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As Filed Data -

Return of Private Foundation

DLN: 93491303001137 OMB No 1545-0052

2016

Form 990-PF Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	caler	ndar year 2016, or tax year beginning 01-01-20)16 , aı	nd er	nding 12-31-	2016	
		indation HEN A COMUNALE JR			A Employer Id	entification numbe	r
		SLE FOUNDATION			20-4345267		
	ber and D BOX 1	l street (or P O box number if mail is not delivered to street address)	Room/suite		B Telephone nu	mber (see instructior	ns)
	o bon i				(330) 835-5985	i	
		, state or province, country, and ZIP or foreign postal code 44333			C If exemption	application is pending	g, check here
G Cł	neck al	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity		D 1. Foreign or	ganizations, check he	ere .
		☐ Final return ☐ Amended return				ganizations meeting	
		Address change Name change			test, chec	k here and attach cor	mputation 🕨 🔼
H C	neck ty	pe of organization \square Section 501(c)(3) exempt private	foundation			ındatıon status was t n 507(b)(1)(A), checl	
	Section	4947(a)(1) nonexempt charitable trust	private foundation				
of	year <i>(f</i>	tet value of all assets at end from Part II, col (c), \$ 2,738,264 J Accounting method Other (specify) (Part I, column (d) must	Cash Accru	ıal		ation is in a 60-month n 507(b)(1)(B), checl	
Da	rt I	Analysis of Revenue and Expenses (The total	1	I			(d) Disbursements
r e	I C I	of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes
	1	Contributions, gifts, grants, etc , received (attach	948,917	, <u> </u>			(cash basis only)
	2	schedule) 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	40,042		40,042	40,042	
	5a	Gross rents					
	Ь	Net rental income or (loss)					
Ĕ	6a	Net gain or (loss) from sale of assets not on line 10	54,786				
Revenue	b	Gross sales price for all assets on line 6a 2,171,815					
æ	7	Capital gain net income (from Part IV, line 2)			54,786		
	8	Net short-term capital gain				0	
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	1,043,745	,	94,828	40,042	
	13	Compensation of officers, directors, trustees, etc	54,355		0	0	40,766
	14	Other employee salaries and wages					
S	15	Pension plans, employee benefits	7,110		0	0	5,333
12	16a	Legal fees (attach schedule)					
<u>g</u>	ь	Accounting fees (attach schedule)	5,005		0	0	1,472
Administrative Expenses	С	Other professional fees (attach schedule)	1,207	1	0	0	905
€	17	Interest					
tra tra	18	Taxes (attach schedule) (see instructions)	5,506	5	0	0	3,218
Ē	19	Depreciation (attach schedule) and depletion	385		0	0	
Ē	20	Occupancy					
ĕ	21	Travel, conferences, and meetings	4,222		0	0	3,167
ä	22	Printing and publications	6,011		0	0	1,503
Ď.	23	Other expenses (attach schedule)	374,912		14,922	14,922	48,944
Operating and	24	Total operating and administrative expenses.					
per		Add lines 13 through 23	458,713	;	14,922	14,922	105,308
0	25	Contributions, gifts, grants paid	203,024				203,024
	26	Total expenses and disbursements. Add lines 24 and 25	661,737		14,922	14,922	308,332
	27	Subtract line 26 from line 12	001,/3/		14,522	14,922	300,332
	a	Excess of revenue over expenses and	382,008	,			
		disbursements	,				
	b	Net investment income (if negative, enter -0-)			79,906		
Ee::	C	Adjusted net income(If negative, enter -0-)			0 I N 4:55:	25,120	m 000-DE (2016
-or	raner	WOLK REGULLION ACT NOTICE, SEE INSTRUCTIONS			Cat No. 11288V		~ UUII_DE (2014

1,103,481

357,898

17,567

385

2,224,057

4,188

4.188

2,219,869

2,219,869

2,224,057

1,314

324,381

163,053

19,043

2,738,264

27,045

27,045

2,711,219

2,711,219

2,738,264

2

3

4

5

2,219,869

382,008

109,342

2,711,219

2,711,219 Form **990-PF** (2016)

1,607,884

1,314

324,381

163,053

19,043

2,738,264

1,607,884

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule) ▶

Foundations that follow SFAS 117, check here

and complete lines 24 through 26 and lines 30 and 31.

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow SFAS 117, check here ▶ ✓

Paid-in or capital surplus, or land, bldg, and equipment fund

Capital stock, trust principal, or current funds

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Analysis of Changes in Net Assets or Fund Balances

Less accumulated depreciation (attach schedule) ▶

Total assets (to be completed by all filers—see the

Land, buildings, and equipment basis -

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe ▶_

Unrestricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶ .

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) -

Temporarily restricted

Investments—U S and state government obligations (attach schedule)

Investments—corporate bonds (attach schedule)

Assets 9 10a

b

C

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

28

29

31 Part III

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

2

3

(a)

	the kind(s) of property sold (e g , re ehouse, or common stock, 200 shs		P—Purchase D—Donation	Date acquired (mo , day, yr)	Date sold (mo , day, yr)
1 a PUBLIC TRADED SECURI	TIES		B Bondton	2000-01-01	2016-12-31
b PUBLIC TRADED SECURI				2000-01-01	2016-12-31
c					
d					
e					
(e) Gross sales price	(e) (f) (g) Depreciation allowed Cost or oth			Gain d	h) or (loss) on minus (g)
a 1,19	2,944		1,209,081		-16,137
b 97	8,871		907,948		70,923
С					
d					
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69	,	(I)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col (i) (j), if any	Gains (Col (col (k), but not	h) gain minus less than -0-) or om col (h))
a					-16,137
b					70,923
С					
d					
e					
·	gain or (loss) as defined in sections rt I, line 8, column (c) (see instructi	. , . , .) . }	3	-16,137
	Jnder Section 4940(e) for Re				
f section 4940(d)(2) applies, le	rivate foundations subject to the se	ction 4940(a) tax on ne	et investment incom	e)	
Was the foundation liable for th	e section 4942 tax on the distributa ot qualify under section 4940(e) Do			. П	es 🔽 No
	nount in each column for each year,			•	
(a)	•		inaking any entries	(d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	Distribution rat (col (b) divided by o	
2015	281,091		2,192,708		0 128194
2014	258,866		2,004,392		0 129149
2013	172,274		1,656,485		0 104000
2012	165,426		1,515,472		0 109158
2011	141,859		1,473,193		0 096294
2 Total of line 1, column (d)		2		0 566795
number of years the four	o for the 5-year base period—divide idation has been in existence if less	than 5 years	<u>3</u>		0 113359
	ncharitable-use assets for 2016 fron	· ·	4		2,297,138
5 Multiply line 4 by line 3	(40) (50) (41)		5		260,401
	ent income (1% of Part I, line 27b)		6		799
			7		261,200
	ons from Part XII, line 4 , . . Pater than line 7, check the box in Pa		<u>8</u> nplete that part usin	 g a 1% tax rate Se	308,332 e the Part VI
msu ucuons				F	orm 990-PF (2016)

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Part VIII Information About Officers, Directors, Trustee and Contractors (continued)	s, Foundation Managers, Highly Paid I	Employees,
3 Five highest-paid independent contractors for professional ser	vices (see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year Include organizations and other beneficiaries served, conferences convened, research papers pr		Expenses
1 THE FOUNDATION SEEKS TO EASE THE EMOTIONAL STRESS, PHYSICA CONFRONT CANCER VICTIMS AND THEIR FAMILIES THROUGH FINANCIFUNERAL EXPENSES THE FOUNDATION PROVIDED FINANCIAL ASSIST	IAL ASSISTANCE WITH LIVING EXPENSES AND	202,645
2 THE FOUNDATION FUNDS AND EXECUTES SOCIAL PROGRAMS FOR CH HORSE CAMPS, BACK TO SCHOOL ASSISTANCE AND POLAR EXPRESS SERVED 700 INDIVIDUALS IN 2016		17,630
3 THE FOUNDATION PROVIDES TOTE BAGS CONTAINING VARIOUS COM NEWLY DIAGNOSED CANCER PATIENTS THROUGH AREA HOSPITALS A DISTRIBUTED IN 2016		14,994
4		_
Part IX-B Summary of Program-Related Investments (se	ee instructions)	
Describe the two largest program-related investments made by the foundation during	ng the tax year on lines 1 and 2	Amount
1		+
2		
All other program-related investments. See instructions		-
Total. Add lines 1 through 3		0
		Form 990-PF (2016)

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

3a 3h

4

5

308.332

307.533

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799

Amounts set aside for specific charitable projects that satisfy the

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

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

income Enter 1% of Part I. line 27b (see instructions).

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

3

4

5

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Form 990-PF (2016) Page							
Part XIII Undistributed Income (see instruc	ctions)						
	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016			
1 Distributable amount for 2016 from Part XI, line 7				0			
2 Undistributed income, if any, as of the end of 2016							
a Enter amount for 2015 only			0				
b Total for prior years 20, 20, 20		0					
3 Excess distributions carryover, if any, to 2016							
a From 2011							
b From 2012							
c From 2013							
d From 2014							

70.899

70,899

70.899

XII, line 4 ▶ \$

e From 2015. f Total of lines 3a through e. 4 Qualifying distributions for 2016 from Part

(Election required—see instructions).

a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years c Treated as distributions out of corpus (Election required—see instructions).

d Applied to 2016 distributable amount. . .

(If an amount appears in column (d), the

same amount must be shown in column (a))

e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2016 6 Enter the net total of each column as

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

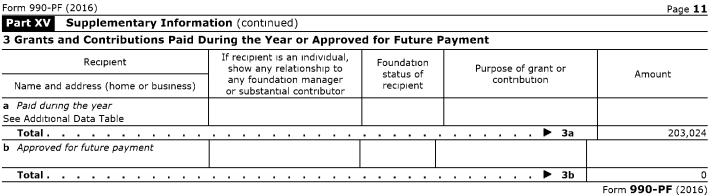
applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a . . .

10 Analysis of line 9 a Excess from 2012. **b** Excess from 2013. . c Excess from 2014. . d Excess from 2015. . e Excess from 2016. .

b Prior years' undistributed income Subtract 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) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount —see instructions e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2011 not

indicated below:



Part XVI-A Analysis of Income-Producing	Activities		1		I
Enter gross amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a					
b					
d					
e					
f					
g Fees and contracts from government agencies					
 Membership dues and assessments. Interest on savings and temporary cash investments 					
4 Dividends and interest from securities			14	40,042	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	54,786	
9 Net income or (loss) from special events				·	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0		94,828	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations	ns.)		1	3	94,828
Part XVI-B Relationship of Activities to the		nment of Exem	pt Purposes		
Line No. Explain below how each activity for which the accomplishment of the foundation's explain tructions (control of the foundation).					
				Fo	rm 990-PF (2016)

	<u>, , , , , , , , , , , , , , , , , , , </u>		
ш	Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations	able	

Part	XVII	Exempt Organi	-	ransı	rers 10 a	and Iransacti	ions	ana	Relatio	nsnips with No	ncnarita	bie		
		rganization directly or in Code (other than section	ndirectly enga								ion 501		Yes	No
a Tra	nsfers	from the reporting four	ndation to a n	oncha	ırıtable ex	empt organizatio	on of							
(1)	1) Cash										. 1	.a(1)		No
(2)	(2) Other assets										1	.a(2)		No
b Other transactions														
(1) Sales of assets to a noncharitable exempt organization											1	b(1)		No
(2)	Purch	hases of assets from a i	noncharitable	exem	pt organiz	zation					1	b(2)		No
		al of facilities, equipme									1	.b(3)		No
(4)	Reim	nbursement arrangemer	nts								. 1	b(4)		No
(5)	Loan	s or loan guarantees.									. 1	b(5)		No
(6)	Perfor	rmance of services or m	nembership oi	fundi	raising sol	licitations					. 1	.b(6)		No
c Sha	aring of	f facılıtıes, equipment, i	mailing lists, o	other a	assets, or	paid employees.					. [1c		No
		wer to any of the above										lue		
		ods, other assets, or ser												
ın a	iny tra	nsaction or sharing arra	angement, sn	ow in	column (c	1) the value of tr	ne go	oas, o	tner asse	ts, or services recei	ivea			
(a) Line	No	(b) Amount involved	(c) Name of	noncha	arıtable exe	mpt organization	((d) Des	cription of	transfers, transactions	, and sharır	ng arrai	ngemen	its
	_													
	_													
		ndation directly or indir	•		•	•					_			
des	cribed	in section 501(c) of the	e Code (other	than	section 50	01(c)(3)) or in se	ection	1 527?.			⊔	Yes	✓ N	lo
b If "	Yes," c	complete the following s												
		(a) Name of organizati	on		(1	b) Type of organiza	ation			(c) Description	n of relation	ship		
									-					
	Und	ler penalties of perjury,	I declare tha	t I hav	ve examır	ed this return. ir	nclud	ına acc	ompanvi	ng schedules and st	tatements	. and	to the	best
	ofm	ny knowledge and belie	f, it is true, co											
Sign	whic	ch preparer has any kno	owledge			ı								
Here		*****				2017-10-19		*	****		May the IRS with the pre			
	 	Signature of officer or t	rustee			Date		- y -	tle		(see instr.)?			
		T									(see msu)		C3 I	
		Print/Type preparer's	s name	Prepa	arer's Sıgı	nature	D	ate		Charles 15	PTIN			
										Check if self-	Р	00403	039	
		DALE RUTHER						employed ▶ ☐		employed ► 🗀 📗	1 00403039			
Paid														
_	arer		BER MARKEY F	EDOR	ROVICH &	COMPANY					Firm's EIN	J ▶ 34.	15230	30
Use	Only										i ii ii S LIIV	54.	13230	
		Firm's address ► 34	421 RIDGEWO	OOD R	OAD SUIT	E 300								
		Al	KRON, OH 44	1333							Phone no	none no (330) 762-9785		9785

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter (e) other allowances Contributions to (b) devoted to position -0-) employee benefit plans and deferred compensation JOHN COMUNALE PRESIDENT ۵ ٥ 0 5 00 536 S RACE STREET DENVER, CO 80209 AMANDA COMUNALE 0 0 VICE CHAIRMAN n 1 00 2772 SHADE ROAD AKRON, OH 44333 MONICA STEVENS VICE PRESIDENT 53,355 7,174 40 00 291 MELBOURNE AVE **AKRON, OH 44313** RENNICK ANDREOLI DIRECTOR 0 0 0 1 00 4218 IDLEBROOK DR AKRON, OH 44333 STEPHEN COMUNALE 0 0 CHAIRMAN 0 1 00 2300 SOUREK TRAIL **AKRON, OH 44313** 0 0 JULIE DEANE DIRECTOR 1 00 2304 STOCKBRIDGE ROAD AKRON, OH 44313 NICHOLAS GEORGE 0 0 DIRECTOR 1 00 4804 STONEGATE BLVD AKRON, OH 44313 **RUTHIE GEORGE** 0 0 0 **SECRETARY** 1 00 4804 STONEGATE BLVD AKRON, OH 44313 DENNIS MCCLUSKEY 0 0 MEDICAL ADVISOR 1 00 754 S CLEVELAND AVE MOGADORE, OH 44305 SUSAN SCHOELLKOPH DIRECTOR 0 ٥ 0 1 00 174 MIDDLESEX ROAD BUFFALO, NY 14216 DALE RUTHER TREASURER 0 0 1 00 3421 RIDGEWOOD ROAD SUITE 300 AKRON, OH 44333 **KEVIN FINK** 0 DIRECTOR 0 1 00 222 EAST 41ST ST NEW YORK, NY 10017 NICK BETRO DIRECTOR 0 0 1 00 2076 FOREST EDGE DRIVE CUYAHOGA FALLS, OH 44223 EDWARD NEWMAN DIRECTOR 0 0 0 1 00 730 W MARKET ST AKRON, OH 44303

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or Amount If recipient is an individual,

Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year				
AFP FOUNDATION FOR PHILANTHROPY PO BOX 1286 BATH, OH 44210	N/A	PC	GENERAL FUND	1,500
AKRON COMMUNITY FOUNDATION 345 W CEDAR ST AKRON, OH 44307	N/A	PC	HEALTH/HUMAN SERVICES AND EDUCATION	400
AKRON ROTARY CLUB 4460 REX LAKE DR AKRON, OH 44319	N/A	PC	EDUCATION	500

100 PC

500 N/A HEALTH/HUMAN SERVICES AND 266 PO BOX 109 **EDUCATION**

ANDREA ROSE TEODOSIO FOUNDATION MUNROE FALLS, OH 44262 N/A PC **EDUCATION** GREAT TRAIL COUNCIL BSA 1,000

1601 S MAIN ST AKRON, OH 44309

203,024

3a

Recipient	If recipient is an individual,	Foundation	Purpose of grant or	Amount
Kecipient	show any relationship to	status of	contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
RAIL AGAINST BREAST CANCER - SUSAN G KOMEN 3-DAY PO BOX 660843 DALLAS, TX 75266	N/A	PC	BREAST CANCER RESEARCH	250
STEWART'S CARING PLACE 2955 W MARKET STREET SUITE R AKRON, OH 44333	N/A	PC	HEALTH/HUMAN SERVICES AND EDUCATION	1,900
VARIOUS INDIVIDUALS AFFECTED BY CAN 2300 SOUREK TRAIL AKRON, OH 44313	N/A	I	FOOD, SHELTER/UTILITIES, CLOTHING, MISC MEDICAL AND INSURANCE EXPENSES	196,218
VICTORY GALLOP 1745 N HAMETOWN RD AKRON, OH 44333	N/A	PC	EDUCATION	100
HOSPICE OF VISITING NURSE 3358 RIDGEWOOD ROAD AKRON, OH 44333	N/A	PC	HEALTH/HUMAN SERVICES AND EDUCATION	100
Total				203,024

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year PROJECT ED BEAR N/A PC SUPPORT FOR CHILDREN 500 656 CHILHAM CIRCLE TOUCHED BY CANCER UNIONTOWN, OH 44685

UNITED WAY OF SUMMIT COUNTY 90 N PROSPECT ST AKRON, OH 44304	N/A	PC	HEALTH/HUMAN SERVICES AND EDUCATION	90
UNIVERSITY HOSPITALS 11100 EUCLID AVE CLEVELAND, OH 44106	N/A	PC	HEALTH/HUMAN SERVICES AND EDUCATION	200

AKRON, OH 44304			LDOCATION	
UNIVERSITY HOSPITALS 11100 EUCLID AVE CLEVELAND, OH 44106	N/A	PC	HEALTH/HUMAN SERVICES AND EDUCATION	2

Total .

3a

90 N PROSPECT ST AKRON, OH 44304	14/4		EDUCATION	
UNIVERSITY HOSPITALS 11100 EUCLID AVE	N/A	PC	HEALTH/HUMAN SERVICES AND EDUCATION	2

efile GRAPHIC print - DO NOT	PROCESS	As Filed D	ata -	DI	LN: 93491303001137			
TY 2016 Accounting Fees Schedule								
Name: THE STEPHEN A COMUNALE JR								
			BLE FOUNDATION	. 311				
		CHARITA	IDLE LOUINDATION					
	EIN:	20-4345	267					
Category	Category Amount Net Investment Adjusted Net Disbursements							
]			Income	Income	for Charitable			
.1	Purposes							
TAX PREPARATION FEE	T	2,250	0	0	563			
BOOKKEEPING ASSISTANCE		2,755	0	0	909			

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TV 2016 Investments Corporate Bonds Schodule								
TY 2016 Investments Corporate Bonds Schedule								
Name:	THE STEPHEN A	COMUNALE JR						
	CHARITABLE FOU	NDATION						

EIN: 20-4345267		
Name of Bond	End of Year Book Value	End of Year Fair Market Value
MORGAN STANLEY CORP BONDS	163,053	163,053

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TY 2016 Investments Corporate Stock Schedule								
Name:	THE STEPHEN A COMU	NALE JR						
	CHARITABLE FOUNDAT	ION						

EIN: 20-4345267				
Name of Stock	End of Year Book Value	End of Year Fair Market Value		
MORGAN STANLEY STOCK	1,607,884	1,607,884		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491303001137			
TY 2016 Investments Government Obligations Schedule						
Name:	THE STEPHEN	A COMUNALE JR				
	CHARITABLE FOUNDATION					
EIN:	20-4345267					
US Government Securities - End of Year Book Value:		324,381				
US Government Securities - End of Year Fair Market Value:		324,381				
State & Local Government Securities - End of Year Book Value:		0				
State & Local Government Securities - End of Year Fair Market Value:		0				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491303001137					
TY 2016 Investments - Other Schedule							
Name:	THE STEPHEN A COMUNALE JR						
	CHARITABLE FOUNDATION						
EIN:	20-4345267						

EIN: 20-4345267					
Category / Item Listed at Cost or FMV Book Value End of Year Fair FMV Market Value					
AKRON COMMUNITY FOUNDATION	FMV	19,043	19,043		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491303001137		
TY 2016 Other Expenses Schedule						
-						
Name:	THE STEPHEN A	COMUNALE JR				
	CHARITABLE FOUNDATION					
EIN: 20-4345267						
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
BANK FEES	4,681	0	0	3,511		
SUPPLIES	2,519	0	0	1,260		
FUNDRAISING EXPENSE	300,298	0	0	0		

4,364

1,516

1,082

885

200

14,994

14,922

0

0

0

2,182

303

541

885

14,994

14,922

0

0

0

0

0

0

INVESTMENT FEES

INSURANCE

TELEPHONE

WEBSITE/COMPUTER SERVICES

EXPENSES FOR SUNSHINE BAGS

DUES & SUBSCRIPTIONS

STATE FILING FEES

 Description
 Revenue and Expenses per Books
 Net Investment Income
 Adjusted Net Income
 Disbursements for Charitable Purposes

 HORSE CAMP COSTS
 8,827
 0
 0
 8,827

8,000

1,035

804

6,427 434

8,000

776

HORSE CAMP COSTS	8,827	0	0	
MCDOWELL ART THERAPY FUND	804	0	0	
HOLIDAY MEALS	6,427	0	0	

Other Expenses Schedule

ADVERTISING/MARKETING

SUMMA SCREENS

TRAINING

INTEREST

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491303001137			
TY 2016 Other Increases Schedule						
Name:	THE STEPHEN	A COMUNALE JR				
	CHARITABLE F	OUNDATION				
EIN:	20-4345267					
De	escription		Amount			
UNREALIZED GAIN ON INVESTMENTS			109,342			

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DLN	N: 93491303001137				
TY 2016 Other Professional Fees Schedule								
Name: THE STEPHEN A COMUNALE JR								
	CHARITABLE	FOUNDATION						
EIN: 20-4345267								
Category Amount Net Investment Adjusted Net Disbursements Income Income for Charitable Purposes								

905

1,207

TEMP OFFICE ASSISTANCE

efile GRAPHIC print - DO NOT PR	OCESS A	s Filed Data	-	DLN	N: 93491303001137
TY 2016 Taxes Schedule					
	Name: T	HE STEPHE	N A COMUNALE JE	ર	
	C'	HARITABLE	E FOUNDATION		
	EIN: 2	0-4345267			
Category	Amo	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	ĺ	4,290	0	0	3,218
FEDERAL TAX		1,216	0	0	0

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491303001137						
Schedule B (Form 990, 990-EZ,	Schedul	e of Contributors		OMB No 1545-0047		
or 990-PF) Department of the Treasury Internal Revenue Service	PF) Attach to Form 990, 990-EZ, or 990-PF Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at					
Name of the organizat THE STEPHEN A COMUNA			Employer id	dentification number		
CHARITABLE FOUNDATIO			20-4345267			
Organization type (che	eck one)					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) org	ganization				
	4947(a)(1) nonexempt charit	able trust not treated as a	private foundation			
	☐ 527 political organization					
Form 990-PF	501(c)(3) exempt private four	ndation				
	4947(a)(1) nonexempt charit	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private four	ndation				
	ation filing Form 990, 990-EZ, or 990-PF r property) from any one contributor Coi					
Special Rules						
under sections a received from a	tion described in section 501(c)(3) filing 509(a)(1) and 170(b)(1)(A)(vi), that check by one contributor, during the year, total ne 1h, or (ii) Form 990-EZ, line 1 Compl	ked Schedule A (Form 990 contributions of the greate) or 990-EZ), Part II, line 13,	16a, or 16b, and that		
during the year,	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III					
during the year, If this box is che purpose Do no	tion described in section 501(c)(7), (8), contributions exclusively for religious, checked, enter here the total contributions to complete any of the parts unless the Gable, etc., contributions totaling \$5,000 or	naritable, etc , purposes, b hat were received during t eneral Rule applies to this	ut no such contributions tota he year for an <i>exclusively</i> re organization because it rec	aled more than \$1,000 eligious, charitable, etc, eived <i>nonexclusively</i>		
990-EZ, or 990-PF), bu	on that is not covered by the General Ru tit must answer "No" on Part IV, line 2, to form 990PF, Part I, line 2, to certify that	of its Form 990, or check t	he box on line H of its			
For Paperwork Reduction for Form 990, 990-EZ, or 9	Act Notice, see the Instructions 10-PF	Cat No 30613X	Schedule B (Form 990), 990-EZ, or 990-PF) (2016)		

Name of organization
THE STEPHEN A COMUNALE JR
CHARITABLE FOUNDATION

Employer identification number

HARITAE	ILE FOUNDATION	20-43452	20-4345267	
Part I	Contributors (see Instructions) Use duplicate copies of Part I if additional space			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	See Additional Data Table	s ———	Person Payroll Noncash	
(a)	(b)	(c)	(Complete Part II for noncash contribution)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person	
		s ———	Payroll Noncash (Complete Part II	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	for noncash contribution) (d) Type of contribution	
		\$	Person Payroll Noncash	
			(Complete Part II for noncash contribution)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	
			(Complete Part II for noncash contribution)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
			Person	
			(Complete Part II for noncash contribution)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		s ———	Person Payroll Noncash	
		<u> </u>	(Complete Part II for noncash contribution)	

Schedule B	(Form 990, 990-EZ, or 990-PF) (2016)		Page 3
Name of org	janization N A COMUNALE JR		Employer identification number
CHARITABLE	FOUNDATION		20-4345267
Part II	Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is n	needed	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	See Additional Data Table	_\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_ \$	
		Schedule B (Forr	n 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 9	90, 990-EZ, or 990-PF) (2016)		Page 4
Name of organizati THE STEPHEN A COM CHARITABLE FOUNDA	UNALE JR		Employer identification number 20-4345267
Part III Exclusive than \$1,0 organiza the year.	ely religious, charitable, etc., contribution 100 for the year from any one contributo	or. Complete columns (a) thro of exclusively religious, chari uctions.) • \$	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(a) Transfer of suff	
-	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Additional Data

Software ID:

Software Version:

EIN: 20-4345267

Name: THE STEPHEN A COMUNALE JR CHARITABLE FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	301 MERRITT SEVEN 6TH FLOOR	\$ 10,000	Person 🗸 Payroll 🗌
	NORWALK, CT06831	\$ 10,000	Noncash (Complete Part II for noncash contribution)
2	MR PAUL THOMARIOS ONE CANAL SQUARE PLAZA AKRON, OH44308	\$ 19,500	Person 🗸 Payroll 🗌 Noncash 🗆
	ARROW, UN144300		(Complete Part II for noncash contribution)
<u>3</u>	MS SARAH RAYBURN 15008 HILLBROOK LANE EAST NOVELTY, OH44072	\$ 41,519	Person Payroll Noncash (Complete Part II for noncash
4	RDA HOTEL MANAGEMENT 3180 WEST MARKET STREET	\$ 5,000	contribution) Person Payroll Name and the second contribution is a second contribution in the second contribution in
	AKRON, OH44333		Noncash └─ (Complete Part II for noncash contribution)
<u>5</u>	RENNICK AND DEE ANDREOLI 4218 IDLEBROOK DRIVE AKRON, OH44333	\$ 25,000	Person 🗸 Payroll 🗌 Noncash 🗌
	SA COMUNALE CO INC		(Complete Part II for noncash contribution)
<u>6</u>	2900 NEWPARK DR	\$ 13,510	Person ☑ Payroll □ Noncash □
	NORTON, OH44203		(Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	STEPHEN COMUNALE 2300 SOUREK TRAIL	\$ 140,636	Person ✓ Payroll ☐ Noncash ✓
	AKRON, OH44313		(Complete Part II for noncash contribution)
<u>8</u>	THE K COMPANY INC		Person ☑ Payroll □
	2234 SOUTH ARLINGTON RD	<u> </u>	Noncash
	AKRON, OH44319		(Complete Part II for noncash contribution)
9	THE RELIABLE AUTOMATIC SPRINKLER CO INC		Person ✓ Payroll
	103 FAIRVIEW PARK DR ELMSFORD, NY10523	\$ 5,000	Noncash \Box
	BUCKEYE CORRUGATED INC		(Complete Part II for noncash contribution)
<u>10</u>	822 KUMHO DRIVE SUITE 400		Person ☑ Payroll 🗌
	FAIRLAWN, OH44333	\$ 7,500	Noncash
	LAKESIDE SUPPLY COMPANY		(Complete Part II for noncash contribution) Person
<u>11</u>	3000 WEST 117 STREET		Payroll
	CLEVELAND, OH44111	\$ 7,500	Noncash ☐ (Complete Part II for noncash
	RICHARD AND YVONNE HAMLIN FOUNDATION		contribution) Person
<u>12</u>	3560 W MARKET STREET SUITE 300	\$ 25,000	Payroll [
	AKRON, OH44333	\$ 23,000	Noncash (Complete Part II for noncash
			contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (a) (d) Type of contribution Name, address, and ZIP + 4 Νo. Total contributions AKRON GENERAL MEDICAL CENTER FOUNDATION Person **V** 13 Payroll 1 AKRON GENERAL AVENUE \$ 5,000 Noncash AKRON, OH44307 (Complete Part II for noncash contribution) Person ✓ <u>14</u> DANIEL POHL Payroll 862 BATH COUNTRY DR \$ 5,000 Noncash AKRON, OH44333 (Complete Part II for noncash contribution) EM CONSTRUCTION LLC Person 15 Payroll PO BOX 1092 \$ 12,000 Noncash AKRON, OH44210 (Complete Part II for noncash contribution) JEFF THE PLUMBER Person <u>16</u> **Payroll** 1100 TOWER DR \$ 10,000 Noncash AKRON, OH44305 (Complete Part II for noncash contribution) SUMMA FOUNDATION Person <u>17</u> **Payroll** 1077 GORGE BLVD \$ 10,000 Noncash AKRON, OH44309 (Complete Part II for noncash contribution) VIKING SUPPLYNET Person 18 Payroll 210 N INDUSTRIAL PARK DR \$ 5,000 Noncash HASTINGS, MI49058 (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (a) (b) (d) Type of contribution Name, address, and ZIP + 4 Νo. Total contributions FAIRLAWN ASSOCIATES Person **V** <u> 19</u> Payroll 3180 WEST MARKET STREET \$ 5,000 Noncash AKRON, OH44333 (Complete Part II for noncash contribution) AKRON CHILDREN'S HOSPITAL Person ✓ 20 Payroll 1 PERKINS SQUARE \$ 5,000 Noncash AKRON, OH44308 (Complete Part II for noncash contribution) Person 21 MYRNA BERZON Payroll 444 INVERNESS RD \$ 5,000 Noncash AKRON, OH44313 (Complete Part II for noncash contribution) CONCORD HOSPITALITY ENTERPRISES Person 22 **Payroll** 1410 COMMON OAKS DR \$ 5,000 Noncash RALEIGH, NC27614 (Complete Part II for noncash contribution) FREDERICK & MARGARET BEDFORD FOUNDATION Person V 23 **Payroll** 4901 KESSLERVILLE RD \$ 5,000 Noncash EASTON, PA10840 (Complete Part II for noncash contribution) GLOBE FIRE SPRINKLER CORP Person 24 Payroll 4077 AIRPARK DR \$ 5,100 Noncash STANDISH, MI48658 (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (a) (b) (d) Type of contribution Name, address, and ZIP + 4 Νo. Total contributions H & M METAL PROCESSING CO. Person **V** 25 Payroll 1410 KENMORE BLVD \$ 5,790 Noncash AKRON, OH44314 (Complete Part II for noncash contribution) KENMORE CONSTRUCTION Person ✓ 26 Payroll 700 HOME AVE \$ 5,000 Noncash AKRON, OH44310 (Complete Part II for noncash contribution) LONG ISLAND PIPE SUPPLY INC Person 27 Payroll 586 COMMERCE AVE \$ 5,000 Noncash GARDEN CITY, NJ11530 (Complete Part II for noncash contribution) Person 28 CHARLES MARSHALL Payroll 3457 GRANGER RD \$ 15,000 Noncash AKRON, OH44333 (Complete Part II for noncash contribution) Person **✓** 29 JAMES PULK **Payroll** 121 E ASCOT LANE \$ 10,000 Noncash CUYAHOGA FALLS, OH44223 (Complete Part II for noncash contribution) SCHWAB CHARITABLE Person 30 Payroll 211 MAIN ST \$ 17,000 Noncash SAN FRANCISCO, CA94105 (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (a) (b) (d) Type of contribution Name, address, and ZIP + 4 Νo. Total contributions Person **V** 31 **BROCK STEERE** Payroll 118 ROTILI LANE \$ 5,000 Noncash COPLEY, OH44321 (Complete Part II for noncash contribution) STEVEN BROWN AND ASSOCIATES Person ✓ 32 Payroll 9 S CLEVELAND AVE \$ 17,000 Noncash WILMINGTON, DE 19805 (Complete Part II for noncash contribution) TAYLOR COMPANIES OF OHIO Person 33 Payroll 1532 ST RT 43 \$ 10,000 Noncash MOGADORE, 0H44260 (Complete Part II for noncash contribution) THE AKRON PRODUCTS CO Person 34 Payroll PO BOX 457 \$ 5,000 Noncash SHARON CENTER, 0H44274 (Complete Part II for noncash contribution) Person **✓** 35 CHRISTINE WILSON **Payroll** 6620 BALLANTRAE \$ 6,000 Noncash DUBLIN, OH43016 (Complete Part II for noncash contribution) Person 36 ALAN WOLL Payroll 1313 OAK KNOLL \$ 5,000 Noncash AKRON, OH44333 (Complete Part II for noncash contribution)

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>3</u>	175 SHARES OF APPLE STOCK	<u> </u>	2016-08-17
3	375 SHARES OF PROGRESSIVE STOCK	<u> </u>	2016-08-17
7	181 SHARES OF HOME DEPOT STOCK	\$ 25,131	2016-08-01

<u>7</u>	181 SHARES OF HOME DEPOT STOCK	\$ 25,131	2016-08-01
<u>7</u>	176 SHARES OF HOME DEPOT STOCK	\$ 23,874	2016-12-19
<u>7</u>	69 SHARES OF HOME DEPOT STOCK	\$ 9,360	2016-12-19

<u>7</u>	176 SHARES OF HOME DEPOT STOCK	<u>\$ 23,874</u>	2016-12-19
<u>7</u>	69 SHARES OF HOME DEPOT STOCK	\$ 9,360	2016-12-19
<u>7</u>	290 SHARES OF APPLE STOCK	\$ 33,804	2016-12-19

<u>-</u>	176 SHARES OF HOME DEPOT STOCK	\$ 23,874	2016-12-19
7	69 SHARES OF HOME DEPOT STOCK	\$ 9,360	2016-12-19
<u>7</u>	290 SHARES OF APPLE STOCK	\$ 33.804	2016-12-19

<u>7</u>	290 SHARES OF APPLE STOCK	<u> </u>	2016-12-19
7			

_	185 SHARES OF HONEYWELL STOCK	\$ 21,725	2016-12-19
<u>7</u>	100 SHARES OF HONEYWELL STOCK	\$ 11.743	2016-12-19