

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1 Cash—non-interest-bearing	624,135	604,921	604,921	
	2 Savings and temporary cash investments	249,995	49,961	49,961	
	3 Accounts receivable ▶ <u>34,386</u>				
	Less allowance for doubtful accounts ▶ _____	12,324	34,386	34,386	
	4 Pledges receivable ▶ _____				
	Less allowance for doubtful accounts ▶ _____				
	5 Grants receivable				
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7 Other notes and loans receivable (attach schedule) ▶ _____				
	Less allowance for doubtful accounts ▶ _____				
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges	864	2,974	2,974	
	10a Investments—U S and state government obligations (attach schedule)	324,185	324,071	324,071	
	b Investments—corporate stock (attach schedule)	1,328,223	1,780,529	1,780,529	
	c Investments—corporate bonds (attach schedule)	212,890	212,870	212,870	
	Liabilities	11 Investments—land, buildings, and equipment basis ▶ _____			
Less accumulated depreciation (attach schedule) ▶ _____					
12 Investments—mortgage loans					
13 Investments—other (attach schedule)		20,836	19,382	19,382	
14 Land, buildings, and equipment basis ▶ _____					
Less accumulated depreciation (attach schedule) ▶ _____					
15 Other assets (describe ▶ _____)					
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)		2,773,452	3,029,094	3,029,094	
Liabilities		17 Accounts payable and accrued expenses	11,412	19,116	
		18 Grants payable			
		19 Deferred revenue			
		20 Loans from officers, directors, trustees, and other disqualified persons			
		21 Mortgages and other notes payable (attach schedule)			
		22 Other liabilities (describe ▶ _____)			
		23 Total liabilities (add lines 17 through 22)	11,412	19,116	
Net Assets or Fund Balances		Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted				
	25 Temporarily restricted				
	26 Permanently restricted				
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27 Capital stock, trust principal, or current funds	0	0		
	28 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0		
	29 Retained earnings, accumulated income, endowment, or other funds	2,762,040	3,009,978		
30 Total net assets or fund balances (see instructions)	2,762,040	3,009,978			
31 Total liabilities and net assets/fund balances (see instructions) .	2,773,452	3,029,094			

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	2,762,040
2 Enter amount from Part I, line 27a	2	559,623
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	3,321,663
5 Decreases not included in line 2 (itemize) ▶ _____	5	311,685
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	3,009,978

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a PUBLICLY TRADED SECURITIES	P		
b PUBLICLY TRADED SECURITIES	P		
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 1,718,499		1,725,241	-6,742
b 808,252		790,544	17,708
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			-6,742
b			17,708
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	10,966
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	-6,742

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?



Yes



No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	375,889	2,680,473	0 140232
2016	307,533	2,297,138	0 133877
2015	281,091	2,192,708	0 128194
2014	258,866	2,004,392	0 129149
2013	172,274	1,656,485	0 104000

2 Total of line 1, column (d)	2	0 635452
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	0 127090
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	2,911,781
5 Multiply line 4 by line 3	5	370,058
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	585
7 Add lines 5 and 6	7	370,643
8 Enter qualifying distributions from Part XII, line 4	8	424,909

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	585
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	585
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	585
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	2,680
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	2,680
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	2,095
11	Enter the amount of line 10 to be Credited to 2019 estimated tax <input type="checkbox"/> 2,095 Refunded <input type="checkbox"/>	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). 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	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 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	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> OH		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV	9	Yes
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	No

Part VII-A Statements Regarding Activities (continued)

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>HTTP //WWW.STEPHENCOMUNALE.ORG/</u>	13	Yes	
14	The books are in care of ▶ <u>RENNICK A ANDREOLI</u> Telephone no ▶ <u>(330) 666-6128</u>			

Located at **▶** 3180 WEST MARKET STREET AKRON OH ZIP+4 **▶** 44333

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ▶ <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year ▶ <u>15</u>			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(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 termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1c		No
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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2018 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 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 2018).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2018?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

		Yes	No
5a	During the year did the foundation pay or incur any amount to		
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.	5b	
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>	
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870	6b	
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b	
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ►		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 THE FOUNDATION SEEKS TO EASE THE EMOTIONAL STRESS, PHYSICAL DISCOMFORT, AND HEAVY BURDENS THAT CONFRONT CANCER VICTIMS AND THEIR FAMILIES THROUGH FINANCIAL ASSISTANCE WITH LIVING EXPENSES AND FUNERAL EXPENSES. THE FOUNDATION PROVIDED FINANCIAL ASSISTANCE TO APPROXIMATELY 2,800 INDIVIDUALS IN 2018.	272,082
2 THE FOUNDATION FUNDS AND EXECUTES SOCIAL PROGRAMS FOR CHILDREN AFFECTED BY CANCER, INCLUDING HORSE CAMPS, BACK TO SCHOOL ASSISTANCE AND POLAR EXPRESS TRAIN RIDES. THE FOUNDATION'S PROGRAMS SERVED APPROXIMATELY 500 INDIVIDUALS IN 2018.	28,389
3 THE FOUNDATION PROVIDES TOTE BAGS CONTAINING VARIOUS COMFORT ITEMS, CALLED SUNSHINE BAGS, TO NEWLY DIAGNOSED CANCER PATIENTS THROUGH AREA HOSPITALS. APPROXIMATELY 1,300 SUNSHINE BAGS WERE DISTRIBUTED IN 2018.	16,931
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ►	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	2,406,495
b	Average of monthly cash balances.	1b	549,628
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	2,956,123
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	2,956,123
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	44,342
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	2,911,781
6	Minimum investment return. Enter 5% of line 5.	6	145,589

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	424,909
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	424,909
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	585
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	424,324

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2018				
a From 2013.				
b From 2014.				
c From 2015.				
d From 2016.				
e From 2017.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ _____				
a Applied to 2017, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2018 distributable amount.				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same 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				
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2014.				
b Excess from 2015.				
c Excess from 2016.				
d Excess from 2017.				
e Excess from 2018.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. **2015-03-13**

b Check box to indicate whether the organization is a private operating foundation described in section ☒ 4942(j)(3) or ☐ 4942(j)(5)

	Prior 3 years				(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	47,527	134,024	25,120	91,225	297,896
b 85% of line 2a	40,398	113,920	21,352	77,541	253,212
c Qualifying distributions from Part XII, line 4 for each year listed	424,909	378,554	308,332	282,307	1,394,102
d Amounts included in line 2c not used directly for active conduct of exempt activities	13,191	16,807	6,806	4,110	40,914
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	411,718	361,747	301,526	278,197	1,353,188
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					0
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.	97,059	89,349	76,571	73,090	336,069
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					0
(3) Largest amount of support from an exempt organization					0
(4) Gross investment income					0

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

STEPHEN COMUNALE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

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

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	
b <i>Approved for future payment</i>				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2018)

Part XVII

- 1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
- a** Transfers from the reporting foundation to a noncharitable exempt organization of
- (1) Cash.
- (2) Other assets.
- b** Other transactions
- (1) Sales of assets to a noncharitable exempt organization.
- (2) Purchases of assets from a noncharitable exempt organization.
- (3) Rental of facilities, equipment, or other assets.
- (4) Reimbursement arrangements.
- (5) Loans or loan guarantees.
- (6) Performance of services or membership or fundraising solicitations.
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees.
- d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2019-10-17	*****
	_____ Signature of officer or trustee	_____ Date	_____ Title

May the IRS discuss this return with the preparer shown below
 (see instr.) ☒ **Yes** ☐ **No**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	DALE RUTHER		2019-10-17		P00403039
	Firm's name ▶ BOBER MARKEY FEDOROVICH & COMPANY				Firm's EIN ▶ 34-1523030
	Firm's address ▶ 3421 RIDGEWOOD ROAD SUITE 300 AKRON, OH 44333				Phone no (330) 762-9785

Form 990FP Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JOHN COMUNALE	PRESIDENT 5 00	0	0	0
536 S RACE STREET DENVER, CO 80209				
AMANDA COMUNALE	VICE CHAIRMAN 1 00	0	0	0
2772 SHADE ROAD AKRON, OH 44333				
MONICA STEVENS	VICE PRESIDENT 40 00	63,220	8,678	0
291 MELBOURNE AVE AKRON, OH 44313				
RENNICK ANDREOLI	DIRECTOR 1 00	0	0	0
4218 IDLEBROOK DR AKRON, OH 44333				
STEPHEN COMUNALE	CHAIRMAN 1 00	0	0	0
2300 SOUREK TRAIL AKRON, OH 44313				
JULIE DEANE	DIRECTOR 1 00	0	0	0
2304 STOCKBRIDGE ROAD AKRON, OH 44313				
NICHOLAS GEORGE	DIRECTOR 1 00	0	0	0
4804 STONEGATE BLVD AKRON, OH 44313				
RUTHIE GEORGE	SECRETARY 1 00	0	0	0
4804 STONEGATE BLVD AKRON, OH 44313				
DENNIS MCCLUSKEY	MEDICAL ADVISOR 1 00	0	0	0
754 S CLEVELAND AVE MOGADORE, OH 44305				
SUSAN SCHOELLKOPF	DIRECTOR 1 00	0	0	0
174 MIDDLESEX ROAD BUFFALO, NY 14216				
DALE RUTHER	TREASURER 1 00	0	0	0
3421 RIDGEWOOD ROAD SUITE 300 AKRON, OH 44333				
KEVIN FINK	DIRECTOR 1 00	0	0	0
222 EAST 41ST ST NEW YORK, NY 10017				
NICK BETRO	DIRECTOR 1 00	0	0	0
2076 FOREST EDGE DRIVE CUYAHOGA FALLS, OH 44223				
EDWARD NEWMAN	DIRECTOR 1 00	0	0	0
730 W MARKET ST AKRON, OH 44303				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AKRON CHILDREN'S HOSPITAL 214 W BOWERY ST AKRON, OH 44308	N/A	PC	HEALTH/HUMAN SERVICES AND EDUCATION	1,000
AKRON COMMUNITY FOUNDATION 345 W CEDAR ST AKRON, OH 44307	N/A	PC	HEALTH/HUMAN SERVICES AND EDUCATION	350
AMERICAN CANCER SOCIETY 3500 EMBASSY PARKWAY 150 AKRON, OH 44333	N/A	PC	HEALTH/HUMAN SERVICES AND EDUCATION	1,500
Total ► 3a				262,103

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FOUR LEAF CLOVER RUN 2054 2ND STREET PO BOX 66091 CUYAHOGA FALLS, OH 44222	N/A	PC	HEALTH/HUMAN SERVICES AND EDUCATION	182
GREAT TRAIL COUNCIL BSA 1601 S MAIN ST AKRON, OH 44309	N/A	PC	EDUCATION	1,000
PROJECT ED BEAR656 CHILHAM CIRCLE UNIONTOWN, OH 44685	N/A	PC	SUPPORT FOR CHILDREN TOUCHED BY CANCER	1,000
Total ▶ 3a				262,103

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
STEWART'S CARING PLACE 2955 W MARKET STREET SUITE R AKRON, OH 44333	N/A	PC	HEALTH/HUMAN SERVICES AND EDUCATION	4,000
SUMMA FOUNDATION525 E MARKET ST AKRON, OH 44304	N/A	PC	HEALTH/HUMAN SERVICES AND EDUCATION	1,000
UNITED WAY OF SUMMIT COUNTY 90 N PROSPECT ST AKRON, OH 44304	N/A	PC	HEALTH/HUMAN SERVICES AND EDUCATION	500
Total ▶ 3a				262,103

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VARIOUS INDIVIDUALS AFFECTED BY CAN 2300 SOUREK TRAIL AKRON, OH 44313	N/A	I	FOOD, SHELTER/UTILITIES, CLOTHING, MISC MEDICAL AND INSURANCE EXPENSES	248,913
ST PAUL'S CATHOLIC1580 BROWN ST AKRON, OH 44301	N/A	PC	HEALTH/HUMAN SERVICES AND EDUCATION	150
WALSH JESUIT HIGH SCHOOL 4550 WYOGA LAKE RD CUYAHOGA FALLS, OH 44224	N/A	PC	EDUCATION	250
Total ▶ 3a				262,103

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HUMANE SOCIETY OF SUMMIT COUNTY 7996 DARROW RD TWINSBURG, OH 44087	N/A	PC	AID IN ANIMAL PROTECTION	308
KNIGHTS OF COLUMBUS 2055 GLENMOUNT AVE AKRON, OH 44319	N/A	PC	HEALTH/HUMAN SERVICES AND EDUCATION	100
LEUKEMIA AND LYMPHOMA SOCIETY 6111 OAK TREE BLVD S SUITE INDEPENDENCE, OH 44131	N/A	PC	HEALTH/HUMAN SERVICES AND EDUCATION	1,550
Total ▶ 3a				262,103

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HALLE SCHMIDT FUND 3180 WEST MARKET STREET AKRON, OH 44333	N/A	PC	EDUCATION	300
Total ▶ 3a				262,103

TY 2018 Accounting Fees Schedule

Name: THE STEPHEN A COMUNALE JR
CHARITABLE FOUNDATION

EIN: 20-4345267

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREPARATION FEE	2,300	0	0	575
BOOKKEEPING ASSISTANCE	2,355	0	0	589

TY 2018 General Explanation Attachment

Name: THE STEPHEN A COMUNALE JR
CHARITABLE FOUNDATION

EIN: 20-4345267

General Explanation Attachment

Identifier	Return Reference	Explanation	
1	SUBSTANTIAL CONTRIBUTORS	FORM 990, PART VII-A, LINE 10	PLEASE NOTE STEPHEN COMUNALE AND SARAH RAYBURN BECAME SUBSTANTIAL CONTRIBUTORS IN 2006, AND HAVE BEEN CONSIDERED TO BE SUCH SINCE THERE WERE NO NEW SUBSTANTIAL CONTRIBUTORS IN 2018

TY 2018 Investments Corporate Bonds Schedule

Name: THE STEPHEN A COMUNALE JR
CHARITABLE FOUNDATION

EIN: 20-4345267

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORP BONDS CUSTODIED WITH MORGAN STANLEY	212,870	212,870

TY 2018 Investments Corporate Stock Schedule

Name: THE STEPHEN A COMUNALE JR
CHARITABLE FOUNDATION

EIN: 20-4345267

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
STOCK CUSTODIED WITH MORGAN STANLEY	1,780,529	1,780,529

TY 2018 Investments Government Obligations Schedule

Name: THE STEPHEN A COMUNALE JR
CHARITABLE FOUNDATION

EIN: 20-4345267

**US Government Securities - End
of Year Book Value:**

324,071

**US Government Securities - End
of Year Fair Market Value:**

324,071

**State & Local Government
Securities - End of Year Book
Value:**

0

**State & Local Government
Securities - End of Year Fair
Market Value:**

0

TY 2018 Investments - Other Schedule

Name: THE STEPHEN A COMUNALE JR
CHARITABLE FOUNDATION

EIN: 20-4345267

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
AKRON COMMUNITY FOUNDATION	FMV	19,382	19,382

TY 2018 Other Decreases Schedule

Name: THE STEPHEN A COMUNALE JR
CHARITABLE FOUNDATION

EIN: 20-4345267

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	311,685

TY 2018 Other Expenses Schedule

Name: THE STEPHEN A COMUNALE JR
CHARITABLE FOUNDATION

EIN: 20-4345267

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK FEES	7,126	0	0	5,345
SUPPLIES	2,819	0	0	705
FUNDRAISING EXPENSE	289,385	0	0	0
INVESTMENT FEES	18,355	18,355	18,355	0
WEBSITE/COMPUTER SERVICES	4,614	0	0	3,461
INSURANCE	1,668	0	0	334
TELEPHONE	1,095	0	0	821
DUES & SUBSCRIPTIONS	1,162	0	0	1,162
STATE FILING FEES	200	0	0	0
EXPENSES FOR SUNSHINE BAGS	16,931	0	0	16,931

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
HORSE CAMP COSTS	7,317	0	0	7,317
MCDOWELL ART THERAPY FUND	1,072	0	0	1,072
HOLIDAY MEALS	6,922	0	0	6,922
ADVERTISING/MARKETING	1,689	0	0	169
SUMMA SCREENS	20,000	0	0	20,000
TRAINING	852	0	0	682
JANE'S SUNSHINE FUND	16,247	0	0	16,247

TY 2018 Other Professional Fees Schedule

Name: THE STEPHEN A COMUNALE JR
CHARITABLE FOUNDATION

EIN: 20-4345267

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TEMP OFFICE ASSISTANCE	454	0	0	341

TY 2018 Taxes Schedule

Name: THE STEPHEN A COMUNALE JR
CHARITABLE FOUNDATION

EIN: 20-4345267

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	5,737	0	0	4,590
FEDERAL TAX	2,666	0	0	0

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Go to <u>www.irs.gov/Form990</u> for the latest information	OMB No 1545-0047
		2018

Name of the organization THE STEPHEN A COMUNALE JR CHARITABLE FOUNDATION	Employer identification number 20-4345267
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE STEPHEN A COMUNALE JR CHARITABLE FOUNDATION	Employer identification number 20-4345267
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Part I **Contributors** (See Instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Name of organization THE STEPHEN A COMUNALE JR CHARITABLE FOUNDATION	Employer identification number 20-4345267
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
55	125 SHARES PEPSICO (PEP), 270 SHARES OF PFIZER (PFE)	\$ 27 283	2018-12-04
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
56	822 SHARES BANK OF AMERICA (BAC)	\$ 23 538	2018-10-09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of organization THE STEPHEN A COMUNALE JR CHARITABLE FOUNDATION	Employer identification number 20-4345267
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

Additional Data

Software ID:
Software Version:
EIN: 20-4345267
Name: THE STEPHEN A COMUNALE JR
CHARITABLE FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	CHARLES AND LORI MARSHALL	\$ 20,000	Person <input checked="" type="checkbox"/>
	9216 RAWIGA RD		Payroll <input type="checkbox"/>
	SEVILLE, OH 44273		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>2</u>	EMCOR	\$ 21,000	Person <input checked="" type="checkbox"/>
	301 MERRITT SEVEN 6TH FLOOR		Payroll <input type="checkbox"/>
	NORWALK, CT 06831		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>3</u>	MS SARAH RAYBURN	\$ 30,000	Person <input checked="" type="checkbox"/>
	15008 HILLBROOK LANE EAST		Payroll <input type="checkbox"/>
	NOVELTY, OH 44072		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>4</u>	RDA HOTEL MANAGEMENT	\$ 10,000	Person <input checked="" type="checkbox"/>
	3180 WEST MARKET STREET		Payroll <input type="checkbox"/>
	AKRON, OH 44333		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>5</u>	SA COMUNALE CO INC	\$ 20,000	Person <input checked="" type="checkbox"/>
	2900 NEWPARK DR		Payroll <input type="checkbox"/>
	NORTON, OH 44203		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>6</u>	THE SCHWAB FUND FOR CHARITABLE GIVING	\$ 102,500	Person <input checked="" type="checkbox"/>
	211 MAIN ST		Payroll <input type="checkbox"/>
	AKRON, OH 44307		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	THE K COMPANY INC	\$ 10,000	Person <input checked="" type="checkbox"/>
	2234 SOUTH ARLINGTON RD		Payroll <input type="checkbox"/>
	AKRON, OH 44319		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>8</u>	THE RELIABLE AUTOMATIC SPRINKLER CO INC	\$ 82,500	Person <input checked="" type="checkbox"/>
	103 FAIRVIEW PARK DR		Payroll <input type="checkbox"/>
	ELMSFORD, NY 10523		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>9</u>	BUCKEYE CORRUGATED INC	\$ 7,500	Person <input checked="" type="checkbox"/>
	822 KUMHO DRIVE SUITE 400		Payroll <input type="checkbox"/>
	FAIRLAWN, OH 44333		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>10</u>	LAKESIDE SUPPLY COMPANY	\$ 7,500	Person <input checked="" type="checkbox"/>
	3000 WEST 117 STREET		Payroll <input type="checkbox"/>
	CLEVELAND, OH 44111		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>11</u>	RICHARD AND YVONNE HAMLIN FOUNDATION	\$ 15,000	Person <input checked="" type="checkbox"/>
	3560 W MARKET STREET SUITE 300		Payroll <input type="checkbox"/>
	AKRON, OH 44333		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>12</u>	DANIEL POHL	\$ 5,000	Person <input checked="" type="checkbox"/>
	862 BATH COUNTRY DR		Payroll <input type="checkbox"/>
	AKRON, OH 44333		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>	STEVE BROWN	\$ 15,000	Person <input checked="" type="checkbox"/>
	9 S CLEVELAND AVE		Payroll <input type="checkbox"/>
	WILMINGTON, DE 19805		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>14</u>	SUMMA FOUNDATION	\$ 21,813	Person <input checked="" type="checkbox"/>
	1077 GORGE BLVD		Payroll <input type="checkbox"/>
	AKRON, OH 44309		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>15</u>	VIKING SUPPLYNET	\$ 5,000	Person <input checked="" type="checkbox"/>
	210 N INDUSTRIAL PARK DR		Payroll <input type="checkbox"/>
	HASTINGS, MI 49058		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>16</u>	FAIRLAWN ASSOCIATES	\$ 10,000	Person <input checked="" type="checkbox"/>
	3180 WEST MARKET STREET		Payroll <input type="checkbox"/>
	AKRON, OH 44333		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>17</u>	AKRON CHILDREN'S HOSPITAL	\$ 5,060	Person <input checked="" type="checkbox"/>
	1 PERKINS SQUARE		Payroll <input type="checkbox"/>
	AKRON, OH 44308		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>18</u>	MYRNA BERZON	\$ 5,000	Person <input checked="" type="checkbox"/>
	444 INVERNESS RD		Payroll <input type="checkbox"/>
	AKRON, OH 44313		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	FREDERICK AND MARGARET BEDFORD FOUNDATION	\$ 20,000	Person <input checked="" type="checkbox"/>
	4901 KESSLERVILLE RD		Payroll <input type="checkbox"/>
	EASTON, PA 10840		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
20	GLOBE FIRE SPRINKLER CORP	\$ 25,500	Person <input checked="" type="checkbox"/>
	4077 AIRPARK DR		Payroll <input type="checkbox"/>
	STANDISH, MI 48658		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
21	KENMORE CONSTRUCTION	\$ 7,500	Person <input checked="" type="checkbox"/>
	700 HOME AVE		Payroll <input type="checkbox"/>
	AKRON, OH 44310		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
22	LONG ISLAND PIPE SUPPLY INC	\$ 9,563	Person <input checked="" type="checkbox"/>
	586 COMMERCE AVE		Payroll <input type="checkbox"/>
	GARDEN CITY, NJ 11530		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
23	JAMES PULK	\$ 6,750	Person <input checked="" type="checkbox"/>
	121 E ASCOT LANE		Payroll <input type="checkbox"/>
	CUYAHOGA FALLS, OH 44223		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
24	TAYLOR COMPANIES OF OHIO	\$ 5,000	Person <input checked="" type="checkbox"/>
	1532 ST RT 43		Payroll <input type="checkbox"/>
	MOGADORE, OH 44260		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u>	ALAN WOLL	\$ 5,000	Person <input checked="" type="checkbox"/>
	1313 OAK KNOLL		Payroll <input type="checkbox"/>
	AKRON, OH 44333		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>26</u>	ALSTON CONSTRUCTION CO	\$ 10,000	Person <input checked="" type="checkbox"/>
	8775 FOLSOM BLVD STE 201		Payroll <input type="checkbox"/>
	SACRAMENTO, CA 95826		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>27</u>	VANDEVERE INC	\$ 5,000	Person <input checked="" type="checkbox"/>
	1490 VERNON ODOM BLVD		Payroll <input type="checkbox"/>
	AKRON, OH 44320		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>28</u>	AKRON COMMUNITY FOUNDATION	\$ 18,750	Person <input checked="" type="checkbox"/>
	345 W CEDAR ST		Payroll <input type="checkbox"/>
	AKRON, OH 44307		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>29</u>	MR CHRIS ALCORN	\$ 5,000	Person <input checked="" type="checkbox"/>
	12081 W ALAMEDA PKWY 510		Payroll <input type="checkbox"/>
	LAKEWOOD, CO 80228		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>30</u>	MR AND MRS MARK CLARK	\$ 16,500	Person <input checked="" type="checkbox"/>
	282 LAKE POINT DRIVE		Payroll <input type="checkbox"/>
	AKRON, OH 44333		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>31</u>	MR STEPHEN A COMUNALE	\$ 60,100	Person <input checked="" type="checkbox"/>
	2300 SOUREK TRAIL		Payroll <input type="checkbox"/>
	AKRON, OH 44313		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>32</u>	MR AND MRS JACK DELEO	\$ 16,000	Person <input checked="" type="checkbox"/>
	511 BELMONT PARK DRIVE		Payroll <input type="checkbox"/>
	MUNROE FALLS, OH 44262		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>33</u>	DONLEY'S	\$ 5,000	Person <input checked="" type="checkbox"/>
	5430 WARNER RD		Payroll <input type="checkbox"/>
	CLEVELAND, OH 44125		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>34</u>	GREG FOSTER	\$ 5,000	Person <input checked="" type="checkbox"/>
	2955 S RABBIT BRUSH LANE		Payroll <input type="checkbox"/>
	JACKSON, WY 83001		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>35</u>	MR AND MRS JOHN FOWLER	\$ 5,000	Person <input checked="" type="checkbox"/>
	149 E 73RD ST APT 11B		Payroll <input type="checkbox"/>
	NEW YORK, NY 10021		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>36</u>	FRATERNAL ORDER OF EAGLES #2117	\$ 5,000	Person <input checked="" type="checkbox"/>
	9953 RITTMAN RD		Payroll <input type="checkbox"/>
	WADSWORTH, OH 44281		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>37</u>	MR AND MRS PHILIP F GEORGE JR	\$ 5,000	Person <input checked="" type="checkbox"/>
	326 OAK CREST		Payroll <input type="checkbox"/>
	COPLEY, OH 44321		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>38</u>	MR AND MRS JACK JETER	\$ 5,000	Person <input checked="" type="checkbox"/>
	1010 MERRIMAN RD		Payroll <input type="checkbox"/>
	AKRON, OH 44303		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>39</u>	MR ADLEBERT MAROUS JR	\$ 12,000	Person <input checked="" type="checkbox"/>
	1702 JOSEPH LLOYD PARKWAY		Payroll <input type="checkbox"/>
	WILLOUGHBY, OH 44094		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>40</u>	BILL AND KAT MILLER	\$ 5,500	Person <input checked="" type="checkbox"/>
	2498 WORTHINGTON RD		Payroll <input type="checkbox"/>
	AKRON, OH 44313		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>41</u>	PITTSBURG TANK AND TOWER	\$ 5,000	Person <input checked="" type="checkbox"/>
	PO BOX 913		Payroll <input type="checkbox"/>
	HENDERSON, KY 42419		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>42</u>	RITENOUR GROUP	\$ 5,000	Person <input checked="" type="checkbox"/>
	2066 CASE PARKWAY SOUTH		Payroll <input type="checkbox"/>
	TWINSBURG, OH 44087		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	NAGIB SALAHEDDINE	\$ 5,000	Person <input checked="" type="checkbox"/>
	186 COURT DR APT 203		Payroll <input type="checkbox"/>
	AKRON, OH 44333		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
44	MS SUSAN SCHOELLKROPF	\$ 7,000	Person <input checked="" type="checkbox"/>
	174 MIDDLESEX ROAD		Payroll <input type="checkbox"/>
	BUFFALO, NY 14216		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
45	SMITH COOPER INTERNATIONAL CO	\$ 5,000	Person <input checked="" type="checkbox"/>
	2867 VAIL AVENUE		Payroll <input type="checkbox"/>
	COMMERCE, CA 90040		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
46	SPEARS MANUFACTURING CO	\$ 5,000	Person <input checked="" type="checkbox"/>
	PO BOX 9203		Payroll <input type="checkbox"/>
	SYLMAR, CA 91392		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
47	THE FAMOUS MANUFACTURING COMPANY	\$ 7,500	Person <input checked="" type="checkbox"/>
	2620 RIDGEWOOD RD		Payroll <input type="checkbox"/>
	AKRON, OH 44313		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
48	THE HOUSE OF LAROSE	\$ 5,000	Person <input checked="" type="checkbox"/>
	6745 SOUTHPOINTE PARKWAY		Payroll <input type="checkbox"/>
	BRECKSVILLE, OH 44141		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u>	PAUL THOMARIOS	\$ 22,000	Person <input checked="" type="checkbox"/>
	1 THOMARIOS WAY		Payroll <input type="checkbox"/>
	COPLEY, OH 44321		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>50</u>	MR AND MRS JEFFREY AND LINDA THOMPS	\$ 8,000	Person <input checked="" type="checkbox"/>
	414 MARK DRIVE		Payroll <input type="checkbox"/>
	TALLMADGE, OH 44278		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>51</u>	UBS FINANCIAL SERVICES INC	\$ 5,000	Person <input checked="" type="checkbox"/>
	175 MONTROSE WEST AVE		Payroll <input type="checkbox"/>
	AKRON, OH 44321		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>52</u>	UNDERWOOD FIRE EQUIPMENT	\$ 16,000	Person <input checked="" type="checkbox"/>
	29769 ANTHONY DR		Payroll <input type="checkbox"/>
	WIXOM, MI 48393		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>53</u>	UNITED ASSOCIATION	\$ 5,000	Person <input checked="" type="checkbox"/>
	THREE PARK PLACE		Payroll <input type="checkbox"/>
	ANNAPOLIS, MD 21401		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>54</u>	YOUNGSTOWN TUBE COMPANY	\$ 10,000	Person <input checked="" type="checkbox"/>
	401 ANDREWS AVE		Payroll <input type="checkbox"/>
	YOUNGSTOWN, OH 44505		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	MS SARAH RAYBURN		Person <input type="checkbox"/>
	15008 HILLBROOK LANE EAST		Payroll <input type="checkbox"/>
	NOVELTY, OH 44072	\$ 27,283	Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
56	MR AND MRS STEPHEN MEYER		Person <input type="checkbox"/>
	1135 BREAFIELD ROAD		Payroll <input type="checkbox"/>
	CHESTER SPRINGS, PA 19425	\$ 23,538	Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)