

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



efile GRAPHIC print - DO NOT PROCESS

Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491221004207

2016

OMB No 1545-0052

Return of Private Foundation

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

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

Open to Public Inspection

or	caler	ndar year 2016, or tax year beginning 01-01	-20	16 , ar	nd er	nding 12-31-	2016	
		ndation FAMILY FOUNDATION				A Employer Id	entification numbe	r
						45-4039737		
		l street (or P O box number if mail is not delivered to street add ACE ST UNIT 703	ress)	Room/suite		B Telephone nu	mber (see instruction	ns)
City	or town	, state or province, country, and ZIP or foreign postal code				(330) 615-7705	i 	
		44308				C If exemption	application is pendin	g, check here
G Ch	neck al	l that apply \qed Initial return \qed Initial return	of a	former public charity		D 1. Foreign or	ganızatıons, check he	ere 📗
		Final return Amended ret					ganizations meeting k here and attach co	
		Address change Name chang]	undation status was t	· -
		pe of organization					n 507(b)(1)(A), chec	
		et value of all assets at end J Accounting method		Cash	اد	F If the founds	ition is in a 60-month	termination
of '	year <i>(f</i>	rom Part II, col (c), \$ 1,906,143) _		u.		n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total		(a) Revenue and				(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)						
	2	Check ► ✓ If the foundation is not required to attack	h					
	_	Sch B						
	3 4	Interest on savings and temporary cash investments Dividends and interest from securities		38 42,691		42,691		
	5a	Gross rents	•	42,031		42,031		
	b	Net rental income or (loss)	•					
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10		10,477				
Revenue	ь	Gross sales price for all assets on line 6a 288						
ž	7	Capital gain net income (from Part IV, line 2)	•			10,477		
	8	Net short-term capital gain	•					
	9 10a	Income modifications	•					
	b	Gross sales less returns and allowances Less Cost of goods sold						
	c	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11		53,206		53,206		
	13	Compensation of officers, directors, trustees, etc		0		0		0
	14	Other employee salaries and wages						
Š	15	Pension plans, employee benefits						
35	16a	Legal fees (attach schedule)						
<u>×</u>	ь	Accounting fees (attach schedule)		1,735		865		870
e F	С	Other professional fees (attach schedule)		10,300		10,300		0
<u>≥</u>	17	Interest	•	-				
Operating and Administrative Expenses	18	Taxes (attach schedule) (see instructions)		1,444		237		0
	19	Depreciation (attach schedule) and depletion	•					
₽ E	20	Occupancy	•					
ב ב	21	Travel, conferences, and meetings	•					
ਰ ਹ	22	Other expenses (attach schedule)	•	9 200		0		200
Ē,	24	Total operating and administrative expenses.	-	200				200
era e		Add lines 13 through 23		13,679		11,402		1,070
2	25	Contributions, gifts, grants paid		215,000		,		215,000
	26	Total expenses and disbursements. Add lines 24 a	nd					<u> </u>
	27	Subtract line 26 from line 12		228,679		11,402		216,070
	a a	Excess of revenue over expenses and		-175,473				
		disbursements		1,5,775				
	b	Net investment income (if negative, enter -0-)				41,804		
-Cr	C	Adjusted net income(If negative, enter -0-) work Reduction Act Notice, see instructions.	•			Cat No 11300	, -	- 000 BE (2010)
Οľ	гарег	work iteduction Act Motice, see Instructions.			(Cat No 11289>	· For	m 990-PF (2016)

2,034,714

2,034,714

2,034,714

1,906,143

1,906,143

1,906,143

1

2

3

4

5

6

2,034,714

-175,473

1,906,143

1,906,143 Form **990-PF** (2016)

46,902

Total liabilities(add lines 17 through 22)

Foundations that follow SFAS 117, check here

Unrestricted

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Permanently restricted . .

Temporarily restricted

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

Foundations that do not follow SFAS 117, check here ▶

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

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 beginning of year—Part II, column (a), line 30 (must agree with end-

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

Analysis of Changes in Net Assets or Fund Balances

23

24

25

28

29

31

Part III

2

3

Balances

Fund 26

ō

Assets 27

Net 30

Part IV Capital Gains a	and Losses for Tax on Invest	.ment Income			
	(a) the kınd(s) of property sold (e g , rea ehouse, or common stock, 200 shs l	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	I	
1aSee Addıtıonal Data Table	e				
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis pense of sale		(h) n or (loss) (f) minus (g)
a See Additional Data Table	e				
b					
С					
d					
e					
Complete only for assets	s showing gain in column (h) and owi	ned by the foundation	on 12/31/69		(1)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) s of col (ı) l (ʒ), ıf any	col (k), but n	(h) gain minus ot less than -0-) or (from col (h))
a See Additional Data Table	е				
b					
С					
d					
e					
2 Capital gain net income3 Net short-term capital of		If gain, also enter in P If (loss), enter -0- in F		2	10,477
· ·	art I, line 8, column (c) (see instruction	, , , , ,)- 	} 3	
Part V Qualification U	Under Section 4940(e) for Re	duced Tax on Net	Investment J	Income	-
_	private foundations subject to the sec				
If section 4940(d)(2) applies, le	•	,			_
If "Yes," the foundation does no	ne section 4942 tax on the distributate of qualify under section 4940(e) Do	not complete this part			Yes 🗹 No
	nount in each column for each year, I	see instructions before	making any entr		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab		(d) Distribution (col (b) divided b	y col (c))
2015	268,768		2,179,547		0 123314
2014	139,149		1,891,891		0 073550
2013	150,650		2,224,986		0 067708
2012	145,500	 	1,850,131		0 078643
2011	<u>. </u>		- 	. 1	0.242245
2 Total of line 1, column (c	,			2	0 343215
number of years the foun	o for the 5-year base period—divide t ndation has been in existence if less t incharitable-use assets for 2016 from	than 5 years	3		0 086992 1,982,450
5 Multiply line 4 by line 3			5	5	172,457
	ent income (1% of Part I, line 27b)		6		418
7 Add lines 5 and 6			7	,	172,875
8 Enter qualifying distributi If line 8 is equal to or gre	ions from Part XII, line 4 , eater than line 7, check the box in Pa				216,070 See the Part VI
Instructions					Form 000-DE (2016)

u a	bid the foundation, during the year,	rece	ive any ranas, an ecciy or	manectry, to pay premit	1113 011		- 1			
	a personal benefit contract?				· 🗌 Yes 🗸	No				
b	Did the foundation, during the year,	"	6b		No					
	If "Yes" to 6b, file Form 8870									
7a	7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?									
b	If yes, did the foundation receive an	y pro	ceeds or have any net in	come attributable to the	transaction?	140	7b			
D	Information About C	nagers, Highly Paid En	nploy	ees,						
Part	and Contractors									
1	List all officers, directors, trustee	s, fo	undation managers an	d their compensation	r `					
	(a) Name and address	(1	Title, and average hours per week b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		Expens other			
WILLIA	M FETH		IDENT	0	О				0	
	/EST GLENCOE ROAD ELD, OH 44286	1 00								
KAREN	FETH		SURER	0	0				0	
3604 WEST GLENCOE ROAD RICHFIELD, OH 44286		1 00								
MICHAEL W SWEENEY SEC			ETARY	0	0				0	
388 S MAIN ST SUITE 500 AKRON, OH 44311		1 00								
2 (Compensation of five highest-pai	d en	ployees (other than th	ose included on line 1	.—see instructions). If no	ne, er	iter "N	IONE.	"	
(a) Name and address of each employee paid more than \$50,000		ıd	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation		Expens other a			
NONE										
Total	number of other employees paid over	er \$5	0,000		•				0	
						For	n 990	-PF (2016)	

Form 990-PF (2016)	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managand Contractors (continued)	ers, Highly Paid Employees,
3 Five highest-paid independent contractors for professional services (see instructions)	. If none, enter "NONE".
(a) Name and address of each person paid more than \$50,000 (b) Type of	service (c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	• • 0
Part IX-A Summary of Direct Charitable Activities	· · · · • · · · · · · · · · · · · · · ·
List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information organizations and other beneficiaries served, conferences convened, research papers produced, etc	such as the number of Expenses
1 N/A	0
2	
3	<u> </u>
4	
Part IX-B Summary of Program-Related Investments (see instructions)	-
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	
1 N/A 2	0
-	
All other program-related investments See instructions 3	
<u> </u>	
Total. Add lines 1 through 3	▶ 0 Form 990-PF (2016)
	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

1a

1b

2

За 3b

4

5

216,070

216.070

215.652

Form 990-PF (2016)

418

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

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

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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.

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

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

1

2

3

4

5

Form 990-PF (2	016)
Part XIII	Undi

b Total for prior years

From 2011. . . .

b From 2012. . . . c From 2013. .

d From 2014. . . .

XII, line 4 > \$

indicated below:

e From 2015.

Excess distributions carryover, if any, to 2016

f Total of lines 3a through e.

4 Qualifying distributions for 2016 from Part

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

d Applied to 2016 distributable amount. . . e Remaining amount distributed out of corpus

5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

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

6 Enter the net total of each column as

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

9 Excess distributions carryover to 2017.

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. .

Subtract lines 7 and 8 from line 6a

same amount must be shown in column (a))

53.143

40.398 45,956

161,255

53.143 40,398

45.956

161,255

117.365

Page 990-PF (2016)									
Part XIII Undistributed Income (see instructions)									
	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016					
1 Distributable amount for 2016 from Part XI, line 7				98,705					

2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only.

300,752

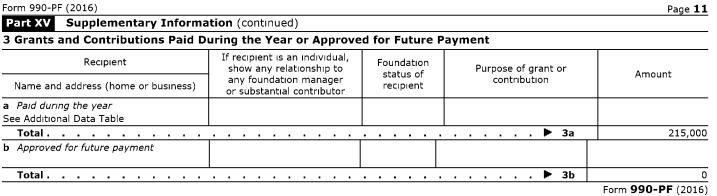
117.365

418.117

418.117

98.705

Form **990-PF** (2016)



nter gross	amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Program	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
	and contracts from government agencies					
2 Membe	rship dues and assessments					
	st on savings and temporary cash			14	38	
4 Dividen	nds and interest from securities			14	42,691	
	ital income or (loss) from real estate					
	financed property ebt-financed property					
	ental income or (loss) from personal property					
	nvestment income					
	or (loss) from sales of assets other than cory			18	10,477	
9 Net inc	ome or (loss) from special events				·	
Officer of	orofit or (loss) from sales of inventory revenue a					
	evenue a					
			0		53,206	(
3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)			13	· !	53,206
	heet in line 13 instructions to verify calculation Relationship of Activities to th		ment of Exem	pt Purposes		
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's ex instructions)					
	<u> </u>					

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Exempt Organi	zations									
1		rganization directly or in Code (other than sectio								501	Yes	No
а	Transfers	from the reporting foun	dation to a no	oncha	rıtable ex	empt organizati	on of	F				
	(1) Cash	h								1a(1)		No
	(2) Othe	er assets								. 1a(2)		No
b	Other tra	nsactions										
		s of assets to a nonchar	•	-						. 1b(1)		No
		chases of assets from a r								. 1b(2)		No
		tal of facilities, equipmer	•							. 1b(3)		No
	` '	nbursement arrangemen								1b(4)		No
		ns or loan guarantees.								. 1b(5)		No
	• •	ormance of services or m	·		-					1b(6)		No
	_	of facilities, equipment, n			•							No
	of the go in any tra	swer to any of the above ods, other assets, or ser ansaction or sharing arra	vices given by ngement, sho	y the i	reporting column (c	foundation If the state of the	he fo	undation receive oods, other asse	d less than fair marke ts, or services receive	et value ed		
(a)	Line No	(b) Amount involved	(c) Name of	noncha	arıtable exe	mpt organization		(d) Description of	transfers, transactions, a	and sharing arra	ngemen	ts
							1					
							1					
							1					
							_					
							-					
							+					
							1					
							1					
							1					
							1					
	described	undation directly or indire in section 501(c) of the complete the following s	Code (other	•	•	•				. 🗆 Yes	☑ N	o
		(a) Name of organization	on	-	(1	b) Type of organiz	ation		(c) Description o	f relationship		
	gn of r	der penalties of perjury, my knowledge and belief ich preparer has any kno ******	, it is true, co						than taxpayer) is bas		mation	n of
П	ere							- <u></u>	wi	th the preparer :	shown b	elow
		Signature of officer or t	rustee			Date		Title	(se	ee instr)? 🗹 Y	es ⊔ N	lo
		Print/Type preparer's	name	Prepa	arer's Sıgr	nature		Date	Check if self-	FIN P00050)877	
	aid	LAURA B CULP						2017-07-19	employed ▶ ☐			
	epare se Only	y	CH LLP						Fı	rm's EIN ▶36	-31680	81
			4 WHITE PON						Pi	none no (330) 864-6	5661
		I AK	AKRON, OH 443201118							•		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d								
	kınd(s) of property sold (e g , real e use, or common stock, 200 shs MLC	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)				
1,764 706 SHS - FEDERATED	SHORT-TERM INC-Y		Р					
260 553 SHS - PIONEER FUNI	DAMENTAL GRTH-Y		Р					
195 046 SHS - VANGUARD MI	ID CAP INDEX-ADM		Р					
494 072 SHS - VANGUARD IN	ITM TERM CORP-ADM #571		Р					
1,008 065 SHS - FEDERATED	INST H I YLD BOND FUND		Р					
7,033 997 SHS - FEDERATED	SHORT-TERM INC-Y		Р					
1,805 054 SHS - FEDERATED	TOTAL RETRN BND-R6		Р					
2,985 075 SHS - VANGUARD	INTM TERM CORP-ADM #571		Р					
50,000 SHS - BANK OF AMER	ICA MTN		Р					
50,000 SHS - DUKE ENERGY			Р					
Form 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns e - h				
(e) Gross sales price	Depreciation allowed (f) (or allowable)		r other basis pense of sale	Gain or (loss) (h) (e) plus (f) minus (g)				
15,000			15,159		-159			
5,000			3,924	1,076				
30,000			31,223	-1,223				
5,000			5,044	-44				
10,000			10,361		-361			
60,000			60,369	-369				
20,000			20,395	-395				
30,000			30,019	-19				
50,000			50,176	-176				
50,000			51,236		-1,236			
Form 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns i - I				
Complete only for assets show	ving gain in column (h) and owned b	y the foundation	on 12/31/69		(h) gain minus ot less than -0-) or			
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69		ss of col (ı) ol (ı), ıf any		from col (h))			
					-159			
					1,076			
					-1,223			
					-44			
					-361			
					-369			
					-395			
					-19			
					-176			
					-1,236			

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation CAPITAL GAINS DIVIDENDS Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g)

	• • • •										
13,383			13,383								
Form 990PF Part IV - Capital	orm 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I										
Complete only for assets show	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69										
(i) F M V as of 12/31/69	Adjusted basis	Excess of col (I)	col (k), but not less than -0-) or (I) Losses (from col (h))								

orm 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns I - I									
Complete only for assets show	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69								
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col(ı) (k) over col(<u>J</u>), ıf any	col (k), but not less than -0-) or (I) Losses (from col (h))						
			13 383						

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 AIR FORCE ASSOCIATION PO BOX 1860 PC ANNUAL PROGRAM SUPPORT 500 MERRIFIELD, VA 22116 AKRON ART MUSEUM 1 SOUTH HIGH ST PC ANNUAL PROGRAM SUPPORT 1,500 AKRON, OH 44308

AKRON CHILDREN'S HOSPITAL FOUNDATION PO BOX 50 AKRON, OH 44309	PC	ANNUAL PROGRAM SUPPORT	1,000
AKRON COMMUNITY FOUNDATION 345 WEST CEDAR ST AKRON, OH 44307	PC	ANNUAL PROGRAM SUPPORT	2,500
AKRON GENERAL HEALTH SYSTEM 1 AKRON GENERAL AVE	PC	ANNUAL PROGRAM SUPPORT	5,000

Total				215,000
AKRON GENERAL HEALTH SYSTE 1 AKRON GENERAL AVE AKRON, OH 44307	м	PC	ANNUAL PROGRAM SUPPORT	5,000
345 WEST CEDAR ST AKRON, OH 44307	N	PC	ANNUAL PROGRAM SUPPORT	2,500

3a

PC PC	ANNUAL PROGRAM SUPPORT EDUCATION AND WILDLIFE CONSERVATION	500
PC	EDUCATION AND WILDLIFE	
PC	EDUCATION AND WILDLIFE	
		500
	1	
PC	ANNUAL PROGRAM SUPPORT	1,000
PC	ANNUAL PROGRAM SUPPORT	500
PC	ANNUAL PROGRAM SUPPORT	500

За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
AMERICAN DIABETES ASSOCIATION PROCESSING CENTER PO BOX 1834 MERRIFIELD, VA 22116		PC	ANNUAL PROGRAM SUPPORT	500
AMERICAN HEART ASSOCIATION GIFT PROCESSING CENTER PO BOX 78851 PHOENIX, AZ 85062		PC	ANNUAL PROGRAM SUPPORT	500
AMERICAN RED CROSS 501 WEST MARKET ST AKRON, OH 44303		PC	ANNUAL PROGRAM SUPPORT	500
APOLLO'S FIRE 3091 MAYFIELD RD SUITE 217 CLEVELAND HEIGHTS, OH 44118		PC	ANNUAL PROGRAM SUPPORT	1,000
BATH COMMUNITY FUND CO AKRON COMMUNITY FOUNDATION 345 WEST CEDAR ST AKRON, OH 44307		PC	ANNUAL PROGRAM SUPPORT	1,000

Total . . 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, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
BOYS & GIRLS CLUB OF THE WESTERN RESERVE 889 JONATHAN AVE AKRON, OH 44306		PC	ANNUAL PROGRAM SUPPORT	500
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106		PC	SCHOOL OF ENGINEERING ANNUAL FUND	2,500
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106		PC	FRANCES PAYNE BOLTON SCHOOL OF NURSING	1,000
CHILDREN'S CONCERT SOCIETY EJ THOMAS PERFORMING ARTS HALL 302 E BUCHTEL AVE AKRON, OH 44325		PC	ANNUAL PROGRAM SUPPORT	500
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK 1403 WEST HINES HILL RD PENINSULA, OH 44264		PC	ANNUAL PROGRAM SUPPORT	500

Total . . 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, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY ASSOCIATION PO BOX 158 PENINSULA, OH 44264		PC	ANNUAL PROGRAM SUPPORT	500
EMERGE COUNSELING SERVICES 900 MULL AVE AKRON, OH 44313		PC	FOR MATCH PROGRAM	500
FAIRLAWN LUTHERAN CHURCH 3415 WEST MARKET ST FAIRLAWN, OH 44333		PC	MATCH CHALLENGE CAMPAIGN	25,000
GREAT TRAIL COUNCIL BSA PO BOX 68 AKRON, OH 44309		PC	ANNUAL PROGRAM SUPPORT	500
HARVARD BUSINESS SCHOOL 86 BRATTLE ST BOSTON, MA 02163		PC	EDUCATIONAL MATERIALS AND RESEARCH FUNDING	50,000

Total . . 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, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
HARVARD BUSINESS SCHOOL 86 BRATTLE ST BOSTON, MA 02163		PC	LEADERSHIP & INNOVATION PROGRAMS	10,000
HAVEN OF REST MINISTRIES PO BOX 547 AKRON, OH 44398		PC	ANNUAL PROGRAM SUPPORT	2,500
HOSPICE OF VISITING NURSE SERVICES AKRON GENERAL FOUNDATION 1 AKRON GENERAL AVE AKRON, OH 44307		PC	ANNUAL PROGRAM SUPPORT	1,000
IN TOUCH MINISTRIES INC PO BOX 7900 ATLANTA, GA 30357		PC	ANNUAL PROGRAM SUPPORT	5,000
LUTHERAN BIBLE TRANSLATORS USA 303 N LAKE ST AURORA, IL 60507		PC	ANNUAL PROGRAM SUPPORT	2,000

Total . 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, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
LUTHERAN HOUR MINISTRIES 6600 MASON RIDGE CENTER DR ST LOUIS, MO 63141		PC	ANNUAL PROGRAM SUPPORT	500
LUTHERAN WORLD RELIEF 700 LIGHT ST BALTIMORE, MD 21230		PC	ANNUAL PROGRAM SUPPORT	1,500
MAPS AIR MUSEUM 2260 INTERNATIONAL PARKWAY NORTH CANTON, OH 44720		PC	ANNUAL PROGRAM SUPPORT	500
MOODY RADIO 820 NORTH LASALLE BLVD CHICAGO, IL 60610		PC	WCRF RADIO STATION ANNUAL SUPPORT	500
NATIONAL MODEL RAILROAD ASSOC INC PO BOX 1328 SODDY DAISY, TN 37384		PC	ANNUAL PROGRAM SUPPORT	500

За

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 ONE-IN-SIX FOUNDATION PC ANNUAL PROGRAM SUPPORT 500 106 SOUTH MAIN ST SUITE 1100 AKRON, OH 44308 PC ANNUAL PROGRAM SUPPORT 1,000 PROJECT LEARN 60 S HIGH ST AKRON. OH 44326

SHELBY COUNTY HISTORICAL SOCIETY PO BOX 376 SIDNEY, OH 45365	PC	ANNUAL PROGRAM SUPPORT	10,000
SIGMA NU EDUCATIONAL FOUNDATION INC 9 NORTH LEWIS ST PO BOX 1869 LEXINGTON, VA 24450	PC	ANNUAL PROGRAM SUPPORT	500

PC

ANNUAL PROGRAM SUPPORT

500

215,000

SOUTH STREET MINISTRIES

130 W SOUTH ST AKRON, OH 44311 Total .

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, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
STEWART'S CARING PLACE 2955 WEST MARKET ST SUITE R AKRON, OH 44333		PC	ANNUAL PROGRAM SUPPORT	500
THE CLEVELAND ORCHESTRA 11001 EUCLID AVE CLEVELAND, OH 44106		PC	ANNUAL PROGRAM SUPPORT	5,000
THE DENNY SHUTE SCHOLARSHIP FDN CO PORTAGE COUNTRY CLUB 240 N PORTAGE PATH AKRON, OH 44303		PC	SCHOLARSHIP FUND CONTRIBUTION	500
THE LUTHERAN CHURCH - MISSOURI SYNOD PO BOX 66861 ST LOUIS, MO 63166		PC	GLOBAL MISSION FUND	2,000
THE SALVATION ARMY SUMMIT COUNTY AREA SERVICES PO BOX 1047 AKRON, OH 44302		PC	ANNUAL PROGRAM SUPPORT	20,000

Total . 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 UNITED WAY OF SUMMIT COUNTY PC. GENERAL PROGRAM SUPPORT 35,000 90 N PROSPECT ST AKRON, OH 44398 PC 500 WESTERN RESERVE HISTORICAL ANNUAL PROGRAM SUPPORT SOCIETY 10825 EAST BLVD CLEVELAND, OH 44106

WKSU KENT STATE UNIVERSITY 1613 E SUMMIT ST KENT, OH 44242	PC	WKSU'S SPRING CHALLENGE FUND DRIVE	2,500
WKSU KENT STATE UNIVERSITY PO BOX 5190 KENT, OH 44242	PC	\$5,000 FOR WKSU CAMPAIGNS & \$2,500 FOR THE WELCOME WENDY FUND	7,500
OHIO PRESBYTERIAN RETIREMENT SERVICES FOUNDATION 1001 KINGSMILL PARKWAY COLUMBUS, OH 43229	PC	ANNUAL PROGRAM SUPPORT	1,000

Total . 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 NYCSHS PO BOX 328 PC. FLIGHT OF THE CENTURY 5,000 SHADY SIDE, MD 20764 CAMPAIGN

PORTAGE COUNTRY CLUB TEAM SCHOLARSHIP FUND 240 N PORTAGE PATH AKRON, OH 44303	PC	SCHOLARSHIPS	500
Total	 		215,000

За

efile GRAPHIC print - DO NOT P	ROCESS	As Filed D	ata -			DI	N: 93491221004207
TY 2016 Accounting Fe	es Sche	edule		_	_		
Name: THE FETH FAMILY FOUNDATION EIN: 45-4039737							
Category	Amo	ount	Net	Investment Income	Adjusted N Income	let	Disbursements for Charitable Purposes
TAX PREPARATION FEES		1,735		865			870

KAPHIC Print - DO NOT PROCES	S AS FIIEU Data -	DLN: 93491221004207

TY 2016 Investments Corporate Bonds Schedule

Name: THE FETH FAMILY FOUNDATION

Name of Bond	End of Year Book Value	End of Year Fair Market Value	
50,000 SHS - BANK OF AMERICA 1.125%	0	0	
50,000 SHS - OF DUKE ENERGY 1.75%	0	0	
50,000 SHS - J.P. MORGAN CHASE 2.00%	50,185	50,185	
50,000 SHS - UNITEDHEALTH GROUP 1.40%	50,073	50,073	
50,000 SHS - AT&T INC 2.375%	50,437	50,437	
50,000 SHS - WAL-MART STORES 1.950&	50,476	50,476	
50,000 SHS - BRANCH & TRUST 1.350%	49,952	49,952	
50,000 SHS - AMERICAN EXPRESS 2.125%	50,322	50,322	
50,000 SHS - BB&T CORPORATION 2.250%	50,390	50,390	
50,000 SHS - ELI LILLY & CO 1.950%	50,310	50,310	
50,000 SHS - PFIZER INC 2.100%	50,464	50,464	
50,000 SHS - ORACLE CORP 2.250%	50,607	50,607	
50,000 SHS - VERIZON COMMUNICATIONS 2.625%	50,479	50,479	
50,000 SHS - COCA-COLA CO. 2.450%	50,516	50,516	

Name: THE FETH FAMILY FOUNDATION

EIN: 45-403			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
DOMESTIC EQUITY MUTUAL FUNDS	FMV	561,188	561,188
INTERNATIONAL EQUITY MUTUAL FUNDS	FMV	125,552	125,552
TAXABLE FIXED INCOME FUNDS	FMV	523,304	523,304

DLN: 93491221004207

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	l: 93491221004207	
TY 2016 Other Expenses Schedule					
N	THE EETH EARA	UV FOLIND ATTON			
Name: THE FETH FAMILY FOUNDATION					
EIN: 45-4039737					
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
OHIO FILING FEES	200	0		200	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491221004207	
TY 2016 Other Increases Schedule				
Name:	THE FETH FAM	ILY FOUNDATION		
EIN:	45-4039737			
De	escription		Amount	
UNREALIZED APPRECIATION - INVESTME	ENTS		46,902	

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DLN	N: 93491221004207		
TY 2016 Other Professional Fees Schedule						
Name: THE FETH FAMILY FOUNDATION EIN: 45-4039737						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

10,300

INVESTMENT AND MANAGEMENT FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLI	N: 93491221004207	
TY 2016 Taxes Schedule					
Name: THE FETH FAMILY FOUNDATION					
EIN: 45-4039737					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
2015 FEDERAL TAX PAYMENTS	447	0		0	
2016 FEDERAL EXTENSION PAYMENT	760	0		0	
FOREIGN TAXES WITHHELD FROM DIVIDENDS	237	237		0	