DLN: 93491131019348

2017

OMB No 1545-0052

Return of Private Foundation

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

		ndar year 2017, or tax year b	eginning 01-01-20	17 , a		ing 12-31-			
TH		ndation 5 B & JOAN M PERRY FAMILY ION					entification numbe	r	
		street (or P O box number if mail is not of IAN WAY	delivered to street address)	Room/suite		B Telephone number (see instructions) (330) 334-1658			
		, state or province, country, and ZIP or fo H, OH 44281	reign postal code	1		C If exemption	application is pendin	g, check here	
Fai	neck ty Section r mark year (f	pe of organization Section 50: 4947(a)(1) nonexempt charitable to the test value of all assets at end from Part II, col (c), \$ 5 164 746	Amended return Name change 1(c)(3) exempt private frust Other taxable Accounting method Other (specify)	foundation e private foundation Cash Accru		Foreign or test, chec If private founder section If the foundary	ganizations, check higanizations meeting k here and attach coundation status was in 507(b)(1)(A), check tion is in a 60-mont in 507(b)(1)(B), check tion in 507(b)(1)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)	the 85% mputation terminated k here	
Pa	rt I	Analysis of Revenue and Exof amounts in columns (b), (c), and (d)	xpenses (The total may not necessarily	(a) Revenue and expenses per	(b) Ne	it investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes	
	1	Contributions, gifts, grants, etc , re		DOOKS				(cash basis only)	
	2	schedule) Check ▶ ☑ If the foundation is no Sch B	t required to attach						
	4 5a b	Dividends and interest from securit Gross rents Net rental income or (loss)		106,893	3	106,893			
RIE	6a	` ,	ets not on line 10	91,179	9				
Reve	5 7 8	Capital gain net income (from Part	IV, line 2)			91,248			
	9 10a b	Income modifications Gross sales less returns and allowa Less Cost of goods sold	1						
FOUND Number 56177 City or to MADSWI G Check I Check	11 12	,		198.072		198.141			
	13			·	<u> </u>	0		(
uses	14 15 16a	Pension plans, employee benefits							
EXDE	b c	2 ` ` ´		1		0 17 281		1,100	
strative	17 18	Interest				2,017			
ACITIE	19 20 21	Occupancy							
nuð aud	22 23	Printing and publications Other expenses (attach schedule)		200		0		200	
Operat	24	· -	•			19,298		1,300 327,530	
	26	Total expenses and disburseme 25	nts. Add lines 24 and	346,111	L	19,298		328,830	
	27 a	Subtract line 26 from line 12 Excess of revenue over expense disbursements	### PERRY FAMILY PO box number if mail is not delivered to street address) Room/suite B Telephone in (330) 334-165						
	b c	· -				178,843			
or	Daner	work Reduction Act Notice see i	nstructions			+ No 11200	, For	m QQN_DF (2017	

4,794,752

310,561

4,484,191

4,794,752

4,794,752

4,646,757

200

200

310,561

4,335,996

4,646,557

4,646,757

1 2

3

4

5

6

4,794,752

-148,039

4,646,713

4,646,557 Form **990-PF** (2017)

156

4,858,094

5,164,746

	2	Savings and temporary cash investments	176,216		306,582
	3	Accounts receivable ▶		70	
7 Assets 7 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:		Less allowance for doubtful accounts ▶	70		70
	4	Pledges receivable ►			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
S	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
sel	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	4,618,466	% J	4,340,105
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe >)			

16

17

18

19

20

21

22

23

24

25

26

28 29

31 Part III

Liabilities

or Fund Balances

Assets 27

Net 30

2

3

4

5

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

Foundations that follow SFAS 117, check here ▶

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

Foundations that do not follow SFAS 117, check here ▶

Capital stock, trust principal, or current funds

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

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

instructions Also, see page 1, item I)

Grants payable. . .

Other liabilities (describe -_

Deferred revenue .

Unrestricted

Temporarily restricted Permanently restricted

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

Add lines 1, 2, and 3

Accounts payable and accrued expenses .

Page **3**

<u> </u>					
	(a) the kınd(s) of property sold (e g , re- ehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a PUBLICLY TRADED SECU	RITIES		Р		
b CAPITAL GAINS DIVIDEN	IDS		Р		
С					
d					
e					
	(f)		(g)	,	h)
(e)	Depreciation allowed		other basis		r (loss)
Gross sales price	(or allowable)		ense of sale) minus (g)
a 1,02	3,302		953,748		69,554
	1,694		,		21,694
c					
d					
	+				
е					
Complete only for assets	showing gain in column (h) and ow	<u> </u>			I)
(i)	(i)		(k)		h) gain minus less than -0-) or
F M V as of 12/31/69	Adjusted basis as of 12/31/69		of col(ɪ) (ʒ), ɪf any		om col (h))
	as 01 12/31/09	Over cor	(J), ii aliy	203363 (111	
a					69,554
b					21,694
С					
d					
e					
	gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction	ons) If (loss), enter -0	· }	3	91,248
Part V Qualification l	Jnder Section 4940(e) for Re	duced Tax on Net	Investment Inc	come	
(For optional use by domestic p	rivate foundations subject to the sec	tion 4940(a) tax on ne	t investment incom	e)	
If section 4940(d)(2) applies, le	-	,		-,	
	·				
	e section 4942 tax on the distributat ot qualify under section 4940(e) Do		'in the base period?	· L Y	es 🔽 No
1 Enter the appropriate an	nount in each column for each year,	see instructions before	making any entries	5	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution ration (col (b) divided by column (column)	
2016	306,682		4,726,873	•	0 064881
2015	148,128		5,061,259		0 029267
2014	19,000		642,385		0 029577
2013	31,384		251,340		0 124867
2012	17,425		261,099		0 066737
2 Total of line 1, column (2		0 315329
·	o for the 5-year base period—divide t				0 313323
number of years the four	idation has been in existence if less t ncharitable-use assets for 2017 from	than 5 years 🔒 .	3 4		0 063066 4,952,691
5 Multiply line 4 by line 3		·	5		312,346
	ent income (1% of Part I, line 27b)		6		1,788
	·				<u>-</u>
	Grand Book VIII. Inc. 4		7		314,134
	ons from Part XII, line 4 ,			10/ 1- : -	328,830
If line 8 is equal to or gre instructions	eater than line 7, check the box in Pa	art VI, line 1b, and com	piete that part usin	g a 1% tax rate Se	e the Part VI

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

Dowl MITT	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,
bart ATTT	and Contractors

1 List all officers, directors, truste	es, f	oundation managers ar	nd their compensation	(see instructions).	
(a) Name and address		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	Expense account, (e) other allowances
LOUIS B PERRY	<u> </u>	SIDENT	- ,	compensation 0	0
5617 APPIAN WAY	0 00			0	١
WADSWORTH, OH 44281					
JOAN M PERRY	VICE 0 00	PRESIDENT	0	0	0
5617 APPIAN WAY WADSWORTH, OH 44281					
2 Compensation of five highest-pa	id e	mployees (other than tl	nose included on line 1	-see instructions). If no	ne, enter "NONE."
(a) Name and address of each employee p more than \$50,000	aıd	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred	Expense account, (e) other allowances
NONE		- (b) devoted to position		(d) compensation	
		-			
Total number of other employees hald eve	or #1	50,000			
Total number of other employees paid ov 3 Five highest-paid independent of					<u>0</u>
(a) Name and address of each perso				e of service	(c) Compensation
NONE	n pui	na more than \$50,000	(5) 1)	e or service	(c) compensation
10112			†		
			1		
			1		
Fotal number of others receiving over \$5	0,000	ofor professional services			0
Part IX-A Summary of Direct					
ust the foundation's four largest direct charitable organizations and other beneficiaries served, cor	e activ	vities during the tax year. Incli	ude relevant statistical inform s produced, etc	nation such as the number of	Expenses
1	ii Ci Ci i	nees convened, research paper	5 produced, etc		
2					
3					
4					
Part IX-B Summary of Progra	m-R	elated Investments	(see instructions)		
Describe the two largest program-related inv	estme	ents made by the foundation d	uring the tax year on lines 1	and 2	Amount
1					
				_	
2					
All other program-related investments	See	instructions			
3	500	50 400010			
-					
Total. Add lines 1 through 3 .					0
					5 000 BE (2017)

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

2

3a 3h

4

5

328.830

1.788

327.042

Form **990-PF** (2017)

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.

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

Amounts set aside for specific charitable projects that satisfy the

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

2

3

4

5

245.847

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0

(d)

Page 9

٠,	
XIII	L

b Total for prior years

a From 2012. **b** From 2013. c From 2014. . . . d From 2015.

e From 2016.

Part

-PF	(2)	IJΊ	/)
411	į		1	150

'F (2	· · · · · · · · · · · · · · · · · · ·	
\mathbf{II}	Undistributed Income	see

a Enter amount for 2016 only.

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e.

d Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2017

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 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 e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 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 2012 not applied on line 5 or line 7 (see instructions) . . .

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

6 Enter the net total of each column as

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. . c Excess from 2015. . . .

d Excess from 2016. . . .

e Excess from 2017. . .

Subtract lines 7 and 8 from line 6a

indicated below:

4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ a Applied to 2016, 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

Distributable amount for 2017 from Part XI, line 7	-
Undistributed income, if any, as of the end of 2017	_

instructions)

6,689

6.689

82.983

(a)

Corpus

6.689

82.983

89,672

89,672

(b)

Years prior to 2016

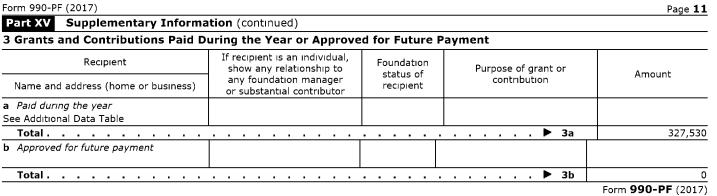
(c)

2016

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

factors N/A

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nter gross	amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
_	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
g Fees	and contracts from government agencies					
	rship dues and assessments					
	st on savings and temporary cash					
	ments	1		14	106,893	
	tal income or (loss) from real estate			14	100,893	
	financed property					
	ebt-financed property					
	ntal income or (loss) from personal property					
7 Other II	nvestment income.					
	or (loss) from sales of assets other than					
	ory			18	91,179	
	ome or (loss) from special events					
	profit or (loss) from sales of inventory revenue a					
	evenue a					
d						
е						
	al Add columns (b), (d), and (e)		0		198,072	(
	Add line 12, columns (b), (d), and (e)			13	·	198,072
	orksheet in line 13 instructions to verify calcu -B 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)					
				· ·		
	I .					

orm 9	990-PF (Pa	ge 13
	t XVII	Exempt Organi:	zations				nships With Nonc			
		ganization directly or in- Code (other than sectio						501	Yes	No
a Tra	ansfers f	rom the reporting foun	dation to a none	haritable exe	empt organization	of				
(1) Cash.							1a(1)		No
(2) Other	assets						. 1a(2)		No
	her trans									
•	•	of assets to a nonchari	•	-				. 1b(1)		No
-	-	ases of assets from a n						. 1b(2)		No
•	•	l of facilities, equipmen	•					. 1b(3)		No
-	-	oursement arrangemen or loan guarantees.						1b(4) 1b(5)		No No
•	•	mance of services or m						1b(5)		No
•	•	facilities, equipment, n	•	-				1c		No
of	the good any tran	ver to any of the above ds, other assets, or service saction or sharing arra	vices given by t ngement, show	he reporting in column (d	foundation If the	foundation receive goods, other asse	ed less than fair marke	et value d	ngemen	nts
(-,		(-,	(-),		, , , , , , , , , , , , , , , , , , ,	(-,				
de	scribed i	dation directly or indire n section 501(c) of the omplete the following so	Code (other th					. 🗆 Yes	✓	No
		(a) Name of organization	n	(t) Type of organization	on	(c) Description of	of relationship		
	of m	er penalties of perjury, y knowledge and belief h preparer has any kno	, it is true, corre							
Sign Hero		****			2018-05-03	*****		May the IRS di return with the prepa		
	9	Signature of officer or ti	rustee		Date	Title		below (see instr)?	✓ Yes	□ _{No}
		Print/Type preparer's	name Pr	eparer's Sigr	nature	Date	Check if self-	IN		
Paid		JILL M BOYLE CPA				2018-05-02	employed ▶ □	P01246	0/34	
	oarer Only	Firm's name ► SIKI	CH LLP			•	Fir	m's EIN ▶36	-31680)81
			4 WHITE POND				Ph	one no (330) 864-0	6661

AKRON, OH 443201118

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								
AKRON CHILDREN'S HOSPITAL ONE PERKINS SQUARE AKRON, OH 44308	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	1,500				
AKRON COMMUNITY FOUNDATION & VATICAN OF THE ARTS 345 WEST CEDAR STREET AKRON, OH 44307	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	1,500				
AKRON ZOO505 EUCLID AVE AKRON, OH 44307	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	2,500				
AMERICAN PARKINSON DISEASE CENTER 135 PARKINSON AVENUE STATEN ISLAND, NY 10305	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	1,000				
ARCHBISHOP HOBAN HIGH SCHOOL ONE HOLY CROSS BLVD AKRON. OH 44306	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	10,000				

AKRON, OH 44306

327,530 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				
BATTERED WOMEN'S SHELTER 974 E MARKET ST AKRON, OH 44305	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	1,000
BENEDICTINES OF MARY QUEEN OF PEACE PO BOX 303 GOWER, MO 64454	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	9,000
BLESSINGS IN A BACKPACK AKRON 3454 AEGEAN DRIVE AKRON, OH 44333	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	2,000
BLUECOATS OF MEDINA COUNTY 1819 KING ROAD MEDINA, OH 44256	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	1,000

PC

PROGRAM AND OPERATIONAL

SUPPORT

500

327,530

BOYS TOWN14100 CRAWFORD ST

BOYS TOWN, NE 68010

Total . 3a NONE

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				
BROKEN CHAINS MINISTRY 53 UNIVERSITY AVE AKRON, OH 44308	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	1,000
CARINGBRIDGE 2750 BLUE WATER ROAD SUITE 275 EAGAN, MN 55121	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	200
CATHOLIC CHARITIES 812 BIRUTA STREET AKRON, OH 44307	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	500
CATHOLIC COMMUNITY FOUNDATION 1404 EAST NINTH ST CLEVELAND, OH 44114	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	46,000
CATHOLIC FAITH APPEAL 7162 READING ROAD SUITE 600 CINCINNATI, OH 45237	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	5,000

За

327,530

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
any foundation manager or substantial contributor	recipient			
NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	1,000	
NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	8,000	
NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	25,000	
NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	500	
NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	2,300	
	If recipient is an individual, show any relationship to any foundation manager or substantial contributor NONE NONE NONE NONE	If recipient is an individual, show any relationship to any foundation manager or substantial contributor NONE PC NONE PC NONE PC NONE PC	If recipient is an individual, show any relationship to any foundation manager or substantial contributor NONE PC PROGRAM AND OPERATIONAL SUPPORT NONE PC PROGRAM AND OPERATIONAL SUPPORT	

3a

327,530

Form 990PF Part XV Line 3 - Gran	orm 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					
COVENANT HOUSE31 E ARMAT STREET PHILADELPHIA, PA 19144	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	1,000	
DISABLED AMERICAN VETERANS 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	3,000	
FAMILY PROMISE OF SUMMIT COUNTY 111 EAST VORIS AVE SUITE A AKRON, OH 44311	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	1,000	
GILMOUR ACADEMY34001 CEDAR ROAD GATES MILLS, OH 44040	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	5,000	
GIRLS ON THE RUN	NONE	PC	PROGRAM AND OPERATIONAL	5,000	

SUPPORT

140 EAST MARKET STREET 2ND FLOOR AKRON, OH 44308

327,530 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 **GUARDIAN ANGELS** NONE PC PROGRAM AND OPERATIONAL 5.000 2641 S ARLINGTON ROAD SUPPORT AKRON, OH 44319 HANDS TOGETHERPO BOX 80985 NONE PC 7,000 PROGRAM AND OPERATIONAL

HOME BUILDED THE HOMELEGG	NONE	DC.	DD C CD AM AND CD CD ATTONIAL	
HOLY FAMILY CHURCH 3450 SYCAMORE DRIVE STOW, OH 44224	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	
SPRINGFIELD, MA 01138			SUPPORT	

STOW, OH 44224				
HOME RUN FOR THE HOMELESS 517 W EXCHANGE ST AKRON, OH 44302	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	
IBH ADDICTION RECOVERY CENTER	NONE	PC	PROGRAM AND OPERATIONAL	

517 W EXCHANGE ST AKRON, OH 44302			SUPPORT	
IBH ADDICTION RECOVERY CENTER 3445 S MAIN STREET	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	

HOME RUN FOR THE HOMELESS 517 W EXCHANGE ST AKRON, OH 44302	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	2,080
IBH ADDICTION RECOVERY CENTER	NONE	PC	PROGRAM AND OPERATIONAL	3,000

4,500

AKRON, OH 44319 327,530 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 IHM SISTERS610 WEST ELM AVENUE NONE PC PROGRAM AND OPERATIONAL 1,500 MONROE, MI 48162 SUPPORT NONE PC 1,500 JACKSON LABORATORY PROGRAM AND OPERATIONAL 600 MAIN STREET SUPPORT

BAR HARBOR, ME 04609				
JULIE BILLIART SCHOOL 7399 W 159THSTREET TINLEY PARK, IL 60477	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	500
KENT STATE UNIVERSITY 350 S LINCOLN STREET KENT, OH 44242	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	1,000
LIFE BANC - JAIMIE CHAMIER 4775 RICHMOND ROAD	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	2,000

CLEVELAND, OH 44128

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				
LIVING FAITH FOUNDATION PO BOX 292824 KETTERING, OH 45429	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	200
MACULAR DEGENERATION RESEARCH PO BOX 515 NORTHAMPTON, MA 01061	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	1,500
MAKE A WISH FOUNDATION 6060 ROCKSIDE WOODS BLVD SUITE 315 INDEPENDENCE, OH 44131	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	200
MARCH OF DIMES 75 MAMARONECK AVENUE	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	200

MAKE A WISH FOUNDATION 6060 ROCKSIDE WOODS BLVD SUITE 315 INDEPENDENCE, OH 44131	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	200
MARCH OF DIMES 75 MAMARONECK AVENUE WHITE PLAINS, NY 10605	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	200

NONE PC MCCF534 PUTNAM AVENUE PROGRAM AND OPERATIONAL

1,000 ZANESVILLE, OH 43701 SUPPORT

327,530 Total . .

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form 990PF Part XV Line 3 - Grant	ts and Contributions Paid	I During the '	Year or Approved for Future F	≥ayment
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				
MIRACLE LEAGUE OF NORTHEAST OHIO PO BOX 1966 MEDINA, OH 44258	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	10,000
NATIONAL MS SOCIETY 6155 ROCKSIDE ROAD SUITE 202 INDEPENDENCE, OH 44131	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	500
NATIONAL PARKINSON FOUNDATION 200 SE 1ST STREET SUITE 800 MIAMI, FL 33131	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	500
NORTHERN OHIO ITALIAN AMERICAN FOUNDATION 2026 MURRAY HILL ROAD SUITE 209 CLEVELAND, OH 44106	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	3,000
OLD ST PAT'S CHURCH 711 WEST MONROE STREET CHICAGO, IL 60661	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	10,000
Total				327,530

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orm 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					
PADRE PIO FOUNDATION OF AMERICA 463 MAIN STREET CROMWELL, CT 06416	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	1,200	
PATRON OF THE ARTS IN THE VATICAN - ST PANTALEO PO BOX 241487 CLEVELAND, OH 44124	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	3,300	
PAWS FOR PURPLE HEARTS 5860 LABATH AVENUE SUITE A ROHNERT PARK, CA 94928	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	200	
PERKINS SCHOOL FOR THE BLIND 175 NORTH BEACON STREET WATERTOWN, MA 02472	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	200	
PLAYHOUSE SQUARE 1501 EUCLID AVENUE SUITE 200 CLEVELAND, OH 44115	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	11,250	

Total . .

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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						
SACRED HEART PARISH 260 BROAD STREET WADSWORTH, OH 44291	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	53,000		
SALESIAN MISSIONS2 LEFEVRE LANE NEW ROCHELLE, NY 10801	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	200		
SAVATION ARMY527 COLLEGE ST WADSWORTH, OH 44281	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	500		
ST HILARY PARISH 2750 WEST MARKET STREET FAIRLAWN, OH 44333	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	13,000		

PC

PROGRAM AND OPERATIONAL

SUPPORT

NONE

ST JOHNS EVAGENLIST PARISH

625 11TH AVE NORTH

NAPLES, FL 34108

За

11,500

327,530

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 ST JOSEPH'S INDIAN SCHOOL NONE PC PROGRAM AND OPERATIONAL 300 1301 N MAIN STREET SUPPORT CHAMBERLAIN, SD 57325 NONE PC PROGRAM AND OPERATIONAL 3,000 ST JUDE PARISH590 POPLAR STREET

ELYRIA, OH 44035			SUPPORT	
ST MARY'S COLLEGE110 LE MANS HALL NOTRE DAME, IN 46556	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	500
ST VINCENT ST MARY HIGH SCHOOL 15 NORTH MAPLE STREET AKRON, OH 44303	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	18,000
STEP UP WOMEN'S NETWORK OF CHICAGO 20 N WACKER DR STE 1330	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	5,000

15 NORTH MAPLE STREET AKRON, OH 44303	NONE	PC	SUPPORT	18,0
STEP UP WOMEN'S NETWORK OF CHICAGO 20 N WACKER DR STE 1330 CHICAGO. IL 60606	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	5,0

AKRON, OH 44303				
STEP UP WOMEN'S NETWORK OF CHICAGO 20 N WACKER DR STE 1330 CHICAGO, IL 60606	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	5,0

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						
SUSAN G KOMEN RACE FOR THE CURE PO BOX 650309 DALLAS, TX 75265	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	1,000		
THE JACKSON LABORATORY P O BOX 254 BAR HARBOR, ME 04609	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	1,000		
TOUCHDOWN CLUB FOUNDATION 497 KOEBER AVENUE AKRON, OH 44313	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	1,000		
TOYS FOR TOTS 18251 QUANTICO GATEWAY DRIVE TRIANGLE, VA 22172	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	200		
UNIVERSITY HOSPITALS - RESEARCH FOR DR WALTER PO BOX 94554 CLEVELAND, OH 441014554	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	10,000		

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327,530

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						
UNIVERSITY OF AKRON DEPARTMENT OF DEVELOPMENT 375 E EXCHANGE STREET AKRON, OH 44325	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	1,000		
VETERANS OF FOREIGN WARS 121 MAIN STREET WADSWORTH, OH 442811433	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	500		
WADSWORTH COMMUNITY DRUG FREE 110 COLLEGE ST WADSWORTH, OH 44281	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	1,000		
THE WADSWORTH FISH ORGANIZATION PO BOX 754 WADSWORTH, OH 44282	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	1,000		

WADSWORTH COMMUNITY DRUG FREE 110 COLLEGE ST WADSWORTH, OH 44281	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	
THE WADSWORTH FISH ORGANIZATION PO BOX 754	NONE	PC	PROGRAM AND OPERATIONAL SUPPORT	

Total . . . 327,530 За

efile GRAPHIC print - DO NOT P	ROCESS	As Filed D	ata -	C	LN: 93491131019348
TY 2017 Accounting Fe		edule			_
		THE LOU FOUNDAT 20-3927!		RRY FAMILY	
Accounting Fees Schedule					
Category	Am	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREP FEE		1,100	C	1	1,100

Name: THE LOUIS B & JOAN M PERRY FAMILY

FOUNDATION

efile GRAPHIC print - DO NOT PROCESS

Identifier Return Reference **Explanation**

General Explanation Attachment

EIN: 20-3927535

GRANT 990PF PART

GRANT APPLICATIONS SHOULD INCLUDE THE FOLLOWING NAME ADDRESS AND CONTACT INFORMATION OF APPLICANT, NAME OF CONTACT PERSON, DATE OF 501

DLN: 93491131019348

APPLICATIONS. XV LINE 2B

As Filed Data -

ACCEPTED BY MAIL (C)(3) OR 509(A) DETERMINATION LETTER. FEDERAL EIN. AMOUNT REQUESTED AND

BRIEF DESCRIPTION OF PROJECT

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491131019348

TY 2017 Investments - Other Schedule

Name: THE LOUIS B & JOAN M PERRY FAMILY

FOUNDATION

EIN: 20-3927535

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
AMG MANAGERS PICTET INTERNATIONAL	FMV	117,093	150,526
BROWN ADV JAPAN ENH INDEX FD-SEL	FMV	59,019	52,853
CAP NON US EQT	FMV	133,643	160,383
CHILTON STRATEGIC EUROPEAN EQUITIES	FMV	48,243	51,884
CRM LONG/SHORT OPPORTUNITIES FUND	FMV	48,243	49,837
DODGE & COX	FMV	177,482	176,941
DODGE & COX INTL STOCK FUND	FMV	157,882	166,441
DOUBLELINE TOTL RET BND-I	FMV	181,281	176,743
EQUINOX CAMPBELL STRATEGY-I	FMV	102,872	87,833
EQUINOX FDS TR	FMV	99,381	97,526
GOLDMAN SACHS STRAT INC-INST	FMV	105,853	99,235
I SHARES CORE S&P MIDCAP ETF	FMV	150,666	163,308
I SHARES MSCI EAFE INDEX FUND	FMV	352,562	412,649
ISHARES JP MORGAN EM BOND FUND	FMV	96,075	95,899
JOHN HANCOCK INCOME FD-I	FMV	94,028	95,103
JP MORGAN CORE BD FUND	FMV	201,793	197,015
JP MORGAN TR I INFLATION MANAGED BD	FMV	89,397	88,604
JP MORGAN UNCONSTRAINED DEBT FD	FMV	49,130	50,237
JPM GLBL RES ENH INDEX FD	FMV	253,047	305,201
JPMORGAN US UC CORE PL-R&	FMV	88,666	91,042
NEUBERGER BERMAN LONG SH?INS	FMV	47,308	54,615
PIMCO FD PAC INV MGMT SERIES	FMV	137,422	153,439
PIMCO MTGE OPPORTUNITIES-P	FMV	50,497	50,634
PRIMECAP ODYSSEY STOCK FD	FMV	94,311	127,782
SPDR S&P 500 ETF TRUST	FMV	1,060,807	1,359,118
VANGUARD TOTAL INTL BND-AOM	FMV	343,404	343,246

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 9349113101	.9348
TY 2017 Other Decreases Scho	edule			
Name:	THE LOUIS B (& JOAN M PERRY FAMILY		
	FOUNDATION			
EIN:	20-3927535			
De	escription		Amount	
ADJUSTMENTS TO COST BASIS OF ASSE	TS			156

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491131019348				
TY 2017 Other Expenses Schedule								
Name:	THE LOUIS B &	JOAN M PERRY F	AMILY					
	FOUNDATION							
EIN:	20-3927535							
Other Expenses Schedule								
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				
OHIO FILING FEE	200	0		200				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLI	N: 93491131019348			
TY 2017 Other Professional Fees Schedule							
Name: THE LOUIS B & JOAN M PERRY FAMILY							
FOUNDATION							
EIN: 20-3927535							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable			

17,281

Category	Amount	N

INVESTMENT MANAGEMENT FEES