

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

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

▶ Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052 2017

► Go to www irs.gov/Form990PFfor instructions and the latest information.

Open to Public Inspection

		lendar year 2017 or tax year beginning		, 2017,	and ending			, 20
		of foundation				A	Employer identıfi	cation number
		RLES E. AND MABEL M. RITCHIE					34-	6500802
١	lum be	er and street (or P.O. box number if mail is not delivered)	to street address)		Room/suite	В	Telephone numbe	r (see instructions)
						1		
		BOX 1558 DEPT EA5W86					33	0-384-7301
_	City or	town, state or province, country, and ZIP or foreign post	al code					
						C	If exemption applicat pending, check here	ion is
	COL	UMBUS, OH 43216				ł	pending, check here	
_		ck all that apply:   Initial return	Initial return	of a former p	ublic charity	$\exists$	1 Foreign organizati	ann abaak bara
_		Final return	Amended ret	•	,	1	2 Foreign organizati	
		Address change	Name change	е		1	85% test, check he	ere and attach
н	Che	ck type of organization:   X   Section 501(c			7 N	$\dashv$	computation .	▶ ∟
ï		Section 4947(a)(1) nonexempt charitable trust	Other taxable pr			E	If private foundation	- I I
+			inting method: X C			닉_	under section 507(b)	· · · · · · · · · · · · · · · · · · ·
'		\ <del></del>	her (specify)	3311 ACC.	uui	15		a 60-month termination
		,	olumn (d) must be on ca	ach haere )		-	didei section 501(b)	(1) DI, CHECK HOLE .
		Analysis of Revenue and Expenses (The		1311 66313 7			<del></del>	(d) Disbursements
تو	art	total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net inve		(c)	Adjusted net	for charitable
		may not necessarily equal the amounts in	books	incom	e		income	purposes (cash basis only)
-		column (a) (see instructions) )	<del> </del>					toos Dadio omy
	1	Check I f the foundation is not required to		<del> </del>				
	2	attach Sch B	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>				
	3	Interest on savings and temporary cash investments-	172 022	177	2 022			Omara 1
	4	Dividends and interest from securities	172,933.	1	2,933.			STMT 1
	5a	Gross rents		<del> </del>				
	b	Net rental income or (loss)	050 064	<b> </b>				<del></del>
e	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 1 000 616	250,264.					
Revenue		assets on line 6a1, 908, 616.						
9	7	Capital gain net income (from Part IV, line 2) .		25	0,264.			
Œ	8	Net short-term capital gain						
	9	Income modifications		Ĺ				
-	10a	Gross sales less returns and allowances						
	ь	Less Cost of goods sold .						
	C	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)						
_	12	Total. Add lines 1 through 11	423,197.		3,197.			
	13	Compensation of officers, directors, trustees, etc , .	85,144.	4	2,572.			42,572.
ës	14	Other employee salaries and wages			NONE		NONE	
enses	15	Pension plans, employee penelits			NONE		NONE	
ğ	16a	Pension plans employee penelits Legal fees latter Englished D						
úì	16a b c 17 18 19 20 21	Accounting fees (attach schedule) PMT 4	1,050.		525.		NONE	525.
ĕ.	c	Other photescional fees (Attach sepelule)						
rat	17	miterest						
st	18	Taxes (anach schedule) (see inst <b>no</b> 配弧。5.	2,892.		720.			
흦	19	Depret G ( tan screen e) and depletion .						
두	20	Occupancy						
4	21	Travel, conferences, and meetings			NONE		NONE	
3nc	22	Printing and publications			NONE		NONE	
5	23	Other expenses (attach schedule) STMT. 6.	1,036.		519.			519.
₽.	23 24 25	Total operating and administrative expenses.	<u></u>	<del> </del>	<del></del>			
şra	~*	Add lines 13 through 23	90,122.	Δ.	4,336.		NONE	43,616.
þ	25	-	296,575.	1	-/		2.011	<u>296,575.</u>
J		Contributions, gifts, grants paid	386,697.	1	1,336.		NONE	340,191.
-	26	Total expenses and disbursements Add lines 24 and 25	500,097.	<del> </del>	- 10 C C T		NOME	310,171.
	27	Subtract line 26 from line 12	36,500.	}			}	
	I	Excess of revenue over expenses and disbursements	30,300.	277	0 061			
	l	Net investment income (if negative, enter -0-)	<del></del>	13/	8,861.			
		Admisted net income ut negative, enter -U-)		1	1			

Form 990-PF (2017)

Part II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of	year
Fart III	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	154.	NONE	
2	Savings and temporary cash investments	221,216.	36,973.	36,973
3	Accounts receivable			
	Less allowance for doubtful accounts ▶			
4	Pledges receivable ▶			
I			}	
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
1	d16-1	}	Ì	
7	Other notes and loans receivable (attach schedule)			
1	Less allowance for doubtful accounts  NONE		-	
	Less dilowance for dodding decoding P			<del></del>
8 8				
Assets 0 0 0	Prepaid expenses and deferred charges	405 251	101 041	107 212
<b>Ч</b> 10a	Investments - U S and state government obligations (attac 67 Tule).	405,351.	101,941. 3,743,890.	127,313
b	Investments - corporate stock (attach schedule) . STMT .8.	3,611,420.	3,743,890.	5,071,598
11°	Investments - corporate bonds (attach schedule). STMT .11. Investments - land, buildings, and equipment basis Less accumulated depreciation	1,982,599.	2,371,726.	2,348,532
12	(attach schedule)  Investments - mortgage loans			
13	Investments - other (attach schedule)			<del></del>
14	Land, buildings, and			
	equipment basis Less accumulated depreciation		-	•
1.5	Less accumulated depreciation (attach schedule) Other assets (describe )		<del></del>	
15 16	Total assets (to be completed by all filers - see the			
18		6,220,740.	6 254 530	
+			0,234,330.	7,304,410
17				
18	• /	<del></del>	<del></del>	,
Liabilities 02 12 03	Deferred revenue			
<b>≣</b>  20	Loans from officers, directors, trustees, and other disqualified persons		<del></del>	
E 21				
22 ا	Other liabilities (describe			
- 1				
23	Total liabilities (add lines 17 through 22)		NONE	
Balances 25	Foundations that follow SFAS 117, check here Land complete lines 24 through 26, and lines 30 and 31.			
[ 24	Unrestricted			
e 25	Temporarily restricted		<del></del>	
고 26	Permanently restricted			
.∌∖	Foundations that do not follow SFAS 117, check here	}		
or Fund	and complete lines 27 through 31.			
G 27	Capital stock, trust principal, or current funds	6,220,740.	6,254,530.	
Assets 58 28 28 28 28 28 28 28 28 28 28 28 28 28	Paid-in or capital surplus, or land, bldg, and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds			
30	Total net assets or fund balances (see instructions)	6,220,740.	6,254,530.	
21 30	Total liabilities and net assets/fund balances (see			
	instructions)	6,220,740.	6,254,530.	
Part I	Analysis of Changes in Net Assets or Fund Balan	ces		
1 Tot	al net assets or fund balances at beginning of year - Part II	, column (a), line 30 (m	ust agree with	
	l-of-year figure reported on prior year's return)		I I	6,220,740.
	er amount from Part I, line 27a			36,500.
	er increases not included in line 2 (itemize) - SEE STAT		3	7,100.
	i lines 1, 2, and 3			6,264,340.
	reases not included in line 2 (itemize) ► SEE STAT		5	9,810.
	al net assets or fund balances at end of year (line 4 minus lin			6,254,530.
0 100	ar not appete or rang paranece at one or year time 4 times in	.o o, raren, commit (b),		Form <b>990-PF</b> (2017)

Par	t IV Capital Gains	and Losses for Tax on Inve	estment Income				
	(a) List and des	scribe the kind(s) of property sold (for e rick warehouse, or common stock, 200	•	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )	
1 a	PUBLICLY TRADED	SECURITIES					
b							
c				ļ			
d				<u> </u>			
e				<del> </del>	<u> </u>		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) min		
a	1,908,616.		1,658,352.	<u> </u>		250,264.	
<u>b</u>				<del> </del>			
<u>c</u>				<del> </del>		<del></del>	
<u>d</u>				<del> </del>	·		
<u>e</u>		l l l l l l l l l l l l l l l l l l l	)	<del> </del>			
	Complete only for assets si	nowing gain in column (h) and owned b	<del> </del>		Gains (Col (h) ga		
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	COI	(k), but not less to Losses (from col	l (h))	
a				<u> </u>		250,264.	
b				<u> </u>			
c				ļ			
d				L			
е		<u> </u>	<u> </u>	<del> </del>			
2	Capital gain net income	or their canital loss 1	ain, also enter in Part I, line 7			050 051	
		t (to	oss), enter -0- in Part I, line 7	2		250,264.	
3		ain or (loss) as defined in sections		) 1			
		Part I, line 8, column (c) See ins		1 1			
		Under Section 4940(e) for Red		3 1		<del></del>	
_		private foundations subject to the			\		
	ction 4940(d)(2) applies,	leave this part blank the section 4942 tax on the distrib	outable amount of any year in the b	ase perio	d?	Yes X No	
If "Y	es," the foundation doesn	't qualify under section 4940(e) De	o not complete this part.	-	<u> </u>	·	
1_	Enter the appropriate ar	nount in each column for each yea	r; see the instructions before makir	ig any en	tries		
Cale	(a) Base period years andar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution rat (col. (b) divided by		
	2016	345,906.	6,860,124.			0.050423	
	2015	363,339.	7,165,331.	1		0.050708	
	2014	350,356.	7,341,709.			0.047721	
	2013	335,786.	7,078,372.			0.047438	
	2012	318,786.	6,839,228.			0.046611	
2	Total of line 1, column (	d)		2		0.242901	
3		io for the 5-year base period - divid				· · · · · · · · · · · · · · · · · · ·	
_	<del>-</del>	foundation has been in existence		3		0.048580	
4	Enter the net value of no	oncharitable-use assets for 2017 fr	om Part X, line 5	4	7,	263,272.	
5	Multiply line 4 by line 3			5		352,850.	
6	Enter 1% of net investm	ent income (1% of Part I, line 27b)		6		3,789.	
7	Add lines 5 and 6			7		356,639.	
8	Enter qualifying distributed fine 8 is equal to or go Part VI instructions	tions from Part XII, line 4	In Part VI, line 1b, and complete	8 that part		340,191. x rate See the	
JSA					Form	990-PF (2017)	

ge 4	Р			D-PF (2017) 34 - 6500802	990-l
广	ctions	instru	948 - see	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	t VI
			T	empt operating foundations described in section 4940(d)(2), check here	Exer
			l	te of ruling or determination letter (attach copy of letter if necessary - see instructions)	
77.	7,5		1		
				and enter 1% of Part I, line 27b	here
			1	other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	
			Ţ	irt I, line 12, col (b)	
ONE	N		2		
	7,5		3		
ONE			4	to the total control of the to	
<u> </u>	7,5		5	2500 01 1000, 0110,	
			l	edits/Payments	
			l	117 estimated tax payments and 2016 overpayment credited to 2017 6a 2,800.	201
			Į	empt foreign organizations - tax withheld at source	Exe
				x paid with application for extension of time to file (Form 8868) 6c NONE	
			1	ckup withholding erroneously withheld	Bac
)0.	2,8		7	ital credits and payments. Add lines 6a through 6d	Tota
			8	iter any penalty for underpayment of estimated tax. Check, here if Form 2220 is attached	Ente
77.	4,7		9_	x due. If the total of lines 5 and 8 is more than line 7, enter amount owed	Tax
			10	verpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	Ove
			11	iter the amount of line 10 to be Credited to 2018 estimated tax ► NONE Refunded ► 11	
				/II-A Statements Regarding Activities	t VI
No	Yes		or did it	uring the tax year, did the foundation attempt to influence any national, state, or local legislation or did	Dur
X		1a		irticipate or intervene in any political campaign?	part
				d it spend more than \$100 during the year (either directly or indirectly) for political purposes? See	
Х	}	1ь		structions for the definition	
			-	the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materi	
	ł	1 1	y materials	iblished or distributed by the foundation in connection with the activities	
Х	ľ	1c		d the foundation file Form 1120-POL for this year?	
^		- <del>''</del> -			
	Í	} }		iter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	
	}	} }		On the foundation > \$ (2) On foundation managers > \$	
	ļ		ımposed	ter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	
	}	} _ }		foundation managers > \$	
X		2		is the foundation engaged in any activities that have not previously been reported to the IRS?	Has
	}	1 1		'Yes," attach a detailed description of the activities	If "Y
	}	1 1	articles of	is the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	Has
X		3		corporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	inco
X		4a		d the foundation have unrelated business gross income of \$1,000 or more during the year?	Did
		4b		Yes," has it filed a tax return on Form 990-T for this year?	if "Y
<u>X</u>		5		as there a liquidation, termination, dissolution, or substantial contraction during the year?	Was
	Ì	} }		Yes," attach the statement required by General Instruction T	If "Y
	}	1		e the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	Are
	}			By language in the governing instrument, or	
	Ì	]	ctions that	By state legislation that effectively amends the governing instrument so that no mandatory directions the	
	Х	6		nflict with the state law remain in the governing instrument?	
	X	7		d the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part X	
			na rait Av	iter the states to which the foundation reports or with which it is registered. See instructions.	
	)	} }		OH	CHIE
	}	1 1	ou Comaral	the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gene	16 +1
	Х	8b		the answer is "Yes to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gene designate) of each state as required by General Instruction G7 If "No," attach explanation	
	Λ.	l on		designate) of each state as required by General Instruction G/II "No." attach explanation	
			942(j)(3) or	the foundation claiming status as a private operating foundation within the meaning of section $4942\{j\}(3)$	
			942(j)(3) or	the foundation claiming status as a private operating foundation within the meaning of section $4942\{j\}(3)$ 42(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Year"	494
Х		9	942(j)(3) or	the foundation claiming status as a private operating foundation within the meaning of section $4942\{j\}(3)$	494
X		9	942(j)(3) or V If "Yes,"	the foundation claiming status as a private operating foundation within the meaning of section $4942\{j\}(3)$ 42(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Year"	494 com

Par	VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement See instructions	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ▶ N/A			
14	The books are in care of ► HUNTINGTON NATIONAL BANK Telephone no ► (330) 384	-730	1	
	Located at ▶ PO BOX 1558, DEPT EA5W86, COLUMBUS, OH ZIP+4 ▶ 43216			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		<b>&gt;</b>	.
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country >	3.5		
Par	Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			4
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	7.		7
	disqualified person?	- 2		ep.
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	*		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		3.7	
	the benefit or use of a disqualified person)?			4
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after	4		
	termination of government service, if terminating within 90 days ) Yes X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	-	藝	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			<i>.</i> 22.
	were not corrected before the first day of the tax year beginning in 2017?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	. %		
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2017? Yes X No	1		
	If "Yes," list the years	100		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	F. 18		7.7
	all years listed, answer "No" and attach statement - see instructions )	2b		X
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			Services Services
	<b>—</b>	i Š.	J	
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		<i>.</i>	Ž,
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or			(
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			Ĩ.
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			(3)
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2017)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X
		200	) DE	

Par	VIE Statements Regarding Activities f	or Which Form 4	1720 May Be Req	uired (continued)			
5a	During the year, did the foundation pay or incur any amo	ount to				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	nce legislation (sectio	n 4945(e)) <sup>7</sup>	. Yes X No	,		
	(2) Influence the outcome of any specific public ele	ection (see section	4955), or to carry or	n,			Ì
	directly or indirectly, any voter registration drive?			Yes X No	,		}
	(3) Provide a grant to an individual for travel, study, or o				,		İ
	(4) Provide a grant to an organization other than a	charitable, etc., ord	ianization described i	n			
	section 4945(d)(4)(A)? See instructions		·		,		ł
	(5) Provide for any purpose other than religious, ch						
	purposes, or for the prevention of cruelty to children		•		,		ļ
ь	If any answer is "Yes" to 5a(1)-(5), did any of the						Ì
	Regulations section 53 4945 or in a current notice regar		•	•			
	Organizations relying on a current notice regarding disas						
С	If the answer is "Yes" to question 5a(4), does the						
•	because it maintained expenditure responsibility for the				,	İ	1
	If "Yes," attach the statement required by Regulations se						
6a	Did the foundation, during the year, receive any fur	7	ectly, to pay premiur	ms			
-	on a personal benefit contract?	· ·		Yes X No	,	1	
b	Did the foundation, during the year, pay premiums, direct			. — —	6b	ļ	X
	If "Yes" to 6b, file Form 8870	,	•				
7a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	Yes X No	,		
b	If "Yes," did the foundation receive any proceeds or have	any net income attri	outable to the transacti	ion <sup>7</sup>	7ь	ĺ	
Par	Information About Officers, Directo	rs, Trustees, Fou	ındation Manager	s, Highly Paid Em	oloyees,		
	and Contractors  List all officers, directors, trustees, foundation management	anagers and their	rompensation See	instructions			
<u> </u>		(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expens		
_	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other all	owance	es
HUNTI	NGTON NATIONAL BANK	Trustee					
PO BC	X 1558, DEPT EA5W86, COLUMBUS, OH 43216	1	85,144.	-0-			-0-
						_	
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
						_	
2	Compensation of five highest-paid employees "NONE."	(other than thos	e included on line	e 1 - see instruction	ns). If n	one,	enter
(a)	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expens	e accou	unt,
		devoted to position		compensation			
NON:	<u> </u>		NONE_	NONE	N	ONE	
					<del></del>		
		]					
		Į .					
				L			
Total	number of other employees paid over \$50,000	<u> </u>	<del> </del>	<u> </u>	Form 99	ONE	
					Form 99	17-PF	12017

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Page	

3	Five highest-paid independent contractors for professional services See instructions. If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
10	R	NON!
<u> </u>		NON
_		<del> </del>
ota	number of others receiving over \$50,000 for professional services	NONE
	IX-A Summary of Direct Charitable Activities	
	t the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of anizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
11	/A	<del></del>
-		
2		<del></del>
_		
3		<del></del>
-		
_		
4 -		
	IX-B Summary of Program-Related Investments (see instructions)  coribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
	ONE	<del></del> -
_		
2		
_		
Al	other program-related investments. See instructions	
	ONE	
_		
		1

Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign found	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		<del></del> _
	purposes.	)	
а	Average monthly fair market value of securities	1a	6,966,752.
b	Average of monthly cash balances	1b	407,128.
c	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	7,373,880.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	}	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	7,373,880.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	110,608.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	7,263,272.
6	Minimum investment return. Enter 5% of line 5	6	363,164.
Par	TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part )	ndations	
1	Min imum investment return from Part X, line 6	1	363,164.
2 a	Tax on investment income for 2017 from Part VI, line 5 2a 7,577.		
b	Income tax for 2017. (This does not include the tax from Part VI) 2b	]	
c	Add lines 2a and 2b	2c	7,577.
3	Dist ributable amount before adjustments Subtract line 2c from line 1	3	355,587.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	355,587.
6	Ded uction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
•	line 1	7	355,587.
Par	t XII Qualifying Distributions (see instructions)	<del>'</del>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	_1a	340,191.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	340,191.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b. See instructions	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	340,191.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	Iculating v	
	qualifies for the section 4940(e) reduction of tax in those years	J	

Form 990-PF (2017)

Part XIII Undistributed Income (see instruc	tions)	<del></del>	·	
1 Distributable amount for 2017 from Part XI,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
line 7				355,587.
2 Undistributed income, if any, as of the end of 2017			205 524	
a Enter amount for 2016 only		NONE	295,794.	
b Total for prior years 20,20,20		NONE		
3 Excess distributions carryover, if any, to 2017	}			
a From 2012 NONE h From 2013 NONE			Ì	
b From 2013 NONE c From 2014 NONE	}			
MOME			j	
e From 2016 NONE	}		,	
f Total of lines 3a through e	иоив		-	
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 340, 191.				
a Applied to 2016, but not more than line 2a			295,794.	
b Applied to undistributed income of prior years	···			
(Election required - see instructions)		NONE		
c Treated as distributions out of corpus (Election	NONE		· .	
required - see instructions)	NONE	<del></del>	*	44,397.
d Applied to 2017 distributable amount	NONE			44,377.
e Remaining amount distributed out of corpus  5 Excess distributions carryover applied to 2017	NONE			NONI
(If an amount appears in column (d), the same amount must be shown in column (a))	1,01,2			
6 Enter the net total of each column as indicated below:	27027		* *	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	NONE			
b Prior years' undistributed income Subtract line 4b from line 2b		NONE	*	
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		NONE	,	
d Subtract line 6c from line 6b Taxable amount see instructions		NONE		
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				311,190
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)	NONE			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions)	NONE			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	NONE			
O Analysis of line 9			Ì	
a Excess from 2013 NONE	}			
b Excess from 2014 NONE	}			
c Excess from 2015 NONE d Excess from 2016 NONE	}			
MANA	Ì			
e Excess from 2017   NONE				orm <b>990-PF</b> (2017

13

Pa	t XIV Private Op	erating Foundations	(see instructions a	ind Part VII-A, questi	on 9)	NOT APPLICABL
1 a						
ь						)(3) or 4942(j)(5)
			<u> </u>	<del></del>	<del></del>	707 5. 1 1042()7(57
2 a	Enter the lesser of the ad-		/b) 2016	<del></del>	(4) 2014	(e) Total
	justed net income from Part I or the minimum investment		15/2010	10, 2013	10,2014	<del> </del>
	return from Part X for each	1		Ì	,	Ì
	year listed	<del></del>	<del> </del>	<del> </del>	<del></del>	
b	85% of line 2a	<del></del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
C	Qualifying distributions from Part				*	<b>[</b>
	XII, line 4 for each year listed .	<u> </u>	L		<u> </u>	
đ	Amounts included in line 2c not	ļ		-	/	ļ
	used directly for active conduct of exempt activities			<u> </u>	} `	}
e	Qualifying distributions made					
	directly for active conduct of				}	
	exempt activities Subtract line 2d from line 2c				Ì	{
3	Complete 3a, b, or c for the		<del> </del>	<del> </del>	<del> </del>	<del></del>
	alternative test relied upon	me part (a) 2017 (b) 2016 (c) 2015 (d) 2014 (d) 2014 (e) 2015 (d) 2014 (e) 2015 (d) 2014 (e) 2015 (e)				
а	"Assets" alternative test - enter		}	/		
	(1) Value of all assets		<del> </del>	<del> </del>	<del> </del>	
	(2) Value of assets qualifying under section		, 1	j	l	}
	4942(j)(3)(B)(i)		<u> </u>	<del></del>	<del></del>	
b	'Endowment" alternative test-		, *	1	1	}
	enter 2/3 of minimum invest-		يور .	1	}	}
	ment return shown in Part X, line 6 for each year listed	<b>†</b>	, d'		j	
c	'Support' alternative test - enter		4*			
	(1) Total support other than			<b>\</b>	j	
	gross investment income					
	(interest, dividends, rents, payments on securities	· /				
	loans (section 512(a)(5)),	J.		}	}	
	or royalties)			<del> </del>	<del> </del>	<del> </del>
	(2) Support from general public and 5 or more	A STATE OF THE STA			j	
	exempt organizations as provided in section 4942					
	(j)(3)(B)(m)	<u>/</u>				
	(3) Largest amount of sup-	1			}	
	port from an exempt organization				[	
	(4) Gross investment income .	l		<u> </u>		
Par	t XV Supplemer	ntary Information (C	complete this part	only if the foundat	tion had \$5,000 or	more in assets at
	any time d	uring the year - see	instructions.)			
1	Information Regarding	Foundation Manager	s:			<del> </del>
а	List any managers of	the foundation who h	nave contributed moi	e than 2% of the tota	al contributions receiv	ed by the foundation
	before the close of any	tax year (but only if th	ey have contributed	more than \$5,000) (Se	ee section 507(d)(2).)	•
	N/A					
h		the foundation who	own 10% or more o	of the stock of a corn	oration for an equally	large portion of the
						range portion of the
				u		
	/ -					
	N/A		<u> </u>	<del>,</del>		_ <del> </del>
2	Information Regarding	Contribution, Grant,	Giff, Loan, Scholarsh	ip, etc., Programs:		
	Check here ▶ if t	he foundation only i	makes contributions	to preselected chari	table organizations a	ind does not accept
				ants, etc , to individua	ls or organizations ur	nder other conditions,
	complete items 2a, b,	c, and d. See instructio	ns.			
a	The name, address, an	d telephone number o	r email address of the	person to whom appl	ications should be add	ressed:
	SEE STATEMENT					
ь			mitted and information	on and materials they s	should include.	
	SEE ATTACHED ST					
	ORE MITACHED 5.	TY YOU THURSHITT	NU Z			
	Apriloubmicaian da-di-					
C	Any submission deadli		VD 4			
	SEE ATTACHED ST	PATEMENT FOR LI	NE 2			
	<del>,</del>		<del></del>	<del></del>	<del>,</del>	
	Any restrictions or li	mitations on awards,	such as by geogr	aphical areas, charita	ble fields, kinds of	institutions, or other
	factors.					
	SEE ATTACHED ST	TATEMENT FOR LI	NE 2			
JSA			<del></del>			Form 990-PF (2017)

t XV Supplementary Information	100:::::::			
Grants and Contributions Paid Durin Recipient Name and address (home or business)	ng the Year or Appr	oved for F	uture 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	contribution	Amount
Paid during the year				
		1 1		
SEE STATEMENT 47		}		296,5
		} }		
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Total			▶ 3a	296,5
Approved for future payment	}	} }		
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er gross amounts unless otherwise indicated	Unrelated	business income	Excluded by	section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
a					
b					
c					
d	<u> </u>				
e					
f					
g Fees and contracts from government agencies		<del></del>			
Membership dues and assessments					
Interest on savings and temporary cash investments			14	172,933.	<del></del>
Dividends and interest from securities			1 1 1	172,933.	
Net rental income or (loss) from real estate					
<ul><li>a Debt-financed property</li></ul>					
Net rental income or (loss) from personal property				<del></del>	
Other investment income					<del></del>
Gain or (loss) from sales of assets other than inventory			18	250,264.	
Net income or (loss) from special events · · ·					
Gross profit or (loss) from sales of inventory.					
Other revenue a					
b					
c					
d		<del></del>			
e			1 1	j	
Subtotal Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities  ne No. Explain below how each activity accomplishment of the foundation	to the Acco	mplishment of	Exempt Purp	oses ) of Part XVI-A contribu	ted importantly to
Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities	lations) to the Acco	mplishment of	Exempt Purp	oses  of Part XVI-A contribu	ted importantly to
Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities ne No. Explain below how each activity	lations) to the Acco	mplishment of	Exempt Purp	oses  of Part XVI-A contribu	ted importantly to
Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities  ne No. Explain below how each activity	lations) to the Acco	mplishment of	Exempt Purp	oses  of Part XVI-A contribu	ted importantly to
Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities ne No. Explain below how each activity	lations) to the Acco	mplishment of	Exempt Purp	oses  of Part XVI-A contribu	ted importantly to
Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities ne No. Explain below how each activity	to the Acco	mplishment of	Exempt Purpd in column (en by providing	oses  of Part XVI-A contribu	ted importantly to
Total Add line 12, columns (b), (d), and (e)	to the Acco	mplishment of acome is reported arposes (other that	Exempt Purpd in column (en by providing	oses  of Part XVI-A contribu	ted importantly to
Total Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities  e No. Explain below how each activity	to the Acco	mplishment of acome is reported arposes (other that	Exempt Purpd in column (en by providing	oses  of Part XVI-A contribu	ted importantly to
Total Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to Part    Explain below how each activity	to the Acco	mplishment of acome is reported arposes (other that	Exempt Purpd in column (en by providing	oses  of Part XVI-A contribu	ted importantly to
Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities  ReNo. Explain below how each activity	to the Acco	mplishment of acome is reported arposes (other that	Exempt Purpd in column (en by providing	oses  of Part XVI-A contribu	ted importantly to
Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities  ne No. Explain below how each activity	to the Acco	mplishment of acome is reported arposes (other that	Exempt Purpd in column (en by providing	oses  of Part XVI-A contribu	ted importantly to
Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities ne No. Explain below how each activity	to the Acco	mplishment of acome is reported arposes (other that	Exempt Purpd in column (en by providing	oses  of Part XVI-A contribu	ted importantly to

## Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

1	ın sec				•	-	any other organization ction 527, relating			Yes	No
а	Transfe	ers from the reportin	ng foundation to	a noncharita	ible exempt orga	anization	of.				1
	(1) Cas	sh							1a(1)		X
	(2) Oth	Other assets							1a(2)		X
b	Other t	ransactions:							1		1
	(1) Sal	es of assets to a no	ncharitable exer	npt organizat	ion				1b(1)		X
	(2) Pur	chases of assets fro	om a noncharital	ole exempt o	rganizatıon				1b(2)		X
	(3) Rer	ntal of facilities, equ	ipment, or other	rassets					16(3)		X
	(4) Reimbursement arrangements										<u>X</u>
		5) Loans or loan guarantees									X
											X
											<u> </u>
d							Column (b) should				
							n If the foundation				
			<del></del>				ie of the goods, othe				
(a) Lı	ne no	(b) Amount involved	(c) Name of	noncharitable ex	empt organization	(d) D	Description of transfers, tran	sactions, and shar	ing arra	ngeme	nts
			<del></del>								
	}						<del> </del>	<del></del>			
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	describ		c) (other than sec				ore tax-exempt orgai		Ye	es X	] No
(a) Name of organization		(b)	(b) Type of organization		(c) Descr	iption of relations	hip				
					·						
							<b></b>				
				<del></del>			<u> </u>				
		penalties of perjury, I dec t, and complete Declaration					nd statements, and to the be	st of my knowledge	e and b	elief, it	is true,
Sign		11	<u></u>			proporer no	or any monitoring	May the IRS	discuss	this.	return
		1 (°		04/23/2018 VIC		CE DDECTDENE I '				below?	
Here	Sign	nature of officer or hustee	,	Date		Title		See instructions	<b>X</b>	Yes	No
	HU	NTINGTON NAT	IONAL BANK								
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Paid		DOAK A PFAFI	<u> </u>	Loa	h H. V fel	7	04/23/2018	self-employed	2008	7851	.8
Prep	arer		RNST & YOUN	G U.S. L	LP		Firm's l		565		
Use	Only		00 YARD STR		TE 200						
		1	RANDVIEW HE			3212	Phone	no 61 <u>4-2</u> 3	32-72	288	
									n 990		2017)

RECIPIENT NAME:

BRENDS MOUBRAY c/o HUNTINGTON NAT, BANK

ADDRESS:

106 S MAIN ST. 5TH FLOOR TOW 23

AKRON, OH 44308

RECIPIENT'S PHONE NUMBER: 330-384-7320

FORM, INFORMATION AND MATERIALS:

NO SPECIFIC FORM

SUBMISSION DEADLINES:

NO DEADLINE

RESTRICTIONS OR LIMITATIONS ON AWARDS:

ORGANIZATIONS OF SUMMIT COUNTY PER TERMS OF THE DOCUMENT

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: MUSICAL ARTS ASSOCIATION BLOSSOM MUSIC CENTER ADDRESS: 11001 EUCLID AVE CLEVELAND, OH 44106 RELATIONSHIP: NONE PURPOSE OF GRANT: BLOSSOM MUSIC FESTIVAL FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 6,000. RECIPIENT NAME: AKRON ROUND TABLE ADDRESS: PO BOX 1051 CUYAHOGA FALLS, OH 44223 RELATIONSHIP: NONE PURPOSE OF GRANT: SPONSOR ONE TABLE FOR 2017 SCHOOL YEAR FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 2,000. RECIPIENT NAME: BALLET THEATRE OF OHIO ADDRESS: 265 N MAIN ST., SUITE 13 MUNROE FALLS, OH 44262 RELATIONSHIP: NONE

AMOUNT OF GRANT PAID .....

PURPOSE OF GRANT:

SUPPORT OF 2016-2016 SEASON FOUNDATION STATUS OF RECIPIENT:

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: KENT STATE UNIVERSITY FOUNDATION -PORTHOUSE THEATRE ADDRESS: PO BOX 5190 KENT, OH 44242 RELATIONSHIP: NONE PURPOSE OF GRANT: THEATRE TICKETS FOR UNDERSERVED YOUTH FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 2,000. RECIPIENT NAME: MAGICAL THEATRE COMPANY ADDRESS: PO BOX 386 BARBERTON, OH 44203 RELATIONSHIP: NONE PURPOSE OF GRANT: OPERATING EXPENSES FOR 2016-2017 FOUNDATION STATUS OF RECIPIENT: PC RECIPIENT NAME: TUESDAY MUSICAL ASSOCIATION ADDRESS: ONE SOUTH MAIN STREET, SUITE 301 AKRON, OH 44308 RELATIONSHIP: NONE PURPOSE OF GRANT: ESCHER STRING QUARTET

AMOUNT OF GRANT PAID .....

FOUNDATION STATUS OF RECIPIENT:

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK ADDRESS: 1403 WEST HINES HILL ROAD PENINSULA, OH 44264 RELATIONSHIP: NONE PURPOSE OF GRANT: ALL THE RIVERS RUN SCHOLARSHIPS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 2,000. RECIPIENT NAME: CROWN POINT ECOLOGY CENTER ADDRESS: 3220 IRA RD BATH, OH 44210 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 5,000. RECIPIENT NAME: LETS GROW AKRON INC ADDRESS: 467 HARVEY AVE AKRON, OH 44314 RELATIONSHIP: NONE PURPOSE OF GRANT:

AMOUNT OF GRANT PAID .....

GENERAL OPERATING EXPENSES FOUNDATION STATUS OF RECIPIENT:

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: INTERVAL BROTHERHOOD HOMES CORPORATION ADDRESS: 3445 SOUTH MAIN STREET AKRON, OH 44319 RELATIONSHIP: NONE PURPOSE OF GRANT: AFTERCARE PROJECT & REMODEL BUILDING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 3,000. RECIPIENT NAME: PASTORAL COUNSELING SERVICES OF SUMMIT COUNTY ADDRESS: 611 W. MARKET ST AKRON, OH 44307 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERATION RX PROGRAM FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 2,000. RECIPIENT NAME: RAPE CRISIS CENTER ADDRESS: 759 WEST MARKET STREET AKRON, OH 44303 RELATIONSHIP: NONE PURPOSE OF GRANT: CORE SERVICES FOR SEXUAL VIOLENCE SURVIVORS FOUNDATION STATUS OF RECIPIENT: PC

AMOUNT OF GRANT PAID .....

5,500.

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: AKRON CANTON REGIONAL FOODBANK ADDRESS: 350 OPPORTUNITY PARKWAY AKRON, OH 44307 RELATIONSHIP: NONE PURPOSE OF GRANT: CLOSE THE MEAL GAP-INCREASE DISTRIBUTION FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 3,500. RECIPIENT NAME: AKRON MARATHON CHARITABLE CORPORATION ADDRESS: 453 S HIGH STREET, SUITE 301 AKRON, OH 44311 **RELATIONSHIP:** NONE PURPOSE OF GRANT: SIGNS & BANNERS FOR MARATHON RACE SERIES FOUNDATION STATUS OF RECIPIENT: PC: AMOUNT OF GRANT PAID ..... 5,000. RECIPIENT NAME: AMERICAN NATION RED CROSS OF SUMMIT AND PORTAGE COUNTIES ADDRESS: 501 WEST MARKET STREET AKRON, OH 44303 RELATIONSHIP: NONE PURPOSE OF GRANT: RESPONSE, RECOVERY & EDUCATION FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID .....

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: CASA BOARD VOLUNTEER ASSOCIATION ADDRESS: 650 DAN STREET AKRON, OH 44310 RELATIONSHIP: NONE PURPOSE OF GRANT: VOLUNTEER RECRUITER & CO-ORDINATOR FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 3,000. RECIPIENT NAME: COMMUNITY OUTREACH RESOURCES EXCHANGE - FURNITURE BANK ADDRESS: PO BOX 1192 CUYAHOGA FALLS, OH 44223 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT FOR FAMILIES IN NEED-FURNITURE FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 2,000. RECIPIENT NAME: HABITAT FOR HUMANITY OF SUMMIT COUNTY INC. ADDRESS: 2301 ROMIG ROAD AKRON, OH 44320 RELATIONSHIP: NONE PURPOSE OF GRANT: PROGRAMS & NEIGHBORHOOD INITIATIVES FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 3,500.

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: INTERNATIONAL SOAP BOX DERBY ADDRESS: PO BOX 7225 AKRON, OH 44306 RELATIONSHIP: NONE PURPOSE OF GRANT: PROGRAMMING & OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 4,000. RECIPIENT NAME: OPPORTUNITY PARISH ECUMENICAL NEIGHBORHOOD MINISTRY ADDRESS: 941 PRINCETON STREET AKRON, OH 44311 **RELATIONSHIP:** NONE PURPOSE OF GRANT: VARIOUS PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 5,000. RECIPIENT NAME: SALVATION ARMY SUMMIT COUNTY AREA SERVICES ADDRESS: 190 SOUTH MAPLE STREET AKRON, OH 44302 RELATIONSHIP: NONE PURPOSE OF GRANT:

AMOUNT OF GRANT PAID .....

PC

LEARNING ZONE SUPPORT

FOUNDATION STATUS OF RECIPIENT:

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: VICTIM ASSISTANCE PROGRAM ADDRESS: 150 FURNACE STREET AKRON, OH 44304 RELATIONSHIP: NONE PURPOSE OF GRANT: 24HR. CRISIS RESPONSE PROGRAM FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 2,500. RECIPIENT NAME: YOUNG MENS CHIRISTIAN ASSOCIATION OF AKRON OHIO ADDRESS: 50 S. MAIN STREET, SUITE LL 100 AKRON, OH 44308 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 3,000. RECIPIENT NAME: LEADERSHIP AKRON ADDRESS: 54 EAST MILL STREET, SUITE 201 AKRON, OH 44308 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT OF 2016-2017 YEAR

AMOUNT OF GRANT PAID .....

FOUNDATION STATUS OF RECIPIENT:

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: FIRST CONGREGATIONAL CHURCH OF TALLMADGE ADDRESS: 85 HERITAGE DR TALLMADGE, OH 44278 RELATIONSHIP: NONE PURPOSE OF GRANT: OUTREACH PROGRAMS & ROOF REPLACEMENT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 5,000. RECIPIENT NAME: CHILDRENS CONCERT SOCIETY OF AKRON EJ THOMAS PERFORMING ARTS HALL ADDRESS: THE UNIVERSITY OF AKRON AKRON, OH 44325 RELATIONSHIP: NONE PURPOSE OF GRANT: IN SCHOOL CONCERT SERIES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 2,500. RECIPIENT NAME: STAN HYWET HALL & GARDENS INC ADDRESS: 714 NORTH PORTAGE PATH AKRON, OH 44303 RELATIONSHIP: NONE PURPOSE OF GRANT: ANNUAL FUND DONATION FOUNDATION STATUS OF RECIPIENT: 

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: LAKE ERIE COLLEGE ADDRESS: 391 WEST WASHINGTON STREET PAINESVILLE, OH 44077 **RELATIONSHIP:** NONE PURPOSE OF GRANT: SPRING SCHOLARSHIP INITIATIVE FOUNDATION STATUS OF RECIPIENT: PCAMOUNT OF GRANT PAID ..... 10,000. RECIPIENT NAME: FURNACE STREET MISSION ADDRESS: 150 FURNACE STREET AKRON, OH 44304 RELATIONSHIP: NONE PURPOSE OF GRANT: SAFETY FORCES CHAPLAINCY CENTER FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 2,500. RECIPIENT NAME: REGINA HEALTH CENTER ADDRESS: 5232 BROADVIEW ROAD RICHFIELD, OH 44286 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT FOR AGING RELIGIOUS IN NEED FOUNDATION STATUS OF RECIPIENT: PC

AMOUNT OF GRANT PAID .....

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: ACCESS INC ADDRESS: 230 W MARKET STREET AKRON, OH 44303 RELATIONSHIP: NONE PURPOSE OF GRANT: TIME FOR TRANSFORMATION CAPITAL FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 3,000. RECIPIENT NAME: GOOD NEIGHBORS INC. ADDRESS: 1453 GOODYEAR BLVD AKRON, OH 44305 **RELATIONSHIP:** NONE PURPOSE OF GRANT: FOOD FOR COMMUNITY OUTREACH FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 2,500. RECIPIENT NAME: GOODWILL INDUSTRIES OF AKRON INC. ADDRESS: 570 3 WATERLOO ROAD AKRON, OH 44319 RELATIONSHIP: NONE PURPOSE OF GRANT: ELIZABETH CLARK EMERGENCY FUND FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ...... 4,000.

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: HAVEN OF REST MINISTRIES INC. ADDRESS: 175 EAST MARKET STREET AKRON, OH 44309 RELATIONSHIP: NONE PURPOSE OF GRANT: COSTS OF RESIDENTIAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 5,000. RECIPIENT NAME: JEWISH FAMILY SERVICES OF AKRON OHIO ADDRESS: 750 WHITE POND DRIVE AKRON, OH 44320 RELATIONSHIP: NONE PURPOSE OF GRANT: SUMMIT COUNTY SENIORS FOUNDATION STATUS OF RECIPIENT: RECIPIENT NAME: SOUTH STREET MINISTRIES INC ADDRESS: 130 W SOUTH STREET AKRON, OH 44311 **RELATIONSHIP:** NONE PURPOSE OF GRANT: LEARN, LEAD, LOVE PROGRAM FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 2,000.

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: UNITED WAY OF SUMMIT COUNTY ADDRESS: 90 NORTH PROSPECT STREET AKRON, OH 44304 **RELATIONSHIP:** NONE PURPOSE OF GRANT: FREE LIBRARY BOOKS FOR PRESCHOOL KIDS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 4,000. RECIPIENT NAME: WESTERN RESERVE HISTORICAL SOCIETY HALE FARM & VILLAGE ADDRESS: 10825 EAST BLVD CLEVELAND, OH 44106 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL EXPERIENCES AT FARM & VILLAGE FOUNDATION STATUS OF RECIPIENT: PC RECIPIENT NAME: COMMUNITY HALL FOUNDATION PROGRAM ENDOWMENT - THE CIVIC ADDRESS: 182 SOUTH MAIN STREET AKRON, OH 44308 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT OF ALL ACCESS PROGRAMMING FOUNDATION STATUS OF RECIPIENT: PC

AMOUNT OF GRANT PAID ..... 2,000.

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: DOWNTOWN AKRON PARTNERSHIP INC ADDRESS: 103 S HIGH STREET 4TH FLOOR AKRON, OH 44308 **RELATIONSHIP:** NONE PURPOSE OF GRANT: FIRST NIGHT AKRON GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 2,000. RECIPIENT NAME: GREATER AKRON MUSICAL ASSOC. INC. SPONSOR FOR SYMPHONY ORCHESTRA ADDRESS: 92 N MAIN STREET AKRON, OH 44308 RELATIONSHIP: NONE PURPOSE OF GRANT: RENEWAL OF RED CHAIR SPONSORSHIP FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 3,000. RECIPIENT NAME: OHIO & ERIE CANALWAY COALITION ADDRESS: 47 WEST EXCHANGE STREET AKRON, OH 44308 **RELATIONSHIP:** NONE PURPOSE OF GRANT: FOR RICHARD HOWE HOUSE GARDEN FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 4,000.

. CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON ADDRESS: 550 COPLEY ROAD AKRON, OH 44320 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDU. SUPPORT FOR ALL AGES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 15,000. RECIPIENT NAME: WEATHERVANE COMMUNITY PLAYHOUSE ADDRESS: 1301 WEATHERVANE LANE AKRON, OH 44313 RELATIONSHIP: NONE PURPOSE OF GRANT: 2016-2017 SEASON SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 3,000. RECIPIENT NAME: OHIO FOUNDATION OF INDEPENDENT COLLEGES INC. ADDRESS: 250 EAST BROAD STREET, SUITE 1700 COLUMBUS, OH 43215 RELATIONSHIP: NONE PURPOSE OF GRANT: BENEFIT ON SUMMIT COUNTY SCHOLAR FOUNDATION STATUS OF RECIPIENT: PC 

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: TALLMADGE HIGH SCHOOL ADDRESS: 140 N MUNROE RD TALLMADGE, OH 44278 RELATIONSHIP: NONE PURPOSE OF GRANT: SCHOLARSHIPS TO HIGH SCHOOL FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 10,000. RECIPIENT NAME: ARTHRITIS FOUNDATION INC. -GREAT LAKES REGION NE OHIO ADDRESS: 4630 RICHMOND ROAD, SUITE 240 CLEVELAND, OH 44128 RELATIONSHIP: NONE PURPOSE OF GRANT: SUMMIT COUNTY ARTHRITIS EXPO FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 2,000. RECIPIENT NAME: CHILD GUIDANCE & FAMILY SOLUTIONS ADDRESS: 312 LOCUST STREET AKRON, OH 44302 RELATIONSHIP: NONE PURPOSE OF GRANT: PARENTING WISELY PROGRAM FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID .....

8,500.

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: EMERGE MINISTRIES INC. ADDRESS: 900 MULL AVENUE AKRON, OH 44313 RELATIONSHIP: NONE PURPOSE OF GRANT: FINANCIAL AID FOR MENTAL HEALTH COUNSELING FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 2,500. RECIPIENT NAME: STEWART'S CARING PLACE ADDRESS: 2955 WEST MARKET STREET, SUITE R AKRON, OH 44333 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT FOR CANCER PATIENTS & FAMILIES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 2,000. RECIPIENT NAME: BOYS AND GIRLS CLUB OF THE WESTERN RESERVE INC ADDRESS: 889 JONATHAN AVENUE AKRON, OH 44306 **RELATIONSHIP:** NONE PURPOSE OF GRANT: OUTREACH SITES FOR YOUTH AGES 5-8 FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 2,500.

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: GUARDIANS ADVOCATING CHILD SAFETY AND PROTECTION ADDRESS: 53 UNIVERSITY AVENUE, 4TH FLOOR AKRON, OH 44308 **RELATIONSHIP:** NONE PURPOSE OF GRANT: CORE EDUCATION & ADVOCACY PROGRAMS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: GIRL SCOUTS OF NE OHIO ADDRESS: ONE GIRL SCOUT WAY MACEDONIA, OH 44056 RELATIONSHIP: NONE PURPOSE OF GRANT: AFTER SCHOOL JOURNEY PROGRAM FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 3,000. RECIPIENT NAME: REBUILDING TOGETHER SUMMIT COUNTY INC - GREATER CUYAHOGA VALLEY ADDRESS: 788 DONALD AVE AKRON, OH 44306 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT FOR HOMEOWNERS IN NEED FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID .....

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_\_\_\_ RECIPIENT NAME: BATTERED WOMEN'S SHELTER ADDRESS: 974 EAST MARKET STREET AKRON, OH 44305 **RELATIONSHIP:** NONE PURPOSE OF GRANT: OPERATING EXPENSES OF PROTECTIVE SHELTER FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 5,000. RECIPIENT NAME: PROJECT LEARN OF SUMMIT COUNTY ADDRESS: 60 S HIGH STREET AKRON, OH 44326 RELATIONSHIP: NONE PURPOSE OF GRANT: ADULT LITERACY PROGRAMS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 3,000. RECIPIENT NAME: ARCHBISHOP HOBAN HIGH SCHOOL ADDRESS: 1 HOLY CROSS BLVD AKRON, OH 44306 RELATIONSHIP: NONE PURPOSE OF GRANT: LEADERSHIP INSTITUTE FOR 8TH GRADERS FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID .....

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: JUNIOR ACHIEVEMENT USA -OF NORTH CENTRAL OHIO ADDRESS: P.O. BOX 26006 AKRON, OH 44319 RELATIONSHIP: NONE PURPOSE OF GRANT: JA PROGRAMS FOR SUMMIT CO SCHOOLS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 3,200. RECIPIENT NAME: BLICK CLINIC INC. ADDRESS: 640 WEST MARKET STREET AKRON, OH 44303 **RELATIONSHIP:** NONE PURPOSE OF GRANT: KITCHEN FOR NEW BUILDING FOR CLASSES FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 2,000.

AMOUNT OF GRANT PAID .....

RECIPIENT NAME:

P.O. BOX 814 AKRON, OH 44309

PURPOSE OF GRANT:

EMPLOYMENT TRAINING & REENTRY FOUNDATION STATUS OF RECIPIENT:

RELATIONSHIP:

ADDRESS:

NONE

PC

TRULY REACH YOU - TRY MINISTRIES

\_ CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: AKRON ZOOLOGICAL PARK ADDRESS: 500 EDGEWOOD AVE AKRON, OH 44307 RELATIONSHIP: NONE PURPOSE OF GRANT: PRIMATE FOREST EXHIBIT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION ADDRESS: 70 W. STREETSBORO ST., SUITE 201 HUDSON, OH 44236 RELATIONSHIP: NONE PURPOSE OF GRANT: PROGRAMS & SERVICES IN SUMMIT COUNTY FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 3,000. RECIPIENT NAME: BOY SCOUTS OF AMERICA GREAT TRAIL COUNCIL ADDRESS: 1601 S. MAIN STREET AKRON, OH 44301 RELATIONSHIP: NONE PURPOSE OF GRANT: PATHFINDER DISTRICT INITIATIVE CITY OF AKRON FOUNDATION STATUS OF RECIPIENT: PC

AMOUNT OF GRANT PAID .....

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: BROKEN CHAINS JAIL & PRISON MINISTRY ADDRESS: P.O. BOX 502 AKRON, OH 44309 RELATIONSHIP: NONE PURPOSE OF GRANT: AID EX-OFFENDERS PROGRAMS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 2,000. RECIPIENT NAME: DAUGHTERS OF DIVINE CHARITY FRANCESCA RESIDENCE ADDRESS: 89 N PORTAGE PATH AKRON, OH 44303 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 2,000.

STATEMENT 36

RECIPIENT NAME:

RELATIONSHIP:

PURPOSE OF GRANT:

ADDRESS:

NONE

OAK CLINIC FOR MULTIPLE SCLEROSIS

PATIENT CARE FUND FOR THOSE IN NEED

AMOUNT OF GRANT PAID .....

3838 MASSILLON RD, STE 360

FOUNDATION STATUS OF RECIPIENT:

UNIONTOWN, OH 44685

CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: GREENLEAF FAMILY CENTER ADDRESS: 580 GRANT ST AKRON, OH 44311 RELATIONSHIP: NONE PURPOSE OF GRANT: SUICIDE PREVENTION IN HIGH SCHOOL FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 5,000. RECIPIENT NAME: INFO LINE ADDRESS: 793 SOUTH MAIN STREET AKRON, OH 44311 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 3,000. RECIPIENT NAME: UNITED DISABILITY SERVICES ADDRESS: 701 S MAIN ST AKRON, OH 44311 RELATIONSHIP: NONE PURPOSE OF GRANT: SMART BOARD FOR 6TH GRADE CLASSROOM FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID .....

- CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: SHELTER CARE INC ADDRESS: 32 SOUTH AVE TALLMADGE, OH 44278 RELATIONSHIP: NONE PURPOSE OF GRANT: REPLACE CARPET IN 2 RELIEF HOMES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 2,000. RECIPIENT NAME: DR. BOB'S HOME ADDRESS: 855 ARDMORE AVE AKRON, OH 44302 **RELATIONSHIP:** NONE PURPOSE OF GRANT: OPERATING & ARCHIVE EXPENSES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 2,500. RECIPIENT NAME: FRIENDS OF METRO PARKS ADDRESS: PO BOX 13364 FAIRLAWN, OH 44334 RELATIONSHIP: NONE PURPOSE OF GRANT: OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC 

. CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: EMBRACING FUTURES INC ADDRESS: 50 S MAIN ST, STE LL100 AKRON, OH 44308 **RELATIONSHIP:** NONE PURPOSE OF GRANT: ORTHONDONTIC CARE FOR CHILDREN FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 5,000. RECIPIENT NAME: ELVES & MORE OF NE OHIO ADDRESS: PO BOX 95 CUYAHOGA FALLS, OH 44222 RELATIONSHIP: NONE PURPOSE OF GRANT: BICYLES FOR KIDS FOR CHRISTMAS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,375. RECIPIENT NAME: WOMENS NETWORK ADDRESS: PO BOX 13259 FAIRLAWN, OH 44334 RELATIONSHIP: NONE PURPOSE OF GRANT: MENTORSHIP & LEADERSHIP PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID .....

2,500.

- CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: ST SEBASTIAN PARISH FOUNDATION ADDRESS: 476 MULL AVE AKRON, OH 44320 RELATIONSHIP: NONE PURPOSE OF GRANT: TEACH CHILDREN HOW TO WRITE MUSIC FOUNDATION STATUS OF RECIPIENT: RECIPIENT NAME: SUMMIT EDUCATION INITIATIVE ADDRESS: 120 E MILL ST AKRON, OH 44308 RELATIONSHIP: NONE PURPOSE OF GRANT: CRADLE TO CAREER CONTUNUUM FOUNDATION STATUS OF RECIPIENT: RECIPIENT NAME: AKRON CHILDREN'S MUSEUM ADDRESS: 3867 W MARKET ST, #175 AKRON, OH 44333 RELATIONSHIP: NONE PURPOSE OF GRANT: FACILITY UPGRADES FOUNDATION STATUS OF RECIPIENT: PC

- CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: OHIOGUIDESTONE ADDRESS: 202 E BAGLEY RD BEREA, OH 44017 RELATIONSHIP: NONE PURPOSE OF GRANT: VARIOUS PROGRAMMING IN SUMMIT CO. FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 2,000. RECIPIENT NAME: GIRLS ON THE RUN OF GREATER SUMMIT ADDRESS: 140 E MARKET ST. 2ND FLOOR AKRON, OH 44308 RELATIONSHIP: NONE PURPOSE OF GRANT: PHYSICAL ACTIVITIES PROGRAMS FOR GIRLS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 2,500. RECIPIENT NAME: VICTORY GALLOP ADDRESS: PO BOX 551 BATH, OH 44210 RELATIONSHIP: NONE PURPOSE OF GRANT: THERAPEUTIC HORSEBACK RIDING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,500.

- CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: BIG BROTHERS AND SISTERS OF SUMMIT & MEDINA COUNTIES INC ADDRESS: 50 S MAIN ST, STE LL110 AKRON, OH 44308 RELATIONSHIP: NONE PURPOSE OF GRANT: PROGRAM SUPPORT FOR CHILDREN FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 3,000. RECIPIENT NAME: CUYAHOGA VALLEY CHRISTIAN ACADEMY ADDRESS: 4687 WYOGA LAKE RD CUYAHOGA FALLS, OH 44224 RELATIONSHIP: NONE PURPOSE OF GRANT: SCIENCE WING RENOVATIONS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 4,000. RECIPIENT NAME: SUMMIT CHORAL SOCIETY INC ADDRESS: 50 S MAIN ST, LL#130 AKRON, OH 44308 RELATIONSHIP: NONE PURPOSE OF GRANT: CHORAL SCHOLARS PROG FOR COLLEGE STUDENTS FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID .....

- CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: EAST AKRON NEIGHBORHOOD DEVELOPMENT CORP ADDRESS: 559 S ARLINGTON ST AKRON, OH 44306 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 2,000. RECIPIENT NAME: REACHING ABOVE HELPLESSNESS & BROKENNESS MINISTRIES INC ADDRESS: PO BOX 13866 AKRON, OH 44334 RELATIONSHIP: NONE PURPOSE OF GRANT: BREAK THE CHAIN OF HUMAN TRAFFICKING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 2,000. RECIPIENT NAME: PARTNERS FOR THEATER INC ADDRESS: 80 DEVON LANE, STE 103 AKRON, OH 44313 RELATIONSHIP: NONE PURPOSE OF GRANT: 2017 SUMMIT STAGEFEST FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 1,000.

- CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: NATIONAL INVENTORS HALL OF FAME ADDRESS: 3701 HIGHLAND PARK NW NORTH CANTON, OH 44720 RELATIONSHIP: NONE PURPOSE OF GRANT: CAMP INVENTION 2017 FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 2,000. RECIPIENT NAME: FIRST TEE OF AKRON INC ADDRESS: 2000 S HAEKINS AVE AKRON, OH 44314

RELATIONSHIP:
NONE
PURPOSE OF GRANT:
TEACH LIFESKILLS TO CHILDREN
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID ......

RECIPIENT NAME:
PREGNANCY SOLUTIONS & SERVICES INC.
ADDRESS:
3136 MANCHESTER RD
AKRON, OH 44319
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

GENERAL PURPOSE
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID ......

- CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: HUMANE SOCIETY OF SUMMIT COUNTY ADDRESS: 7996 DARROW RD., STE 30 TWINSBURG, OH 44807 RELATIONSHIP: NONE PURPOSE OF GRANT: GENREAL PURPOSE FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 3,000. RECIPIENT NAME: SUMMIT METRO PARKS FOUNDATION ADDRESS: 975 TREATY LINE ROAD AKRON, OH 44313 RELATIONSHIP: NONE PURPOSE OF GRANT: GENREAL PURPOSE FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: CHAMBER MUSIC SOCIETY OF OHIO ADDRESS: 548 ROYAL AE. AKRON, OH 44303 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL PURPOSE

PC

FOUNDATION STATUS OF RECIPIENT:

- CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:
SERVICE CORPS OF RETIRED EXECUTIVES
ADDRESS:
175 S. MAIN ST, STE. 204
AKRON, OH 44308
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL PURPOSE
FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID ...... 500.

RECIPIENT NAME:
PACKARD INSTITUTE INC.
ADDRESS:
461 W. MARKET ST.
AKRON, OH 44303-1808
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENREAL PURPOSE

RECIPIENT NAME:
AUTISM SOCIETY OF GREATER AKRON
ADDRESS:
703 S. MAIN ST
AKRON, OH 44311
RELATIONSHIP:
NONE

PURPOSE OF GRANT:
AUTISM FRIENDLY COMMUNITY PROGRAM
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID

- CHARLES E. AND MABEL M. RITCHIE MEMORIAL 34-6500802 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID 

RECIPIENT NAME: AKRON ART MUSEUM ADDRESS: ONE SOUTH HIGH STREET

AKRON, OH 44308

**RELATIONSHIP:** 

NONE

PURPOSE OF GRANT:

KIDS STUDIO CLASSES

FOUNDATION STATUS OF RECIPIENT:

TOTAL GRANTS PAID:

296,575.