ENVELOPE STLUME DATE MAY 1 1 2018



**Return of Private Foundation** 

or Section 4947(a)(1) Trust Treated as Private Foundation not enter social security numbers on this form as it may be made public.

2017

		ent of the Treasury Revenue Service	► Go to v	vww irs.	gov/Form990PFfor instru	ctions and the	latest info	rmation.	Open to Public Inspection
Fo	r cal	endar year 2017	or tax year begin	ning		, 2017, ;	and endin	g	, 20
-	lame	of foundation GL	ENN R. & ALI	CE V.	BOGGESS MEMOR	IAL		A Employeride	entification number
	FOU.	NDATION						] 3	34-6890256
1	umbe	er and street (or PO b	ox number if mail is not	delivered	I to street address)	1	Room/suite		imber (see instructions)
	PO :	BOX 1558 DE	PT EA5W86						330-384-7301
			e, country, and ZIP or fo	reign pos	stal code				<del>· · · · · · · · · · · · · · · · · · · </del>
								C If exemption ap	plication is here.
	COL	UMBUS, OH 4	3216					pending, check	nere
_		ck all that apply:	Initial retur	n	Initial return	of a former pu	blic charit	y D 1 Foreign orga	inizations, check here >
			Final return	ı	Amended ret	urn		2 Foreign orga	inizations meeting the
			Address ch	ange	Name change	е	2		eck here and attach
Н	Che	ck type of organi	zation X Section	on 501	(c)(3) exempt private for	oundation	(1)		
٢	ີ s	ection 4947(a)(1) r	nonexempt charitable	trust	Other taxable pri	vate foundation	on U		ation status was terminated 07(b)(1)(A), check here
Ť		market value o			unting method: X Ca				n is in a 60-month termination
	end	of year (from Pa	rt II, col (c), line	По	ther (specify)				07(b)(1)(B), check here . >
		•		(Part I,	column (d) must be on ca	sh basis)		_	
E	art	Analysis of Rev	enue and Expense		(a) Revenue and	41331			(d) Disbursements
			in columns (b), (c), an fily equal the amounts		expenses per	(b) Net inves income		(c) Adjusted net income	for charitable purposes
		column (a) (see in		· '''	books				(cash basis only)
	1		nts, etc., received (attach sch						
	2		ne foundation is <b>not</b> required.						
	3		nd temporary cash inves						_
	4	Dividends and inte	erest from securities		39,372.	39	7,372.		STMT 1
	5a	Gross rents							
	b	Net rental income or	(loss)						
Ð	6a		m sale of assets not on l	ne 10	214,010.				
2	þ	Gross sales price for assets on line 6a							
Revenue	7		come (from Part IV, I	ne 2) .		214	,010.		
æ	8		oital gain						
	9	Income modification	ons						
	10a	Gross sales less retur and allowances							
	ь	Less Cost of goods s							
	С	Gross profit or (los	s) (attach schedule)			····			
	11	Other income (atta	ach schedule)						
_	12	Total Add lines 1	through 11	· · · ·	253,382.		,382.		
	13	Compensation of offi	cers, directors, trustees,	etc	35,133.	17	,566.		17,566
es		Other employee sa	alaries and wages .			<del> </del>	NONE		NE
ë	15	Pension plans, em	ployee benefits				NONE	NC	ONE
Š	16a	Legal fees lattach							
e E	þ		ata Enedule) BTM		1,050.		525.	NC	NE 525
ξį		Other professional	fees (attach Shedul	e)		- <u> </u>			
Ta.	17	Õrter₩AY 1.4	2018   0						
JS.	18 6		- 2018 - O		711.		559.		_
:≣	19	Depreciation (attac	sh-schedule)(Indi dep	letion .		<u> </u>			_
Adi	15 16a 17 18 19 20 21 22	Occ OGDEN	4. UT T I · ·						
Þ	21	Travel, conferences	s, and meetings				NONE		)NE
a	22	Printing and public					NONE	NC	NE
Вu	23 24 25	Other expenses (a	ttach schedule) STM	T.6.	1,623.	<del></del>	812.		812
ati	24	Total operating ar	nd administrative exp	enses.					
er.		Add lines 13 throu	ıgh 23		38,517.	19	,462.	<u>NC</u>	NE 18,903
ō	25	Contributions, gifts	s, grants paid		61,500.	<u> </u>			61,500
_	26	Total expenses and dis	bursements Add lines 24	and 25	100,017.	19	,462.	NC	NE 80,403
	27	Subtract line 26 fr	om line 12				ļ		
	а		expenses and disburseme		153,365.				
	b	Net investment in	icome (if negative, en	ter -0-)	1	233	,920.		

JSA For Paperwork Reduction Act Notice, see instructions
7E1410 1 000
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Adjusted net income (if negative, enter -0-). .

Part II	Attached schedules and amounts in the Balance Sheets description column should be for end-of-year	Beginning of year	End of	year
	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	48.	NONE	·
2	Savings and temporary cash investments	85,845.	35,268.	35,268
3	Accounts receivable ▶			
ĺ	Less allowance for doubtful accounts ▶			
4	Pledges receivable ▶			
1	Less allowance for doubtful accounts ▶	_		
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			<del></del>
Ì	disqualified persons (attach schedule) (see instructions)		Ì	
7	Other notes and loans receivable (attach schedule)			
	Less allowance for doubtful accounts ► NONE		Ì	
रहा 8	Inventories for sale or use			<del></del>
Assets	Prepaid expenses and deferred charges			
X 10=	Investments - U.S. and state government obligations (attac School).	127,375.		<del></del>
1,000	Investments - corporate stock (attach schedule) . STMT .8.		1,157,799.	1 396 363
	Investments - corporate bonds (attach schedule). STMT .11.	434,760.	550,323.	546,726
11	Investments - land, buildings, and equipment basis Less accumulated depreciation			310,720
1	(attach schedule) Investments - mortgage loans	<del></del>		
12 13	Investments - mortgage loans			
14	Land, buildings, and			
1	equipment basis Less accumulated depreciation			*
45	(attach schedule)			
15	Other assets (describe)  Total assets (to be completed by all filers - see the			
16	instructions Also, see page 1, item I)		1 742 200	1 070 257
		1,591,689.	1,743,390.	1,978,357
17	Accounts payable and accrued expenses			,
18 <sub>(۵</sub>	Grants payable			* *
. <u>9</u> 19	Deferred revenue	<del></del>		
돌 20	Loans from officers, directors, trustees, and other disqualified persons			2.
Liabilities 12 02 13 14	Mortgages and other notes payable (attach schedule)			
_ 22	Other liabilities (describe )			
-	T (-1 1/-1 1/4/ /		1	*>
23	Total liabilities (add lines 17 through 22)	<del></del>	NONE	
Balances 25	Foundations that follow SFAS 117, check here > and complete lines 24 through 26, and lines 30 and 31.			
E 24	Unrestricted			
25	Temporarily restricted			
교 26	Permanently restricted			
or Fund	Foundations that do not follow SFAS 117, check here			
	and complete lines 27 through 31.	1 501 600	7 742 200	
	Capital stock, trust principal, or current funds	1,591,689.	1,743,390.	
Net Assets 30 30 58 78	Paid-in or capital surplus, or land, bldg, and equipment fund	<del></del>		
ğ  29	Retained earnings, accumulated income, endowment, or other funds			
30	Total net assets or fund balances (see instructions)	<u>1,591,689</u> .	1,743,390.	
Ž 31	Total liabilities and net assets/fund balances (see			
	instructions)	1,591,689.	<u>1,743,390.</u>	
	Analysis of Changes in Net Assets or Fund Bala		<del></del>	
	al net assets or fund balances at beginning of year - Part l		-	
en <i>d</i>	-of-year figure reported on prior year's return)		<u>1</u>	1,591,689.
	er amount from Part I, line 27a		2	153,365.
	er increases not included in line 2 (itemize) ► SEE STAT		3	1,221.
4 Add	l lines 1, 2, and 3		4	1,746,275.
	reases not included in line 2 (itemize)  SEE STAT		5	2,885.
6 Tota	al net assets or fund balances at end of year (line 4 minus li	ne 5) - Part II, column (b)	, line 30 6	1,743,390.

Par		and Losses for Tax on Inve					
	(a) List and des	scribe the kind(s) of property sold (for exrick warehouse, or common stock, 200		(b) How acquired P - Purchase D - Donation		(d) Date sold (mo , day, yr )	
1 a	PUBLICLY TRADED	SECURITIES		D - Donation	1		
b							
С			<del></del>				
<u>d</u>							
е			(g) Cost or other basis		<u> </u>		
	(e) Gross sales price	(h) Gain or (loss) ((e) plus (f) minus (g))					
a	1,496,646.	<b> </b>		214,010.			
b							
<u>C</u>				<b></b>			
d				ļ			
е	Complete only for second of	course down in column (h) and oursed b	) the females == 12/21/69	<del>                                     </del>			
	Complete only for assets sit	owing 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 t Losses (from col	(h))	
<u>a</u>						214,010.	
b							
<u>C</u>				<b> </b>			
<u>d</u>			<del> </del>	<del> </del>			
<u>е</u>				<del> </del>			
2	Capital gain net income		ain, also enter in Part I, line 7	2		214 010	
3	Not short term capital a	ain or (loss) as defined in sections	oss), enter -0- in Part I, line 7	-		214,010.	
3		Part I, line 8, column (c). See ins	_	1 1			
				3			
Dar		Inder Section 4940(e) for Redu			<del></del>		
		private foundations subject to the	·		ma l		
Was		the section 4942 tax on the distrib 't qualify under section 4940(e). Do		ase perio	d?	Yes X No	
1		nount in each column for each year		ng anv en	tries		
•	(a)	(b)	(c)	lg dily on	(d)		
Cale	Base period years ndar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution ration (col. (b) divided by		
	2016	76,954.	1,623,205.			0.047409	
	2015	80,716.	1,817,016.			0.044422	
	2014	79,292.	1,861,110.			0.042605	
	2013	77,981.	1,790,492.			0.043553	
	2012	81,468.	1,740,880.			0.046797	
2	Total of line 1, column (	d)		2		0.224786	
3		o for the 5-year base period - divid					
	5	foundation has been in existence i		3		0.044957	
4	Enter the net value of no	oncharitable-use assets for 2017 fro	om Part X, line 5	4	1,	898,161.	
5	Multiply line 4 by line 3.		• • • • • • • • • • • • • • • • • • • •	5		85,336.	
6	Enter 1% of net investme	ent income (1% of Part I, line 27b) .		6		2,339.	
7	Add lines 5 and 6			7		87,675.	
8	Enter qualifying distribute If line 8 is equal to or go Part VI instructions	tions from Part XII, line 4 greater than line 7, check the box	ın Part VI, line 1b, and complete	8 that part	using a 1% ta	80,403. x rate See the	
JSA	r art vi instructions					990-PE (2017)	

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	1113610	CHOU	5)
Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1			
Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
Domestic foundations that meet the section 4940(e) requirements in Part V, check		4,6	<u> 578.</u>
here ▶ and enter 1% of Part I, line 27b			
All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J Part I, line 12, col (b)			
Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		]	NONE
Add lines 1 and 2		4,6	578.
Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		]	NONE
Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		4,6	578.
Credits/Payments			-
2017 estimated tax payments and 2016 overpayment credited to 2017 6a 456.			
Exempt foreign organizations - tax withheld at source			
Tax paid with application for extension of time to file (Form 8868) 6c NONE			
Backup withholding erroneously withheld			
Total credits and payments Add lines 6a through 6d			<u> 156.</u>
Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		4,2	<u> 222.</u>
Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		_	
		_	
t VII-A Statements Regarding Activities			
During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
participate or intervene in any political campaign?	1a		<u>X</u>
Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	1		ŀ
Instructions for the definition	1b	_	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	(		
published or distributed by the foundation in connection with the activities			
Did the foundation file Form 1120-POL for this year?	1c		X
Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation   (2) On foundation managers   \$\Bigsim \frac{1}{2} = \frac{1}{			
Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	]		
on foundation managers > \$			
Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
If "Yes," attach a detailed description of the activities			
Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			ļ
incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
If "Yes," has it filed a tax return on Form 990-1 for this year?	_4b		L
If "Yes," has it filed a tax return on Form 990-T for this year?	4b 5		X
Was there a liquidation, termination, dissolution, or substantial contraction during the year?			X
Was there a liquidation, termination, dissolution, or substantial contraction during the year?			X
Was there a liquidation, termination, dissolution, or substantial contraction during the year?			X
Was there a liquidation, termination, dissolution, or substantial contraction during the year?			X
Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If "Yes," attach the statement required by <i>General Instruction T</i> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either  By language in the governing instrument, or		X	Х
Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	X	X
Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	X	X
Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	X	X
Was there a liquidation, termination, dissolution, or substantial contraction during the year?	6 7	X	X
Was there a liquidation, termination, dissolution, or substantial contraction during the year?	6 7	X	X
Was there a liquidation, termination, dissolution, or substantial contraction during the year?	6 7	X	X
Was there a liquidation, termination, dissolution, or substantial contraction during the year?	6 7	X	
	here ▶ and enter 1% of Part I, line 27b.  All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)  Part I, line 12, col (b)  Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)  Add lines 1 and 2.  Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)  Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-  Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-  Credits/Payments  2017 estimated tax payments and 2016 overpayment credited to 2017	here ▶ and enter 1% of Part I, line 27b All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) Add lines 1 and 2.  Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-  Credits/Payments 2017 estimated tax payments and 2016 overpayment credited to 2017. Exempt foreign organizations - tax withheld at source.  Exempt foreign organizations only, others, enter -0-)  Exempt foreign organizations only only, others, enter -0-)  Exempt foreign organizations only only, others, enter -0-)  Exempt foreign organiza	here ▶

		Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	e 🗀		
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 disqualifie		,	T -
person had advisory privileges? If "Yes," attach statement. See instructions			X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application		X	
Website address ► N/A		1	Ь—
14 The books are in care of ► HUNTINGTON NATIONAL BANK Telephone no ► (330) 38	84-730	1	
Located at ► PO BOX 1558 DEPT EA5W86, COLUMBUS, OH ZIP+4 ► 43210			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			T
and enter the amount of tax-exempt interest received or accrued during the year			
		Yes	No
At any time during calendar year 2017, did the foundation have an interest in or a signature or other authorover a bank, securities, or other financial account in a foreign country?			X
	W354, 2/2	l Marking print	\$227 T
See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name	01		
the foreign country ►  Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required		( DESCRIPTION	
	1000	Yes	No
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1770	162	INO
1a During the year, did the foundation (either directly)			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
disqualified person? Yes X No		<b>1</b>	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	5-282333		
(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		1	
the benefit or use of a disqualified person)?		14	
(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	60.		1.77
termination of government service, if terminating within 90 days)	50 W. S. S.		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulation	1 .		
section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	. 1b	14.77.408	X
Organizations relying on a current notice regarding disaster assistance, check here		50	
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, the		4 2 2 2 2	
were not corrected before the first day of the tax year beginning in 2017?	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-56 (100 100 100 100 100 100 100 100 100 10	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	e i j		73
operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a 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?			
If "Yes," list the years			
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2	200 X		
(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	1	200	250
all years listed, answer "No" and attach statement - see instructions)	. 2b	w 21e2071	X
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
<b>—</b>			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			<b>F</b> 4
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 of	r 🤲	4 . 47	
disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by th	e   🏄 🏃	2.3	
Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	of Take	2	£ 1
the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if th	e		
foundation had excess business holdings in 2017 )	. 3b	<u> </u>	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes	7 4a		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize if	s		
charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017	7 4b	2.55	X

3 Five highest-paid independent contractors for professional services. See instructions If none, enter "NONI	."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
ONE	NONE
	ı.
	<del></del>
otal number of others receiving over \$50,000 for professional services	NONE
art IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1NONE	·
2	
3	
4	
art IX-B Summary of Program-Related Investments (see instructions)	Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  1NONE	Amount
2	
All o ther program-related investments. See instructions	
3 NO NE	
otal. Add lines 1 through 3	

Par	Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	eign found	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:	1 1	
а	Average monthly fair market value of securities	1a	1,834,825.
b	Average of monthly cash balances	1b	92,242.
С	Fair market value of all other assets (see instructions)	1c	NONE
d	<b>Total</b> (add lines 1a, b, and c)	1d	1,927,067.
е			
	1c (attach detailed explanation)	_) )	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	1,927,067.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	28,906.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,898,161.
6	Minimum investment return. Enter 5% of line 5	6	94,908.
Par	t XI 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	Minimum investment return from Part X, line 6	1	94,908.
2a	Tax on investment income for 2017 from Part VI, line 5 2a 4,678		
_ b	Income tax for 2017. (This does not include the tax from Part VI) 2b	7	
c	Add lines 2a and 2b	2c	4,678.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	90,230.
4	Recoveries of amounts treated as qualifying distributions		NONE
5	Add lines 3 and 4	5	90,230.
6	Deduction 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	90,230.
Par	t XII Qualifying Distributions (see instructions)	<del></del>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
ı a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	80,403.
b	Program-related investments - total from Part IX-B		00,403.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
2		2	MOME
_	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the.	3a	NONE
a			NONE
b	Cash distribution test (attach the required schedule)		NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		80,403.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	1 1	N/A
	Enter 1% of Part I, line 27b. See instructions		
6	Adjusted qualifying distributions. Subtract line 5 from line 4		80,403.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when c qualifies for the section 4940(e) reduction of tax in those years	aiculating v	vnetner the foundation

Form **990-PF** (2017)

Par	t XIII Undistributed Income (see instr	uctions)			
1	Distributable amount for 2017 from Part XI,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
•	line 7				90,230.
	Undistributed income, if any, as of the end of 2017				30/230.
_	Enter amount for 2016 only			47,791.	
	Total for prior years 20,20,20		NONE		
	Excess distributions carryover, if any, to 2017		HOME		<del></del>
	i i i i i i i i i i i i i i i i i i i				
	MONTH				
_	MONTH				
	NONE			1	
	MONTH				
-	1701112010 1 7 1 1 1 1	NONE			
	Total of lines 3a through e	NON B			<u> </u>
4	Qualifying distributions for 2017 from Part XII,				
	line 4 ▶ \$80,403.		İ	47 701	
а	Applied to 2016, but not more than line 2a			47,791.	
b	Applied to undistributed income of prior years (Election required - see instructions)		NONE		
С	Treated as distributions out of corpus (Election				
	required - see instructions)	NONE NONE			
d	Applied to 2017 distributable amount				32,612.
е	Remaining amount distributed out of corpus	NONE			<u></u>
5	Excess distributions carryover applied to 2017	NONE			NONE
_	(If an amount appears in column (d), the same amount must be shown in column (a) )  Enter the net total of each column as	* /			
O	indicated below:		İ		
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	NONE	·		
	Prior years' undistributed income Subtract	,			
D	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		
	· ·				
a	Subtract line 6c from line 6b Taxable amount - see instructions		NONE		
е	Undistributed income for 2016 Subtract line				
	4a from line 2a Taxable amount - see instructions				
	manuchons				
f	Undistributed income for 2017 Subtract lines				
	4d and 5 from line 1 This amount must be distributed in 2018	}			57,618.
_					
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)	виои			
_	•		<del></del>		
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	l		
10	Analysis of line 9	1,0111	<del></del>		
	Excess from 2013 NONE		1		
	Excess from 2014 NONE		1		
	MONTE		;		
	MOME		'	İ	
_	TIONE		1		
e	Excess from 2017   NONE	L	<del></del>	L	5 000 PE

Pai	Private Ope	erating Foundations	s (see instructions a	nd Part VII-A, question	on 9)	NOT APPLICABL
1 a	If the foundation has	_			•	
	foundation, and the ruling	ıs effective for 2017, en	ter the date of the ruling		▶	
b	Check box to indicate v	whether the foundation	is a private operating	foundation described in	section 4942	j)(3) or 4942(j)(5)
2a	Enter the lesser of the ad-	Тах уеаг	<del> </del>	Prior 3 years		(e) Total
	justed net income from Part	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 2014	*
	I or the minimum investment return from Part X for each					
	year listed		<del></del>	<del></del>	<del></del>	<del> </del>
	85% of line 2a				<del></del>	<del> </del>
С	Qualifying distributions from Part XII, line 4 for each year listed .			<u> </u>		
d	Amounts included in line 2c not used directly for active conduct of exempt activities				· · · · · · · · · · · · · · · · · · ·	
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2 d from line 2c					
3	Complete 3a, b, or c for the			,		<del>                                     </del>
а	afternative test relied upon "Assets" alternative test - enter			/		
_	(1) Value of all assets			j. <sup>2,5</sup>		
	(2) Value of assets qualifying under section		/			
b	4942(j)(3)(B)(i) "Endowment" alternative test-		,*	<del> </del>		<del> </del>
	enter 2/3 of minimum invest-			1		
	ment return shown in Part X, lime 6 for each year listed					
С	"Support' alternative test - enter		,,			<del> </del>
	(1) Total support other than		1	}		
	gross investment income (interest, dividends, rents,	1	ľ	ļ		
	payments on securities					
	loans (section 512(a)(5)),	, /		1		
	or royalties)			<del></del>		<del> </del>
	public and 5 or more exempt organizations as	Spender				
	provided in section 4942	y'	}			
	(j)(3)(B)(iii)	/				<del> </del>
	port from an exempt					
	organization		<del> </del>	<del>   </del>		<del> </del>
Par		tary Information (	Complete this part	only if the foundati	ion had \$5,000 o	r more in assets at
		uring the year - see		omy in the roundate	40,000 0	i more in assers at
1	Information Regarding	Foundation Manager	rs:			
а	List any managers of before the close of any	the foundation who leed tax year (but only if the	nave contributed mor ney have contributed i	e than 2% of the total more than \$5,000) (Se	contributions receive section 507(d)(2))	ved by the foundation
	N/A					
þ	List any managers of ownership of a partner	the foundation who ship or other entity) of	own 10% or more of which the foundation	f the stock of a corpo has a 10% or greater	ration (or an equall nterest.	y large portion of the
	N/A					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarsh	ip, etc., Programs:		
	Check here ▶ if t	he foundation only	makes contributions	to preselected charit	able organizations	and does not accept
	unsolicited requests for complete items 2a, b, c	or funds If the found	ation makes gifts, gra	ants, etc , to individual	s or organizations u	nder other conditions,
а	The name, address, and	d telephone number o	r email address of the	person to whom applic	cations should be ad-	dressed:
	SEE STATEMENT 1	14				
b	The form in which appl	lications should be sub	omitted and information	on and materials they sl	hould include:	
	SEE ATTACHED ST	TATEMENT FOR LI	NE 2			
	Any submission deadling	nes.				
	SEE ATTACHED ST		NE 2			
	עשווייייייייייייייייייייייייייייייייייי		<b>-</b>			
ď	Any restrictions or lifeactors.	mitations on awards	such as by geogra	aphical areas, charitat	ole fields, kinds of	institutions, or other
		. 1 COL WITH USA	מוגד ר			
JSA	SEE ATTACHED ST	ALEMENT FOR LI	NE Z	<del></del>		000 PE

Part XV Supplementary Information 3 Grants and Contributions Paid Durin	(continued)	oved for F	uture Payment	
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	If recipient is an individual,	Foundation	Purpose of grant or	<del></del>
Name and address (home or business)	any foundation manager	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	Or SUBSIDINIAL CONTINUES	T		<del></del>
<u>-</u>				
SEE STATEMENT 32		İ		61,500
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Total	<del> </del>	<del></del> i	▶ 3a	61,500
<b>b</b> Approved for future payment				
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Total	<del></del>	<u> </u>	N 24	<del></del>
Total	<del></del>	<del></del>	▶ 3b	

ter gross amounts unless otherwise indicated	ucing Act Unrela	ated 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		<u></u>			
q					
e			<del> </del>		
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments -					
Dividends and interest from securities			14	39,372.	
Net rental income or (loss) from real estate	<del></del>	<del></del>		<u> </u>	<del></del>
a Debt-financed property			<del> </del>		
b Not debt-financed property · · · · · ·	1				<del> </del>
Net rental income or (loss) from personal property  Other investment income		<u> </u>	+	<del></del>	
Gain or (loss) from sales of assets other than inventor	1		18	214,010.	·
Net income or (loss) from special events · · ·	•				
Gross profit or (loss) from sales of inventory					
Other revenue a					
b			_	_	
c					
d					
e					
				253,382.	253,38
Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calc	ulations)			13	253,38
Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calc	ulations)			13	253,38
Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calce  Art XVI-B Relationship of Activities  The No Explain below how each activities	ulations) s to the A	ccomplishment of	Exempt Pur	ooses  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 calconst XVI-B Relationship of Activitie	ulations) s to the A	ccomplishment of	Exempt Pur	ooses  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 calcular XVI-B Relationship of Activitiene No Explain below how each activity	ulations) s to the A	ccomplishment of	Exempt Pur	ooses  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 calcular XVI-B Relationship of Activitiene No Explain below how each activity	ulations) s to the A	ccomplishment of	Exempt Pur	ooses  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 calce  rt XVI-B Relationship of Activitie  ne No Explain below how each activity	ulations) s to the A	ccomplishment of	Exempt Pur	ooses  of Part XVI-A contribu	ted importantly to
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Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calce  rt XVI-B Relationship of Activitie  ne No Explain below how each activity	ulations) s to the A	ccomplishment of	Exempt Pur	ooses  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 calce  rt XVI-B Relationship of Activitie  ne No Explain below how each activity	ulations) s to the A	ccomplishment of	Exempt Pur	ooses  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 calce  rt XVI-B Relationship of Activitie  ne No Explain below how each activity	ulations) s to the A	ccomplishment of	Exempt Pur	ooses  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 calce  rt XVI-B Relationship of Activitie  ne No Explain below how each activity	ulations) s to the A	ccomplishment of	Exempt Pur	ooses  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 calcular XVI-B Relationship of Activitiene No Explain below how each activity	ulations) s to the A	ccomplishment of	Exempt Pur	ooses  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 calcular XVI-B Relationship of Activitiene No Explain below how each activity	ulations) s to the A	ccomplishment of n income is reported t purposes (other than	Exempt Purpose in column (end by providing	ooses  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 calcular XVI-B Relationship of Activitiene No Explain below how each activity	ulations) s to the A	ccomplishment of	Exempt Purpose in column (end by providing	ooses  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 calce  rt XVI-B Relationship of Activitie  ne No Explain below how each activity	ulations) s to the A	ccomplishment of n income is reported t purposes (other than	Exempt Purpose in column (end by providing	ooses  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 calce  rt XVI-B Relationship of Activitie  ne No Explain below how each activity	ulations) s to the A	ccomplishment of n income is reported t purposes (other than	Exempt Purpose in column (end by providing	ooses  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 calce  rt XVI-B Relationship of Activitie  ne No Explain below how each activity	ulations) s to the A	ccomplishment of n income is reported t purposes (other than	Exempt Purpose in column (end by providing	ooses  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 calce  rt XVI-B Relationship of Activitie  ne No Explain below how each activity	ulations) s to the A	ccomplishment of n income is reported t purposes (other than	Exempt Purpose in column (end by providing	ooses  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 calce  rt XVI-B Relationship of Activitie  ne No Explain below how each activity	ulations) s to the A	ccomplishment of n income is reported t purposes (other than	Exempt Purpose in column (end by providing	ooses  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 calcular XVI-B Relationship of Activitiene No Explain below how each activity	ulations) s to the A	ccomplishment of n income is reported t purposes (other than	Exempt Purpose in column (end by providing	ooses  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 calcular XVI-B Relationship of Activitiene No Explain below how each activity	ulations) s to the A	ccomplishment of n income is reported t purposes (other than	Exempt Purpose in column (end by providing	ooses  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 calcular XVI-B Relationship of Activitiene No Explain below how each activity	ulations) s to the A	ccomplishment of n income is reported t purposes (other than	Exempt Purpose in column (end by providing	ooses  of Part XVI-A contribu	ted importantly to
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Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activitiene No Explain below how each activity	ulations) s to the A	ccomplishment of n income is reported t purposes (other than	Exempt Purpose in column (end by providing	ooses  of Part XVI-A contribu	ted importantly to
ine No Explain below how each activity	ulations) s to the A	ccomplishment of n income is reported t purposes (other than	Exempt Purpose in column (end by providing	ooses  of Part XVI-A contribu	ted importantly to

Form 99	90-PF (20					<u>34-6890</u>			Pa	ge 13
Part	XVII	Informat Exempt	ion Regarding Organizations	Transfers to an	Transaction	ons and Relatio	nships With No	onchari	table	
1 (	Old the	organization	directly or indirec	tly engage in any o	f the following	with any other or	ganization describe	ed	Yes	No
			(other than section	on 501(c)(3) orga	nizations) or	in section 527,	relating to politic	al		
		ations <sup>7</sup>								i i
			· =	to a noncharitable				4.40		v
-									_	X
		er assets ransactions:	• • • • • • • • • •		• • • • • •		• • • • • • • •	1a(2)		
(	(1) Sale	es of assets to	a noncharitable ex	kempt organization .				1b(1)		X
				itable exempt organ					1	X
				her assets					·	X
			_							X
		_						_		X
				ship or fundraising s lists, other assets, o					ļ	X
				"Yes," complete the					fair m	
•	value o	f the goods,	other assets, or se	ervices given by the angement, show in	reporting for	undation If the fou	ndation received le	ess than	fair m	narke
(a) Lin		(b) Amount inve		of noncharitable exempt			nsfers, transactions, and			
				<del></del>						
	_									
	-+									
2a	s the	foundation di	rectly or indirectly	affiliated with, or i	elated to, one	e or more tax-exem	pt organizations			
(	describ			section 501(c)(3)) o	r in section 52	277		Y	es 🔼	∐ No
<u>b</u>	If "Yes,		e following schedul							
		(a) Name of org	ganization	(b) Type (	of organization		(c) Description of rela	tionship		
						<del></del>				
			<del></del> .				·			
			· · · · · · · · · · · · · · · · · · ·	+						
				xamined this return, includir			d to the best of my know	vledge and b	pelief, it	is true
0:	correct	, and complete Dec	laration of preparer (other the	nan taxpayer) is based on all ir	formation of which p	preparer has any knowledge				
Sign		A A	1.00°	04/23/	2018	VICE PRESID	י וחזגות	IRS discus		
Here	Sign	alure of officer or	rustee	Date		Title	See instru		Yes	No
_	∐ н∪	NTINGTON	NATIONAL BAN							<u> </u>
Do: 4		Print/Type preparent		Preparer's signa	tury 01/1	Date	Check	If PTIN		
Paid		DOAK A P		Look.	H. T feff	04/23	/2018 self-employed	P008	7851	L 8
Prepa		Firm's name	► ERNST & YC				Firm's EIN ► 3	4-6565	596	
Use	Only	Firm's address		TREET, SUITE						
			GRANDVIEW	HEIGHTS, OH	432	212	Phone no 614	<u>-232-7</u>	288	

RECIPIENT NAME: BRENDA MOUBRAY ADDRESS: 106 S MAIN ST, STE 500 AKRON, OH 44308 RECIPIENT'S PHONE NUMBER: 330-384-7301 FORM, INFORMATION AND MATERIALS: LETTER REQUESTING DISTRIBUTION ADDRESSED TO ABOVE SUBMISSION DEADLINES: N/A RESTRICTIONS OR LIMITATIONS ON AWARDS: SUMMIT COUNTY, OHIO

GLENN R. & ALICE V. BOGGESS MEMORIAL 34-6890256 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_ RECIPIENT NAME: FIRST GLANCE STUDENT CENTER ADDRESS: 943 KENMORE BLVD. AKRON, OH 44314 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FUND FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: CHILDRENS CONCERT SOCIETY OF AKRON EJ THOMAS PERFORMING ARTS HALL ADDRESS: 198 HILL STREET AKRON, OH 44325 RELATIONSHIP: NONE PURPOSE OF GRANT: CONCERT HALL, IN-SCHOOL CONCERT SERIES FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: MAGICAL THEATRE COMPANY ADDRESS: PO BOX 386 BARBERTON, OH 44203 RELATIONSHIP: NONE PURPOSE OF GRANT: OPERATIONS FOR 2015-16 SEASON FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,000.

GLENN R. & ALICE V. BOGGESS MEMORIAL 34-6890256 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: 2015 BLOSSOM MUSIC FESTIVAL FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: WESTERN RESERVE HISTORICAL SOCIETY HALE FARM & VILLAGE ADDRESS: 10825 EAST BLVD CLEVELAND, OH 44106 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOR HALE FARM & VILLAGE FOUNDATION STATUS OF RECIPIENT:

RECIPIENT NAME:

JUNIOR ACHIEVEMENT USA OF

NORTH CENTRAL OHIO

ADDRESS:

PO BOX 26006

AKRON, OH 442419

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NORTH CENTRAL OHIO PROGRAMS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ......

GLENIN R. & ALICE V. BOGGESS MEMORIAL 34-6890256 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: CROWN POINT ECOLOGY CENTER ADDRESS: PO BOX 484 BATH, OH 44210 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: KEEP AKRON BEAUTIFUL ADDRESS: 850 EAST MARKET STREET AKRON, OH 44305 RELATIONSHIP: NONE PURPOSE OF GRANT: URBAN BEAUTIFICATION PROJECT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: LET'S GROW AKRON INC ADDRESS: 467 HARVEY AVENUE AKRON, OH 44314 RELATIONSHIP: NONE PURPOSE OF GRANT: COMMUNITY FOOD GARDENS FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID .....

PC

GLENN R. & ALICE V. BOGGESS MEMORIAL 34-6890256 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_ RECIPIENT NAME: PASTORAL COUNSELING SERVICES OF SUMMIT COUNTY ADDRESS: 282 WEST BOWERY STREET AKRON, OH 44307 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: RAPE CRISIS CENTER ADDRESS: 974 EAST MARKET STREET AKRON, OH 44305 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: AKRON CANTON REGIONAL FOODBANK ADDRESS: 350 OPPORTUNITY PARKWAY AKRON, OH 4307 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID .....

GLENN R. & ALICE V. BOGGESS MEMORIAL 34-6890256 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: AKRON INNER CITY SOCCER CLUB ADDRESS: 865 ROSLYN AVENUE AKRON, OH 44320 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: AKRON MARATHON CHARITABLE CORPORATION ADDRESS: 453 S HIGH STREET, SUITE 301 AKRON, OH 44311 **RELATIONSHIP:** NONE PURPOSE OF GRANT: MATERIAL FOR NEW RUBBER CITY RACE SERIES FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: CASA BOARD VOLUNTEER ASSOCIATION ADDRESS: 650 DAN STREET AKRON, OH 44310 **RELATIONSHIP:** NONE PURPOSE OF GRANT: SERVICE TO ABUSED AND NEGLECTED CHILDREN FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID .....

GLENN R. & ALICE V. BOGGESS MEMORIAL 34-6890256 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: COMMUNITY OUTREACH RESOURCES EXCHANGE - FURNITURE BANK ADDRESS: 2900 STATE ROAD, UNIT 3 CUYAHOGA FALLS, OH 44223 RELATIONSHIP: NONE PURPOSE OF GRANT: FURNITURE FOR FAMILIES IN NEES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: HERE'S HOPE HORSE FARM ADDRESS: 2545 NORTHAMPTON ROAD CUYAHOGA FALLS, OH 44223 RELATIONSHIP: NONE PURPOSE OF GRANT: THERAPEUTIC RIDING PROGRAM FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: INTERNATIONAL SOAP BOX DERBY INC ADDRESS: 789 DERBY DOWNS DRIVE AKRON, OH 44306 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING FOR VARIOUS PROGRAMS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,000.

GLENN R. & ALICE V. BOGGESS MEMORIAL 34-6890256 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_ RECIPIENT NAME: OPPORTUNITY PARISH ECUMENICAL NEIGHBORHOOD MINISTRY ADDRESS: 941 PRINCETON STREET AKRON, OH 44311 **RELATIONSHIP:** NONE PURPOSE OF GRANT: FOOD PANTRY, HOT MEALS & FOOD PROGRAM FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: PEGASUS FARM ADDRESS: 7490 EDISON ST NE HARTVILLE, OH 44632 RELATIONSHIP: NONE PURPOSE OF GRANT: THERAPUTIC RIDING PROGRAM FOR SPECIAL NEEDS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: REBUILDING TOGETHER SUMMIT CO., INC ADDRESS: 788 DONALD AVENUE AKRON, OH 44306 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: - PC

AMOUNT OF GRANT PAID .....

GLENN R. & ALICE V. BOGGESS MEMORIAL 34-6890256 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: VICTIM ASSISTANCE PROGRAM INC ADDRESS: 150 FURNACE ST AKRON, OH 44304 RELATIONSHIP: NONE PURPOSE OF GRANT: 24 HR. CRISIS RESPONSE PROGRAM FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: YOUNG MENS CHRISTIAN 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: PC AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: DOWNTOWN AKRON PARTNERSHIP INC. ADDRESS: 103 S. HIGH STREET, 4TH FLOOR AKRON, OH 44308 RELATIONSHIP: PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID .....

GLENN R. & ALICE V. BOGGESS MEMORIAL 34-6890256 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: STEWARTS CARING PLACE ADDRESS: 2955 W MARKET STREET, SUITE R AKRON, OH 44333 **RELATIONSHIP:** NONE PURPOSE OF GRANT: INTEGRATIVE CARE FOR CANCER FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ...... 1,000. RECIPIENT NAME: ACCESS INC ADDRESS: 230 W MARKET STREET AKRON, OH 44303 RELATIONSHIP: NONE PURPOSE OF GRANT: EMERGENCY SHELTER FOR HOMELESS WOMEN & CHILDR FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 1,000. RECIPIENT NAME: AKRON COMMUNITY SERVICE CENTER & URBAN LEAGUE ADDRESS: 440 VERNON ODOM BLVD AKRON, OH 44307 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID ......

GLENN R. & ALICE V. BOGGESS MEMORIAL 34-6890256 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: BOY SCOUTS OF AMERICA GREAT TRAIL COUNCIL ADDRESS: PO BOX 68 AKRON, OH 44309 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: BOYS AND GIRLS CLUB OF THE WESTERN RESERVE INC ADDRESS: 889 JONATHAN AVENUE AKRON, OH 44306 RELATIONSHIP: NONE PURPOSE OF GRANT: AFTERSCHOOL & SUMMER PROGRAMS FOR YOUTH FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: GIRLS SCOUTS OF NE OHIO ADDRESS: ONE GIRL SCOUT WAY MACEDONIA, OH 44056 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT

AMOUNT OF GRANT PAID .....

FOUNDATION STATUS OF RECIPIENT:

GLENN R. & ALICE V. BOGGESS MEMORIAL 34-6890256 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: GOOD NEIGHBORS INC ADDRESS: 1453 GOODYEAR BLVD AKRON, OH 44305 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: HAVEN OF REST MINISTRIES ADDRESS: 175 EAST MARKET STREET AKRON, OH 44309 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: PREGNANCY CARE OF SUMMITY COUNTY ADDRESS: 195 E TALLMADGE AVE AKRON, OH 44310 **RELATIONSHIP:** NONE PURPOSE OF GRANT: SUPPORT FOR CRISIS PREGNANCIES FOUNDATION STATUS OF RECIPIENT: PC

AMOUNT OF GRANT PAID .....

GLENN R. & ALICE V. BOGGESS MEMORIAL 34-6890256 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: SALVATION ARMY SUMMITY COUNTY AREA ADDRESS: 190 SOUTH MAPLE STREET AKRON, OH 44302 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 5,000. RECIPIENT NAME: GREATER AKRON MUSICAL ASSOCIATION. INC. ADDRESS: 92 NORTH MAIN STREET AKRON, OH 44309 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 1,000. RECIPIENT NAME: KENT STATE UNIVERSITY FOUNDATION PORTHOUSE THEATRE ADDRESS: P.O. BOX 5190 KENT, OH 44242 **RELATIONSHIP:** NONE PURPOSE OF GRANT: SCHOLARSHIPS FOR PORTHOUSE THEATRE ACADEMY FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID .....

GLENN R. & ALICE V. BOGGESS MEMORIAL 34-6890256 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: EMBRACING FUTURES INC. ADDRESS: 50 SOUTH MAIN STREET, SUITE LL100 AKRON, OH 44308 RELATIONSHIP: NONE PURPOSE OF GRANT: ORTHODONTIC CARE PROGRAM FOR CHILDREN FOUNDATION STATUS OF RECIPIENT: PCAMOUNT OF GRANT PAID ..... 2,500. RECIPIENT NAME: INTERVAL BROTHERHOOD HOMES CORP ADDRESS: 3445 S MAIN STREET AKRON, OH 44319 RELATIONSHIP: NONE PURPOSE OF GRANT: INPROVEMENTS FOR AGING RESIDENCES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: AMERICAN NATIONAL RED CROSS -OF SUMMIT AND PROTAGE COUNTIES ADDRESS: 501 WEST MARKET STREET AKRON, OH 44303 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID .....

GLENN R. & ALICE V. BOGGESS MEMORIAL 34-6890256 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: FIRST UNITED METHODIST CHURCH OF AKRON ADDRESS: 263 EAST MILL STREET AKRON, OH 44308 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL SUPPORT & COMMUNITY OUTREACH FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 4,000. RECIPIENT NAME: OHIO GUIDESTONE ADDRESS: 202 BAGLEY ROAD BEREA, OH 44017 RELATIONSHIP: NONE PURPOSE OF GRANT: SPECIALIZED FOSTER CARE & MENTAL HEALTH SERVI FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: BATTERED WOMEN'S SHELTER ADDRESS: 759 W MARKET ST AKRON, OH 44303 **RELATIONSHIP:** PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ......

GLENN R. & ALICE V. BOGGESS MEMORIAL 34-6890256 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: DAUGHTERS OF DIVINE CHARITY ADDRESS: 89 NORTH PORTAGE PATH AKRON, OH 44303 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: HUMANE SOCIETY OF GREATER AKRON ADDRESS: 7996 DARROW ROAD, SUITE 30 TWINSBURG, OH 44087 RELATIONSHIP: NONE PURPOSE OF GRANT: PAWSABILITIES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: CUYAHOGA VALLEY CHRISTIAN ACADEMY ADDRESS: 4687 WYOGA LAKE RD CUYAHOGA FALLS, OH 44224 RELATIONSHIP: NONE PURPOSE OF GRANT: AT RISK YOUTH AGES 16-24 FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID .....

PC

GLEN'N R. & ALICE V. BOGGESS MEMORIAL 34-6890256 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: VICTORY GALLOP INC ADDR ESS: PO BOX 551 BA\*TH, OH 44210 RELATIONSHIP: NONE PURPOSE OF GRANT: PETIE HOSPITAL VISITATION PROGRAM FOUNDATION STATUS OF RECIPIENT: PC AMOUINT OF GRANT PAID ..... 1,000. RECIPIENT NAME: NATIONAL INVENTORS HALL OF FAME INC ADDRESS: 3701 HIGHLAND PARK NW NORTH CANTON, OH 44720 RELATIONSHIP: NONE PURPOSE OF GRANT: CAMP INVENTION 2016 SCHOLARSHIPS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: CASCADE LOCKS PARK ASSOCIATION ADDRESS: 248 FERNDALE ST AKRON, OH 44304 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID .....

PC

GLENN R. & ALICE V. BOGGESS MEMORIAL 34-6890256 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_\_\_\_ RECIPIENT NAME: FIRST TEE OF AKRON INC ADDRESS: 2000 S HAEKINS AVE AKRON, OH 44314 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: PROJECT SUMMIT INC ADDRESS: 4463 REX LAKE DR AKRON, OH 44319 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: RMH OF AKRON INC ADDRESS: 245 LOCUST ST AKRON, OH 44302 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ......

GLENIN R. & ALICE V. BOGGESS MEMORIAL 34-6890256 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: VILLAGE NETWORK RENOV. & RE-OPENINGAKRON ADDR ESS: 20 00 NOBLE DRIVE WOOSTER, OH 44691 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,000. TOTAL GRANTS PAID: 61,500.