

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

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OMB No 1545 0052 2017

		nent of the Treasury Revenue Service		cial security numbers or gov/Form990PFfor instr				Or	pen to Public Inspection
F	or ca	lendar year 2017	or tax year beginning			, and ending			. 20
			PAUL MILLS & THO	ORA J. MILLS ME				oyer identifi	ication number
	FOU	NDATION						37-	1432256
	Numb	er and street (or PO b	ox number if mail is not delivered	d to street address)		Room/suite	B Telep		er (see instructions)
						}	ŀ		
_	PO	BOX 1558 DE	PT EA5W86					33	0-384-7301
	City or	town, state or provinc	e, country, and ZIP or foreign po	stal code					
								nption applicating, check here	
		UMBUS, OH 4	3216					.,	
G	Che	ck all that apply:	Initial return	Initial return	of a former p	ublic charity	D 1 For	eign organizat	ions, check here >
			Final return	Amended re					ions meeting the
_			Address change	Name chang					ere and attach
H	_Che	ck type of organia	zation X Section 501	(c)(3) exempt private f	oundation	$\langle \cdot \rangle \wedge$	E If priva	ta foundation	status was terminated
1			onexempt charitable trust	Other taxable pr		tion 🕖 💆	<i>i</i>		)(1)(A), check here .
I		market value o	1 —	unting method: X C	ash [ Acc	rual	F If the f	oundation is i	n a 60-month termination
		of year (from Pa		ther (specify)			under	section 507(b	)(1)(B), check here . >
	_			column (d) must be on ca	ash basis)		<u> </u>		
L	art		enue and Expenses (The n columns (b), (c), and (d)	(a) nevenue anu	(b) Net inve	etmont	(c) Adjust	nd not	(d) Disbursements for charitable
			ily equal the amounts in	expenses per books	incon		incom		purposes
_		column (a) (see in	structions) )	DOOKS	<u> </u>				(cash basis only)
	1		ts, etc., received (attach schedule) . e foundation is <b>not</b> required to		. %	1 12			, ", ",
	2	Check Latta	ch Sch B	* * * * * *		** \$.			<del>  ` ` `                               </del>
	3	_	nd temporary cash investments.		ļ				\
	4	Dividends and inte	rest from securities	28,630.	. 2	8,630.			STMT 1
	5a	Gross rents		· · · · · · · · · · · · · · · · · · ·	,,	* * * * * * * * * * * * * * * * * * *			, s.
	l		(loss)	***	* × , ,		<u>*</u>	·	£ \$%.
ue	6a b	Net gain or (loss) from Gross sales price for a	n sale of assets not on line 10	139,486.	, %	<u> </u>	·	``	x
/en		assets on line 6a	1,218,013.	*, *	* * * * * * * * * * * * * * * * * * * *	·	*	· <del></del>	· · · · · · ·
Revenue	7	. •	come (from Part IV, line 2) .	**************************************	1.3	9,486.	* \		¥* ***
_	8	= -	tal gain	, , , , , , , , , , , , , , , , , , ,	* *				· · · · · · · · · · · · · · · · · · ·
	9 10a	Gross sales less return		* * * * * * * * * * * * * * * * * * * *	* 1	*	<del></del>		* *
		and allowances			· · · · · ·	*			*
		Less Cost of goods so	s) (attach schedule)	* * * * * * * * * * * * * * * * * * *	<del> </del>				
	11		ch schedule)	223.	,				STMT 3
	12		through 11	168,339.	16	8,116.			DIMI J
٦	13		ers, directors, trustees, etc	26,357.		3,179.			13,179.
es	14		laries and wages	20,001.	<u> </u>	NONE		NONE	
Š	15	Pension plans, emp	3			NONE		NONE	······································
¢ρε	16a	Legal fees (attach s	•					2.01.11	
Û	15 16a b c 17 18 19 20 21 22 23 24	Accounting Fee	udor Enedule) STMT 4	1,050.		525.	-	NONE	525.
Ne	c	Other professional	fees (attach schedule)						
rat	17	Parest MAY.	1 2010 0						
ist	18	Res (attach sched	4 2018 Q	370.		370.			
٥	19	Pepreciation (attack	n-echedure) and depletion						,
힑	20	Decupa QGDE	N. UT						
7	21	Travel, conferences	, and meetings			NONE		NONE	
딞	22		ations			NONE		NONE	
밁	23		tach schedule) STMT. 6 .	235.					117.
ā	24	Total operating and	d administrative expenses						
ě		Add lines 13 through	gh 23	28,012.	1	4,074.		NONE	13,821.
5	25	Contributions, gifts,	, grants paid	49,850.					49,850.
_	26	Total expenses and disb	ursements Add lines 24 and 25	77,862.	1	4,074.		NONE	63,671.
İ	27	Subtract line 26 fro	m line 12						
			expenses and disbursements	90,477.					
	b	Net investment inc	come (if negative, enter -0-)		15	4,042.			
- 1	_	Administration of the control	1.6			1		- 1	

6		Attached schedules and amounts in the	Beginning of year	End	of year
Li	art II	Balance Sheets description column should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
$\neg$	1	Cash - non-interest-bearing	94.	240	. 240.
l				11,230	
ſ		Savings and temporary cash investments	20,01,.		12/230
- }		Accounts receivable ►	1		
- }		Less allowance for doubtful accounts >			<del> </del>
- [	4	Pledges receivable ▶			
-		Less allowance for doubtful accounts ▶			<u> </u>
ſ		Grants receivable			i
- 1	_	Receivables due from officers, directors, trustees, and other			
Į		disqualified persons (attach schedule) (see instructions)			
- 1					^ 23 *** 3
j	7	Other notes and loans receivable (attach schedule)	ì	<u>-</u>	
- {		Less allowance for doubtful accounts ►NONE			<u> </u>
Assets	8	Inventories for sale or use			<del></del>
SS	9	Prepaid expenses and deferred charges			
الخ	10a	Investments - U.S. and state government obligations (attach schedule)	1		<u> </u>
J	ь	Investments - corporate stock (attach schedule) . STMT .7	652.611.1	770,450	921,510
- [		Investments - corporate bonds (attach schedule). STMT .1.0.	496,522.	486,406	
ŀ	11 11			X Y . X	T
1		and equipment basis	. *		
- 1		(attach schedule)			<del> </del>
ļ	12	Investments - mortgage loans			
		Investments - other (attach schedule)			
1		Land, buildings, and equipment basis	, , , ,		
- 1		equipment basis Less accumulated depreciation (attach schedule)	ľ		1
- (	1=	(attach schedule)			
	15	Other assets (describe >)  Total assets (to be completed by all filers - see the			<del></del>
1	16	lotal assets (to be completed by all filers - see the	1 177 074	1 000 300	1 415 177
4		instructions Also, see page 1, item I)	1,1/1,8/4.	1,268,326	1,415,177
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Se	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons.			i . *
三	l	Mortgages and other notes payable (attach schedule)			
<u>.e</u>	!				
_	22	Other liabilities (describe > CASH OVERDRAFT )			
				17017	
_		Total liabilities (add lines 17 through 22)		<u>NON</u>	
		Foundations that follow SFAS 117, check here ▶			
Balances		and complete lines 24 through 26, and lines 30 and 31.			* * *
nc	24	Unrestricted	i		
<u>ala</u>	25	Temporarily restricted			7 * * / / * /
ä	25	• •			<b>ヿ゚゠゚゚</b> ゛゠゠゚゙ヾ゚ヾ゙
þ	26	Permanently restricted			1 ` * * *
or Fund	Ì	Foundations that do not follow SFAS 117, check here			, i i i i i i i i i i i i i i i i i i i
Ī		and complete lines 27 through 31.			*
	27	Capital stock, trust principal, or current funds	1,177,874.	1,268,326	<b>-</b>   ``
Net Assets	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds			J , ** ** **
۷	30	Total net assets or fund balances (see instructions)	1,177,874.	1,268,326	·
<u>=</u>	31	Total liabilities and net assets/fund balances (see			寸 ` , .
2			1,177,874.	1,268,326	'
		instructions)		1,200,320	4
	art II				T
1		al net assets or fund balances at beginning of year - Part			
	end	of-year figure reported on prior year's return)		<u>1</u>	1,177,874.
2	Ente	er amount from Part I, line 27a		2	90,477.
3		er increases not included in line 2 (itemize) > SEE STA		3	1,154.
		lines 1, 2, and 3		4	1,269,505.
		reases not included in line 2 (itemize) ≥017 INCOME POSTED		5	1,179.
					1,268,326.
_6	lota	al net assets or fund balances at end of year (line 4 minus l	ine 5) - Part II, column (t	o), line 30   6	
					Form 990-PF (2017)

Pa	rt IV Capital Gains	and Losses for Tax on Inve	estment Income			<u>-</u> -
	(a) List and des	scribe the kind(s) of property sold (for e. rick warehouse, or common stock, 200	xample, real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1 a	PUBLICLY TRADED	SECURITIES		3 3011311		
t	)			ļ		!
					<u> </u>	! 
				<del> </del>	<del> </del>	<u> </u>
		(f) Depreciation allowed	(g) Cost or other basis	<del> </del>	(h) Gain or (lo	ce)
	(e) Gross sales price	(or allowable)	plus expense of sale	ļ	((e) plus (f) min	us (g))
a			1,078,527.	<del> </del>		139,486.
<u>t</u>	<del></del>			<del> </del>		
				<del>                                     </del>		
e				<del>                                     </del>		
	Complete only for assets sh	owing gain in column (h) and owned b	y the foundation on 12/31/69	(0)	Gains (Col (h) ga	un minus
	(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		(k), but not less t Losses (from co	han -0-) <b>or</b>
a	L			1		139,486.
			<u> </u>	<u> </u>		
0	·					
	<u> </u>			<del>                                     </del>		
2	Capital gain net income	or (net capital loss)	ain, also enter in Part I, line 7	2		120 406
3	Net short-term capital da	ain or (loss) as defined in sections	oss), enter -0- in Part I, line 7	-		139,486.
		art I, line 8, column (c) See ins				
	_		•	3		
Pa			uced Tax on Net Investment I	<del></del>		
Was			outable amount of any year in the b	ase perio	d?	Yes X No
1 1			r, see the instructions before makir			
<u></u>	(a)	(b)		ig any en	(d)	
Cal	Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ra (col (b) divided by	
	2016	65,754.	1,280,384.		(bor (b) divided by	0.051355
	2015	66,652.	1,334,356.			0.049951
	2014	66,085.	1,372,486.			0.048150
	2013	59,267.	1,319,498.			0.044916
	2012	69,170.	1,307,732.			0.052893
				{ {		
2				2		0.247265
3	-	o for the 5-year base period - divid foundation has been in existence i		3		0.049453
4	Enter the net value of no	oncharitable-use assets for 2017 fro	om Part X, line 5	4	1,	365,661.
5	Multiply line 4 by line 3.			5		67,536.
6				6		1,540.
7				7		69,076.
8			ın Part VI, line 1b, and complete		using a 1% ta	63,671. x rate See the
JSA	<del></del>	<del></del>	<del></del>		Form	990-PF (2017)

Was there a liquidation, termination, dissolution, or substantial contraction during the year?.................

 By state legislation that effectively amends the governing instrument so that no mandatory directions that 

Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(1)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," 

Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either

8a Enter the states to which the foundation reports or with which it is registered. See instructions

10	Did	any	persons	become	substantial	contributors	during	the	tax	year?	lf	"Yes,"	attach	а	sche	edule	lis	tıng	th	ıeır	1	1	
	nam	es an	d address	es	<u>.</u>	<u></u>	<u></u> .	<u> </u>	<u></u> .	<u>.</u>				<u>.</u> .							10	1	_X
																					Form 99	0-PF	(2017)

8Ь

X

χ

X

If "Yes," attach the statement required by General Instruction T

· By language in the governing instrument, or

OH

Par	t 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		<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u>L</u>
	Website address ►N/A			
14	The books are in care of ► HUNTINGTON NATIONAL BANK  Telephone no ► (330) 384	<u>-730</u>	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>	٠ []
	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 authorit		Yes	No
	over a bank, securities, or other financial account in a foreign country?	663) E-942k		X Interval
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	f		
Par	the foreign country ▶ t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	M 28 10	100	60°58
Ler	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	21	Yes	No
1a	During the year, did the foundation (either directly or indirectly)	112	WAR.	70.70
,,,	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	e vysta Saki		3
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	1100		
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	13.	a.	44.0
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			¥4.
	the benefit or use of a disqualified person)?			<b>.</b>
	(6) Agree to pay money or property to a government official? (Exception Check "No" if the			Ē.
	foundation agreed to make a grant to or to employ the official for a period after		77	W.
	termination of government service, if terminating within 90 days)	2		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			1
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	(8.00)	X
	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		1 <b>00</b>	77
_	were not corrected before the first day of the tax year beginning in 2017?	1c	720	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))			
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?	1.0		
	If "Yes," list the years	e in the		
ь	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			
	all years listed, answer "No" and attach statement - see instructions )	2b		Х
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<b>&gt;</b>	Service	" Par	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
ь	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			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	9.22		
	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		L
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	-M/A/L'/	X
b	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

Total number of other employees paid over \$50,000.

	phest-paid independent contractors for professional services. See instructions. If none, en	TEI MOINE.	
	(a) Name and address of each person paid more than \$50,000 (b) Type of serv		(c) Compensation
IONE			NONE
ONE			NONE
<del></del>			
	<del></del>		
		}	
otal numbe	of others receiving over \$50,000 for professional services		NONE
art IX-A	Summary of Direct Charitable Activities		
	lation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the and other beneficiaries served, conferences convened, research papers produced, etc.	number of	Expenses
1 NONE			
2			
		<del></del> ]	
3			
4			
art IX-B	Summary of Program-Related Investments (see instructions)		<del></del>
	wo largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 NONE			
2			
All other proc	ram-related investments. See instructions		
3NONE			
		1	

Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ıgn found	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	1,321,382.
b	Average of monthly cash balances	1b	65,076.
	Fair market value of all other assets (see instructions)	1c	NONE
	Total (add lines 1a, b, and c)	1d	1,386,458.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	<u></u>	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	1,386,458.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	20,797.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,365,661.
6	Minimum investment return. Enter 5% of line 5	6	68,283.
Par	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	68,283.
2 a	Tax on investment income for 2017 from Part VI, line 5 2a 3, 081.	. *	
b	Income tax for 2017 (This does not include the tax from Part VI) 2b		
	Add lines 2a and 2b	2c	3,081.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	65,202.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	65,202.
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	65,2 <u>0</u> 2.
Par	Cualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	¥	
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	63,671.
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	7	
а	Suitability test (prior IRS approval required)	3a	NONE
	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	63,671.
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	63,671.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	lculating v	
	qualifies for the section 4940(e) reduction of tax in those years	J	

Part XIII Undistributed Income (see in:	structions)			Page
	(a)	(b)	(c)	T
1 Distributable amount for 2017 from Part X	I, Corpus	Years prior to 2016	2016	(d) 2017
line 7				<del></del>
2 Undistributed income, if any, as of the end of 2017	,			65,202
a Enter amount for 2016 only	. L		49,773	~
<b>b</b> Total for prior years 20,20,20		NONE		•
3 Excess distributions carryover, if any, to 2017		2,0272		+
a From 2012 NONE	<u>.</u>	,		
b From 2013 NONE	<u>]</u>	* .	,	
c From 2014 NONE			* *	
d From 2015 NONE			* .	
e From 2016 NONE			, ,	
f Total of lines 3a through e	NONE			, 3
4 Qualifying distributions for 2017 from Part XII	, , , , , , , , , , , , , , , , , , , ,	4 1 3 4 3	* 3	1
line 4 ▶ \$63,671.				, &
a Applied to 2016, but not more than line 2a	* * * * * * *		* 49 772 ~	У
b Applied to undistributed income of prior years			<u> </u>	- "
(Election required - see instructions)	<u> </u>	NONE		* *
c Treated as distributions out of corpus (Election required - see instructions)	NONE	, , , , , , , , , , , , , , , , , , , ,		* *
d Applied to 2017 distributable amount	1/OIVE		3 3 7 7	× *
e Remaining amount distributed out of corpus	NONE	* * * * * *	· * * *	13,898
5 Excess distributions carryover applied to 2017	MONT	······································		* * * /
(if an amount appears in column (d) the same	, , , , , , , , , , , , , , , , , , ,	y *	×	NON:
amount must be shown in column (a) )  6 Enter the net total of each column as		, , , , , , , , , , , , , , , , , , , ,	* * * * * *	, *
indicated below:			, * * * * * *	* ` ` `
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	NONE			, , , , , , , , , , , , , , , , , , ,
b Prior years' undistributed income Subtract	7 7 7		* * * * * * * * * * * * * * * * * * * *	, , ,
line 4b from line 2b		MONTE		
c Enter the amount of prior years' undistributed	* * * *	NONE	* * *	, ,
income for which a notice of deficiency has been issued, or on which the section 4942(a)	· / * * * * * * *		, , , , ,	A
tax has been previously assessed	"	NONE		* * .
d Subtract line 6c from line 6b Taxable		INOINE	* * * *	**
amount - see instructions		NONE		``
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount see	*	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	*	
instructions	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *		
f Undistributed income for 2017 Subtract lines	, , , , ,	* ,		
4d and 5 from line 1. This amount must be	* * * * *		* * *	
distributed in 2018	* ,	* * * * * *	* * * *	F1 204
Amounts treated as distributions out of corpus		* * * * * *	*	51,304.
to satisfy requirements imposed by section		\$ 6- 4 - 1 - 3 -	* * * *	
170(b)(1)(F) or 4942(g)(3) (Election may be		* * * * * * * * * * * * * * * * * * * *		
required - see instructions)	NONE		? *	
Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions)	NONE			
Excess distributions carryover to 2018.	TAOTAR			
Subtract lines 7 and 8 from line 6a	NONE			
Analysis of line 9	110111			
a Excess from 2013 NONE				
b Excess from 2014 NONE				
Excess from 2015 NONE				
d Excess from 2016 NONE				
e Excess from 2017 NONE				
TONE			1	

37-1432256

Pai	rt XIV Private Op	erating Foundations	s (see instructions	and Part VII-A, ques	stion 9)	NOT APPLICABL
1 a	If the foundation has				erating	
		g is effective for 2017, en			<b>▶</b> [	
þ	Check box to indicate	whether the foundation	is a private operating	g foundation described	in section   4942	(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	_ <del></del>	(e) Total
	justed net income from Part	(a) 2017	(b) 2016	(c) 2015	(d) 2014	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	I or the minimum investmen return from Part X for each	t				
	year listed	<u> </u>				
b	85% of line 2a	<u></u>			<u> </u>	
С	Qualifying distributions from Part					
	XII, line 4 for each year listed .					
d	Amounts included in line 2c not					
	used directly for active conduct of exempt activities					
e	Qualifying distributions made					
_	directly for active conduct of					
	exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the	<u> </u>			/	- <del> </del>
_	alternative test relied upon					1
а	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying	<u></u>	<del></del>	<del>                                     </del>	<del> </del>	
	under section					1
h	4942(j)(3)(B)(i) 'Endowment" alternative test-	ļ		/		<del></del>
-	enter 2/3 of minimum invest-					Ì
	ment return shown in Part X,			}		
	line 6 for each year listed	ļ			<del></del>	<del></del>
С	'Support' alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents,		ĺ			
	payments on securities loans (section 512(a)(5)),					
	or royalties)			<del></del>		<del> </del>
	(2) Support from general public and 5 or more		,	•		
	exempt organizations as			ł		
	provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup-					
	port from an exempt organization					<u> </u>
	(4) Gross investment income.	<u> </u>	<u></u>		<u> </u>	
Par				t only if the found	ation had \$5,000	or more in assets at
		uring the year - see				
1	Information Regarding					
а	List any managers of	the foundation who I	nave contributed m	ore than 2% of the to	otal contributions rece	ived by the foundation
		tax year (but only if tr	iey nave contributed	more than \$5,000) (	See section 507(d)(2)	}
	N/A					
b						lly large portion of the
	ownership of a partner	ship or other entity) of	which the foundation	on has a 10% or greate	er interest	
	N/A					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholars	hip, etc., Programs <sup>.</sup>		
	Check here ▶ If 1	he foundation only	makes contributions	s to preselected cha	aritable organizations	and does not accept
	unsolicited requests f	or funds. If the found	ation makes gifts, g	rants, etc, to individ	uals or organizations i	under other conditions,
	complete items 2a, b,	c, and d. See instruction	ns			
a	The name, address, an	d telephone number o	r email address of th	ne person to whom ap	plications should be ac	ddressed:
	SEE STATEMENT			,		
b	The form in which app		omitted and informa	tion and materials the	y should include	
		TATEMENT FOR LI			,	
	SEL MITHERED D	TITLE TOK DI	4			
	Any submission deadli	nes.	<del></del>			
_	· ·	TATEMENT FOR LI	NE 2			
	DUE WITHCHED 2	татрыриі гом Пі	.14Ti Q			
<u>d</u>	Any restrictions or li	imitations on awards	, such as by geor	iraphical areas char	itable fields, kinds of	f institutions, or other
	factors			, - <sub> -</sub>		
	SEE ATTACHED ST	TATEMENT FOR LI	NE 2			

Part XV Supplementary Information (continued)

Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	A
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
		ļ		
SEE STATEMENT 32				49,850
	}			
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Total			▶ 3a	49,850
b Approved for future payment				
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		)		
		}		
		}		
	}	}		
		}		
				-
	1			
	1			1
	1			1
	L	<u> </u>		<u> </u>
Total			<b>▶</b> 3b	

		and because	10		اما
nter gross amounts unless otherwise indicated	(a) Business code	ted business income (b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1 Program service revenue	business code	Amount	Exclusion code	Amount	(See instructions)
ab	J				
		······································	<del> </del>	<del></del>	
d			<del></del>		
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments •					
Dividends and interest from securities	<u> </u>		14	28,630.	
Net rental income or (loss) from real estate	<del></del>			* * * *	
a Debt-financed property	<del>                                     </del>	<del></del>			
b Not debt-financed property			<del> </del>		
Net rental income or (loss) from personal property	<b></b>				
Other investment income	<del>                                     </del>		18	139,486.	
Gain or (loss) from sales of assets other than inventory	]		10	100,400.	
Net income or (loss) from special events · · · Gross profit or (loss) from sales of inventory	I I		<del> </del>		
Other revenue a					
b FEDERAL TAX REFUND		· · · · · · · · · · · · · · · · · · ·	1	223.	
c					
d					
e					
Subtotal Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities	ulations) s to the Ac	complishment of Ex	cempt Pur	poses	
Subtotal Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)	ulations) s to the Ac	complishment of Ex	cempt Pur	poses  e) of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  the worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities in No.  Explain below how each activities.	ulations) s to the Ac	complishment of Ex	cempt Pur	poses  e) of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  the worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities in No.  Explain below how each activities.	ulations) s to the Ac	complishment of Ex	cempt Pur	poses  e) of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)	ulations) s to the Ac	complishment of Ex	cempt Pur	poses  e) of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities ine No. Explain below how each activities.	ulations) s to the Ac	complishment of Ex	cempt Pur	poses  e) of Part XVI-A contribu	ted importantly to
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 activities	ulations) s to the Ac	complishment of Ex	kempt Purpose control of the column (expression)	poses  e) of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculated the columns (b).  Relationship of Activities ne No.  Explain below how each activities	ulations) s to the Ac	incomplishment of Exported in purposes (other than in	kempt Purpose control of the column (expression)	poses  e) of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculated the columns (b).  Relationship of Activities ne No.  Explain below how each activities	ulations) s to the Ac	incomplishment of Exported in purposes (other than in	kempt Purpose control of the column (expression)	poses  e) of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculated at XVI-B Relationship of Activities ne No.  Explain below how each activities	ulations) s to the Ac	incomplishment of Exported in purposes (other than in	kempt Purpose control of the column (expression)	poses  e) of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculated the columns (b).  Relationship of Activities (b) (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	ulations) s to the Ac	incomplishment of Exported in purposes (other than in	kempt Purpose control of the column (expression)	poses  e) of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculated at XVI-B Relationship of Activities ne No.  Explain below how each activities	ulations) s to the Ac	incomplishment of Exported in purposes (other than in	kempt Purpose control of the column (expression)	poses  e) of Part XVI-A contribu	ted importantly to
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 activities	ulations) s to the Ac	incomplishment of Exported in purposes (other than in	kempt Purpose control of the column (expression)	poses  e) of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities ine No. Explain below how each activities.	ulations) s to the Ac	incomplishment of Exported in purposes (other than in	kempt Purpose control of the column (expression)	poses  e) of Part XVI-A contribu	ted importantly to

Form 99	90-PF (20					<u> 37-1432256</u>			ge 13
Part	XVII	Information R Exempt Organ		ansfers to and Trar	sactions	and Relationships With Nonc	harit	able	
1		ion 501(c) (other				ith any other organization described section 527, relating to political		Yes	No
a 7	Transfe	rs from the reporting	g foundation to	a noncharitable exempt	organizati	on of:			
{	1) Cas	h					1a(1)		<u>X</u>
				• • • • • • • • • • • • • • •			1a(2)		<u> X</u>
		ansactions					المدعدا	^	X
							1b(1) 1b(2)		X
									X
							1 1		X
									<u>X</u>
									X
			-			lule Column (b) should always show		iair m	
					-	ation If the foundation received less			
\	/alue ir	any transaction of	sharing arrang	gement, show in colum	n (d) the	value of the goods, other assets, or s	ervices	rece	ived
(a) Lin	e no	(b) Amount involved	(c) Name of	noncharitable exempt organizat	ion	(d) Description of transfers, transactions, and share	ıng arrar	ngeme	nts
		<del></del>							
	-+								
			ļ						
			ļ		_				
		<del></del>				<del></del>			
C	describe	ed in section 501(c)	(other than see			r more tax-exempt organizations	Ye	s X	No
D I	1 Tes,	(a) Name of organizatio		(b) Type of organi.	zation	(c) Description of relations	ship		
				· · · · · · · · · · · · · · · · · · ·					
						les and statements, and to the best of my knowleds	e and be	elief, it	is true
Sign	correct,	and complete Declaration of	f preparer (other than t	axpayer) is based on all information	of which prepa				
Here		Adi	<i>7</i> 。	04/23/2018		TTOD DDDCTDDNM -	discuss	hown _b	return below?
11616	1 -	iture of officer or wustee		Date	Title	See instruction	s <u>X</u>	Yes	No
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Prepa	arer	Firm's name ► ER			<i>-V</i>		6565		<u> </u>
Use (	Only	Firm's address > 80	0 YARD STR	REET, SUITE 200					
		GR	ANDVIEW HE	EIGHTS, OH	43212	Phone no 614-2		288	
						F	uor	LUE	12017

W. PAUL MILLS & THORA J. MILLS MEMORIAL FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

BRENDA MOUBRAY c/o HUNTINGTON BANK

ADDRESS:

PO BOX 1558, DEPT EA4E86

COLUMBUS, OH 43216

RECIPIENT'S PHONE NUMBER: 330-384-7301

FORM, INFORMATION AND MATERIALS:

NO SPECIFIC FORMAT; MUST BE SUBMITTED IN WRITING

SUBMISSION DEADLINES:

NONE

RESTRICTIONS OR LIMITATIONS ON AWARDS:

GRANTS ARE GENERALLY RESTRICTED TO AKRON AND

SUMMIT COUNTY 501(c)(3) ORGANIZATIONS.

W. PAUL MILLS & THORA J. MILLS MEMORIAL 37-1432256 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: MAGICAL THEATRE COMPANY ADDRESS: P.O. BOX 386 BARBERTON, OH 44203 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 750. RECIPIENT NAME: GREATER AKRON MUSICAL ASSOC. INC. SPONSOR FOR AKRON SYMPHONY ADDRESS: 92 N MAIN STREET AKRON, OH 44308 RELATIONSHIP: NONE PURPOSE OF GRANT: NEW PERFORMANCES, EDUCATION & OUTREACH FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 500. RECIPIENT NAME: TUESDAY MUSICAL ASSOCIATION ADDRESS: ONE SOUTH MAIN STREET, SUITE 301 AKRON, OH 44308 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATION & COMMUNITY OUTREACH PROGRAM FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 500. W. PAUL MILLS & THORA J. MILLS MEMORIAL 37-1432256 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: WESTERN RESERVE HISTORICAL SOCIETY HALE FARM & VILLAGE ADDRESS: 10825 EAST BOULEVARD CLEVELAND, OH 44106 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS AT HALE FARM FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 500. RECIPIENT NAME: JUNIOR ACHIEVEMENT USA OF NORTH CENTRAL OHIO ADDRESS: P.O. BOX 26006 AKRON, OH 44319 RELATIONSHIP: NONE PURPOSE OF GRANT: PROGRAMS FOR SUMMIT COUNTY SCHOOLS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 500. RECIPIENT NAME: CROWN POINT ECOLOGY CENTER ADDRESS: 3220 IRA ROAD BATH, OH 44210 RELATIONSHIP: NONE PURPOSE OF GRANT: 2015 SUMMER FARM & SCIENCE CAMP FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 1,000.

W. PAUL MILLS & THORA J. MILLS MEMORIAL 37-1432256 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: HUMANE SOCIETY OF GREATER AKRON ADDRESS: 7996 DARROW ROAD, SUITE 30 TWINSBURG, OH 44087 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 500. RECIPIENT NAME: OPPORTUNITY PARISH ECUMENICAL NEIGHBORHOOD - MINISTRY ADDRESS: 941 PRINCETON STREET AKRON, OH 44311 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT FREE MEDICAL CLINIC FOUNDATION STATUS OF RECIPIENT: PCAMOUNT OF GRANT 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: PC AMOUNT OF GRANT PAID ..... 1,000.

W. PAUL MILLS & THORA J. MILLS MEMORIAL 37-1432256 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: PORTAGE PATH BEHAVIORAL HEALTH CENTER ADDRESS: 340 S BROADWAY STREET AKRON, OH 44308 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 ..... 750. RECIPIENT NAME: ACCESS INC. ADDRESS: 230 W MARKET STREET AKRON, OH 44303 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT HOMELESS WOMEN & CHILDREN FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID .....

W. PAUL MILLS & THORA J. MILLS MEMORIAL 37-1432256 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: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 2,000. 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 ..... 500. RECIPIENT NAME: AMERICAN NATION RED CROSS OF SUMMIT AND PORTAGE COUNTIES ADDRESS: 501 WEST MARKET STREET AKRON, OH 44303 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 500.

W. PAUL MILLS & THORA J. MILLS MEMORIAL 37-1432256 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: RENOVATION OF RESIDENTIAL SUITE IN NEW BUILDI FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: CASA BOARD VOLUNTEER ASSOCIATION INC ADDRESS: 650 DAN STREET AKRON, OH 44310 RELATIONSHIP: NONE PURPOSE OF GRANT: SERVICES FOR ABUSED AND NEGLECTED CHILDREN FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 500. RECIPIENT NAME: COMMUNITY OUTREACH RESOURCES EXCHANGE-CORE FURNITURE BANK ADDRESS: 2900 STATE ROAD, UNIT 3 CUYAHOGA FALLS, OH 44223 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 500.

W. PAUL MILLS & THORA J. MILLS MEMORIAL 37-1432256 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: PROGRAMS FOR AT-RISK TEENAGERS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 500. RECIPIENT NAME: GOODWILL INDUSTRIES OF AKRON INC. ADDRESS: 570 E WATERLOO ROAD AKRON, OH 44319 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,000. 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: AMOUNT OF GRANT PAID .....

W. PAUL MILLS & THORA J. MILLS MEMORIAL 37-1432256 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: PEGASUS FARM ADDRESS: 7490 EDISON STREET, NE HARTVILLE, OH 44632 RELATIONSHIP: NONE PURPOSE OF GRANT: TAKE FLIGHT PROGRAM FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 500. RECIPIENT NAME: REBUILDING TOGETHER SUMMIT CO. INC. GREATER CUYAHOGA VALLEY ADDRESS: 788 DONALD AVENUE AKRON, OH 44306 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 500. RECIPIENT NAME: VICTIM ASSISTANCE PROGRAM INC. ADDRESS: 150 FURNACE STREET AKRON, OH 44304 RELATIONSHIP: NONE PURPOSE OF GRANT: 24 HR CRISIS RESPONSE PROGRAM FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,000.

FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID	432256
RECIPIENT NAME:	
FIRST PRESBYTERIAN CHURCH OF AKRON ADDRESS:	
647 EAST MARKET STREET	
AKRON, OH 44304 RELATIONSHIP:	
NONE PURPOSE OF GRANT:	
SUPPORT OF VARIOUS PROGRAMS & REPAIRS	
FOUNDATION STATUS OF RECIPIENT: PC	
AMOUNT OF GRANT PAID	6,000.
RECIPIENT NAME:	
CHILDREN'S CONCERT SOCIETY OF AKRON	
E.J. THOMAS PERFORMING ARTS HALL ADDRESS:	
THE UNIVERSITY OF AKRON	
AKRON, OH 44325 RELATIONSHIP:	
NONE	
PURPOSE OF GRANT: CONCERT SERIES & SCHOLASTIC COMPOSERS	
FOUNDATION STATUS OF RECIPIENT:	
PC AMOUNT OF GRANT PAID	500.
RECIPIENT NAME:	
SUMMIT COUNTY HISTORICAL SOCIETY OF AKRON OHIO	
ADDRESS:	
550 COPLEY ROAD AKRON, OH 44320	
RELATIONSHIP: NONE	
PURPOSE OF GRANT:	
4TH GRADE OUTREACH & ADULT PROGRAMS FOUNDATION STATUS OF RECIPIENT:	
PC	
AMOUNT OF GRANT PAID	750.

W. PAUL MILLS & THORA J. MILLS MEMORIAL 37-1432256 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 OUTDOOR PROGRAM FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 750. RECIPIENT NAME: CHILDRENS HOSPITAL MEDICAL CENTER OF AKRON ADDRESS: ONE PERKINS SQUARE AKRON, OH 44308 **RELATIONSHIP:** NONE PURPOSE OF GRANT: BREASTMILK WARMERS FOR NEONATAL UNIT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 500. RECIPIENT NAME: EMERGE MINISTRIES INC. ADDRESS: 900 MULL AVENUE AKRON, OH 44313 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID .....

W. PAUL MILLS & THORA J. MILLS MEMORIAL 37-1432256 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: INTERVAL BROTHERHOOD HOME CORP. ADDRESS: 3445 SOUTH MAIN STREET AKRON, OH 44319 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT OF VARIOUS PROGRAMS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 2,100. RECIPIENT NAME: NATIONAL MULTIPLE SCLEROSIS SOCIETY OHIO BUCKEYE CHAPTER ADDRESS: 6155 ROCKSIDE ROAD, SUITE 202 INDEPENDENCE, OH 44131 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ...... 500. RECIPIENT NAME: GIRL SCOUTS OF NORTH EAST OHIO ADDRESS: ONE GIRL SCOUT WAY MACEDONIA, OH 44056 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID ......

W. PAUL MILLS & THORA J. MILLS MEMORIAL 37-1432256 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: FUNDS FOR FOOD CENTER FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 1,500. RECIPIENT NAME: HAVEN OF REST MINISTRIES INC. ADDRESS: 175 EAST MARKET STREET AKRON, OH 44309 RELATIONSHIP: NONE PURPOSE OF GRANT: SHELTER, FOOD & SERVICES TO HUNGRY & HOMELESS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: THE SALVATION ARMY SUMMIT COUNTY AREA SERVICES ADDRESS: 190 SOUTH MAPLE STREET AKRON, OH 44302 **RELATIONSHIP:** NONE PURPOSE OF GRANT: HOT MEALS PROGRAM FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID ......

2,000.

W. PAUL MILLS & THORA J. MILLS MEMORIAL 37-1432256 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

AMOUNT OF GRANT PAID ..... 500.

RECIPIENT NAME:
WEATHERVANCE COMMUNITY PLAYHOUSE
ADDRESS:
1301 WEATHERVANE LANE
AKRON, OH 44313
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

RECIPIENT NAME:
ST. SEBASTIAN PARISH FOUNDATION
ADDRESS:
476 MULL AVE.
AKRON, OH 44320
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
REPLACE GREENHOUSE WINDOWS

W. PAUL MILLS & THORA J. MILLS MEMORIAL 37-1432256 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: PROGRAMS FOR THOSE WITH CANCER FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: BOYS AND GIRLS CLUB OF THE WESTERN RESERVE INC. ADDRESS: 889 JOHATHAN AVE AKRON, OH 44306 RELATIONSHIP: NONE PURPOSE OF GRANT: YOUTH PROGRAMMING FOUNDATION STATUS OF RECIPIENT: PCAMOUNT OF GRANT PAID ...... 750, RECIPIENT NAME: FAMILY PROMISE OF SUMMIT COUNTY INC. ADDRESS: 77 WEST MILLER AVE AKRON, OH 44301 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID .....

1,000.

W. PAUL MILLS & THORA J. MILLS MEMORIAL 37-1432256 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: BROKEN CHAINS JAIL & PRISON MINISTRY ADDRESS: PO BOX 502 AKRON, OH 44309 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT OF VARIOUS PROGRAMS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 2,000. RECIPIENT NAME: COMMUNITY PREGNANCY CENTER INC. ADDRESS: 1058 WOOSTER ROAD WEST BARBERTON, OH 44203 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 500. RECIPIENT NAME: INFO LINE INC. ADDRESS: 703 SOUTH MAIN STREET, STE. 211 AKRON, OH 44311 RELATIONSHIP: NONE PURPOSE OF GRANT:

AMOUNT OF GRANT PAID .....

GENERAL SUPPORT

PC

FOUNDATION STATUS OF RECIPIENT:

W. PAUL MILLS & THORA J. MILLS MEMORIAL 37-1432256 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_\_\_ RECIPIENT NAME: DR. BOB'S HOME ADDRESS: 855 ARDMORE AVE AKRON, OH 44302 RELATIONSHIP: NONE PURPOSE OF GRANT: REPAIRS OF US HISTORICAL LANDMARK FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 500. RECIPIENT NAME: EMBRACING FUTURES ADDRESS: 50 S MAIN ST, LL100 AKRON, OH 44308 **RELATIONSHIP:** NONE PURPOSE OF GRANT: ORTHODONTIC CARE FOR CHILDREN FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 1,000. RECIPIENT NAME: ELVES & MORE OF NORTHEAST OHIO ADDRESS: PO BOX 95 CUYAHOGA FALLS, OH 44222 RELATIONSHIP: NONE PURPOSE OF GRANT: BICYCLES FOR KIDS FOR CHRISTMAS FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID .....

PC

W. PAUL MILLS & THORA J. MILLS MEMORIAL 37-1432256 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID 

RECIPIENT NAME: STAN HYWET HALL & GARDEN, INC ADDRESS: 714 N PORTAGE PATH AKRON, OH 44303-1399 RELATIONSHIP: NONE

2015 ANNUAL FUND FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID ..... 500.

RECIPIENT NAME: OHIO GUIDESTONE ADDRESS:

PURPOSE OF GRANT:

202 E BAGLEY RD BEREA, OH 44017

RELATIONSHIP: NONE

PURPOSE OF GRANT:

RECOVERY COACHING IN SUMMIT COUNTY

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID ..... 500.

RECIPIENT NAME:

AKRON COMMUNITY FDN

ST MARY URBAN EDU INITIATIVE

ADDRESS:

750 S MAIN ST AKRON, OH 44311

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

FOR ENDOWMENT FUND

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID ..... 1,000.

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FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID		
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RECIPIENT NAME:		
LET'S GROW AKRON		
ADDRESS:		
467 HARVEY AVE AKRON, OH 44314		
RELATIONSHIP:		
NONE		
PURPOSE OF GRANT:		
GENERAL OPERATING EXPENSES		
FOUNDATION STATUS OF RECIPIENT:		
PC	E00	
AMOUNT OF GRANT PAID	500.	
RECIPIENT NAME:		
UNITED WAY OF SUMMIT COUNTY		
ADDRESS:		
90 NORTH PROSPECT ST		
AKRON, OH 44304		
RELATIONSHIP:		
NONE PURPOSE OF GRANT:		
IMAGINATION LIBRARY FOR PRESCHOOL CHILDREN		
FOUNDATION STATUS OF RECIPIENT:		
PC		
AMOUNT OF GRANT PAID	500.	
RECIPIENT NAME:		
PREGNANCY SOLUTIONS & SERVICES INC		
ADDRESS:		
3136 MANCHESTER RD		
AKRON, OH 44319		
RELATIONSHIP:		
NONE		
PURPOSE OF GRANT:		
MOBILE MEDICAL UNIT		

PC

AMOUNT OF GRANT PAID ......

AMOUNT OF GRANT PAID .....

STATEMENT 31

500.

ADDRESS:

RELATIONSHIP: NONE

PURPOSE OF GRANT: GENERAL SUPPORT

3701 HIGHLAND PARK NW NORTH CANTON, OH 44720

FOUNDATION STATUS OF RECIPIENT:

W. PAUL MILLS & THORA J. MILLS MEMORIAL 37-1432256 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: SUMMIT METRO PARKS FOUNDATION ADDRESS: 975 TREATY LINE ROAD AKRON, OH 44313 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: 

STATEMENT 32

TOTAL GRANTS PAID:

49,850.

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