29393172008460

Form 990-T	E	Exempt Organization Bus (and proxy tax und			ax Return	\	OMB No 1545-0687			
•	_	2018								
	Forca	For calendar year 2018 or other tax year beginning APR 1, 2018 and ending MAR 31 1 2019 Go to www.irs.gov/Form990T for instructions and the latest information.								
Department of the Treasury Internal Revenue Service	•	Do not enter SSN numbers on this form as it may				5	open to Public Inspection for 01(c)(3) Organizations Only			
As Check box if address changed		Name of organization (Check box if name of	hanged	I and see instructions.)	/	Emplo (Emplo	yer identification number yees' trust, see tions)			
B Exempt under section	Print	AKRON COMMUNITY FOUNDA		34-1087615						
X 501(c 33)	Type	Number, street, and room or suite no. If a P.O. bo	x, see II	nstructions.			ted business activity code structions)			
408(e) 220(e) 408A 530(a)	"	345 WEST CEDAR ST	- 4		<u> </u>					
408A 530(a)	İ	City or town, state or province, country, and ZIP of AKRON, OH 44307-2407	r toreig	n postal code						
C Book value of all assets at end of year	<u> </u>	E 0								
<u>220,708,5</u>	00.	G Check organization type X 501(c) corp	poration	n 501(c) trust	401(a)	trust	Other trust			
	-		1		the only (or first) un					
		VESTMENT ACTIVITIES			complete Parts I-V.					
business, then complete		ice at the end of the previous sentence, complete Pa	arte I an	d II, complete a Schedule	M for each additiona	al trade (or			
		oration a subsidiary in an affiliated group or a parei	nt-enhe	ulcan controlled mano?		Yes	X No			
		tifying number of the parent corporation.	11 3003	idially controlled group.			140			
J The books are in care of	\	JOHN T. PETURES, JR., P	RES	& CEO Teleph	one number 🕨 (330)	376-8522			
Part I. Unrelate	d Trac	le or Business Income		(A) Income	(B) Expenses		(C) Net			
1a Gross receipts or sale	es						. [
b Less returns and allo		c Balance	1c							
2 Cost of goods sold (S		•	2							
3 Gross profit. Subtrac4a Capital gain net incor			3		•	7.1				
		art II, line 17) (attach Form 4797)	4a 4b		, , , , ,					
c Capital loss deduction		• •	4c		• ,	,=				
•		ship or an S corporation (attach statement)	5	-369,387.	STMT 2	j	-369,387.			
6 Rent income (Schedu		, , , , , , , , , , , , , , , , , , , ,	6							
7 Unrelated debt-finance	ed incon	ne (Schedule E)	7							
		nd rents from a controlled organization (Schedule F)								
Investment income of		on 501(c)(7), (9), or (17) organization (Schedule G)								
Investment income o Exploited exempt action Advertising income (S	•	•	10							
Other income (See in		·	11							
13 Total. Combine lines			13	-369,387.			-369,387.			
Part II Deduction	ns No	t Taken Elsewhere (See instructions fo	or limita	ations on deductions.)						
	contribu	itions, deductions must be directly connected	with t	he unrelated business	income.)					
[14] Compensation of off	icers, dir	rectors, and trustees (S <u>chedule K)</u>				14				
Salaries and wages		RECEIVE	·n			15				
Repairs and mainten Repairs and mainten	ance					16				
Compensation of off Salaries and wages Repairs and mainter Bad debts Interest (attach sche Taxes and licenses	dule) (se	pe instructions)	n l	RS-OS		17				
19 Taxes and licenses		11111	.	လွှ		19				
20 Charitable contributi	ons (See	e instructions for limitation rules GDEN, U	 -	"		20				
21 Depreciation (attach	Form 45	(62) LUUDIN, U]]	21						
22 Less depreciation cla	aimed on	Schedule A and elsewhere on return		22a		22b				
23 Depletion						23				
24 Contributions to defe		npensation plans				24				
25 Employee benefit pro26 Excess exempt expe	•	hadula I)				25				
26 Excess exempt expe27 Excess readership co		•				26 27	<u>_</u>			
28 Other deductions (at		•				28				
29 Total deductions. A		•				29	0.			
30 Unrelated business t	axable ın	come before net operating loss deduction. Subtract				30	-369,387.			
		oss arising in tax years beginning on or after Januai	ry 1, 20	18 (see instructions)	31	31				
32 Unrelated business t	axable in	come. Subtract line 31 from line 30				32	-369,387.			

Part	III Total Unrelated Business Taxable Income		<u></u>	-100	7013	
					r -	262 225
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e instruct	tions)		33	-369,387 .
34	Amounts paid for disallowed fringes				34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	uctions)	STMT	3	35	0.
· 36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the st	um of			1 [
	lines 33 and 34			~	36	-369,387.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			38	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	36			 	
•	enter the smaller of zero or line 36	00,		39	38	-369,387.
Part I			 -		1 46 1	303,3016
					- 12 -	0.
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)				39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of	on line 38	trom;			
	Tax rate schedule or Schedule D (Form 1041)				40	
41	Proxy tax. See instructions				41	
42	Alternative minimum tax (trusts only)		•		42	
43	Tax on Noncompliant Facility Income. See instructions				43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				44	0.
Part \	/ Tax and Payments					
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			<u> </u>	
b	Other credits (see instructions)	45b			1	
С	General business credit. Attach Form 3800	45c			1;	
d		45d			1	
	Total credits. Add lines 45a through 45d	100			45e	
46	Subtract line 45e from line 44				$\overline{}$	0.
		<u>د</u> ر	045		46	<u></u>
47		00	Other (attach so	:hedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)				48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2				49	0.
50 a		50a			1	
b	2018 estimated tax payments	50b			<u> </u> '	
C	Tax deposited with Form 8868	50c				
ď	Foreign organizations: Tax paid or withheld at source (see instructions)	50d] [
е	Backup withholding (see instructions)	50e	-] , [
f	Credit for small employer health insurance premiums (attach Form 8941)	50f				
g	• · · · · · · · · · · · · · · · · · · ·				1 1	
	Form 4136 Other Total	50g				
51	Total payments. Add lines 50a through 50g				51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached				52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed				53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid				54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		بالمراجع			
Part \		D /222	Refunded		55	
						T., T.,
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of					Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	-				· · ·
	FINCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign co	ountry			
	here					X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor t	o, a foreign tru	st?		Х
	If "Yes," see instructions for other forms the organization may have to file.					
58	Enter the amount of tax-exempt interest received or accrued during the tax year					*
٥.	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state	tements, an	d to the best of n	y knowle	ge and bel	ief, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	nas any Kñ	owieuge		th - 120	described the section of
Here	PRESIDE	NT A	ND CEO		•	discuss this return with shown below (see
	\$ignature of officer Date Title					X Yes No
	Print/Type preparer's name Preparer's signature Dat	te	Check		T	
Paid	Topassi o dignatoro			nployed	1	
	rer JILL M. BOYLE, CPA JILL M. BOYLE, CPA 01	1241		ipioyeu	PΛ	1355989
Prepa	C CTUTOU IID	, 41	- 1	EIN		-3168081
Use C	274 WHITE POND DRIVE	_		EIN ►	50	3100001
	Firm's address AKRON, OH 44320-1118		Dharr	nc /	330/	961_6661
000344 51			Phone	110. (864-6661
823711 01	na- ıa					Form 990-T (2018)

Schedule A - Cost of Good	ls Sold. Enter	method of inver	ntory valuation N/A	<u> </u>	
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar	T 6 T
2 Purchases	2		7 Cost of goods sold. S		
3 Cost of labor	3		from line 5. Enter here		
4a Additional section 263A costs			line 2		7
(attach schedule)	4a		8 Do the rules of section	1 263A (with respect to	Yes No
b Other costs (attach schedule)	4b	_		acquired for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?		,
Schedule C - Rent Income	(From Real	Property and	Personal Property L	eased With Real Pro	perty)
(see instructions)			, ,	,	• • • • • • • • • • • • • • • • • • • •
1. Description of property	"		•		
(1)		-			
(2)	-				
(3)					
(4)					
	2. Rent receiv	ed or accrued			_ -
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for p	und personal property (if the percenta personal property exceeds 50% or if it is based on profit or income)		ly connected with the income in and 2(b) (attach schedule)
(1)	· ·				
(2)			· · · · · · · · · · · · · · · · · · ·		1.1
(3)					
(4)			 		
Total	0.	Total	·	0.	
(c) Total income. Add totals of columns	2(a) and 2(b). En	ter	·	(b) Total deductions.	
Schedule E - Unrelated Deb		Income (ass		Part I, line 6, column (B)	<u>▶</u> 0.
Ochedule E - Ohrelated Det	ot-r maniceu	income (see	Instructions)	2 Dodustina dispetti se	
			2. Gross income from	3. Deductions directly co	nnected with or allocable nced property
1. Description of debt-fit	nanced property		or allocable to debt- financed property	(a) Straight line depreciation	(b) Other deductions (attach schedule)
				(attach schedule)	(attach schedule)
(1)					
(2)	-				
(3)					1
(4)					
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property a schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%		_
(2)	 -		%		
(3)	 	· <u> </u>	1		
(4)	 		%		
	<u></u>	 .	<u> </u> %		
				Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			.		0.
Total dividends-received deductions in	ncluded in column	18	•		0.
					

Schedule F - Interest,		- ,,		Controlled O				1966 1115	struction		
1. Name of controlled organiza	tion	Employer dentification number 3. Net ur (loss) (se				ments made incl		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)	_		<u> </u>				<u> </u>			<u> </u>	
(2)	_			_		.,					
(3)											
(4)	L	_									
Nonexempt Controlled Organi	zations								•		
7. Taxable Income	8. Net unrelate (see inst	d income (loss) ructions)	9. Total	of specified payr made	nents	10. Part of colur in the controllin gross	nn 9 that i ng organiz i income	s included ation's	11. De with	ductions directly connected i income in column 10	
(1)							·				
(2)				<u> </u>				-			
(3)											
(4)											
						Add colum Enter here and line 8, c				ld columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
Totals								0.		0.	
Schedule G - Investme		f a Secti	ion 501(c)(7	'), (9), or ([·]	17) Org	anization					
(see insti	ructions)			2. Amount of	ıncome	3. Deduction directly connect	cted	4. Set-a		5. Total deductions and set-asides	
(1)			·			(attach sched	ule)	(attach s	ciredule)	(col 3 plus col 4)	
(2)	·	_					-+				
(3)										- 	
(4)					_						
			<u> </u>	Enter here and o Part I, line 9, co			ı			Enter here and on page 1, Part I, line 9, column (B)	
Totals			•		0.					0.	
Schedule I - Exploited (see instru	-	vity Inco	me, Other	Than Adv		g Income					
1. Description of exploited activity	2 Gross unrelated busine income from trade or busines	ss dire	3. Expenses citly connected th production of unrelated siness income	4. Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a cots 5	5. Gross inco from activity the is not unrelate business incor	nat ed	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)					Ī						
(3)					i				•		
(4)							Î				
Totals >	Enter here and o page 1, Part I, line 10, col (A)	0.	er here and on age 1, Part I, e 10, col (B)					,		Enter here and on page 1, Part II, line 26	
Schedule J - Advertisir	ng Income	(see instruc	ctions)								
Part I Income From I	Periodicals F	Reported	d on a Cons	solidated	Basis						
1. Name of periodical	2. G advert inco	tising	3. Direct advertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	ol 2 minus sin, compute	5. Circulati income	on	6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)				_						İ	
(3)				_							
(4)											
Totals (carry to Part II, line (5))	.	0.	0							0.	
					<u> </u>					Form 990-T (2018)	

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)					_		
(4)	7						
Totals from Part I	▶	0.	0.				0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		-	•	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.		_	•	l o

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 , Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)

FOOTNOTES

STATEMENT 1

THE AKRON COMMUNITY FOUNDATION IS AGGREGATING THE BELOW QUALIFYING PARTNERSHIP INTERESTS UNDER NOTICE 2018-67 BECAUSE IT HOLDS NO MORE THAN 20% OF THE CAPITAL INTEREST AND DOES NOT HAVE CONTROL OR INFLUENCE OVER THE PARTNERSHIPS.

BPEA III, LP (EIN: 47-0975911)
TOWNSEND REAL ESTATE ALPHA FUND III, LP (EIN: 81-3134103)
BPEA IV, LP (EIN: 35-2586977)
CITYMARK CAPITAL FUND I, LP (EIN: 81-3018799)
JUMPSTART NEXT FUND LLC (EIN: 27-3815350)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION	NET INCOME OR (LOSS)
BPEA III, LP - ORDINARY BUSINESS INCOME (LOSS) CITYMARK CAPITAL FUND I L.P - ORDINARY BUSINESS INCOME	30,746.
(LOSS) TOWNSEND REAL ESTATE ALPHA FUND III, LP - ORDINARY	-397,051.
BUSINESS INCOME (LOSS)	3,962.
BPEA IV, LP - ORDINARY BUSINESS INCOME (LOSS)	-5,142.
JUMPSTART NEXT FUND LLC - ORDINARY BUSINESS INCOME (LOSS)	-1,902.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-369,387.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
03/31/16	30,769.	0.	30,769.	30,769.
03/31/17	10,546.	0.	10,546.	10,546.
03/31/18	83,747.	0.	83,747.	83,747.
NOL CARRYO	VER AVAILABLE THIS	YEAR	125,062.	125,062.