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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

## DLN: 93491123001021

OMB No. 1545-0052

**2020** 

## **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.
 ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public

							Inspection
or	caler	ndar year 2020, or tax year beginning 01-01-20	)20 , aı	nd er	nding 12-31-	2020	
		indation ECHT FAMILY FOUNDATION			A Employer ide	entification numbe	r
ΓV	ALDRE	CONTRAMILY FOUNDATION			34-1663626		
		l street (or P.O. box number if mail is not delivered to street address) CHRIST ROAD	Room/suite		<b>B</b> Telephone nu	mber (see instruction	ns)
					(330) 733-2861	-	
		, state or province, country, and ZIP or foreign postal code 44305			C If exemption	application is pendin	g, check here
		I that apply:	former public charity		D.1 Foreign or	annizations, chook be	, <u> </u>
a Ci	ieck ai	I that apply: ☐ Initial return ☐ Initial return of a☐ Final return ☐ Amended return	Torrier public charity			ganizations, check he ganizations meeting	▶ ⊔
		☐ Address change ☐ Name change				k here and attach co	
<b>1</b> Ch	neck ty	pe of organization: Section 501(c)(3) exempt private	foundation			undation status was t n 507(b)(1)(A), chec	
	Section	4947(a)(1) nonexempt charitable trust $\Box$ Other taxable	e private foundation				
			☑ Cash ☐ Accru	ıal		ation is in a 60-mont n 507(b)(1)(B), chec	
		rom Part II, col. (c),  ▶\$ 4,002,716  (Cent I column (d) much	the an each basis \		under section	11 307(b)(1)(b), chec	K flere
		(Part I, column (d) must	ne on cash basis.)			T	
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and	(b)	Net investment	(c) Adjusted net	(d) Disbursements for charitable
		equal the amounts in column (a) (see instructions).)	expenses per books		income	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach					, ,,,
		schedule)	32,025				
	2	Check ► ☐ if the foundation is <b>not</b> required to attach Sch. B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	73,251	L	73,251		
	5a	Gross rents					
	b	Net rental income or (loss)	270.617	,			
K	6a	Net gain or (loss) from sale of assets not on line 10	279,617				
Revenue	b	Gross sales price for all assets on line 6a 200,000					
ž	7	Capital gain net income (from Part IV, line 2)			279,617		
	8	Net short-term capital gain					
	9	Income modifications					
	10a b	Gross sales less returns and allowances Less: Cost of goods sold					
	c	Gross profit or (loss) (attach schedule)	<u>.                                    </u>				
	11	Other income (attach schedule)	70,197	7	67,464		
	12	Total. Add lines 1 through 11	455,090		420,332		
	13	Compensation of officers, directors, trustees, etc.	15,000		0		15,000
	14	Other employee salaries and wages					
es	15	Pension plans, employee benefits					
ens	16a	Legal fees (attach schedule)	2,529		0		1,264
EXP	b	Accounting fees (attach schedule)	6,600	<u>'</u>	0		3,300
- Ae	_ c	Other professional fees (attach schedule)					
Operating and Administrative Expenses	17 18	Interest	3,120		0		0
<u> </u>	19	Taxes (attach schedule) (see instructions)  Depreciation (attach schedule) and depletion	3,120	-	0		
Ē	20	Occupancy					
Ad	21	Travel, conferences, and meetings					
oue e	22	Printing and publications					
Ď.	23	Other expenses (attach schedule)	1,240		0		200
ig E	24	Total operating and administrative expenses.					
<u>e</u>		Add lines 13 through 23	28,489	_	0		19,764
ر	25	Contributions, gifts, grants paid	474,578	3			474,578
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	503,067	,	0		494,342
	27	Subtract line 26 from line 12:	303,007	†			777,542
	a	Excess of revenue over expenses and	47.077	,			
	b	disbursements  Net investment income (if negative, enter -0-)	-47,977	+	420,332		
	c	Adjusted net income (if negative, enter -0-)			.20,002		1

Cat. No. 11289X

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For	n 990-	PF (2020)			Page <b>2</b>
Pa	rt II	<b>Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year (a) Book Value	End o <b>(b)</b> Book Value	f year (c) Fair Market Value
	1	Cash—non-interest-bearing	(2, 222	(2) 22211 22111	(-)
	2	Savings and temporary cash investments	240,328	53,652	53,652
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts			
	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 ▶			
٠,	8	Inventories for sale or use			
et	9	Prepaid expenses and deferred charges			
Assets	10a	Investments—U.S. and state government obligations (attach schedule)			
-	b	Investments—corporate stock (attach schedule)	3,448,961	3,732,695	3,732,695
	c	Investments—corporate bonds (attach schedule)	, , <u>, , , , , , , , , , , , , , , , , </u>	. ,	
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	674,422	216,369	216,369
	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)	4,363,711	4,002,716	4,002,716
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe )			
	23	Total liabilities(add lines 17 through 22)	0	0	
_			-	_	
or Fund Balances		Foundations that follow FASB ASC 958, check here ► □ and complete lines 24, 25, 29 and 30.			
alai	24	Net assets without donor restrictions			
B	25	Net assets with donor restrictions			
ınd		Foundations that do not follow FASB ASC 958, check here			
F		and complete lines 26 through 30.			
	26	Capital stock, trust principal, or current funds	701,663	701,663	
Assets	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
Ass	28	Retained earnings, accumulated income, endowment, or other funds	3,662,048	3,301,053	
Net	29	Total net assets or fund balances (see instructions)	4,363,711	4,002,716	
Z	30	Total liabilities and net assets/fund balances (see instructions) .	4,363,711	4,002,716	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		l net assets or fund balances at beginning of year—Part II, column (a), lin ear figure reported on prior year's return)	e 29 (must agree with en	d- <b>1</b>	4,363,711
2	•	er amount from Part I, line 27a		2	-47,977
3		er increases not included in line 2 (itemize)		3	0
4	Add	lines 1, 2, and 3		4	4,315,734
5		reases not included in line 2 (itemize) 🕨	<u>\</u>	5	313,018
6	Tota	l net assets or fund balances at end of year (line 4 minus line 5)—Part II,	column (b), line 29 .	6	4,002,716

Page **3** 

		ne kind(s) of property sold (e.g., ouse; or common stock, 200 sh			<b>(b)</b> How acqui P—Purcha D—Donat	ise		(c) se acquired o., day, yr.)	(d) Date sold (mo., day, yr.)
1 a \	/ANGUARD LT TRANSACTIO			20	18-06-30	2020-12-21			
b (	CAPITAL GAINS DIVIDENDS				Р				
С									
d									
e									
	(e) Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)		Cost or d	( <b>g)</b> other basis ense of sale			Gain o	h) r (loss) ) minus (g)
а	200,0	00			5	8,990			141,010
b	138,6	07							138,607
С									
d									
е									
(	Complete only for assets sh	owing gain in column (h) and ov	ned by the	e foundation o	on 12/31/69			(	I)
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		Excess	( <b>k)</b> of col. (i) . (j), if any		col	. (k), but not	h) gain minus less than -0-) <b>or</b> om col.(h))
a					(3),				141,010
b									138,607
С									
d									
e									
3 Part	If gain, also enter in Part I in Part I, line 8  V Qualification Und	or (loss) as defined in sections, line 8, column (c) (see instruct	If (loss), 1222(5) ar ions). If (lo	oss), enter -0	art İ, line 7	} } nt Inc	2 3 come		279,617
		D ON DECEMBER 20, 2019	9 - DO N	OT COMPLE	TE				
1	Reserved	(1)	Г					, D	
	(a) Reserved	<b>(b)</b> Reserved		(c) Reserved				<b>(d)</b> Reserved	
<b>2</b> R	Reserved					2			
3 R	Reserved					3	]		·
4 F	Reserved					4	<u> </u>		
	Reserved					5	<u> </u>		
	Reserved						<del>                                     </del>		
						6	<u> </u>		
						7	<u> </u>		
8 F	keserved ,					8	<u> </u>		

Pa	rt VII-B Statements Regard	ling	<b>Activities for Which</b>	Form 4720 May Be	Required (	continue	ed)				
5a	During the year did the foundation p	oay o	r incur any amount to:							Yes	No
	(1) Carry on propaganda, or otherw	vise a	ttempt to influence legisl	ation (section 4945(e))?		☐ Yes		Na			
	(2) Influence the outcome of any sp	oecifi	public election (see sect	tion 4955); or to carry		⊔ res	•	NO			
	on, directly or indirectly, any vo	ter re	egistration drive?			☐ Yes	<b>✓</b>	No			
	(3) Provide a grant to an individual	for t	ravel, study, or other sim	ilar purposes?		Yes		No			
	(4) Provide a grant to an organizati	on ot	her than a charitable, etc	, organization described	1			110			
	in section 4945(d)(4)(A)? See ir	nstru	ctions			☐ Yes	~	No			
	(5) Provide for any purpose other to	han r	eligious, charitable, scien	tific, literary, or							
	educational purposes, or for the	•	•			☐ Yes	<b>✓</b>	No			
b	If any answer is "Yes" to $5a(1)-(5)$ ,		-			ribed in					
	Regulations section 53.4945 or in a						•		5b		
	Organizations relying on a current n					▶					
С	If the answer is "Yes" to question 5a			•							
	tax because it maintained expenditu				• •	Yes		No			
_	If "Yes," attach the statement requi		· -								
6а	Did the foundation, during the year,										
	a personal benefit contract?					Ŭ Yes	✓	No	ا م		
D	Did the foundation, during the year,	pay	premiums, directly or ind	ilrectly, on a personal be	nerit contract:	· · ·	•		<b>6</b> b		No
<b>7</b> _	If "Yes" to 6b, file Form 8870.  At any time during the tax year, wa	_ 44	£			_					
7a հ	If "Yes", did the foundation receive					Yes	✓	No	7b		
8	Is the foundation subject to the sect		,				•		<b>-</b>		
•	excess parachute payment during th										
	Information About (					<u> </u>					
Pa	and Contractors	JIIIC	ers, Directors, Trust	lees, roundation Ma	illayers, ni	gilly Pai	u Ei	пріо	yees,		
1	List all officers, directors, trusted	es, fo	oundation managers ar	nd their compensation.	. See instruc	tions					
			<b>b)</b> Title, and average	(c) Compensation (If	(d) Cont	ributions t		(e)	Expen	se acci	ount.
	(a) Name and address		hours per week devoted to position	not paid, enter -0-)	employee be deferred co				ther al		
STE	VEN ALBRECHT	DIRE	CTOR	0		этрепвас	(				0
	GILCHRIST ROAD	5.00		_							_
	N, OH 44305	ļ									
	Y JOHNSON JR	DIRE 1.00	CTOR	0			C	9			0
	GILCHRIST ROAD N, OH 44305										
ATIE	ALBRECHT SWARTZ		CTOR	15,000			C				0
	GILCHRIST ROAD	10.0	)								
	N, OH 44305	DIRE	CTOR	0				+			
	ALBRECHT GILCHRIST ROAD	5.00	CIOK	0			C	Ί			U
	N, OH 44305										
2	Compensation of five highest-pa	id er	nployees (other than th	hose included on line 1				ne, e	nter "	NONE.	"
(2)	Name and address of each employee	naid	(b) Title, and average			ributions t ee benefit		(6)	Expens	. 3000	unt
(4)	more than \$50,000	para	hours per week devoted to position	(c) Compensation		d deferre			her all		
			devoted to position		compe	ensation					
ION	E										
							-				
							$\dashv$				
							$\dashv$				
ota	I number of other employees paid ov	er \$5	0,000			. •	$\dashv$				0
	1 -/ p/s. 01	, -	<u> </u>		=		1				

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "No	ONE".
(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	
2	
3	
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	4
	-
Total. Add lines 1 through 3	0
	5 000 DE (2020)

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

1a

1b

2

За 3h

4

5

494,342

494,342

494,342

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Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Amounts set aside for specific charitable projects that satisfy the:

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

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . . . . . . . . .

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

income. Enter 1% of Part I, line 27b. See instructions.

1

2

3

4

5

b

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193.508

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П		х	ч			ı

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Part XIII	Undistrib

a From 2015. . . . .

**b** From 2016. . . . .

e From 2019. . . . .

c From 2017. . . d From 2018. . . . .

a Enter amount for 2019 only. . . . . . Excess distributions carryover, if any, to 2020:

f Total of lines 3a through e. . . . . . . .

**d** Applied to 2020 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

**5** Excess distributions carryover applied to 2020. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . .

9 Excess distributions carryover to 2021.

10 Analysis of line 9: a Excess from 2016. . .

**b** Excess from 2017. .

c Excess from 2018. . . .

d Excess from 2019. . .

e Excess from 2020. . .

6 Enter the net total of each column as

**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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . . . . f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . . . 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 2015 not

indicated below:

4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ a Applied to 2019, 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). . . . . . . . . .

- uted Income (see instructions)
- 1 Distributable amount for 2020 from Part XI, line 7
- 2 Undistributed income, if any, as of the end of 2020:

69.677 148,331

58 485

81.332 129,109

148.331 58,485

81.332

129.109

300.834

(a) Corpus

486.934

300.834

787,768

69,677

718,091

Years prior to 2019

(b)

- 2019

(c)

- 2020
  - 193,508

factors:

ALBRECHT GROCERY COMPANY OPERATES ITS STORES.

	and XIV Private Operating Found	ations (see mstru	ictions and Part V	(11-A, question 9)		
1a	If the foundation has received a ruling or det foundation, and the ruling is effective for 20					
b	Check box to indicate whether the organizati	on is a private opera	ating foundation des	scribed in section $\Box$	4942(j)(3) or	] 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each year listed	(a) 2020	<b>(b)</b> 2019	(c) 2018	(d) 2017	. ,
b	85% of line 2a					
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					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets					
b	under section 4942(j)(3)(B)(i) "Endowment" alternative test— enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed.					
С	"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)					
	(2) Support from general public					
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Pa	rt XV Supplementary Information assets at any time during the			foundation had s	5,000 or more i	in
<del>-</del>	Information Regarding Foundation Mana		ructions.)			
	List any managers of the foundation who hav before the close of any tax year (but only if	e contributed more				n
b	List any managers of the foundation who own ownership of a partnership or other entity) of				arge portion of the	
2	Information Regarding Contribution, Gra	ant, Gift, Loan, Sch	nolarship, etc., Pro	ograms:		
	Check here ▶ ☐ if the foundation only makeunsolicited requests for funds. If the foundation other conditions, complete items 2a, b, c, are	tion makes gifts, gra	ints, etc. to individu			
а	The name, address, and telephone number of KATIE ALBRECHT SWARTZ 2700 GILCHRIST ROAD AKRON, OH 44305 (330) 733-2263	or e-mail address of	the person to whom	n applications should	be addressed:	
b	The form in which applications should be sub LETTER WITH A COPY OF ORGANIZATION'S			•	NIZATION'S TAX EX	EMPT STATUS.
	Any submission deadlines:					
-	NONE					

 $\mathbf{d}$  Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

FOUNDATION WILL ONLY BENEFIT CHARITABLE ORGANIZATIONS WHICH OPERATE IN THE SAME GEOGRAPHICAL AREA WHERE THE FRED W.

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Part XV Supplementary Informa	ition (continued)			
3 Grants and Contributions Paid	During the Year or Appro	oved for Futur	e Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	474,578
<b>b</b> Approved for future payment				
Total		<u> </u>	▶ 3b	0

er gross amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exemp
Program service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions
·					
·					
·					
Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash nvestments					
Dividends and interest from securities			14	73,251	
Net rental income or (loss) from real estate:					
Debt-financed property					
Net rental income or (loss) from personal property					
Other investment income.					
Gain or (loss) from sales of assets other than					
nventory			18	279,617	
Net income or (loss) from special events:					
Gross profit or (loss) from sales of inventory Other revenue:					
ACME 12 LLC PASS THROUGH INCOME			34	67,464	
TAX REFUND REC'D			31	0,7101	2,7
;					
d					
e					
e Subtotal. Add columns (b), (d), and (e)		0		420,332	
d e Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcu		0	13	420,332	2,7 423,06
e Subtotal. Add columns (b), (d), and (e)	lations.)		13		2,7 423,06
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcurt XVI-B  Relationship of Activities to the	lations.)	nment of Exem	pt Purposes		423,06
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  See worksheet in line 13 instructions to verify calcurt XVI-B  Relationship of Activities to the second below how each activity for which the accomplishment of the foundation's expression.	lations.) ne Accomplish income is report	nment of Exempled in column (e) of	pt Purposes	ed importantly to	423,06
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  See worksheet in line 13 instructions to verify calcurt XVI-B  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain structions.)	lations.)  ne Accomplish  income is report kempt purposes	nment of Exempled in column (e) of other than by prov	pt Purposes	ed importantly to	423,06
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  See worksheet in line 13 instructions to verify calcurt XVI-B  Relationship of Activities to the second below how each activity for which the accomplishment of the foundation's expression.	lations.)  ne Accomplish  income is report kempt purposes	nment of Exempled in column (e) of other than by prov	pt Purposes	ed importantly to	423,06
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  See worksheet in line 13 instructions to verify calcurt XVI-B  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the instructions.)	lations.)  ne Accomplish  income is report kempt purposes	nment of Exempled in column (e) of other than by prov	pt Purposes	ed importantly to	423,06
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orm 990-	· · ·					Pa	ge <b>13</b>
Part X	Information Regarding Exempt Organizations	Transfers To and Transaction	ns and Relation	nships With Nonchari	table		
	e organization directly or indirectly eng ner than section 501(c)(3) organization					Yes	No
a Transf	ers from the reporting foundation to a	noncharitable exempt organization	of:				
<b>(1)</b> C		1a(1)		No			
(2) 0	ther assets				1a(2)		No
${f b}$ Other	ransactions:						
<b>(1)</b> S	ales of assets to a noncharitable exem	pt organization			1b(1)		No
<b>(2)</b> P	ırchases of assets from a noncharitabl	e exempt organization			1b(2)		No
<b>(3)</b> R	ental of facilities, equipment, or other	assets			1b(3)		No
<b>(4)</b> R	eimbursement arrangements				1b(4)		No
	pans or loan guarantees				1b(5)		No
	rformance of services or membership				1b(6)		No
	g of facilities, equipment, mailing lists, answer to any of the above is "Yes," co				1c		No
of the	goods, other assets, or services given transaction or sharing arrangement, s	by the reporting foundation. If the f	foundation receive goods, other asse	d less than fair market valuts, or services received.	ie		+-
(a) Line No	(b) Amount involved (c) Name of	i nonchantable exempt organization	(a) Description of	transfers, transactions, and sha	iling airai	igemen	its
	foundation directly or indirectly affiliate	•			<b>7</b> 1		
	ed in section 501(c) (other than section	on 501(c)(3)) or in section 527? .		∐Yes b	<b>∠</b> No		
<b>b</b> If "Yes	" complete the following schedule.	(1) 7 ( ) ;	1	( ) 5			
	(a) Name of organization	(b) Type of organizatio	n	(c) Description of relati	onship		
1	Under penalties of perjury, I declare th If my knowledge and belief, it is true, o which preparer has any knowledge.						
Sign	*****	2021-04-25	*****	May t return	he IRS di	scuss th	nis
Here				with t	he prepai	er shov	vn
	Signature of officer or trustee	Date	Title	below (see i	nstr.) 🔽	Yes [	No
	Print/Type preparer's name	Preparer's Signature	Date	PTIN			
				Check if self-	P00285	983	
	KAREN B COONEY		2021-04-25	employed ▶ Ш			
Paid							
Prepar Use Or		RE LTD	•	Firm's E	IN ▶34	-18182	258
	•	NTH STREET SUITE 1800					
	CLEVELAND (	DH 441141700		Phone r	io. (216	241-	3272
	LEVELAND, C	DH 441141790			Phone no. (216) 241-3272		

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 status of contribution

Purpose of grant or contribution

recipient

474,578

any foundation manager

Name and address (home or husiness)

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
AKRON ART MUSEUM1 S HIGH ST AKRON, OH 44308	N/A	PUBLIC CHARITY	COMMUNITY, CHARITABLE	7,500
AKRON CHILDRENS MUSEUM 216 S MAIN ST AKRON, OH 44308	N/A	PUBLIC CHARITY	COMMUNITY, CHARITABLE; GROWN UP PLAY DATE	3,500
AKRON MARATHONCHILDRENS HOSPITAL 155 E VORIS ST AKRON, OH 44311	N/A	PUBLIC CHARITY	CHARITABLE	5,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NI/A DUDLEC

AKRON, OH 44308	N/A	CHARITY	CARNEGIE HALL LINK UP	2,000
AKRON ZOO500 EDGEWOOD AVE AKRON, OH 44307	N/A	PUBLIC CHARITY	COMMUNITY, CHARITABLE, BOO AT THE ZOO	4,000
BOY SCOUTS OF AMERICA GREAT TRAIL COUNCIL	N/A	PUBLIC CHARITY	COMMUNITY, CHARITABLE	4,000

Total			▶ 3a	474,578
BOY SCOUTS OF AMERICA GREAT TRAIL COUNCIL 4500 HUDSON DR STOW, OH 44224	N/A	PUBLIC CHARITY	COMMUNITY, CHARITABLE	4,00
AKRON, OH 44307		CHARITY	AT THE ZOO	4,00

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

a Paid during the year				
CANTON BALLET1001 MARKET AVE N CANTON, OH 44702	N/A	PUBLIC CHARITY	CHARITABLE	2,500
COURT APPOINTED SPECIAL ADVOCATE	N/A	PUBLIC	FAMILY SERVICES	3,000

COURT APPOINTED SPECIAL ADVOCATE PROGRAM OF SUMMIT COUNTY 650 DAN STREET AKRON, OH 44310	N/A	PUBLIC CHARITY	FAMILY SERVICES	3,000
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE	N/A	PUBLIC CHARITY	SCHOLARSHIP FOR 1 INDIVIDUAL	3,000

	AKRON, OH 44310			
	CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106	N/A	 SCHOLARSHIP FOR 1 INDIVIDUAL	3,0
1				ſ

AKRON, OH 44310				
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106	N/A	PUBLIC CHARITY	SCHOLARSHIP FOR 1 INDIVIDUAL	3,00

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

CLEVELAND METROPARKS N/A PUBLIC CIVIC AFFAIRS, CHARITABLE, 2,00 4101 FULTON PARKWAY CLEVELAND, OH 44144	a Paid during the year			
	4101 FULTON PARKWAY	N/A	l .	 2,000

CLEVELAND STATE UNIVERSITY 2121 EUCLID AVE CLEVELAND, OH 44115	N/A	PUBLIC CHARITY	SCHOLARSHIP FOR 1 INDIVIDUAL	3,000
CASCADE LOCKS PARK ASSOCIATION	N/A	PUBLIC	COMMUNITY, CHARITABLE	500

CLEVELAND, OH 44115				
CASCADE LOCKS PARK ASSOCIATION 248 FERNDALE ST AKRON, OH 44304	N/A	PUBLIC CHARITY	COMMUNITY, CHARITABLE	500

CASCADE LOCKS PARK ASSOCIATION 248 FERNDALE ST AKRON, OH 44304	N/A	PUBLIC CHARITY	COMMUNITY, CHARITABLE	

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year E J THOMAS PERFORMING ARTS N/A PUBLIC CHILDREN'S CONCERT SERIES 5,000

CENTER

100 LITEL CT

Total .

AKRON, OH 44325				
FIRESTONE HIGH AQUATIC ASSN 333 RAMPART AVE AKRON.OH 44313	N/A	PUBLIC CHARITY	EDUCATIONAL, SWIMMING	24,000

CHARITY

333 RAMPART AVE AKRON, OH 44313		CHARITY		
FIRST TEE OF GREATER AKRON 2000 S HAWKINS AVE AKRON, OH 44314	N/A	PUBLIC CHARITY	EDUCATIONAL	5,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FOOD MARKETING INSTITUTE FDN N/A PUBLIC STIR IT UP EVENT 1,000

ARLINGTON, VA 22202		CHARITY		
GASP ( SAFETY TOWN PROGRAM ) 3760 DARROW RD STOW OH 44224	N/A	PUBLIC CHARITY	EDUCATIONAL	1,000

474,578

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3760 DARROW RD STOW, OH 44224	N/A	CHARITY	EDUCATIONAL	1,000
GENEVA COLLEGE3200 COLLEGE AVE	N/A	PUBLIC	SCHOLARSHIP FOR 1	3,000

STOW, OH 44224				
GENEVA COLLEGE3200 COLLEGE AVE BEAVER FALLS, PA 15010	N/A	PUBLIC CHARITY	SCHOLARSHIP FOR 1 INDIVIDUAL	3,0

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

Name and address (home or business)

Total .

	or substantial contributor			
a Paid during the year				
GIRL SCOUTS OF AMERICA	N/A	PUBLIC	MASKS	2,500

MACEDONIA, OH 44056		CHARITY		
GOOD NEIGHBORS 1453 GOODYEAR BLVD AKRON, OH 44305	N/A	PUBLIC CHARITY	CIVIC AFFAIRS, PACK AND PANTRY FOOD DRIVE	10,000

1453 GOODYEAR BLVD AKRON, OH 44305	·	CHARITY	PANTRY FOOD DRIVE	,
GREEN FAMILY YMCA 3800 MASSILLON RD	N/A	PUBLIC CHARITY	COMMUNITY, CHARITABLE	2,500

AKRON, OH 44305				
GREEN FAMILY YMCA 3800 MASSILLON RD UNIONTOWN, OH 44685	N/A	PUBLIC CHARITY	COMMUNITY, CHARITABLE	2,50
4				1

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

GREEN HIGH SCHOOL74 BOETTLER RD UNIONTOWN, OH 44685	N/A	PUBLIC CHARITY	EDUCATIONAL	1,200
a Paid during the year				

GROVE CITY COLLEGE100 CAMPUS DR GROVE CITY, PA 16127	N/A	PUBLIC CHARITY	SCHOLARSHIP FOR 1 INDIVIDUAL	3,000
HALE FARM AND VILLAGE 2686 OAK HILL RD PENINSULA, OH 44264	N/A	PUBLIC CHARITY	MAPLE SUGAR FESTIVAL	2,500

GROVE CITY, PA 16127		CHARITY	INDIVIDUAL	3,000
HALE FARM AND VILLAGE 2686 OAK HILL RD PENINSULA, OH 44264	N/A	PUBLIC CHARITY	MAPLE SUGAR FESTIVAL	2,500
Total			▶ 3a	474,578

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

_ ,				
HERZING UNIVERSITY 1600 S ARLINGTON ST AKRON, OH 44306	N/A	PUBLIC CHARITY	SCHOLARSHIP FOR 1 INDIVIDUAL	3,000
		1		

HIRAM COLLEGE11715 GARFIELD RD HIRAM, OH 44234	N/A	PUBLIC CHARITY	SCHOLARSHIP FOR 1 INDIVIDUAL	3,000
HUMANE SOCIETY OF GREATER AKRON 7996 DARROW RD	N/A	PUBLIC CHARITY	CHARITABLE	12,654

111KAPI, 011 44254		CHARITI	INDIVIDUAL	
HUMANE SOCIETY OF GREATER AKRON 7996 DARROW RD TWINSBURG, OH 44087	N/A	PUBLIC CHARITY	CHARITABLE	12,654

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Daid during the year

				10.000
JOHN CARROLL UNIVERSITY 1 JOHN CARROLL BLVD UNIVERSITY HTS, OH 44118	N/A	PUBLIC CHARITY	SCHOLARSHIP FOR 1 INDIVIDUAL	3,000
a Palu during the year				

GNIVERSITT TITS, OIT 44110				
KENT STATE UNIVERSITY 800 E SUMMIT STR KENT, OH 44242	N/A	PUBLIC CHARITY	SCHOLARSHIPS FOR 6 INDIVIDUALS	18,000
KING SCHOOL PTA805 MEMORIAL PKWY	N/A	PUBLIC	EDUCATIONAL	500

RENT STATE UNIVERSITY 800 E SUMMIT STR KENT, OH 44242	N/A	CHARITY	INDIVIDUALS	18,000
KING SCHOOL PTA805 MEMORIAL PKWY AKRON, OH 44303	N/A	PUBLIC CHARITY	EDUCATIONAL	500

KLIVI, OII 44242				
KING SCHOOL PTA805 MEMORIAL PKWY AKRON, OH 44303	N/A	PUBLIC CHARITY	EDUCATIONAL	500
Total			▶ 3a	474,578

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

MAGIC THEATRE COMPANY 565 W TUSCARAWAS AVE BARBERTON, OH 44203	N/A	PUBLIC CHARITY	CHARITABLE	10,000
OHIO STATE UNIVERSITY 281 W LANE DR	N/A	PUBLIC CHARITY	SCHOLARSHIPS FOR 2 INDIVIDUALS	6,000

281 W LANE DR COLUMBUS, OH 43210	N/A		INDIVIDUALS	6,0
OLD TRAIL SCHOOL2315 IRA RD AKRON, OH 44333	N/A	PUBLIC CHARITY	EDUCATIONAL; NATURE BASED PLAY	5,0

Total			▶ 3a	474,578
OLD TRAIL SCHOOL2315 IRA RD AKRON, OH 44333	N/A	PUBLIC CHARITY	EDUCATIONAL; NATURE BASED PLAY	5,000
281 W LANE DR COLUMBUS, OH 43210		CHARITY	INDIVIDUALS	

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
OPEN M941 PRINCETON ST AKRON, OH 44311	N/A	PUBLIC CHARITY	POVERTY RELIEF	2,000
PARMA ANIMAL SHELTER	N/A	PUBLIC	CHARITABLE	638

PARMA ANIMAL SHELTER 6260 STATE RD PARMA, OH 44134	N/A	PUBLIC CHARITY	CHARITABLE	638
PORTAGE CITY ANIMAL PROTECTIVE	N/A	PUBLIC	CHARITABLE	1,139

PARMA, OH 44134				
PORTAGE CITY ANIMAL PROTECTIVE 8122 INFIRMARY RD RAVENNA, OH 44266	N/A	PUBLIC CHARITY	CHARITABLE	1,139

474,578

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1744174, 611 11251				
PORTAGE CITY ANIMAL PROTECTIVE 8122 INFIRMARY RD RAVENNA, OH 44266	N/A	PUBLIC CHARITY	CHARITABLE	1,1
(				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
PROJECT GRAD AKRON10 N MAIN ST AKRON, OH 44308	N/A	PUBLIC CHARITY	EDUCATIONAL; ANNUAL ACHIEVEMENT	10,000
PROJECT OUTRUNPO BOX 13846	N/A	PUBLIC	CHARITABLE	5,000

FAIRLAWN, OH 44334	N/A	CHARITY	CHARITABLE	5,000
SHAW JEWISH COMMUNITY CENTER 750 WHITE POND DR AKRON, OH 44320	N/A	PUBLIC CHARITY	AKRON SUMMIT HOLOCAUST EXHIBIT	500

SHAW JEWISH COMMUNITY CENTER 750 WHITE POND DR AKRON, OH 44320	N/A	PUBLIC CHARITY	AKRON SUMMIT HOLOCAUST EXHIBIT	50
Total			▶ 3a	474,578

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

Name and address (home or business)	any foundation manager or substantial contributor	recipient	
a Paid during the year			

ST HILARY PARENTS ASSN 2750 W MARKET ST FAIRLAWN, OH 44333	N/A	PUBLIC CHARITY	PTA ACTIVITIES	500
STAN HYWET HALL AND GARDENS	N/A	PUBLIC	CHARITABLE; DECK THE HALL	5,000

17(11(12)(11)11, 011 11333				
STAN HYWET HALL AND GARDENS 715 N PORTAGE PATH AKRON, OH 44303	N/A	PUBLIC CHARITY	CHARITABLE; DECK THE HALL	5,000
STARK COUNTY HUMANE SOCIETY	N/A	PUBLIC	CHARITABLE	2,025

AKRON, OH 44303		CHARITI		
STARK COUNTY HUMANE SOCIETY 5100 PEACH ST LOUISVILLE, OH 44641	N/A	PUBLIC CHARITY	CHARITABLE	2,025

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
STARK STATE COLLEGE 6200 FRANK AVE NW NORTH CANTON, OH 44720	N/A	PUBLIC CHARITY	SCHOLARSHIP FOR 1 INDIVIDUAL	3,000
STEWARTS CARING PLACE	N/A	PUBLIC	FOOD PANTRY	2,000

NORTH CANTON, OTT 44720				
STEWARTS CARING PLACE 3501 RIDGE PARK DR FAIRLAWN, OH 44333	N/A	PUBLIC CHARITY	FOOD PANTRY	2,000
SUMMIT COUNTY COMMUNITY PARTNERSHIP 20 OLIVE ST	N/A	PUBLIC CHARITY	CHARITABLE	500

3501 RIDGE PARK DR FAIRLAWN, OH 44333		CHARITY		
SUMMIT COUNTY COMMUNITY PARTNERSHIP 20 OLIVE ST AKRON, OH 44306	N/A	PUBLIC CHARITY	CHARITABLE	500

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

Name and address (home or business)	any foundation manager or substantial contributor	recipient	
a Paid during the year			

SUMMIT METRO PARKS 5779 RIVERVIEW RD PENINSULA, OH 44264	N/A	PUBLIC CHARITY	CIVIC AFFAIRS, CHARITABLE	4,000
The state of the s				

T	51.75	2112120		2 - 2 - 2
SUMMIT COUNTY HEALTH DEPT 175 S MAIN ST AKRON, OH 44308	N/A	PUBLIC CHARITY	N95 MASKS	6,422
PENINSULA, OH 44264				

175 S MAIN ST AKRON, OH 44308	IN/A	CHARITY	N93 MASKS	0,422
THE BATTERED WOMEN'S SHELTER 974 E MARKET ST AKRON, OH 44305	N/A	PUBLIC CHARITY	COMMUNITY	2,500

AKRON, OH 44308				
THE BATTERED WOMEN'S SHELTER 974 E MARKET ST AKRON, OH 44305	N/A	PUBLIC CHARITY	COMMUNITY	2,500
Total			▶ 3a	474,578

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

Hame and dadress (nome or business)	or substantial contributor			
a Paid during the year				
THE SALVATION ARMY190 S MAPLE ST	N/A	PUBLIC	KETTLE CAMPAIGN	170,000

ARRON, OH 44302		CHARTT		
THE WELL COMMUNITY DEVELOPMENT CENTER 647 E MARKET ST AKRON, OH 44304	N/A	PUBLIC CHARITY	CHARITABLE	1,500

CENTER 647 E MARKET ST AKRON, OH 44304	,	CHARITY		·
UNITED WAY OF SUMMIT COUNTY 37 N HIGH ST AKRON, OH 44308	N/A	PUBLIC CHARITY	CIVIC AFFAIRS, CHARITABLE	1,500

474,578

OH 44304				
WAY OF SUMMIT COUNTY GH ST OH 44308	N/A	PUBLIC CHARITY	CIVIC AFFAIRS, CHARITABLE	1,5

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

Name and address (home or business)	or substantial contributor	redipient		
a Paid during the year				
LINITY EDGITY OF AKRON	NI/A	DUBLIC	DALLET INCTITUTE	35.00

UNIVERSITY OF AKRON 302 BUCHTEL COMMON AKRON, OH 44325	N/A	PUBLIC CHARITY	BALLET INSTITUTE	25,000
UNIVERSITY OF AKRON	N/A	PUBLIC	SCHOLARSHIPS FOR 10	30,000

ARRON, OH 44325				
UNIVERSITY OF AKRON 302 BUCHTEL COMMON AKRON, OH 44325	N/A	PUBLIC CHARITY	SCHOLARSHIPS FOR 10 INDIVIDUALS	30,000
UNIVERSITY OF CINCINNATI	N/A	PUBLIC	SCHOLARSHIPS FOR 2	6,000

UNIVERSITY OF CINCINNATI 2900 READING RD CHARITY PUBLIC CHARITY SCHOLARSHIPS FOR 2 INDIVIDUALS 6,000	302 BUCHTEL COMMON AKRON, OH 44325	1.4	CHARITY	INDIVIDUALS	
	2900 READING RD	N/A			6,000

ARRON, 011 44323				
UNIVERSITY OF CINCINNATI 2900 READING RD CINCINNATI, OH 45206	N/A	PUBLIC CHARITY	SCHOLARSHIPS FOR 2 INDIVIDUALS	6,00
Total			<b>&gt;</b> 3a	474,578

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Amount contribution

Purpose of grant or contribution

recipient

a Paid during the year

NORTH CANTON, OH 44720	N/A	CHARITY	INDIVIDUALS	6,000
WEATHERVANE THEATRE 1301 WEATHERVANE LN AKRON, OH 44313	N/A	PUBLIC CHARITY	EDUCATIONAL	25,000

DUDLEC

- ---

474,578

AKRON, OH 44313				
WEATHERVANE THEATRE 1301 WEATHERVANE LN AKRON, OH 44313	N/A	PUBLIC CHARITY	SCHOLARSHIPS	2,0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

recipient

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
WEST AKRON BASEBALL LEAGUE	N/A	PUBLIC	HOME RUN SPORTS	500

VEST AKRON BASEBALL LEAGUE	N/A	PUBLIC	HOME RUN SPORTS	5
PO BOX 5751		CHARITY		
AKRON, OH 44372				

AKRON, OH 44372			
Total	 	<b>&gt;</b> 3a	474,578

efile GRAPHIC print - DO NOT PROCE	SS As Filed D	ata -	D	LN: 93491123001021			
TY 2020 Accounting Fees Schedule							
Name: FW ALBRECHT FAMILY FOUNDATION							
E	<b>EIN:</b> 34-1663626						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
ACCOUNTING FEES	6,600	0		3,300			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491123001021
TY 2020 Investments Corporat	e Stock Schedule	

1,614,049

1,614,049

Name: FW ALBRECHT FAMILY FOUNDATION

**EIN:** 34-1663626

VANGUARD WELLESLEY INCOME FUND ADM 23200.694S

Investments Corporation Stock Schedule						
Name of Stock	End of Year Book Value	End of Year Fair Market Value				
VANGUARD 500 INDEX FUND 1941.059S	672,713	672,713				
VANGUARD HEALTH CARE FUND ADM 8030.505S	730,374	730,374				
VANGUARD CAPITAL OPPORTUNITY FUND ADM 4030.864S	715,559	715,559				

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TY 2020 Investments - Other S	Schedule		
Name: F	W ALBRECHT FAMILY	FOUNDATION	

DIM: 02/01/12/00/01/21

216,369

216,369

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INTEREST IN ACME TWELVE LLC

EIN. 34-1003020	,		
Investments Other Schedule 2			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value

AT COST

ETN: 34-1663626

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLI	N: 93491123001021
TY 2020 Legal Fees Schedul	e			
_				
	e: FW ALBRECH N: 34-1663626	HT FAMILY FOUND	ATION	
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	2,529	0		1,264

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491123001021
TY 2020 Other Decreases Sch	edule		
Name:	FW ALBRECHT FAMILY	/ FOUNDATION	
EIN:	34-1663626		
De	escription		Amount
OTHER PARTNERSHIP BASIS ADJUSTME	NTS AND UNREALIZED GA	AIN/(LOSS) ON	313,018

INVESTMENT

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491123001021	
TY 2020 Other Expenses Schedule					
Name:	FW ALBRECHT	FAMILY FOUNDAT	ION		
EIN:	34-1663626				
Other Expenses Schedule					
Description	Revenue and	Net Investment	Adjusted Net	Disbursements for	

Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OHIO FILING FEE	200	0		200

1,040

REVERSE RAFFLE EXPENSE

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

Name: FW ALBRECHT FAMILY FOUNDATION

TAX REFUND REC'D

EIN:	34-1663626

Other Income Schedule Description Revenue And **Expenses Per Books** 

Net Investment

67,464

Adjusted Net Income

DLN: 93491123001021

ACME 12 LLC PASS THROUGH INCOME

Income

67,464

2,733

67,464

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491123001021
TY 2020 Taxes Schedule				
Name: FW ALBRECHT FAMILY FOUNDATION				
<b>EIN:</b> 34-1663626				
Taxes Schedule				-
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL NET INVESTMENT INCOME EXCISE TAX	3,120	0		0

efile GRAPHIC print - DC	NOT PROCESS As Filed Data -			DLN: 93491123001021
Schedule B	Schedule	of Contributors		OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF. ► Go to <u>www.irs.gov/Form990</u> for the latest information.		2020	
Name of the organization Name Of the Organization	NDATION		Employer i	dentification number
			34-1663626	<u>,</u>
Organization type (check	one):			
Filers of:	Section:			
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organ	ization		
	4947(a)(1) nonexempt charitable	e trust <b>not</b> treated as a	private foundation	
	☐ 527 political organization			
Form 990-PF	☑ 501(c)(3) exempt private founda	ation		
4947(a)(1) nonexempt charitable trust treated as a private foundation				
	☐ 501(c)(3) taxable private founda	ition		
	on filing Form 990, 990-EZ, or 990-PF th roperty) from any one contributor. Compl			
Special Rules				
under sections 50 received from any	n described in section 501(c)(3) filing For b(a)(1) and 170(b)(1)(A)(vi), that checked one contributor, during the year, total cor 1h, or (ii) Form 990-EZ, line 1. Complete	l Schedule A (Form 990 ntributions of the greate	or 990-EZ), Part II, line 13,	, 16a, or 16b, and that
during the year, to	n described in section 501(c)(7), (8), or (7) all contributions of more than \$1,000 exceptions of cruelty to children or anim	<i>lusively</i> for religious, ch	aritable, scientific, literary, o	
during the year, co If this box is check purpose. Don't cor	n described in section 501(c)(7), (8), or ( ntributions exclusively for religious, chari ed, enter here the total contributions that nplete any of the parts unless the <b>Gener</b> e, etc., contributions totaling \$5,000 or m	itable, etc., purposes, b were received during that were received during that al Rule applies to this o	ut no such contributions tota he year for an <i>exclusively</i> re organization because it rece	aled more than \$1,000. eligious, charitable, etc., eived <i>nonexclusively</i>
990-EZ, or 990-PF), but it	that isn't covered by the General Rule ar <b>must</b> answer "No" on Part IV, line 2, of it I, line 2, to certify that it doesn't meet th	ts Form 990; or check th	ne box on line H of its Form	
For Paperwork Reduction Ac for Form 990, 990-EZ, or 990-		Cat. No. 30613X	Schedule B (Form 990	0, 990-EZ, or 990-PF) (2020)

lame of organizat W ALBRECHT FAN	ion MILY FOUNDATION	Employer identification 34-1663626	n number
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if ad-	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FW ALBRECHT GROCERY COMPANY  2700 GILCHRIST ROAD	\$ 32,025	<ul><li>✓ Person</li><li>☐ Payroll</li><li>☐ Noncash</li></ul>
	AKRON, OH 44305		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)