line 1b, and complete t                                    | hat part   | using a 1% tax                            | rate. See the   |
|                | Part VI instructions.                  |   |  |  |   |                 |

| participate or intervene in any political campaign?.  b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?.  If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.  c Did the foundation file Form 1120-POL for this year?  d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation ►\$  2) On foundation managers ►\$  2 Has the foundation engaged in any activities that have not previously been reported to the IRS?.  3 Has the foundation managers of the activities.  3 Has the foundation managers or other similar instruments? If "Yes," attach a detailed description of the activities.  3 Has the foundation managers or other similar instruments? If "Yes," attach a detailed description of the activities.  3 Has the foundation have unrelated business gross income of \$1,000 or more during the year?.  4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?.  4b If "Yes," has it filed a tax return on Form 990-T for this year?  5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?.  5 If "Yes," attach the statement required by General Instruction T.  6 Are the requirements of section \$0.8(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?  OH  b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-FF to the Attorney General (or designate) of each state as required by General Instruction G?If "No," attach explanation  CH  b If the answer is "Yes" to line 7, has the foundation within the meaning of section 4942 | Form | 990-RF (2015) 34-6500802  |             |          | Page <b>4</b> |  |  |  |
|---|------|---|-------------|----------|---------------|--|--|--|
| Demetic foundations that meet the section 4940(e) requirements in Part V, check here  | Par  | t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see                | instr       | ıction   | s)            |  |  |  |
| b Domeste foundations that meet the section 4940[st requirements in Part V, check here ≥ 1  | 1a   | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1          |             |          |               |  |  |  |
| here ► ∑ and enter 1% of Part I, Ine 21b .  All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, Ine 12, col. (a).  Tax under section 511 (domestic section 4947/a)(1) trusts and taxable foundations only. Others enter -0+    A dollines 1 and 2 .  3  |      |   |             |          |               |  |  |  |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of   | b    |   |             | 3,4      | <u> 124.</u>  |  |  |  |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of   |      | here X and enter 1% of Part I, line 27b   |             |          |               |  |  |  |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . 2 3 Add lines 1 and 2 . 3 3, 424 Subtille A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . 4 NON 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 5 3, 424 Credits/Payments: a 2015 estimated tax payments and 2014 overpayment credited to 2015 . 6a 11, 825. b Exempt foreign organizations - tax withhold at source . 6b NONE c Tax paid with application for extension of time to file (Form 8868) . 6c NONE d Backup withholding erronscusty withhold . 6d NONE 3 Farter any penalty for underpayment of estimated tax. Check here . 1form 2220 is stached . 8 9 Tax due. If the total of lines 5 and 8 is more than file 7, other amount otweed . 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount of line 10 to the Credited to 2016 estimated tax ▶ 3, 425, Refunded ▶ 11 4, 975 Part VII-A Statements Regarding Activities 1a Duning that tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign. 1  b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes lese instructions for the definition)? 1  If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 1  B Eate         | C    |   |             |          |               |  |  |  |
| 3 3 3.424  Subtalle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, Others enter -0-).  Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0  Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0  Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0  Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0  Tax based with application for extension of times to file (Form 8688).  Each part of the part of the following erroneously withheld at source.  Tax paid with application for extension of times to file (Form 8688).  Backup withholding erroneously withheld.  Total acredits and payments. Add lines 5s aft brough 6 d.  Total acredits and payments. Add lines 5s and 8 is more than line 7, enter amount owed.  Tax based with the total of lines 5 and 8 is more than line 7, enter amount owed.  Tax based with the total of lines 5 and 8 is more than line 7, enter amount owed.  Tax based with the total of lines 5 and 8 is more than line 7, enter amount owed.  Tax based with the total of lines 5 and 8 is more than line 7, enter amount owed.  Tax based with the total of lines 5 and 8 is more than line 7, enter amount owed.  Tax based with the total of lines 5 and 8 is more than line 7, enter amount owed.  Tax based with the total of lines 5 and 8 is more than line 7, enter amount owed.  Tax based with the total of lines 5 and 8 is more than line 7 is enter the amount overpaid.  Tax based with the total of lines 5 and 8 is more than line 7 is enter the amount overpaid.  Tax based with the total of lines 5 and 8 is more than line 7 is enter the amount overpaid.  Tax based with the total of lines 5 and 8 is more than line 7 is enter the amount overpaid.  Tax based with the total of lines 5 and 8 is enter the amount overpaid.  Tax based with the total of lines 5 and 8 is enter the amount overpaid.  Tax based with the state lone tax based with the total overa               |      | Part I, line 12, col. (b).  |             |          |               |  |  |  |
| Subtle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-1   | 2    | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2 |             |          |               |  |  |  |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0  | 3    |   |             | 3,4      | <u> 124.</u>  |  |  |  |
| 6 Credits/Payments: a 2015 estimated tax paymonts and 2014 overpayment credited to 2015. b Exempt foreign organizations - tax withheld at source.  6 b NONE c Tax pold with application for extension of time to file (Form 8868). 6 c NONE d Backup withholding erroneously withheld 6 c NONE 7 Total credits and payments. Add lines 6s through 6d. 7 Total credits and payments. Add lines 6s through 6d. 8 Enter any penalty for underpayment of estimated tax. Check here if of Form 2220 is attached 8 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be. Credited to 2016 estimated tax ▶ 3,425. Refunded ▶ 11 4,976  Part VIIA Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition!)? 1c If the answer is "Yes" to 1a or 1b, attach a dataled description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.  1c Did the foundation file Form 1120-POL for this year? 1d Enter the amount (if any) fax on political expenditures (section 4955) imposed during the year: 110 on the foundation file Form 1120-POL for this year? 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?, 2 If "Yes," attach a detailed description of the activities. 2 If the foundation magers. ▶ \$ 2 (2) Conductation magers. ▶ \$ 3 Has the foundation of the activities. 4 If Yes, attach a destailed description of the activities. 5 If Yes, attach a detailed description of the activities. 6 If Yes, attach a destailed description of the activities. 7 Are the requirements of section 508(e) (relating to sections 4941 through 4945    | 4    |   |             |          |               |  |  |  |
| a 2015 estimated tax payments and 2014 overpayment credited to 2015   | 5    | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0                      |             | 3,4      | <u> 124.</u>  |  |  |  |
| b Exempt foreign organizations - tax withheld at source   | 6    | ·   |             |          |               |  |  |  |
| c Tax paid with application for extension of time to file (Form 8868) 6 6 NONE d Backup withholding erroneously withheld Total credits and payments. Add lines 6 at brough 6d 7 Total credits and payments. Add lines 6 at brough 6d 8 Enter any penalty for underpayment of estimated tax. Check here 1 If Form 2220 is attached 8 Tax due. If the total of lines 5 and 8 is more than line 7, enter emount owed 9 To Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 9 To Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 4, 976  Part VIAP Tax VIAP T       | а    | 2015 estimated tax payments and 2014 overpayment credited to 2015 6a 11,825.                                |             |          |               |  |  |  |
| d Backup withholding erroneously withhold 7 Total credits and payments. Add lines 6a through 6d 7 11, 825 8 Enter any penalty for underpayment of estimated tax. Check here   | b    |   |             |          |               |  |  |  |
| 8 Enter any penalty for underpayment of estimated tax. Check here   | C    |   |             |          |               |  |  |  |
| 8 Enter any penalty for underpayment of estimated tax. Check here   | đ    | Backup withholding erroneously withheld   |             |          |               |  |  |  |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.  11 Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ 3,425. Refunded ▶ 11 4,976    Part VII.A   Statements Regarding Activities   3,425. Refunded ▶ 11   4,976    Part VII.A   Statements Regarding Activities   3,425. Refunded ▶ 11   4,976    Part VII.A   Statements Regarding Activities   3,425. Refunded ▶ 11   4,976    Part VII.A   Statements Regarding Activities   3,425. Refunded ▶ 11   4,976    Part VII.A   Statements Regarding Activities   3,425. Refunded ▶ 11   4,976    Part VII.A   Statements Regarding Activities   3,425. Refunded ▶ 11   4,976    Part VII.A   Statements Regarding Activities   3,425. Refunded ▶ 11   4,976    Part VII.A   Statements Regarding Activities   3,425. Refunded ▶ 11   4,976    Part VII.A   Statements Regarding Activities   3,425. Refunded ▶ 11   4,976    Part VII.A   Statements Regarding Activities   3,425. Refunded ▶ 11   4,976    Part VII.A   Statements Regarding Activities and continued any particular any particular any particular any particular and particular any particular and        | 7    |   |             | 11,8     | <u>325.</u>   |  |  |  |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ 3, 425. Refunded ▶ 11 4, 976  Part VIIA Statements Regarding Activities  1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?  1f the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.  1c Did the foundation file Form 1120-POL for this year?  1d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  11) On the foundation P \$   | 8    |   |             |          |               |  |  |  |
| In Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ 3,425. Refunded ▶ 11 4,976  Part VIIA Statements Regarding Activities  1 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?.  If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.  D In the foundation in feron 1120-POL for this year?  d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation in Form 1120-POL for this year?  E Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$  Has the foundation engaged in any activities that have not previously been reported to the IRS?  ##Yes," attach a detailed description of the activities.  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  ### If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, termination, dissolution, or substantial contraction during the year?  #### If "Yes," attach the statement required by General Instruction T.  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  ### By language in the governing instrument, or  #### By language in the governing instrument, or  #### By language in the governing instrument?  ##### 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  ###################################                         | 9    |   |             |          |               |  |  |  |
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| incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes  | _    | ·   |             |          |               |  |  |  |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?  | 3    |   | _           |          |               |  |  |  |
| b If "Yes," has it filed a tax return on Form 990-T for this year?  |      | ***************************************   |             |          | X             |  |  |  |
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| 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?  | 5    | - ·   | 3           | -        | <u> X</u>     |  |  |  |
| <ul> <li>By language in the governing instrument, or</li> <li>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?</li> <li>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</li> <li>Enter the states to which the foundation reports or with which it is registered (see instructions)</li> <li>OH</li> <li>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</li> <li>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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV</li> <li>Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their</li> </ul>   |      |   |             |          |               |  |  |  |
| 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?  | ь    |   |             |          |               |  |  |  |
| conflict with the state law remain in the governing instrument?   |      |   |             |          |               |  |  |  |
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| 8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶  OH  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  | 7    |   |             |          |               |  |  |  |
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| 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 G7 If "No," attach explanation   | ua   | On  |             |          |               |  |  |  |
| (or designate) of each state as required by General Instruction G7 If "No," attach explanation  | b    |   |             | İ        |               |  |  |  |
| 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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV  | _    |   | 8b          | χl       |               |  |  |  |
| 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV  | 9    |   |             |          |               |  |  |  |
| complete Part XIV   |      |   |             |          | i             |  |  |  |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their   |      |   | 9           |          | Х             |  |  |  |
| TO DIG ONLY POSSORIO DOCUME SUBSCIENCE CONCIDENCES CURING THE LAX YEAR II 185, ALLACH A SCHEDUR HISTING THEIR   |      |   |             |          |               |  |  |  |
| names and addresses   |      |   | 10          |          | X             |  |  |  |

Form **990-PF** (2015)

| Par | t VII-A Statements Regarding Activities (continued)   |           |      |   |
|-----|---|-----------|------|---|
| 11  | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the   |           | Yes  | No                                      |
|     | 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        | X    |   |
|     | Website address ► N/A  The books are in care of ► FIRSTMERIT BANK, NA  Telephone no. ► (330) 384  |           | -    |   |
| 14  |   | - /30     | 1    |   |
| 15  | Located at ► 106 S MAIN ST., 5 FL, AKRON, OH ZIP+4 ► 44308  |           |      | 1 7                                     |
| 15  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here   |           |      | <u> </u>                                |
| 16  | At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority   |           | Yes  | No                                      |
|     | over a bank, securities, or other financial account in a foreign country?   | 16        | ĺ    | X                                       |
|     | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of  |           | ·    |   |
|     | the foreign country ▶   |           |      | Ιi                                      |
| Par | t 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):   |           |      | 5                                       |
|     | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No   |           |      |   |
|     | (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 X No   |           |      |   |
|     | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No   |           |      |   |
|     | (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)?   |           |      |   |
|     | (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.)  |           |      | in in                                   |
| 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)?   | <u>1b</u> |      | X                                       |
|     | Organizations relying on a current notice regarding disaster assistance check here  |           |      | 1                                       |
| 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 2015? | 1c        |      | 3<br>X                                  |
| 2   | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private   | -10       |      | -                                       |
| _   | operating foundation defined in section 4942(j)(3) or 4942(j)(5)):  | ,         |      |   |
| а   | At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and   |           |      | į                                       |
|     | 6e, Part XIII) for tax year(s) beginning before 2015? Yes X No  |           |      | -                                       |
|     | If "Yes," list the years  |           |      |   |
| 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  |           | - 1  | 4                                       |
|     | all years listed, answer "No" and attach statement - see instructions.)   | 2b        |      | X                                       |
| C   | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.  |           |      |   |
|     | <b>&gt;</b>   |           |      | 4                                       |
| За  | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise   |           |      | *                                       |
|     | at any time during the year?  |           |      | 4                                       |
| b   | If "Yes," did it have excess business holdings in 2015 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  |           |      | 1                                       |
|     | the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the  |           |      | 3                                       |
|     | foundation had excess business holdings in 2015 )   | 3b        |      |   |
|     | 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 had not been removed from jeopardy before the first day of the tax year beginning in 2015?  | 4b        | 0.05 | X<br>(2015)                             |

Form 990-PF (2015) 34-6500802 Page 6 Statements Regarding Activities for Which Form 4720 May Be Required (continued) Part VII-B During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . . . . . X No (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No Yes No (4) Provide a grant to an organization other than a charitable, etc., organization described in (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? . . . . 5b Organizations relying on a current notice regarding disaster assistance check here . . . . . . . If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax If "Yes," attach the statement required by Regulations section 53 4945-5(d). Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . 6Ь If "Yes" to 6b, file Form 8870. At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?... If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . . Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, List all officers, directors, trustees, foundation managers and their compensation (see instructions). (b) Title, and average hours per week devoted to position (c) Compensation (If not paid, enter -0-) (e) Expense account, other allowances (a) Name and address employee benefit plans and deferred compensation FIRST MERIT BANK NA Trustee 106 S Main St., 16th Floor, Akron, OH 44308 81,082. -0--0-Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE. (d) Contributions to (b) Title, and average emplovee benefit (e) Expense account, (a) Name and address of each employee paid more than \$50,000 hours per week (c) Compensation plans and deferred other allowances devoted to position compensation NONE NONE NONE NONE

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| and Contractors (continued)  3 Five highest-paid independent contractors for professional services (s  | see instructions). If none, enter "NON | E."              |
|--|--|------------------|
| (a) Name and address of each person paid more than \$50,000  | (b) Type of service                    | (c) Compensation |
|  |  |                  |
| NONE   |  | NONE             |
|  |  |                  |
|  |  |                  |
|  |  |                  |
|  |  |                  |
|  |  |                  |
| Total number of others receiving over \$50,000 for professional services   |  | NONE             |
| Part IX-A Summary of Direct Charitable Activities  |  | 1                |
|  |  | Ι                |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant organizations and other beneficiaries served, conferences convened, research papers produced, etc. |  | Expenses         |
| 1N/A   |  |                  |
|  |  |                  |
| 2  |  |                  |
|  |  |                  |
|  |  |                  |
| 3  |  |                  |
|  |  |                  |
| 4  |  |                  |
|  |  |                  |
| Part IX-B Summary of Program-Related Investments (see instruction  | ons)                                   | ·                |
| Describe the two largest program-related investments made by the foundation during the tax year of   | on lines 1 and 2.                      | Amount           |
| 1 NONE   | ······                                 |                  |
|  | · · · · · · · · · · · · · · · · · · ·  |                  |
| 2  |  |                  |
|  |  |                  |
| All other program-related investments See instructions.  |  |                  |
| 3 NONE   |  |                  |
|  |  |                  |
| Total. Add lines 1 through 3   |  |                  |

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orm 990-PF (2015) 34-6500802 Page 8 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., purposes: 6,998,565. Average monthly fair market value of securities 275,883. 1c NONE 1d 7,274,448. Reduction claimed for blockage or other factors reported on lines 1a and Acquisition indebtedness applicable to line 1 assets 2 NONE 7,274,448. 3 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 109,117. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 ,165,331 358,267 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations Part XI and certain foreign organizations check here 
and do not complete this part.) 358,267 Tax on investment income for 2015 from Part VI, line 5 . . . . . . 2a 3,424 Income tax for 2015. (This does not include the tax from Part VI.) 2b 2c .424 3 3 354,843. Recoveries of amounts treated as qualifying distributions 4 NONE 4 5 354,843. 5 6 NONE Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, 354,843. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 . . . . . . . . . . . . . . . . . 1a 366,763. Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 purposes 2 NONE 3 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) 3a NONE Cash distribution test (attach the required schedule) NONE Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 366,763. Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions) 3,424 Adjusted qualifying distributions. Subtract line 5 from line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

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

Form 990-PF (2015) Page 9 Part XIII Undistributed Income (see instructions) (a) (b) (d) (c) Corpus Years prior to 2014 2014 2015 Distributable amount for 2015 from Part XI. 354,843 2 Undistributed income, if any, as of the end of 2015 316,208 **b** Total for prior years 20\_13\_,20\_\_\_\_,20\_\_ NONE 3 Excess distributions carryover, if any, to 2015. NONE a From 2010 ..... NONE **b** From 2011 . . . . . . NONE c From 2012 . . . . . . NONE d From 2013 . . . . . . NONE e From 2014 . . . . . . NONE 4 Qualifying distributions for 2015 from Part XII, line 4: ▶ \$ 366,763. 316,208 a Applied to 2014, but not more than line 2a . . . b Applied to undistributed income of prior years NONE (Election required - see instructions) . . . . . . c Treated as distributions out of corpus (Election NONE 50,555 d Applied to 2015 distributable amount.... NONE e Remaining amount distributed out of corpus. . . NONE NONE Excess distributions carryover applied to 2015 . (If an amount appears in column (d), the same amount must be shown in column (a).) Enter the net total of each column as indicated below: NONE a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract NONE line 4b from line 2b. . . . . . . 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) NONE tax has been previously assessed . . . . . . . . d Subtract line 6c from line 6b. Taxable NONE amount - see instructions . . . . . . . . . . . . . Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount - see f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be 304,288. 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 NONE Excess distributions carryover from 2010 not NONE applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2016. NONE Subtract lines 7 and 8 from line 6a . . . . . . . 10 Analysis of line 9. NONE a Excess from 2011 . . . NONE b Excess from 2012 . . . NONE c Excess from 2013 . . . NONE d Excess from 2014 . . . NONE

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e Excess from 2015 . . .

| Pai        | 1990-PF (2015)  |  |   |   |   | <u>-6500802</u>   |   |                              | Page                 |
|------------|---|--|---|---|---|---|---|------------------------------|----------------------|
| _          | rt XIV Private Ope  | erating I  | Foundation:   | s (see instruction  | s and Part VII-A, ques  | tion 9)   |   | NOT P                        | APPLICA              |
| 1 a        | If the foundation has   | received a   | a ruling or o   | Jetermination letter  | that it is a private ope  | erating   |   |                              |                      |
|            | foundation, and the ruling  | ıs effectiv  | re for 2015, en   | iter the date of the ru   | ling  | ▶   |   |                              |                      |
| b          | Check box to indicate v   | vhether th   | ne foundation   | is a private operati  | ng foundation described   | ın section  | 4942(j)(3                                     | s) or                        | 4942(j)              |
| <b>a</b> - | For the last of the sale  | Ta   | ax year   |   | Prior 3 years   |   |   |                              |                      |
| <b>Z</b> a | Enter the lesser of the ad-<br>justed net income from Part  | (a   | a) 2015   | (b) 2014  | (c) 2013  | (d) 20  | 012   | (€                           | e) Total             |
|            | I or the minimum investment   |  |   |   |   |   |   |                              |                      |
|            | return from Part X for each year listed   |  |   |   |   |   |   |                              |                      |
| h          | 85% of line 2a  |  |   |   |   |   |   |                              |                      |
|            |   |  |   | <del>                                     </del>  |   |   |   |                              | -                    |
| ·          | Qualifying distributions from Part XII, line 4 for each year listed .   |  |   |   |   |   | 1   |                              |                      |
| d          | Amounts included in line 2c not   |  |   | <del> </del>  |   | <del></del>   |   |                              |                      |
|            | used directly for active conduct  |  |   |   |   |   |   |                              |                      |
| е          | of exempt activities  |  |   |   |   | <del>-</del>  |   |                              | <del></del>          |
|            | directly for active conduct of  |  |   |   |   |   |   |                              |                      |
|            | exempt activities Subtract line 2d from line 2c   |  |   |   |   |   |   |                              |                      |
| 3          | Complete 3a, b, or c for the  |  |   |   |   |   |   |                              |                      |
| 9          | alternative test relied upon "Assets" alternative test - enter  |  |   |   |   |   |   |                              |                      |
| a          | (1) Value of all assets   |  |   |   |   |   |   |                              |                      |
|            | (2) Value of assets qualifying  |  |   |   |   |   |   |                              |                      |
|            | under section<br>4942(j)(3)(B)(i)   |  |   | 1   |   |   | )   |                              |                      |
| b          | "Endowment" alternative test-   |  |   |   |   |   |   |                              |                      |
|            | enter 2/3 of minimum invest-  |  |   | 1   |   |   |   |                              |                      |
|            | ment return shown in Part X,<br>line 6 for each year listed   |  |   |   |   |   | ľ   |                              |                      |
| С          | "Support" alternative test - enter  |  |   |   |   |   |   |                              |                      |
|            | (1) Total support other than  |  |   | İ   |   |   |   |                              |                      |
|            | gross investment income<br>(interest, dividends, rents,   |  |   | }   |   |   |   |                              |                      |
|            | payments on securities  |  |   |   |   |   |   |                              |                      |
|            | loans (section 512(a)(5)),<br>or royalties)   |  |   |   |   |   |   |                              |                      |
|            | (2) Support from general  |  |   |   |   |   |   |                              |                      |
|            | public and 5 or more<br>exempt organizations as   |  |   | 1   |   |   |   |                              |                      |
|            | provided in section 4942<br>(j)(3)(B)(iii)  |  |   |   |   |   |   |                              |                      |
|            | (3) Largest amount of sup-  |  |   |   |   |   |   |                              |                      |
|            | port from an exempt organization  |  |   |   |   |   | ļ   |                              |                      |
|            | (4) Gross investment income   |  |   |   |   |   |   |                              |                      |
| ar         |   |  |   |   | art only if the found   | ation had \$!   | 5,000 or r                                    | nore in                      | n assets             |
|            | any time di   | iring the  | year - see  | instructions.)  |   |   |   |                              |                      |
|            | Information Regarding   |  | _   |   |   |   |   |                              |                      |
|            |   | the found  | dation who l  | nave contributed in   | nore than 2% of the to  | tal contribution  | ons received                                  | by the                       | e foundat            |
|            | List any managers of  | tax vear   | (but only if tr   | iey nave contribute   | a more than \$5,000). (   | See section 50  | 07(a)(2).)                                    |                              |                      |
|            | List any managers of before the close of any  | , , , , , ,  |   |   |   |   |   |                              |                      |
| а          | before the close of any   | -  |   |   |   |   |   |                              |                      |
| a<br>b     | before the close of any $N/A$ List any managers of  | the foun   |   |   | e of the stock of a cor   | rporation (or a   | an equally I                                  | arge po                      | ortion of            |
| a<br>b     | before the close of any $N/A$ List any managers of  | the foun   |   |   | e of the stock of a cortion has a 10% or greate   | rporation (or a   | an equally I                                  | arge po                      | ortion of            |
| b          | N/A List any managers of ownership of a partners  | the foun<br>ship or ot                                 | ther entity) of   | f which the foundat   | tion has a 10% or greate  | rporation (or a   |   | large po                     | ortion of            |
| b          | N/A List any managers of ownership of a partners  | the foun<br>ship or ot                                 | ther entity) of   | f which the foundat   | tion has a 10% or greate  | rporation (or a   |   | large po                     | ortion of            |
| a<br>b     | N/A List any managers of ownership of a partners  | the foun<br>ship or ot                                 | ther entity) of   | f which the foundat   |   | rporation (or a   |   | large po                     | ortion of            |
| b<br>b     | N/A List any managers of ownership of a partners  N/A  Information Regarding Check here ▶ ☐ If tl   | the foun ship or ot Contribu                           | ther entity) of<br>ution, Grant,<br>dation only                                   | f which the foundated Gift, Loan, Scholar makes contribution  | rship, etc., Programs:  ns to preselected cha   | rporation (or a<br>er interest.<br>eritable organ   | izations and                                  | d does                       | not acc              |
| a<br>b     | N/A List any managers of ownership of a partners  N/A Information Regarding Check here ▶ ☐ If the unsolicited requests for  | the foun ship or ot Contribute founds.                 | ther entity) of<br>ution, Grant,<br>dation only<br>If the found                   | f which the foundate Gift, Loan, Scholar makes contribution ation makes gifts,  | tion has a 10% or greate  | rporation (or a<br>er interest.<br>eritable organ   | izations and                                  | d does                       | not acc              |
| b<br>2     | N/A  List any managers of ownership of a partners  N/A  Information Regarding  Check here ▶ ☐ If the unsolicited requests for other conditions, comp  | the foun ship or ot Contribute founds. Lete item       | ution, Grant, dation only If the found is 2a, b, c, an                            | Gift, Loan, Scholar<br>makes contribution<br>ation makes gifts,<br>d d.   | rship, etc., Programs:  ns to preselected cha<br>grants, etc. (see instru   | rporation (or a<br>er interest.<br>eritable organ<br>actions) to ind  | izations and                                  | d does<br>organiza           | not acc              |
| a<br>b     | N/A  List any managers of ownership of a partners  N/A  Information Regarding  Check here ▶ ☐ If the strength of the conditions, comp  The name, address, and   | the foun ship or ot Contribute founds. Lete item       | ution, Grant, dation only If the found is 2a, b, c, an                            | Gift, Loan, Scholar<br>makes contribution<br>ation makes gifts,<br>d d.   | rship, etc., Programs:  ns to preselected cha   | rporation (or a<br>er interest.<br>eritable organ<br>actions) to ind  | izations and                                  | d does<br>organiza           | not acc              |
| a<br>b     | N/A  List any managers of ownership of a partners  N/A  Information Regarding Check here ▶ ☐ If the substitution of the conditions, comp  The name, address, and  | Contribute found or funds. Lete item                   | ution, Grant,<br>dation only<br>If the found<br>is 2a, b, c, an                   | Gift, Loan, Scholar<br>makes contribution<br>ation makes gifts,<br>d d.   | rship, etc., Programs:  ns to preselected cha grants, etc. (see instru  | rporation (or a<br>er interest.<br>eritable organ<br>actions) to ind  | izations and<br>lividuals or sould be addre   | d does<br>organiza           | not acc              |
| a<br>b     | N/A  List any managers of ownership of a partners  N/A  Information Regarding Check here ▶ ☐ If the substitution of the conditions, comp  The name, address, and  | Contribute found or funds. Lete item                   | ution, Grant,<br>dation only<br>If the found<br>is 2a, b, c, an                   | Gift, Loan, Scholar<br>makes contribution<br>ation makes gifts,<br>d d.   | rship, etc., Programs:  ns to preselected cha<br>grants, etc. (see instru   | rporation (or a<br>er interest.<br>eritable organ<br>actions) to ind  | izations and<br>lividuals or sould be addre   | d does<br>organiza           | not acc              |
| a<br>b     | N/A  List any managers of ownership of a partners  N/A  Information Regarding Check here ▶ ☐ If the transposition of the conditions, comp The name, address, and N/A  The form in which applies   | Contribute found or funds. lete item discations s      | ution, Grant, dation only If the found is 2a, b, c, an ine number o               | Gift, Loan, Scholar<br>makes contribution<br>ation makes gifts,<br>d d.<br>or e-mail address of                       | rship, etc., Programs:  ns to preselected cha grants, etc. (see instru  the person to whom ap                           | rporation (or a<br>er interest.<br>eritable organ<br>actions) to ind<br>oplications sho<br>y should include | izations and<br>lividuals or<br>ould be addre | d does<br>organiza           | not acc              |
| a<br>b     | N/A  List any managers of ownership of a partners  N/A  Information Regarding Check here ▶ ☐ If the transposition of the conditions, comp The name, address, and N/A  The form in which applies   | Contribute found or funds. lete item discations s      | ution, Grant, dation only If the found is 2a, b, c, an ine number o               | Gift, Loan, Scholar<br>makes contribution<br>ation makes gifts,<br>d d.<br>or e-mail address of                       | rship, etc., Programs:  ns to preselected cha grants, etc. (see instru  the person to whom ap                           | rporation (or a<br>er interest.<br>eritable organ<br>actions) to ind<br>oplications sho<br>y should include | izations and<br>lividuals or<br>ould be addre | d does<br>organiza           | not acc              |
| a<br>b     | N/A  List any managers of ownership of a partners  N/A  Information Regarding Check here ▶ ☐ If the transposition of the conditions, comp The name, address, and N/A  The form in which applies   | Contribute found or funds. lete item discations s      | ution, Grant, dation only If the found is 2a, b, c, an ine number o               | Gift, Loan, Scholar<br>makes contribution<br>ation makes gifts,<br>d d.<br>or e-mail address of                       | rship, etc., Programs:  ns to preselected cha grants, etc. (see instru  | rporation (or a<br>er interest.<br>eritable organ<br>actions) to ind<br>oplications sho<br>y should include | izations and<br>lividuals or<br>ould be addre | d does<br>organiza           | not acc              |
| a<br>b     | N/A  List any managers of ownership of a partners  N/A  Information Regarding Check here ▶ ☐ If the unsolicited requests for other conditions, comp The name, address, and N/A The form in which applications of the policies | Contribute found or funds. lete item dications series: | ution, Grant,<br>dation only<br>If the found<br>is 2a, b, c, an<br>ine number o   | Gift, Loan, Scholar<br>makes contribution<br>ation makes gifts,<br>d d.<br>or e-mail address of<br>bmitted and inform | rship, etc., Programs:  ns to preselected cha grants, etc. (see instru  the person to whom ap ation and materials they  | rporation (or a<br>er interest.<br>eritable organ<br>actions) to ind<br>oplications sho<br>y should include | izations and<br>lividuals or<br>ould be addre | d does<br>organiza<br>essed: | not acc<br>ations un |
| a<br>b     | N/A  List any managers of ownership of a partners  N/A  Information Regarding Check here ▶ ☐ If the unsolicited requests for other conditions, comp The name, address, and N/A The form in which applications of the policies | Contribute found or funds. lete item dications series: | ution, Grant,<br>dation only<br>If the found<br>is 2a, b, c, an<br>ine number o   | Gift, Loan, Scholar<br>makes contribution<br>ation makes gifts,<br>d d.<br>or e-mail address of<br>bmitted and inform | rship, etc., Programs:  ns to preselected cha grants, etc. (see instru  the person to whom ap ation and materials they  | rporation (or a<br>er interest.<br>eritable organ<br>actions) to ind<br>oplications sho<br>y should include | izations and<br>lividuals or<br>ould be addre | d does<br>organiza<br>essed: | not acc<br>ations un |
| a<br>b     | N/A  List any managers of ownership of a partners  N/A  Information Regarding  Check here ▶ ☐ If the street of the conditions, composite of the conditions, composite of the name, address, and N/A  The form in which applications of line of the conditions of line of  | Contribute found or funds. lete item dications series: | ution, Grant,<br>dation only<br>If the found<br>is 2a, b, c, an<br>ine number o   | Gift, Loan, Scholar<br>makes contribution<br>ation makes gifts,<br>d d.<br>or e-mail address of<br>bmitted and inform | rship, etc., Programs:  ns to preselected cha grants, etc. (see instru  the person to whom ap                           | rporation (or a<br>er interest.<br>eritable organ<br>actions) to ind<br>oplications sho<br>y should include | izations and<br>lividuals or<br>ould be addre | d does<br>organiza<br>essed: | not acc<br>ations un |
| a<br>b     | N/A  List any managers of ownership of a partners  N/A  Information Regarding Check here ▶ if the unsolicited requests for other conditions, comp The name, address, and N/A The form in which applications of line of the submission deadling.  N/A  Any submission deadling of the submission deadling of the submission deadling of the submission deadling of the submission of line factors:   | Contribute founds. Idete item distributes item items.  | ution, Grant, dation only If the found is 2a, b, c, an ine number o should be sub | Gift, Loan, Scholar makes contribution tation makes gifts, d d. or e-mail address of bmitted and inform               | rship, etc., Programs:  ns to preselected cha grants, etc. (see instru  the person to whom ap  ation and materials they | rporation (or a<br>er interest.<br>eritable organ<br>actions) to ind<br>oplications sho<br>y should include | izations and<br>lividuals or<br>ould be addre | d does<br>organiza<br>essed: | not acc<br>ations un |
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77 TO 18

Page **11** 

| Form 990-PF (2015)  | ·                          |                      |                                     | Page <b>11</b> |
|---|----------------------------|----------------------|-------------------------------------|----------------|
| Part XV Supplementary Information (   | continued)                 |                      |                                     |                |
| 3 Grants and Contributions Paid Durin Recipient Name and address (home or business) | g the Year or Appr         | oved for F           | uture Payment                       | <del></del>    |
| Recipient   | show any relationship to   | Foundation status of | Purpose of grant or<br>contribution | Amount         |
| Name and address (home or business)   | or substantial contributor | recipient            | Contribution                        |                |
| a Paid during the year  |                            |                      |                                     |                |
| SEE STATEMENT 43  |                            |                      |                                     | 323,597.       |
|   |                            |                      |                                     |                |
|   |                            |                      |                                     |                |
|   |                            |                      |                                     |                |
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|   |                            |                      |                                     |                |
|   |                            |                      |                                     |                |
|   |                            |                      |                                     |                |
| Total   |                            |                      | ▶ 3a                                | 323,597.       |
| b Approved for future payment   |                            |                      |                                     |                |
|   |                            |                      |                                     |                |
|   |                            | ]                    |                                     |                |
|   |                            |                      |                                     |                |
|   |                            |                      |                                     |                |
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|   |                            |                      |                                     |                |
| Total   |                            |                      |                                     |                |

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Form **990-PF** (2015)

Form 990-PF (2015)

Page **12** 

| ter gross a                              | amounts unless otherwise indicated.  | Unrela               | ated business income   | Excluded by                                      | section 512, 513, or 514               | (e)  |
|--|--|----------------------|--|--|--|--|
| Program                                  | service revenue:   | (a)<br>Business code | (b)<br>Amount  | (c)<br>Exclusion code                            | (d)<br>Amount                          | Related or exempt function income (See instructions) |
| -  |  |                      |  |  |  | (See man denons)                                     |
|  |  |                      |  |  |  | -  |
|  |  |                      |  |  |  |  |
|  |  |                      |  |  |  |  |
|  |  |                      |  |  |  |  |
| f  |  |                      |  |  |  |  |
| g Fees                                   | and contracts from government agencies   |                      |  |  |  |  |
| Members                                  | ship dues and assessments  |                      |  |  |  | <del></del>  |
|  | n savings and temporary cash investments -   |                      |  |  |  |  |
| Dividend                                 | ls and interest from securities  |                      |  | 14   | 170,513.                               |  |
|  | al income or (loss) from real estate:  |                      |  | ļ  |  |  |
|  | financed property  |                      |  | <del>                                     </del> |  |  |
|  | debt-financed property • • • • • • • • • • • • • • • • • • •   |                      |  |  |  |  |
|  | Income or (loss) from personal property.   |                      |  | <del> </del>                                     |  |  |
|  | vestment income  |                      |  | 10   | 216 216                                | <del></del>  |
|  | oss) from sales of assets other than inventory   |                      |  | 18   | 216,216.                               |  |
|  | me or (loss) from special events • • •   |                      |  |  |  |  |
|  | ofit or (loss) from sales of inventory   |                      |  |  | -                                      |  |
|  | venue: a   |                      |  |  |  |  |
|  |  |                      |  | 1  |  |  |
|  |  |                      |  |  | ······································ |  |
| A  |  |                      |  | 1 1  |  |  |
|  |  |                      |  |  |  |  |
| е  |  |                      |  | -  | 386 729                                |  |
| e<br>Subtotal.                           | Add columns (b), (d), and (e)  |                      |  |  | 386,729.                               | 386.72   |
| e<br>Subtotal.<br><b>Total.</b> Ad       | Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)  | lations.)            |  |  |  | 386,72   |
| e<br>Subtotal.<br>Total. Ad<br>e workshe | Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calcu  | lations.)            |  |  | 13                                     | 386,72   |
| e<br>Subtotal.<br><b>Total.</b> Ad       | Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calcu  | lations.) to the Ac  | ccomplishment of Ex  | cempt Purp                                       | ooses  of Part XVI-A contribu          | ted importantly to                                   |
| Subtotal. Total. Ade workshourt XVI-     | Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculated Relationship of Activities  Explain below how each activity | lations.) to the Ac  | ccomplishment of Ex  | cempt Purp                                       | ooses  of Part XVI-A contribu          | ted importantly to                                   |
| Subtotal. Total. Adde workshound XVI-    | Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculated Relationship of Activities  Explain below how each activity | lations.) to the Ac  | ccomplishment of Ex  | cempt Purp                                       | ooses  of Part XVI-A contribu          | ted importantly to                                   |
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Form **990-PF** (2015)

|  |             | Exempt Organ                     | nizations  |                   |   |                    | •  |                 |           |          |
|--|-------------|----------------------------------|--|-------------------|---|--------------------|--|-----------------|-----------|----------|
| 1  | Did th      |                                  |  | engage in         | any of the fo                           | llowing with       | any other organization described                 |                 | Yes       | No       |
|  |             |                                  |  |                   |   |                    | in section 527, relating to political            |                 |           |          |
|  | organ       | izations?                        |  |                   |   |                    |  |                 |           |          |
| а  | Transf      | fers from the reporting          | foundation to  | a nonchar         | itable exempt                           | organization       | ı of:  |                 |           |          |
|  | (1) Ca      | sh                               |  |                   |   |                    |  | 1a(1)           |           | X        |
| (2) Other assets   |             |                                  |  |                   |   |                    |  |                 |           | X        |
| (2) Other assets 1  b Other transactions:                  |             |                                  |  |                   |   |                    |  |                 |           |          |
| (1) Sales of assets to a noncharitable exempt organization |             |                                  |  |                   |   |                    |  |                 |           | _X       |
|  |             |                                  |  |                   |   |                    |  |                 |           | X        |
|  |             |                                  |  |                   | _                                       |                    |  | 1 1             |           | X        |
|  |             |                                  |  |                   |   |                    |  |                 |           | X        |
|  |             |                                  |  |                   |   |                    |  |                 |           | X        |
|  |             |                                  |  |                   |   |                    |  |                 |           | X        |
| c  |             |                                  |  | •                 | _                                       |                    |  |                 |           | X        |
|  |             |                                  |  |                   |   |                    | e. Column (b) should always show                 |                 | fair m    | narket   |
| _  |             |                                  |  |                   |   |                    | on. If the foundation received less              |                 |           |          |
|  |             |                                  |  |                   |   |                    | ue of the goods, other assets, or s              |                 |           |          |
| (a) L  | ine no      | (b) Amount involved              |  | _                 | exempt organizat                        |                    | Description of transfers, transactions, and shar |                 |           |          |
|  |             |                                  |  |                   |   |                    |  |                 | -         |          |
|  |             |                                  |  |                   |   |                    |  |                 |           |          |
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|  |             |                                  |  |                   |   | -                  |  |                 | -         |          |
|  |             |                                  |  | -                 |   |                    |  |                 |           |          |
|  | *           |                                  |  |                   | -                                       |                    |  |                 |           |          |
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|  |             |                                  |  |                   |   |                    |  |                 |           |          |
|  |             |                                  |  |                   |   |                    |  |                 |           |          |
| 2a   | Is the      | foundation directly of           | or indirectly at                                     | filiated wit      | h. or related                           | to, one or r       | nore tax-exempt organizations                    |                 |           |          |
| Lu   |             | ·                                | -  |                   |   |                    | tion 527? [                                      | $\neg \gamma_0$ | es 🗆      | on [     |
| h  |             | s," complete the follow          |  | tiror triair t    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (0), 01 000        |  | ``              |           |          |
|  | 11 100      | (a) Name of organization         |  |                   | b) Type of organi                       | zation             | (c) Description of relations                     | ship            |           |          |
|  |             | .,,                              |  |                   |   |                    |  |                 |           |          |
|  | _           |                                  |  |                   |   |                    |  |                 |           |          |
|  |             |                                  | *****  |                   |   |                    |  |                 |           |          |
|  |             |                                  |  | -                 |   |                    |  |                 |           |          |
|  |             |                                  |  |                   |   |                    |  |                 |           |          |
|  | Unde        | er penalties of perjury, I decla | re that I have exam                                  | ined this return  | n, including accomp                     | anying schedules   | and statements, and to the best of my knowledge  | e and b         | elief, it | is true, |
| <b>.</b>   | corre       | FIRSTMERIT B                     | re that I have exam<br>preparer (other than<br>N.A.? | taxpayer) is base | ed on all information                   | of which preparer  | has any knowledge                                |                 |           |          |
| Sigi   |             | RY Bulnta                        | Moules   |                   | 5-4-16                                  |                    | May the IRS with the pro-                        |                 |           |          |
| -ler   | e Sig       | nat Vice Presider                |  |                   | • 7                                     | Title              | (see instruction                                 | · 1             | Yes       | No       |
|  |             | AICE LI ESIÑEI                   | it, Trust Of   | (CO)              |   |                    |  |                 |           |          |
|  |             | Print/Type preparer's nai        | me   | Repare            | r's signature                           |                    | Date Check If F                                  | PTIN            |           |          |
| Paic   | t           | JOSEPH B HUL                     |  |                   | 1 951,                                  | $\mathcal{M}_{a'}$ | , , , <u> </u>                                   | P001            | 3585      | 50       |
| <sup>o</sup> re <sub>l</sub>                               | parer       |                                  | NST & YOU  | NG U.S.           | LLP                                     | 40 A               |  | 6565            |           |          |
|  | Only        |                                  | 0 YARD ST  |                   | STE 200                                 |                    |  |                 |           |          |
| <b></b>  | · · · · · · |                                  | ANDVIEW H  |                   | OH                                      | 43212              | Phone no 614-2                                   | 32-7            | 290       |          |
|  |             |                                  |  |                   |   |                    |  | m 990           |           | (2015)   |

STATEMENT

CHARLES E. AND MABEL M. RITCHIE MEMORIAL

18- 1

34-6500802

|  | XOM DECOXIIES    |  |
|--|------------------|--|
|  | :> a: ш          | NET<br>INVESTMENT                                    |
| DESCRIPTION<br>  | PER BOOKS        | INCOME   |
| AFLAC INC 2.650% 2/15/17   | 0                | 0  |
|  | 2 44             | 2 4  |
| AMPHENOL, CORP   | <b>~</b> 0       | 7  |
| APPLE COMPUTER INC   | <b>9</b>         | oο   |
| C R BARD INC<br>BARCTAYS BK DIG MTN 3 150% 3/22/19               | 25               | 25   |
| 4 /111 /)  | 20,              | 7.00   |
| BOEING CO 3.500% 2/15/15   | , 50             | , 50   |
| CAPITAL ONE FINANCIAL<br>CHEVRONTEXACO CORP                      | 17               | 17   |
| COCA-COLA CO/THE 1.650% 3/14/18                                  | 30,              | , u<br>00, v   |
| COSTCO WHOLESALE CORP  | , 21             | ,21  |
| DANAHER CORP   | $\alpha$         | O O  |
| WALL DISNEI CO<br>E M C CORPORATION                              | $\infty$ O       | $\infty$ $\bigcirc$                                  |
| ECOLAB INC   | 64               | 4  |
| N MOBIL CORP   | 95               | , 95   |
| .650% 12/20/1  | 5,30             | 5,30   |
| 4. ru  | о<br>С           | о<br>О   |
| RATED INST HI YLD BOND FUND                                      | ,24              | , 2, 4, 5, 4, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, |
| TERM INC FUND #  | , 67             | , 67   |
| FEDERATED SHORT-TERM INC-Y<br>PEDER TOTAL RETITRN ROND FIND #308 | $\sigma \subset$ | $\sigma$   |
| TRN BND-R6   | 747              | 747  |
| FIRSTMERIT PRIVATEBANK CASH ACCOUNT                              | 29               | 29   |
| HONEYWELL INTERNATIONAL INC                                      | 1,103.<br>1,054. | 1,103.<br>1,054.                                     |
| [  | 22               | 22   |
| ISHAKES KUSSELL MIDCAP ETF<br>CVW263 L668 04/15/2016 07:49:51    | $\infty$         | σ  |
|  |                  | 0  |

19- 1

170,513.

170,513.

TOTAL

STATEMENT

34-6500802

| SECURITIES |  |
|------------|--|
| FROM       |  |
| INTEREST   |  |
| AND        |  |
| DIVIDENDS  | 11<br>11<br>11<br>11<br>11<br>11<br>11 |
| ı          | -11                                    |
| PART I     |  |
| 990PF,     |  |
| FORM       | 11 11                                  |

| EVENUE N. AND INVE. PENSES INVE. | 85. 7,08                     | 75. 27<br>19. 1,71                           | 919. | 04.<br>54.                           | 13. 1,01         | 146.<br>240.<br>240. | 40.                 | 72. | 847. 84            | 82. L,68<br>55                      | 31. 4,43                | 86. 68  | 40. 1,04 | ,539. 1,53                    | 84.        | 1,119.                  | ,4/9.<br>7.7. | 42.<br>50. | ,380. 1,38  | 49. | 02. 26,00                  | 574. 57                        | 93. 12,29                    | 78. | 54.                |
|----------------------------------|------------------------------|--|------|--------------------------------------|------------------|----------------------|---------------------|-----|--------------------|-------------------------------------|-------------------------|---------|----------|-------------------------------|------------|-------------------------|---------------|------------|-------------|-----|----------------------------|--------------------------------|------------------------------|-----|--------------------|
| RIPTION                          | ISHARES TRUST SEP SM CAP 600 | JP MORGAN CHASE & CO<br>JOHNSON & JOHNSON CO | ഗ    | M & T BANK CORP<br>MCKESSON HBOC INC | NIKE INC CLASS B | AN CORPORA           | EIMER SR FLOAT RATE | U   | OSTRIEG<br>PRESENT | PROCIER & GAMBLE CO<br>OTALOOMM IND | SPDR DOW JONES REIT ETF | GER LTD |          | TEMPLETON GLOBAL BOND FUND-AD | CIRON CORP | TRAVELERS COMPANIES INC | US BANCURP    |            | LOGIES CORP |     | FISE DEVELOPED MARKETS ETF | INFLATION PROTECTED SECURITIES | INTERMEDIATE TERM CORP FD AD |     | ACCENTORE PLC CL A |

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| CHARITABLE<br>PURPOSES                  | 500.                                     |
|---|--|
| ADJUSTED<br>NET<br>INCOME               | NONE                                     |
| NET<br>INVESTMENT<br>INCOME             | 500.                                     |
| REVENUE<br>AND<br>EXPENSES<br>PER BOOKS | 1,000.                                   |
| DESCRIPTION                             | TAX PREPARATION FEE (NON-ALLOC<br>TOTALS |

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| 990PF, |                          |
| FORM   | <br> 1<br> 1<br> 1<br> 1 |

21 - 1

| NET<br>INVESTMENT<br>INCOME             | 1,034.  |
|---|---|
| REVENUE<br>AND<br>EXPENSES<br>PER BOOKS | 6,100.<br>11,825.<br>1,034.<br>292.   |
| DESCRIPTION                             | FEDERAL TAX PAYMENT - PRIOR YE<br>FEDERAL ESTIMATES - PRINCIPAL<br>FOREIGN TAXES ON QUALIFIED FOR |

1,326.

19,251.

TOTALS

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34-6500802

FORM 990PF, PART I - OTHER EXPENSES

CHARLES E. AND MABEL M. RITCHIE MEMORIAL

|                     | REVENUE   |            |       |
|---------------------|-----------|------------|-------|
|                     | AND       | NET        |       |
|                     | EXPENSES  | INVESTMENT | CHAR  |
| DESCRIPTION         | PER BOOKS | INCOME     | PURE  |
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| CHARITABLE<br>PURPOSES | 200.<br>413.<br>1,512. | 2,125. |
|------------------------|------------------------|--------|
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OTHER ALLOCABLE EXPENSE-PRINCI OTHER NON-ALLOCABLE EXPENSE - OTHER NON-ALLOCABLE EXPENSE -

| 413.<br>1,512.         | 1,925. |
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| 200.<br>413.<br>1,512. | 2,125. |

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FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS 

CHARLES E. AND MABEL M. RITCHIE MEMORIAL

23- 1

| ENDING<br>FMV<br>    | 131,008.<br>518,006.<br>                   |
|----------------------|--|
| ENDING<br>BOOK VALUE | 102,000.<br>505,851.<br>607,851.           |
|                      | TOTALS                                     |
| DESCRIPTION          | US TREASURY OBLIGATIONS<br>US GOV AGENCIES |

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| SECURITIES | MUTUAL |
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| COMMON     | CLOSED |

| ENDING | FMV        | 1 1                                   |
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| ENDING | BOOK VALUE | ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! |

| 1,767,248.<br>2,187,465. | 1 1 1 1 1 1 1 1 1 1 | 3,954,713. |
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| 1,288,691.<br>2,035,438. |                     | 3,324,129. |

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CHARLES

34-6500802

FORM 990PF, PART II - CORPORATE BONDS

DESCRIPTION

TAXABLE FIXED INCOME FUNDS CORPORATE & FOREIGN BONDS INTERNATIONAL FIXED INCOME FUN

ENDING FMV 1 ENDING BOOK VALUE

1,262,937. 605,484. 60,902. 1,929,323. 1,310,891. 600,259. 66,120. 1,977,270.

TOTALS

34-6500802

| FORM 990P | F, PART | III - | OTHER | DECREASES | IN | NET | WORTH | OR | FUND | BALANCES |
|-----------|---------|-------|-------|-----------|----|-----|-------|----|------|----------|
|           |         |       |       |           |    |     |       |    |      |          |

DESCRIPTION AMOUNT 2015 INCOME POSTED TO 2016 3,446.

ROUNDING

TOTAL 3,450.

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: MUSICAL ARTS ASSOCIATION BLOSSOM MUSIC CENTER ADDRESS: 11001 EUCLID AVE CLEVELAND, OH 44106 RELATIONSHIP: NONE PURPOSE OF GRANT: BLOSSOM MUSIC FESTIVAL FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 6,000. RECIPIENT NAME: AKRON ROUND TABLE ADDRESS: PO BOX 1051 CUYAHOGA FALLS, OH 44223 RELATIONSHIP: NONE PURPOSE OF GRANT: SPONSOR ONE TABLE FOR 2016 SCHOOL YEAR FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 1,500. RECIPIENT NAME: BALLET THEATRE OF OHIO ADDRESS: 265 N MAIN ST., SUITE 13 MUNROE FALLS, OH 44262 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT OF 2016-2016 SEASON

AMOUNT OF GRANT PAID .....

STATEMENT

FOUNDATION STATUS OF RECIPIENT:

10

3,000.

# 100

FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: CENTRAL SUMMIT CHORAL SOCIETY ADDRESS: 50 S MAIN ST. LL#130 AKRON, OH 44308 RELATIONSHIP: NONE PURPOSE OF GRANT: UNDERWRITE COST OF CHORAL SCHOLARS PROGRAM FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 2,000. RECIPIENT NAME: CUYAHOGA VALLEY YOUTH BALLET ADDRESS: PO BOX 3131 CUYAHOGA FALLS, OH 44223 RELATIONSHIP: NONE PURPOSE OF GRANT: FOR EXPENSES OF PERFORMANCE TROUPE FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 1,500. RECIPIENT NAME: KENT STATE UNIVERSITY FOUNDATION -PORTHOUSE THEATRE ADDRESS: PO BOX 5190 KENT, OH 44242 **RELATIONSHIP:** NONE PURPOSE OF GRANT: THEATRE TICKETS FOR UNDERSERVED YOUTH FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 2,000.

STATEMENT 11

34-6500802

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: TUESDAY MUSICAL ASSOCIATION ADDRESS: ONE SOUTH MAIN STREET, SUITE 301 AKRON, OH 44308 RELATIONSHIP: NONE PURPOSE OF GRANT: SPONSOR CONCERT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 6,000. RECIPIENT NAME: CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK ADDRESS: 1403 WEST HINES HILL ROAD PENINSULA, OH 44264 RELATIONSHIP: NONE PURPOSE OF GRANT: ALL THE RIVERS RUN SCHOLARSHIPS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 2,500. RECIPIENT NAME: LETS GROW AKRON INC ADDRESS: 467 HARVEY AVE AKRON, OH 44314 **RELATIONSHIP:** NONE PURPOSE OF GRANT: VACANT LOTS INTO COMMUNITY FOOD GARDENS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 3,000.

# 3373

FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: CHILDRENS HOSPITAL MEDICAL CENTER OF AKRON ADDRESS: ONE PERKINS SQUARE AKRON, OH 44308 RELATIONSHIP: NONE PURPOSE OF GRANT: SAFE SLEEP INITIATIVE- SAFE SLEEP KITS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 2,000. RECIPIENT NAME: INTERVAL BROTHERHOOD HOMES CORPORATION ADDRESS: 3445 SOUTH MAIN STREET AKRON, OH 44319 RELATIONSHIP: NONE PURPOSE OF GRANT: VARIOUS PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 3,000. RECIPIENT NAME: RAPE CRISIS CENTER ADDRESS: 759 WEST MARKET STREET AKRON, OH 44303 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PCAMOUNT OF GRANT PAID ..... 2,500.

34-6500802

3323

34-6500802 CHARLES E. AND MABEL M. RITCHIE MEMORIAL FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: AKRON CANTON REGIONAL FOODBANK ADDRESS: 350 OPPORTUNITY PARKWAY AKRON, OH 44307 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 5,000. RECIPIENT NAME: AKRON MARATHON CHARITABLE CORPORATION ADDRESS: 453 S HIGH STREET, SUITE 301 AKRON, OH 44311 RELATIONSHIP: NONE PURPOSE OF GRANT: LAUNCH OF NEW RUBBER CITY RACE SERIES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 5,000. RECIPIENT NAME: AMERICAN NATION RED CROSS OF SUMMIT AND PORTAGE COUNTIES ADDRESS: 501 WEST MARKET STREET AKRON, OH 44303 RELATIONSHIP: NONE PURPOSE OF GRANT: LOCAL DISASTER RELIEF FOUNDATION STATUS OF RECIPIENT: PC

AMOUNT OF GRANT PAID .....

STATEMENT

14

3,000.

FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: CASA BOARD VOLUNTEER ASSOCIATION ADDRESS: 650 DAN STREET AKRON, OH 44310 RELATIONSHIP: NONE PURPOSE OF GRANT: MORE IS MORE INITIATIVE FOR ABUSED CHILDREN FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 3,000. RECIPIENT NAME: COMMUNITY OUTREACH RESOURCES EXCHANGE - FURNITURE BANK ADDRESS: PO BOX 1192 CUYAHOGA FALLS, OH 44223 **RELATIONSHIP:** NONE PURPOSE OF GRANT: SUPPORT FOR FAMILIES IN NEED-FURNITURE FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 2,000. RECIPIENT NAME: HABITAT FOR HUMANITY OF SUMMITY COUNTY INC. ADDRESS: 2301 ROMIG ROAD AKRON, OH 44320 **RELATIONSHIP:** NONE PURPOSE OF GRANT: PROGRAMS & NEIGHBORHOOD INITIATIVES FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 4,000.

34-6500802

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CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_\_\_ RECIPIENT NAME: INTERNATIONAL SOAP BOX DERBY ADDRESS: PO BOX 7225 AKRON, OH 44306 **RELATIONSHIP:** NONE PURPOSE OF GRANT: 2015 OPERATING COSTS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 5,000. RECIPIENT NAME: LOYOLA RETREAT HOUSE ADDRESS: 700 KILLINGER ROAD CLINTON, OH 44216 RELATIONSHIP: NONE PURPOSE OF GRANT: REPLACE FLOORING IN DINING ROOM WITH VINYL FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ...... 3,000. RECIPIENT NAME: OPPORTUNITY PARISH ECUMENICAL NEIGHBORHOOD MINISTRY ADDRESS: 941 PRINCETON STREET AKRON, OH 44311 RELATIONSHIP: NONE PURPOSE OF GRANT: VARIOUS PROGRAMS FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID .....

STATEMENT

16

5,000.

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CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: PEGASUS FARM ADDRESS: 7490 EDISON STREET, NE HARTVILLE, OH 44632 RELATIONSHIP: NONE PURPOSE OF GRANT: TAKE FLIGHT THEREPEUTIC EQUESTRIAN PROGRAM FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 2,000. RECIPIENT NAME: SALVATION ARMY SUMMIT COUNTY AREA SERVICES ADDRESS: 190 SOUTH MAPLE STREET AKRON, OH 44302 RELATIONSHIP: NONE PURPOSE OF GRANT: LEARNING ZONE SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 3,000. RECIPIENT NAME: VICTIM ASSISTANCE PROGRAM ADDRESS: 150 FURNACE STREET AKRON, OH 44304 RELATIONSHIP: NONE PURPOSE OF GRANT: 24HR. CRISIS RESPONSE PROGRAM FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 2,500.

STATEMENT 17

FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: YOUNG MENS CHIRISTIAN ASSOCIATION OF AKRON OHIO ADDRESS: 50 S. MAIN STREET, SUITE LL 100 AKRON, OH 44308 **RELATIONSHIP:** NONE PURPOSE OF GRANT: FINANCIAL ASSISTANCE FOR THOSE UNABLE TO PAY FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 2,500. RECIPIENT NAME: LEADERSHIP AKRON ADDRESS: 54 EAST MILL STREET, SUITE 201 AKRON, OH 44308 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT OF 2015-2016 YEAR FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 2,500. RECIPIENT NAME: FIRST CONGREGATIONAL CHURCH OF TALLMADGE ADDRESS: PO BOX 420 TALLMADGE, OH 44278 RELATIONSHIP: NONE PURPOSE OF GRANT: VARIOUS OUTREACH PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC 

34-6500802

18

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FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: CHILDRENS CONCERT SOCIETY OF AKRON EJ THOMAS PERFORMING ARTS HALL ADDRESS: THE UNIVERSITY OF AKRON AKRON, OH 44325 **RELATIONSHIP:** NONE PURPOSE OF GRANT: SUPPORT OF 2015-2016 SEASON FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 2,500. RECIPIENT NAME: CUYAHOGA VALLEY PRESERVATION AND SCENIC RAILWAY ASSOCIATION ADDRESS: PO BOX 158 PENINSULA, OH 44264 RELATIONSHIP: NONE PURPOSE OF GRANT: OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 4,000. RECIPIENT NAME: STAN HYWET HALL & GARDENS INC ADDRESS: 714 NORTH PORTAGE PATH AKRON, OH 44303 RELATIONSHIP: NONE PURPOSE OF GRANT: ANNUAL FUND DONATION FOUNDATION STATUS OF RECIPIENT: PCAMOUNT OF GRANT PAID ...... 7,500.

STATEMENT 19

34-6500802

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: AKRON CITY SCHOOLS ADDRESS: 70 N. BROADWAY AKRON, OH 44308 **RELATIONSHIP:** NONE PURPOSE OF GRANT: YEAR TWO OF FAMILY ENGAGEMENT PROG FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 1,500. RECIPIENT NAME: LAKE ERIE COLLEGE ADDRESS: 391 WEST WASHINGTON STREET PAINESVILLE, OH 44077 RELATIONSHIP: NONE PURPOSE OF GRANT: SPRING SCHOLARSHIP INITIATIVE FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 10,000. RECIPIENT NAME: HUMANE SOCIETY OF GREATER AKRON ADDRESS: 7996 DARROW RD., SUITE 30 TWINSBURG, OH 44087 **RELATIONSHIP:** NONE PURPOSE OF GRANT: PAWSIBILITIES FOUNDATION STATUS OF RECIPIENT: PC

AMOUNT OF GRANT PAID .....

STATEMENT

20

3,000.

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_\_\_\_\_\_ RECIPIENT NAME: FURNACE STREET MISSION ADDRESS: 150 FURNACE STREET AKRON, OH 44304 RELATIONSHIP: NONE PURPOSE OF GRANT: SAFETY FORCES CHAPLAINCY CENTER FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 2,500. RECIPIENT NAME: REGINA HEALTH CENTER ADDRESS: 5232 BROADVIEW ROAD RICHFIELD, OH 44286 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT FOR AGING RELIGIOUS IN NEED FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 4,000. RECIPIENT NAME: ACCESS INC ADDRESS: 230 W MARKET STREET AKRON, OH 44303 RELATIONSHIP: NONE PURPOSE OF GRANT: HOMELESS WOMEN & CHILDREN IN CRISIS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 3,000.

21



34-6500802 CHARLES E. AND MABEL M. RITCHIE MEMORIAL FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: GOOD NEIGHBORS INC. ADDRESS: 1453 GOODYEAR BLVD AKRON, OH 44305 **RELATIONSHIP:** NONE PURPOSE OF GRANT: FOOD FOR COMMUNITY OUTREACH FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 3,000. RECIPIENT NAME: GOODWILL INDUSTRIES OF AKRON INC. ADDRESS: 570 3 WATERLOO ROAD AKRON, OH 44319 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PCAMOUNT OF GRANT PAID ..... 4,000. RECIPIENT NAME: HAVEN OF REST MINISTRIES INC. ADDRESS: 175 EAST MARKET STREET AKRON, OH 44309 **RELATIONSHIP:** NONE PURPOSE OF GRANT: COSTS OF RESIDENTIAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC

AMOUNT OF GRANT PAID .....

5,000.

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: JEWISH FAMILY SERVICES OF AKRON OHIO ADDRESS: 750 WHITE POND DRIVE AKRON, OH 44320 **RELATIONSHIP:** NONE PURPOSE OF GRANT: SUMMIT COUNTY SENIORS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ...... 3,000. RECIPIENT NAME: SOUTH STREET MINISTRIES INC ADDRESS: 130 W SOUTH STREET AKRON, OH 44311 RELATIONSHIP: NONE PURPOSE OF GRANT: PROGRAMS FOR YOUTH OF SUMMIT LAKE FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ...... 2,000. RECIPIENT NAME: UNITED WAY OF SUMMIT COUNTY ADDRESS: 90 NORTH PROSPECT STREET AKRON, OH 44304 RELATIONSHIP: NONE PURPOSE OF GRANT: GETTING AHEAD PROGRAM FOUNDATION STATUS OF RECIPIENT: PC

AMOUNT OF GRANT PAID .....

STATEMENT

23

4,000.

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_ RECIPIENT NAME: WESTERN RESERVE HISTORICAL SOCIETY HALE FARM & VILLAGE ADDRESS: 10825 EAST BLVD CLEVELAND, OH 44106 RELATIONSHIP: NONE PURPOSE OF GRANT: HALE FARM & VILLAGE FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 2,000. RECIPIENT NAME: COMMUNITY HALL FOUNDATION PROGRAM ENDOWMENT - THE CIVIC ADDRESS: 182 SOUTH MAIN STREET AKRON, OH 44308 **RELATIONSHIP:** NONE PURPOSE OF GRANT: SUPPORT OF ALL ACCESS PROGRAMMING FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 4,000. RECIPIENT NAME: DOWNTOWN AKRON PARTNERSHIP INC ADDRESS: 103 S HIGH STREET 4TH FLOOR AKRON, OH 44308 RELATIONSHIP: NONE PURPOSE OF GRANT: 20TH YEAR CELEBRATION

AMOUNT OF GRANT PAID .....

2,000.

PC

FOUNDATION STATUS OF RECIPIENT:

FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_\_ RECIPIENT NAME: GREATER AKRON MUSICAL ASSOC. INC. SPONSOR FOR SYMPHONY ORCHESTRA ADDRESS: 92 N MAIN STREET AKRON, OH 44308 **RELATIONSHIP:** NONE PURPOSE OF GRANT: RENEWAL OF RED CHAIR SPONSORSHIP FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ...... 5,000. RECIPIENT NAME: OHIO & ERIE CANALWAY COALITION ADDRESS: 47 WEST EXCHANGE STREET AKRON. OH 44308 **RELATIONSHIP:** NONE PURPOSE OF GRANT: FOR RICHARD HOWE HOUSE GARDEN FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 4,000. RECIPIENT NAME: SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON ADDRESS: 550 COPLEY ROAD AKRON, OH 44320 **RELATIONSHIP:** NONE PURPOSE OF GRANT: UPGRADE SECURITY SYSTEM & EDU. SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 10,000.

STATEMENT 25

34-6500802

CHARLE'S E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: WEATHERVANE COMMUNITY PLAYHOUSE ADDRESS: 1301 WEATHERVANE LANE AKRON, OH 44313 RELATIONSHIP: NONE PURPOSE OF GRANT: 2015-2016 SEASON SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 3,000. RECIPIENT NAME: OHIO FOUNDATION OF INDEPENDENT COLLEGES INC. ADDRESS: 250 EAST BROAD STREET, SUITE 1700 COLUMBUS, OH 43215 RELATIONSHIP: NONE PURPOSE OF GRANT: BENEFIT ON SUMMIT COUNTY SCHOLAR FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 2,000. RECIPIENT NAME: TALLMADGE HIGH SCHOOL ADDRESS: 140 N MUNROE RD TALLMADGE, OH 44278 RELATIONSHIP: NONE PURPOSE OF GRANT: SCHOLARSHIPS TO HIGH SCHOOL FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID .....

10,000.

150

FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_ RECIPIENT NAME: WALSH JESUIT HIGH SCHOOL ADDRESS: 4550 WYOGA LAKE ROAD CUYAHOGA FALLS, OH 44224 RELATIONSHIP: NONE PURPOSE OF GRANT: TUITION ASSISTANCE FOR THOSE IN NEED FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 3,000. RECIPIENT NAME: KEEP AKRON BEAUTIFUL ADDRESS: 850 EAST MARKET STREET AKRON, OH 44305 RELATIONSHIP: NONE PURPOSE OF GRANT: FLOWERSCAPES & ADOPT-A-SITES FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 3,500. RECIPIENT NAME: ARTHRITIS FOUNDATION INC. -GREAT LAKES REGION NE OHIO ADDRESS: 4630 RICHMOND ROAD, SUITE 240 CLEVELAND, OH 44128 RELATIONSHIP: NONE PURPOSE OF GRANT: 2016 ARTHRITIS EXPO FOUNDATION STATUS OF RECIPIENT: PC

AMOUNT OF GRANT PAID .....

34-6500802

2,000.

34-6500802 CHARLES E. AND MABEL M. RITCHIE MEMORIAL FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: CHILD GUIDANCE & FAMILY SOLUTIONS ADDRESS: 312 LOCUST STREET AKRON, OH 44302 RELATIONSHIP: NONE PURPOSE OF GRANT: PARENTING WISELY PROGRAM FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 10,000. RECIPIENT NAME: STEWART'S CARING PLACE ADDRESS: 2955 WEST MARKET STREET, SUITE R AKRON, OH 44333 RELATIONSHIP: NONE PURPOSE OF GRANT: INTEGRATIVE CARE PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC 2,500. AMOUNT OF GRANT PAID ..... RECIPIENT NAME: BOYS AND GIRLS CLUB OF THE WESTERN RESERVE INC ADDRESS: 889 JONATHAN AVENUE AKRON, OH 44306 **RELATIONSHIP:** NONE PURPOSE OF GRANT: YOUTH PROGRAMS FOR SUCCESS FOUNDATION STATUS OF RECIPIENT: 2,500. AMOUNT OF GRANT PAID ......

FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: DANCING CLASSROOMS NORTHEAST OHIO ADDRESS: 1085 ROCKSIDE RD, STE 6 PARMA, OH 44133 RELATIONSHIP: NONE PURPOSE OF GRANT: RESIDENCY PROJECT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ...... 1,500. RECIPIENT NAME: GIRL SCOUTS OF NE OHIO ADDRESS: ONE GIRL SCOUT WAY MACEDONIA, OH 44056 **RELATIONSHIP:** NONE PURPOSE OF GRANT: AFTER SCHOOL JOURNEY PROGRAM FOUNDATION STATUS OF RECIPIENT: PCAMOUNT OF GRANT PAID ...... 3,000. RECIPIENT NAME: JEWISH COMMUNITY CENTER OF AKRON GIRLS ON THE RUN OF GREATER SUMMIT ADDRESS: 750 WHITE POND DRIVE AKRON, OH 44320 **RELATIONSHIP:** NONE PURPOSE OF GRANT: WE ALL BELONG PROJECT FOUNDATION STATUS OF RECIPIENT: PC. AMOUNT OF GRANT PAID ..... 3,000.

34-6500802

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_ RECIPIENT NAME: LAW ENFORCEMENT FOUNDATION INC. ADDRESS: 6277 RIVERSIDE DRIVE, SUITE 2N DUBLIN, OH 43017 RELATIONSHIP: NONE PURPOSE OF GRANT: POLICE LEADERSHIP & MANAGEMENT TRAINING FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ...... 1,500. RECIPIENT NAME: REBUILDING TOGETHER SUMMIT COUNTY INC - GREATER CUYAHOGA VALLEY ADDRESS: 788 DONALD AVE AKRON, OH 44306 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT FOR HOMEOWNERS IN NEED FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 3,000. RECIPIENT NAME: YOUNG LIFE - GREATER AKRON ADDRESS: 111 BROAD STREET, #200 WADSWORTH, OH 44281 RELATIONSHIP: NONE PURPOSE OF GRANT: OPERATION SUPPORT

AMOUNT OF GRANT PAID .....

STATEMENT

FOUNDATION STATUS OF RECIPIENT:

30

2,500.

# 44.4

FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_ RECIPIENT NAME: BATTERED WOMEN'S SHELTER ADDRESS: 974 EAST MARKET STREET AKRON, OH 44305 **RELATIONSHIP:** NONE PURPOSE OF GRANT: OPERATING EXPENSES OF PROTECTIVE SHELTER FOUNDATION STATUS OF RECIPIENT: PCAMOUNT OF GRANT PAID ..... 5,000. RECIPIENT NAME: PROJECT LEARN OF SUMMIT COUNTY ADDRESS: 60 S HIGH STREET AKRON, OH 44326 **RELATIONSHIP:** NONE PURPOSE OF GRANT: ADULT LITERACY PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 3,000. RECIPIENT NAME: FRIENDS OF HISTORIC GLENDALE CEMETERY ADDRESS: 150 GLENDALE AVE AKRON, OH 44302 **RELATIONSHIP:** NONE PURPOSE OF GRANT: RESTORATION & MAINTAINANCE OF BELLTOWER FOUNDATION STATUS OF RECIPIENT: PC 8,000. AMOUNT OF GRANT PAID ......

34-6500802

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: ARCHBISHOP HOBAN HIGH SCHOOL ADDRESS: 1 HOLY CROSS BLVD AKRON, OH 44306 **RELATIONSHIP:** NONE PURPOSE OF GRANT: PROMOTE PHYSICAL FITNESS OF STUDENTS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ...... 3,000. RECIPIENT NAME: INVENT NOW INC. ADDRESS: 3701 HIGH LAND PARK NW NORTH CANTON, OH 44720 RELATIONSHIP: NONE PURPOSE OF GRANT: CAMP INVENTION SCHOLARSHIPS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 1,000. RECIPIENT NAME: JUNIOR ACHIEEMENT USA -OF NORTH CENTRAL OHIO ADDRESS: P.O. BOX 26006 AKRON, OH 44319 RELATIONSHIP: NONE PURPOSE OF GRANT: PROGRAMS IN SUMMIT CO SCHOOLS FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID .....

32

3,270.

FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: BLICK CLINIC INC. ADDRESS: 640 WEST MARKET STREET AKRON, OH 44303 **RELATIONSHIP:** NONE PURPOSE OF GRANT: KITCHEN FOR NEW BUILDING FOR CLASSES FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 2,000. RECIPIENT NAME: HATTIE LARLHAM FOUNDATION ADDRESS: 7996 DARROW ROAD, SUITE 10 TWINSBURG, OH 44087 **RELATIONSHIP:** NONE PURPOSE OF GRANT: ESTABLISH HATTIE'S GARDEN AT SAFERSTEIN TOWER FOUNDATION STATUS OF RECIPIENT: PC 2,000. AMOUNT OF GRANT PAID ...... RECIPIENT NAME: TRULY REACH YOU -TRY MINISTRIES ADDRESS: P.O. BOX 814 AKRON, OH 44309 **RELATIONSHIP:** NONE PURPOSE OF GRANT: OPERATIONS SUPPORT FOR HOUSING & RECOVERY FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 3,000.

34-6500802

FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: AKRON ZOOLOGICAL PARK ADDRESS: 500 EDGEWOOD AVE AKRON, OH 44307 RELATIONSHIP: NONE PURPOSE OF GRANT: MONARCH WAYSTATION PLANTINGS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION ADDRESS: 70 W. STREETSBORO ST., SUITE 201 HUDSON, OH 44236 RELATIONSHIP: NONE PURPOSE OF GRANT: PROGRAMS & SERVICES IN SUMMIT COUNTY FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 3,000. RECIPIENT NAME: BOY SCOUTS OF AMERICA GREAT TRAIL COUNCIL ADDRESS: 1601 S. MAIN STREET AKRON, OH 44301 RELATIONSHIP: NONE PURPOSE OF GRANT: PATHFINDER DISTRICT INITIATIVE CITY OF AKRON FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 3,000.

STATEMENT

34-6500802

150 (EV)

FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: BROKEN CHAINS JAIL & PRISON MINISTRY ADDRESS: P.O. BOX 502 AKRON, OH 44309 **RELATIONSHIP:** NONE PURPOSE OF GRANT: AID EX-OFFENDERS PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC 2,500. AMOUNT OF GRANT PAID ..... RECIPIENT NAME: RMH OF AKRON INC. RONALD MCDONALD HOUSE AKRON ADDRESS: 245 LOCUST STREET AKRON, OH 44309 **RELATIONSHIP:** NONE PURPOSE OF GRANT: OPERATING COSTS FOR TEMPROARY HOUSING FOUNDATION STATUS OF RECIPIENT: 2,500. AMOUNT OF GRANT PAID ...... RECIPIENT NAME: OAK CLINIC FOR MULTIPLE SCLEROSIS ADDRESS: 3838 MASSILLON RD, STE 360 UNIONTOWN, OH 44685 **RELATIONSHIP:** NONE PURPOSE OF GRANT: PATIENT CARE FUND FOR THOSE IN NEED FOUNDATION STATUS OF RECIPIENT: 3,000. AMOUNT OF GRANT PAID .....

34-6500802

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_\_\_\_\_ RECIPIENT NAME: GREENLEAF FAMILY CENTER ADDRESS: 580 GRANT ST AKRON, OH 44311 **RELATIONSHIP:** NONE PURPOSE OF GRANT: SUICIDE PREVENTION IN HIGH SCHOOL FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ...... 4,000. RECIPIENT NAME: INFO LINE ADDRESS: 793 SOUTH MAIN STREET AKRON, OH 44311 RELATIONSHIP: NONE PURPOSE OF GRANT: 211 INFORMATION & REFFERAL PROGRAM FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ...... 3,000. RECIPIENT NAME: UNITED DISABILITY SERVICES ADDRESS: 701 S MAIN ST AKRON, OH 44311 **RELATIONSHIP:** NONE PURPOSE OF GRANT: BUY HANDICAP-ACCESSIBLE VEHICLES- TRANSPORT FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID ......

PC

2,500.

1000000

FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_\_ RECIPIENT NAME: SHELTER CARE INC ADDRESS: 32 SOUTH AVE TALLMADGE, OH 44278 **RELATIONSHIP:** NONE PURPOSE OF GRANT: SHELTER REMODELING FOR YOUTH - LONG TERM CARE FOUNDATION STATUS OF RECIPIENT: PCAMOUNT OF GRANT PAID ..... 2,500. RECIPIENT NAME: DR. BOB'S HOME ADDRESS: 855 ARDMORE AVE AKRON, OH 44302 RELATIONSHIP: NONE PURPOSE OF GRANT: RENOVATIONS & REPAIRS TO HISTORIC LANDMARK FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 2,500. RECIPIENT NAME: FRIENDS OF METRO PARKS ADDRESS: PO BOX 13364 FAIRLAWN, OH 44334 **RELATIONSHIP:** NONE PURPOSE OF GRANT: OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

AMOUNT OF GRANT PAID .....

STATEMENT 37

34-6500802

1,500.

34-6500802 CHARLES E. AND MABEL M. RITCHIE MEMORIAL FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: EMBRACING FUTURES INC ADDRESS: 50 S MAIN ST AKRON, OH 44308 **RELATIONSHIP:** NONE PURPOSE OF GRANT: ORTHONDONTIC CARE FOR CHILDREN FOUNDATION STATUS OF RECIPIENT: PC 5,297. AMOUNT OF GRANT PAID ...... RECIPIENT NAME: ELVES & MORE OF NE OHIO ADDRESS: PO BOX 95 CUYAHOGA FALLS, OH 44222 RELATIONSHIP: NONE PURPOSE OF GRANT: BICYLES FOR KIDS FOR CHRISTMAS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ...... 1,000. RECIPIENT NAME: WOMENS NETWORK ADDRESS: PO BOX 13259 FAIRLAWN, OH 44334 RELATIONSHIP: NONE PURPOSE OF GRANT: MENTORSHIP & LEADERSHIP PROGRAMS FOUNDATION STATUS OF RECIPIENT: 2,500. AMOUNT OF GRANT PAID .....

STATEMENT

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FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: ST SEBASTIAN PARISH FOUNDATION ADDRESS: 476 MULL AVE AKRON, OH 44320 **RELATIONSHIP:** NONE PURPOSE OF GRANT: TEACH CHILDREN HOW TO WRITE MUSIC FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 500. RECIPIENT NAME: SUMMIT EDUCATION INITIATIVE ADDRESS: 120 E MILL ST AKRON, OH 44308 RELATIONSHIP: NONE PURPOSE OF GRANT: CRADLE TO CAREER CONTUNUUM FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: FAMILY PROMISE OF SUMMIT COUNTY INC ADDRESS: 111 E VORIS ST AKRON, OH 44311 **RELATIONSHIP:** NONE PURPOSE OF GRANT: PROGRAMS FOR THE HOMELESS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 2,000.

STATEMENT 39

34-6500802

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: FIRST GLANCE STUDENT CENTER ADDRESS: 943 KENMORE BLVD AKRON, OH 44314 RELATIONSHIP: NONE PURPOSE OF GRANT: MAN UP PROGRAM FOR AT RISK TEENS FOUNDATION STATUS OF RECIPIENT: ЪС AMOUNT OF GRANT PAID ..... 530. RECIPIENT NAME: WHEELS4CHANGE ADDRESS: PO BOX 503 TALLMADGE, OH 44278 **RELATIONSHIP:** NONE PURPOSE OF GRANT: SUPPORT FOR AT-RISK VETERANS BIKE PROGRAM FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: AKRON CHILDREN'S MUSEUM ADDRESS: 3867 W MARKET ST, #175 AKRON, OH 44333 RELATIONSHIP: NONE PURPOSE OF GRANT: 2 EXHIBIT PROJECTS FOUNDATION STATUS OF RECIPIENT: PC 

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: IMMACULATE HEART OF MARY SCHOOL OF CUYAHOGA FALLS ADDRESS: 1905 PORTAGE TRAIL CUYAHOGA FALLS, OH 44223 RELATIONSHIP: NONE PURPOSE OF GRANT: PROMOTE A CULTURE OF READING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: COMMUNITY SUPPORT SERVICES, INC ADDRESS: 150 CROSS STREET AKRON, OH 44311 RELATIONSHIP: NONE PURPOSE OF GRANT: HOMELESS INTAKE & OUTREACH CENTER FOUNDATION STATUS OF RECIPIENT: PCAMOUNT OF GRANT PAID ..... 3,000. RECIPIENT NAME: OHIOGUIDESTONE ADDRESS: 202 E BAGLEY RD BEREA, OH 44017 RELATIONSHIP: NONE PURPOSE OF GRANT: LOW INCOME INTEGRATED SERVICES FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID .....

STATEMENT 41

PC

1,000.

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: ADAPTIVE SPORTS PROGRAM OF OHIO ADDRESS: 2829 CLEVELAND RD, STE B WOOSTER, OH 44691 **RELATIONSHIP:** NONE PURPOSE OF GRANT: PROGRAMS FOR DISABLED ATHLETES FOUNDATION STATUS OF RECIPIENT: PC1,000. AMOUNT OF GRANT PAID ...... RECIPIENT NAME: GIRLS ON THE RUN OF GREATER SUMMIT ADDRESS: 140 E MARKET ST. 2ND FLOOR AKRON, OH 44308 RELATIONSHIP: NONE PURPOSE OF GRANT: PHYSICAL ACTIVITIES PROGRAMS FOR GIRLS FOUNDATION STATUS OF RECIPIENT: 2,500. AMOUNT OF GRANT PAID ..... RECIPIENT NAME: VICTORY GALLOP ADDRESS: PO BOX 551 BATH, OH 44210 RELATIONSHIP: NONE PURPOSE OF GRANT: THERAPEUTIC HORSEBACK RIDING FOUNDATION STATUS OF RECIPIENT: 5,000. AMOUNT OF GRANT PAID .....

CMARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_ RECIPIENT NAME: BIG BROTHERS AND SISTERS OF SUMMIT & MEDINA COUNTIES INC ADDRESS: 50 S MAIN ST, STE LL110 AKRON, OH 44308 **RELATIONSHIP:** NONE PURPOSE OF GRANT: PROGRAM SUPPORT FOR CHILDREN FOUNDATION STATUS OF RECIPIENT: PC 3,000. AMOUNT OF GRANT PAID ..... RECIPIENT NAME: AKRON ART MUSEUM ADDRESS: ONE SOUTH HIGH STREET AKRON, OH 44308 **RELATIONSHIP:** NONE PURPOSE OF GRANT: KIDS STUDIO CLASSES FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 3,000. 323,597. TOTAL GRANTS PAID:

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