

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2024

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2024** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization STARK COMMUNITY FOUNDATION		D Employer identification number ** - *** 3665
	Doing business as		E Telephone number (330) 454-3426
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 400 MARKET AVENUE NORTH 200		
	City or town, state or province, country, and ZIP or CANTON, OH 44702-1557		G Gross receipts \$ 81,282,220.
F Name and address of principal officer: MARK J. SAMOLCZYK 400 MARKET AVE N, STE 200, CANTON, OH 44702		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.STARKCF.ORG			
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other SCH.O L Year of formation: 1963 M State of legal domicile: OH			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	17
	6 Total number of volunteers (estimate if necessary)	6	123
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-170,896.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	27,647,960.	18,366,209.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	198,931.	221,707.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,200,814.	19,738,545.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	744,130.	176,443.
		40,791,835.	38,502,904.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,554,887.	16,549,468.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,750,631.	1,798,600.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	549,462.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,259,786.	3,694,373.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	27,565,304.	22,042,441.	
19 Revenue less expenses. Subtract line 18 from line 12	13,226,531.	16,460,463.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	372,413,705.	406,010,620.
	22 Net assets or fund balances. Subtract line 21 from line 20	106,260,853.	114,064,370.
		266,152,852.	291,946,250.

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer MARK J. SAMOLCZYK, PRESIDENT	Date
	Type or print name and title	
Paid Preparer Use Only	Preparer's signature CHRISTOPHER B. ANDERSON	Date
	Preparer's name MALONEY + NOVOTNY, LLC	Check if self-employed <input type="checkbox"/> PTIN P00226559
	Firm's address 4774 MUNSON ST NW, STE 402 CANTON, OH 44718	Firm's EIN ** - *** 7006
		Phone no. (330) 966-9400

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission: WE PARTNER WITH INDIVIDUALS, FAMILIES, BUSINESSES AND NONPROFITS TO HELP THEM ACHIEVE THEIR CHARITABLE GOALS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 17,510,397. including grants of \$ 16,549,468.) (Revenue \$ 221,707.) STARK COMMUNITY FOUNDATION AND OUR GROWING FAMILY OF DONORS SUPPORT A WIDE ARRAY OF LOCAL PROJECTS AND ORGANIZATIONS EACH YEAR, AWARDING OVER \$16.5 MILLION IN GRANTS FOR 2024. GENEROUS INDIVIDUALS, FAMILIES, BUSINESSES AND ORGANIZATIONS SUPPORTED PROGRAMS AND SERVICES THAT STRENGTHEN OUR COMMUNITY IN AREAS INCLUDING EDUCATION, ARTS, CULTURE, ECONOMIC DEVELOPMENT, HEALTH AND HUNGER.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 17,510,397.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 11; 1b Enter the number of voting members included... 11; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders? X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
CARRIE L. BAST - 330-454-3426
400 MARKET AVE N. STE 200, CANTON, OH 44702

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK J. SAMOLCZYK PRESIDENT	40.00			X				290,365.	0.	26,919.
(2) BRIDGETTE L. NEISEL V.P. OF ADVANCEMENT	40.00			X				169,816.	0.	45,763.
(3) CARRIE L. BAST V.P. OF FINANCE & CFO	40.00			X				180,065.	0.	8,812.
(4) AMY B. KREBS V.P. OF GRANTS/COMMUNITY INITIATIVES	40.00			X				144,266.	0.	6,120.
(5) CALLIE KING DIRECTOR OF MARKETING/COMMUNICATIONS	40.00					X		103,196.	0.	17,516.
(6) NICOLE HULL-STELZER CONTROLLER	40.00					X		105,444.	0.	6,542.
(7) ANASTASIA BENDETTA CORPORATE SECRETARY	40.00			X				19,906.	0.	3,134.
(8) SUSAN WARNE CORPORATE SECRETARY (THROUGH 3/24)	40.00			X				16,648.	0.	3,088.
(9) WILLIAM R. COOK CHAIR	1.00	X		X				0.	0.	0.
(10) JEFFREY W. ZELLERS VICE CHAIR	1.00	X		X				0.	0.	0.
(11) NANCY A. VARIAN DIRECTOR	1.00	X						0.	0.	0.
(12) TONJA J. MARSHALL DIRECTOR	1.00	X						0.	0.	0.
(13) KAREN SOEHNLEN MCQUEEN DIRECTOR	1.00	X						0.	0.	0.
(14) ANDREA M. PERRY DIRECTOR	1.00	X						0.	0.	0.
(15) TODD E. PUGH DIRECTOR	1.00	X						0.	0.	0.
(16) GARY D. SIRAK DIRECTOR	1.00	X						0.	0.	0.
(17) BRIAN S. BELDEN DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NANCY S. GESSNER DIRECTOR	1.00	X						0.	0.	0.
(19) GREGORY W. LUNTZ DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								1,029,706.	0.	117,894.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,029,706.	0.	117,894.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 6

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	41,238.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	18,324,971.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 4,836,930.			
	h	Total. Add lines 1a-1f		18,366,209.			
Program Service Revenue	2 a	SUPPORTING ORGANIZATION FEES	Business Code				
			900099	221,707.	221,707.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		221,707.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		7,939,191.		8110087.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
					54,561,398.		
	b	Less: cost or other basis and sales expenses	7b	42,762,044.			
	c	Gain or (loss)	7c	11,799,354.			
	d	Net gain or (loss)		11,799,354.		11799354.	
8 a	Gross income from fundraising events (not including \$ 41,238. of contributions reported on line 1c). See Part IV, line 18	8a		14,256.			
				17,272.			
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events			-3,016.		-3,016.	
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME	Business Code				
			900099	179,459.		179,459.	
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		179,459.				
12	Total revenue. See instructions		38,502,904.	221,707.	-170,896.	20085884.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,777,513.	15,777,513.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	771,955.	771,955.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,147,600.	435,860.	474,532.	237,208.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	489,597.	185,949.	202,448.	101,200.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,094.	8,391.	9,136.	4,567.
9 Other employee benefits	34,178.	12,980.	14,133.	7,065.
10 Payroll taxes	105,131.	39,929.	43,471.	21,731.
11 Fees for services (nonemployees):				
a Management				
b Legal	6,053.	2,299.	2,503.	1,251.
c Accounting	46,980.	17,843.	19,426.	9,711.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,127,749.		2,127,749.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	137,528.	129,758.	5,181.	2,589.
12 Advertising and promotion	111,794.			111,794.
13 Office expenses	42,686.	16,212.	17,651.	8,823.
14 Information technology	106,503.	40,450.	44,039.	22,014.
15 Royalties				
16 Occupancy	84,894.	32,243.	35,103.	17,548.
17 Travel	4,690.	1,781.	1,940.	969.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,149.	6,893.	7,505.	3,751.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,277.	6,182.	6,731.	3,364.
23 Insurance	18,809.	7,144.	7,777.	3,888.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROVISION - UNCOLLECTIBLE	906,451.		906,451.	
b LIFE INSURANCE PREMIUMS	38,281.		38,281.	
c DUES AND SUBSCRIPTIONS	22,475.	8,536.	9,294.	4,645.
d FUND EXPENSES- INC/TRUST	4,019.	8,086.	8,804.	-12,871.
e All other expenses	1,035.	393.	427.	215.
25 Total functional expenses. Add lines 1 through 24e	22,042,441.	17,510,397.	3,982,582.	549,462.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	786,203.	2	622,701.
	3 Pledges and grants receivable, net	3,722,494.	3	2,808,488.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	8,728,561.	7	10,322,528.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	41,103.	9	64,358.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 68,964.		
	b Less: accumulated depreciation	10b 54,739.	30,502.	10c 14,225.
	11 Investments - publicly traded securities	270,991,510.	11	297,089,602.
	12 Investments - other securities. See Part IV, line 11	80,927,166.	12	88,627,906.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	7,186,166.	15	6,460,812.
16 Total assets. Add lines 1 through 15 (must equal line 33)	372,413,705.	16	406,010,620.	
Liabilities	17 Accounts payable and accrued expenses	106,656.	17	121,662.
	18 Grants payable	1,882,794.	18	1,274,822.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	104,271,403.	25	112,667,886.
	26 Total liabilities. Add lines 17 through 25	106,260,853.	26	114,064,370.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	266,152,852.	27	291,946,250.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	266,152,852.	32	291,946,250.
33 Total liabilities and net assets/fund balances	372,413,705.	33	406,010,620.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	38,502,904.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,042,441.
3	Revenue less expenses. Subtract line 2 from line 1	3	16,460,463.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	266,152,852.
5	Net unrealized gains (losses) on investments	5	17,876,312.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-8,543,377.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	291,946,250.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization STARK COMMUNITY FOUNDATION	Employer identification number **-***3665
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15407953.	34996194.	13508794.	27647960.	18366209.	109927110
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	15407953.	34996194.	13508794.	27647960.	18366209.	109927110
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						16073578.
6 Public support. Subtract line 5 from line 4.						93853532.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	15407953.	34996194.	13508794.	27647960.	18366209.	109927110
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3324230.	3693713.	5574376.	7008813.	8110087.	27711219.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	184,723.	0.	0.	184,723.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	258,662.	320,442.	230,435.	950,241.	401,166.	2160946.
11 Total support. Add lines 7 through 10						139983998
12 Gross receipts from related activities, etc. (see instructions)					12	907,635.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	67.05 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	67.05 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

FEE INCOME

2020 AMOUNT: \$ 145,548.
 2021 AMOUNT: \$ 174,349.
 2022 AMOUNT: \$ 167,100.
 2023 AMOUNT: \$ 198,931.
 2024 AMOUNT: \$ 221,707.

MISCELLANEOUS INCOME

2020 AMOUNT: \$ 113,114.
 2021 AMOUNT: \$ 146,093.
 2022 AMOUNT: \$ 63,335.
 2023 AMOUNT: \$ 751,310.
 2024 AMOUNT: \$ 179,459.

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

STARK COMMUNITY FOUNDATION

Employer identification number

-*3665

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization STARK COMMUNITY FOUNDATION	Employer identification number ** - *** 3665
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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
1	 <hr/> <hr/> <hr/>	\$ <u>835,723.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>505,979.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>588,060.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>4,065,676.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>512,688.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization STARK COMMUNITY FOUNDATION	Employer identification number ** - *** 3665
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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
7	_____ _____ _____	\$ <u>499,608.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>2,542,765.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>537,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ <u>800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ <u>460,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization STARK COMMUNITY FOUNDATION	Employer identification number ** - *** 3665
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>815,723.</u>	<u>12/16/24</u>
3	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>505,979.</u>	<u>12/05/24</u>
4	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>588,060.</u>	<u>05/02/24</u>
6	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>512,688.</u>	<u>07/08/24</u>
7	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>499,608.</u>	<u>09/18/24</u>
	_____ _____ _____	\$ _____	

Name of organization STARK COMMUNITY FOUNDATION	Employer identification number ** - *** 3665
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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 info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(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	
(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	
(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	
(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	

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

STARK COMMUNITY FOUNDATION

Employer identification number

-*3665

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	285	142
2 Aggregate value of contributions to (during year)	6,098,127.	1,743,662.
3 Aggregate value of grants from (during year)	6,535,508.	1,392,373.
4 Aggregate value at end of year	80,294,656.	52,313,319.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	266,152,852.	230,598,838.	269,619,918.	211,638,696.	190,586,102.
b Contributions	14,635,359.	22,293,821.	11,384,170.	32,807,301.	12,104,087.
c Net investment earnings, gains, and losses	27,160,381.	33,797,693.	-28,215,281.	35,622,915.	20,390,868.
d Grants or scholarships	12,619,846.	15,533,929.	14,774,236.	7,932,042.	8,902,894.
e Other expenditures for facilities and programs	960,929.	957,191.	922,143.	882,050.	794,515.
f Administrative expenses	2,421,567.	4,046,380.	6,493,590.	1,634,902.	1,744,952.
g End of year balance	291,946,250.	266,152,852.	230,598,838.	269,619,918.	211,638,696.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		68,964.	54,739.	14,225.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				14,225.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) COMMON TRUST FUNDS	182,577.	END-OF-YEAR MARKET VALUE
(B) ALTERNATIVE INVESTMENTS	88,445,329.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	88,627,906.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD AS AGENCY ENDOWMENTS	110,048,268.
(3) LIABILITY TO ANNUITANTS	2,125,333.
(4) OPERATING LEASE LIABILITY	494,285.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	112,667,886.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	41,795,740.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	17,876,312.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	17,272.
e	Add lines 2a through 2d	2e	17,893,584.
3	Subtract line 2e from line 1	3	23,902,156.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,127,749.
b	Other (Describe in Part XIII.)	4b	12,472,999.
c	Add lines 4a and 4b	4c	14,600,748.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	38,502,904.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	16,002,342.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	17,272.
e	Add lines 2a through 2d	2e	17,272.
3	Subtract line 2e from line 1	3	15,985,070.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,127,749.
b	Other (Describe in Part XIII.)	4b	3,929,622.
c	Add lines 4a and 4b	4c	6,057,371.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	22,042,441.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

USE OF ENDOWMENT FUNDS - THE FOUNDATION USES ITS ENDOWMENT FUNDS TO PROMOTE THE BETTERMENT OF STARK COUNTY AND TO ENHANCE THE QUALITY OF LIFE OF ALL OF ITS CITIZENS. ENDOWMENT FUNDS ARE APPROPRIATED BASED ON AN APPROVAL PROCESS THROUGH THE FOUNDATION'S BOARD OF DIRECTORS.

PART X, LINE 2:

FIN 48 (ASC 70) FOOTNOTE, THE FOLLOWING FOOTNOTE IS INCLUDED IN THE COMBINED FINANCIAL STATEMENTS AND REFERS TO THE FOUNDATION AND OTHER RELATED ENTITIES: MANAGEMENT BELIEVES THAT THERE IS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, THEY BELIEVE THAT THEY DO NOT HAVE ANY SIGNIFICANT UNRECOGNIZED TAX BENEFITS THAT ARE MATERIAL TO THE COMBINED FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 17,272.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENTS' CONTRIBUTIONS 3,730,850.
 AGENCY ENDOWMENTS' INCOME 461,358.
 AGENCY ENDOWMENTS' APPRECIATION/DEPRECIATION 8,280,791.
 TOTAL TO SCHEDULE D, PART XI, LINE 4B 12,472,999.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

FUNDRAISING EXPENSES 17,272.

PART XII, LINE 4B - OTHER ADJUSTMENTS:
AGENCY ENDOWMENTS' GRANTS AND EXPENSES 3,929,622.

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization STARK COMMUNITY FOUNDATION	Employer identification number **-***3665
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Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA & CARIBBEAN	0	0	INVESTMENTS		65,595,495.
EUROPE	0	0	INVESTMENTS		60,119.
3 a Subtotal	0	0			65,655,614.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			65,655,614.

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* **Yes** **No**

- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* **Yes** **No**

- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* **Yes** **No**

- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* **Yes** **No**

- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* **Yes** **No**

- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* **Yes** **No**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Lined area for supplemental information.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL GATHERING (event type)	GOLF OUTING (event type)	NONE (total number)	
Revenue	1	Gross receipts	7,747.	47,747.	55,494.
	2	Less: Contributions	4,435.	36,803.	41,238.
	3	Gross income (line 1 minus line 2)	3,312.	10,944.	14,256.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes		3,080.	3,080.
	6	Rent/facility costs		5,490.	5,490.
	7	Food and beverages	4,550.	4,079.	8,629.
	8	Entertainment			
	9	Other direct expenses	73.		73.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			17,272.
11	Net income summary. Subtract line 10 from line 3, column (d)			-3,016.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **STARK COMMUNITY FOUNDATION** Employer identification number **** - *** 3665**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A COMMUNITY CHRISTMAS PO BOX 20050 CANTON, OH 44701	** - *** 8894	501(C)(3)	12,500.	0.			HUMAN SERVICES
AGAPE INTERNATIONAL MISSIONS 2000 OPPORTUNITY DRIVE, SUITE 100 ROSEVILLE, CA 95678	** - *** 0052	501(C)(3)	12,500.	0.			HUMAN SERVICES
AKRON CHILDREN'S HOSPITAL ONE PERKINS SQUARE AKRON, OH 44308	** - *** 4357	501(C)(3)	8,000.	0.			HEALTH
AKRON CHILDREN'S HOSPITAL FOUNDATION - ONE PERKINS SQUARE - AKRON, OH 44308	** - *** 4013	501(C)(3)	25,500.	0.			HEALTH
AKRON CIVIC THEATRE 182 S MAIN STREET AKRON, OH 44308	** - *** 5948	501(C)(3)	5,170.	0.			PUBLIC, SOCIETAL BENEFIT
AKRON ZOOLOGICAL PARK 500 EDGEWOOD AVENUE AKRON, OH 44307	** - *** 3866	501(C)(3)	13,179.	0.			ENVIRONMENT AND ANIMALS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 259.

3 Enter total number of other organizations listed in the line 1 table 1.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (Rev. 12-2024)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307	**-***9388	501(C)(3)	129,615.	0.			HUMAN SERVICES
ALZHEIMER'S ASSOCIATION - GREATER EAST OHIO AREA - 408 9TH STREET SW, SUITE 1610 - CANTON, OH 44707	**-***9601	501(C)(3)	7,658.	0.			HEALTH
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION - 408 9TH STREET, SUITE 3400 - CANTON, OH 44707	**-***9601	501(C)(3)	10,000.	0.			HEALTH
AMERICAN CANCER SOCIETY, PROBATE & TRUST MGT. SHARED SERVICE CTR. - PO BOX 720366 - OKLAHOMA CITY, OK 73162	**-***8491	501(C)(3)	14,852.	0.			HUMAN SERVICES
AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC. - 125 BROAD STREET, 18TH FLOOR - NEW YORK, NY 10004	**-***3516	501(C)(3)	22,500.	0.			PUBLIC, SOCIETAL BENEFIT
AMERICAN DIABETES ASSOCIATION PO BOX 7023 MERRIFIELD, VA 22116-7023	**-***3888	501(C)(3)	14,852.	0.			HEALTH
AMERICAN HEART ASSOCIATION 1575 CORPORATE WOODS PARKWAY UNIONTOWN, OH 44685	**-***3797	501(C)(3)	11,855.	0.			HEALTH
AMERICAN HEART ASSOCIATION - NATIONAL BEQUEST CENTER - PO BOX 22249 - ST. PETERSBURG, FL 33742	**-***3797	501(C)(3)	15,031.	0.			HEALTH
AMERICAN RED CROSS OF HEARTLAND, STARK AND MUSKINGUM LAKES - 408 9TH STREET SW - CANTON, OH 44707	**-***6605	501(C)(3)	9,761.	0.			HUMAN SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARMY HERITAGE CENTER FOUNDATION PO BOX 839 CARLISLE, PA 17013	**_***0984	501(C)(3)	25,000.	0.			EDUCATION
ARTSINSTARK 1001 MARKET AVENUE N CANTON, OH 44702	**_***9771	501(C)(3)	1,076,993.	0.			ARTS, CULTURE, HUMANITIES
ASHLAND COUNTY COMMUNITY FOUNDATION - 300 COLLEGE AVENUE - ASHLAND, OH 44805	**_***2908	501(C)(3)	7,150.	0.			PUBLIC, SOCIETAL BENEFIT
AULTMAN COLLEGE 2600 SIXTH STREET SW CANTON, OH 44710	**_***9433	501(C)(3)	143,430.	0.			EDUCATION
AULTMAN COLLEGE ALUMNI ASSOCIATION 2600 6TH STREET SW CANTON, OH 44710	**_***9433	501(C)(3)	13,510.	0.			EDUCATION
AXESSPOINTE COMMUNITY HEALTH CENTERS, INC. - 705 OAKWOOD STREET, SUITE 221 - RAVENNA, OH 44266	**_***5884	501(C)(3)	50,000.	0.			HUMAN SERVICES
BEN CURTIS FAMILY FOUNDATION 1675 E MAIN STREET, SUITE 260 KENT, OH 44240	**_***1932	501(C)(3)	8,000.	0.			HUMAN SERVICES
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON ROAD KANAB, UT 84741	**_***7797	501(C)(3)	5,194.	0.			ENVIRONMENT AND ANIMALS
BON SECOURS MERCY HEALTH FOUNDATION - PO BOX 632660 - CINCINNATI, OH 45263-2660	**_***1088	501(C)(3)	8,500.	0.			HEALTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF MASSILLON 730 DUNCAN STREET SW MASSILLON, OH 44647-7960	**-***6102	501(C)(3)	85,049.	0.			HUMAN SERVICES
BRADLEY FREE CLINIC OF ROANOKE VALLEY - 1240 3RD STREET SW - ROANOKE, VA 24016	**-***0491	501(C)(3)	12,500.	0.			HEALTH
BRIDGE CITY CHURCH 44 ASBURY AVENUE NEWARK, OH 43055	**-***2304	501(C)(3)	50,000.	0.			RELIGION RELATED
BROOKSIDE SCHOLARSHIP FUND, INC. 1800 CANTON AVENUE NW CANTON, OH 44708	**-***0976	501(C)(3)	79,215.	0.			EDUCATION
BUCKEYE CAREER CENTER ADULT EDUCATION - 545 UNIVERSITY DRIVE NE - NEW PHILADELPHIA, OH 44663	**-***8179	501(C)(3)	108,102.	0.			EDUCATION
BUCKEYE CAREER CENTER FOUNDATION, INC. - PO BOX 355 - NEW PHILADELPHIA, OH 44663	**-***2865	501(C)(3)	6,000.	0.			PUBLIC, SOCIETAL BENEFIT
BUCKEYE COUNCIL, BOY SCOUTS OF AMERICA - 2301 13TH STREET NW - CANTON, OH 44708-3157	**-***4546	501(C)(3)	586,282.	0.			HUMAN SERVICES
CANTON BALLET 1001 MARKET AVENUE N CANTON, OH 44702	**-***8636	501(C)(3)	10,700.	0.			ARTS, CULTURE, HUMANITIES
CANTON CHRISTIAN HOME 2550 CLEVELAND AVENUE NW CANTON, OH 44709	**-***9414	501(C)(3)	93,629.	0.			HEALTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANTON CITY SCHOOL DISTRICT 1312 5TH STREET SW CANTON, OH 44707	**-***0503	115	47,655.	0.			EDUCATION
CANTON CLASSIC CAR MUSEUM 612 MARKET AVENUE S CANTON, OH 44702-2112	**-***2134	501(C)(3)	183,924.	0.			ARTS, CULTURE, HUMANITIES
CANTON COUNTRY DAY SCHOOL 3000 DEMINGTON AVENUE NW CANTON, OH 44718-3311	**-***8702	501(C)(3)	20,323.	0.			EDUCATION
CANTON EX-NEWSBOYS ASSOCIATION PO BOX 20124 CANTON, OH 44701-0124	**-***3817	501(C)(3)	8,057.	0.			HUMAN SERVICES
CANTON FOR ALL PEOPLE, INC. 120 CLEVELAND AVENUE SW CANTON, OH 44702	**-***6691	501(C)(3)	6,500.	0.			HUMAN SERVICES
CANTON JEWISH COMMUNITY FEDERATION 432 30TH STREET NW CANTON, OH 44709	**-***4946	501(C)(3)	41,580.	0.			PUBLIC, SOCIETAL BENEFIT
CANTON LOCAL SCHOOL DISTRICT 600 FAIRCREST STREET SE CANTON, OH 44707	**-***0512	501(C)(3)	13,849.	0.			EDUCATION
CANTON MONTESSORI SCHOOL 125 15TH STREET NW CANTON, OH 44703	**-***8233	501(C)(3)	13,706.	0.			EDUCATION
CANTON MUSEUM OF ART 1001 MARKET AVENUE N CANTON, OH 44702-1024	**-***3127	501(C)(3)	135,162.	0.			ARTS, CULTURE, HUMANITIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANTON PALACE THEATRE ASSOCIATION 605 MARKET AVENUE N CANTON, OH 44702-1016	**-***6663	501(C)(3)	228,804.	0.			ARTS, CULTURE, HUMANITIES
CANTON PRESERVATION SOCIETY 131 WERTZ AVENUE NW CANTON, OH 44708	**-***3699	501(C)(3)	8,519.	0.			ARTS, CULTURE, HUMANITIES
CANTON REGIONAL CHAMBER OF COMMERCE FOUNDATION - 222 MARKET AVENUE N - CANTON, OH 44702	**-***6585	501(C)(3)	8,268.	0.			PUBLIC, SOCIETAL BENEFIT
CANTON REGIONAL SCORE - CHAPTER 580 - 6200 FRANK AVENUE NW - CANTON, OH 44720	**-***7290	501(C)(3)	18,000.	0.			PUBLIC, SOCIETAL BENEFIT
CANTON ROTARY CHARITABLE FUND PO BOX 8300 CANTON, OH 44711	**-***3867	501(C)(3)	17,750.	0.			PUBLIC, SOCIETAL BENEFIT
CANTON STUDENT LOAN FOUNDATION 4974 HIGBEE AVENUE NW, SUITE 204 CANTON, OH 44718	**-***6580	501(C)(3)	221,561.	0.			EDUCATION
CANTON SYMPHONY ORCHESTRA 2331 17TH STREET NW CANTON, OH 44708	**-***3119	501(C)(3)	95,415.	0.			ARTS, CULTURE, HUMANITIES
CAREER APPRENTICESHIP AND MENTORSHIP PROGRAM, INC. (C.A.M.P.) - 1400 BROAD AVENUE NW - CANTON, OH 44708	**-***8035	501(C)(3)	22,500.	0.			EDUCATION
CARROLL COUNTY ANIMAL PROTECTION LEAGUE - PO BOX 353 - CARROLLTON, OH 44615	**-***6159	501(C)(3)	10,340.	0.			ENVIRONMENT AND ANIMALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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CARROLL COUNTY PARK DISTRICT 190 ALAMO ROAD SE CARROLLTON, OH 44615	**-***0519	501(C)(3)	25,000.	0.			ENVIRONMENT AND ANIMALS
CARROLL COUNTY PARKS COMMISSION 190 ALAMO ROAD SE CARROLLTON, OH 44615	**-***0519	501(C)(3)	90,481.	0.			ENVIRONMENT AND ANIMALS
CARROLLTON EXEMPTED VILLAGE SCHOOLS - 205 SCIO ROAD - CARROLLTON, OH 44615	**-***0522	501(C)(3)	21,758.	0.			EDUCATION
CARROLLTON FIRST UNITED METHODIST CHURCH - 253 S LISBON STREET - CARROLLTON, OH 44615	**-***1095	501(C)(3)	60,000.	0.			RELIGION RELATED
CARROLLTON VILLAGE FIRE DEPARTMENT 135 3RD STREET SW CARROLLTON, OH 44615	**-***2337	501(C)(3)	10,000.	0.			HUMAN SERVICES
CAST IT FORWARD 4259 HAWKINS ROAD RICHFIELD, OH 44286-9238	**-***2379	501(C)(3)	11,000.	0.			PUBLIC, SOCIETAL BENEFIT
CATHOLIC CHARITIES SERVING PORTAGE AND STARK COUNTIES - 832 MCKINLEY AVENUE NW, SUITE C - CANTON, OH 44703	**-***6617	501(C)(3)	6,266.	0.			HUMAN SERVICES
CATHOLIC DIOCESE OF YOUNGSTOWN 144 W WOOD STREET YOUNGSTOWN, OH 44503	**-***4655	501(C)(3)	31,775.	0.			RELIGION RELATED
CENTRAL AMERICAN MEDICAL OUTREACH, INC. - 322 WESTWOOD AVENUE - ORRVILLE, OH 44667-1762	**-***0695	501(C)(3)	6,250.	0.			INTERNATIONAL, FOREIGN AFFAIRS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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CENTRAL CATHOLIC HIGH SCHOOL 4824 TUSCARAWAS STREET W CANTON, OH 44708	**-***4566	501(C)(3)	65,499.	0.			EDUCATION
CHILD & ADOLESCENT BEHAVIORAL HEALTH - 919 SECOND STREET NE - CANTON, OH 44704	**-***1950	501(C)(3)	32,600.	0.			HUMAN SERVICES
CHILL FOUNDATION 180 QUEEN CITY PARK ROAD BURLINGTON, VT 05401	**-***3892	501(C)(3)	6,200.	0.			HUMAN SERVICES
CHRIST FELLOWSHIP CHURCH 5343 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33418	**-***8077	501(C)(3)	10,000.	0.			RELIGION RELATED
CHRIST PRESBYTERIAN CHURCH 530 TUSCARAWAS STREET W CANTON, OH 44702	**-***4409	501(C)(3)	77,221.	0.			RELIGION RELATED
CHURCH OF THE LAKES 5944 FULTON DRIVE NW CANTON, OH 44718	**-***6809	501(C)(3)	17,606.	0.			RELIGION RELATED
CITIZENS AKRON CHURCH 647 E MARKET STREET AKRON, OH 44304	**-***4549	501(C)(3)	5,250.	0.			RELIGION RELATED
CITY DOGS & CITY KITTIES RESCUE 1812 1/2 11TH STREET NW WASHINGTON, DC 20001	**-***6528	501(C)(3)	6,250.	0.			ENVIRONMENT AND ANIMALS
CLAYMONT FOUNDATION, INC. PO BOX 222 UHRICHSVILLE, OH 44683	**-***7226	501(C)(3)	7,129.	0.			EDUCATION

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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CLAYMONT HIGH SCHOOL 4205 INDIAN HILL ROAD UHRICHSVILLE, OH 44683	**-***2865	115	11,621.	0.			EDUCATION
CLEVELAND CLINIC FOUNDATION PO BOX 931517 CLEVELAND, OH 44193	**-***4585	501(C)(3)	111,962.	0.			HEALTH
COBALT FOUNDATION PO BOX 22485 DENVER, CO 80222	**-***0191	501(C)(3)	7,500.	0.			PUBLIC, SOCIETAL BENEFIT
COLEMAN FOUNDATION, INC. 5982 RHODES ROAD KENT, OH 44240	**-***8261	501(C)(3)	44,644.	0.			PUBLIC, SOCIETAL BENEFIT
COMMUNITY CHRISTIAN CHURCH 210 N MAIN STREET NORTH CANTON, OH 44720	**-***4073	501(C)(3)	7,000.	0.			RELIGION RELATED
COMMUNITY LEGAL AID SERVICES, INC. 401 MARKET AVENUE N, SUITE 103 CANTON, OH 44702	**-***3560	501(C)(3)	22,900.	0.			HUMAN SERVICES
COMPASSION DELIVERED 1320 BEL AIR DRIVE NW NORTH CANTON, OH 44720	**-***4934	501(C)(3)	13,500.	0.			HUMAN SERVICES
CROSSROADS UNITED METHODIST CHURCH 120 CLEVELAND AVENUE SW CANTON, OH 44702-1904	**-***8375	501(C)(3)	48,811.	0.			RELIGION RELATED
CRU / CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DRIVE ORLANDO, FL 32832	**-***6173	501(C)(3)	15,600.	0.			RELIGION RELATED

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CULVER EDUCATIONAL FOUNDATION 1300 ACADEMY ROAD, NO. 159 CULVER, IN 46511	**-***8071	501(C)(3)	11,000.	0.			EDUCATION
CUYAHOGA FALLS SCHOOLS FOUNDATION AND ALUMNI ASSOCIATION - 431 STOW AVENUE - CUYAHOGA FALLS, OH 44221	**-***9474	501(C)(3)	41,360.	0.			EDUCATION
DISABLED AMERICAN VETERANS' NATIONAL SERVICE FOUNDATION - 860 DOLWICK DRIVE - ERLANGER, KY 41018	**-***6071	501(C)(3)	12,266.	0.			PUBLIC, SOCIETAL BENEFIT
DOCTORS WITHOUT BORDERS USA, INC. PO BOX 5030 HAGERSTOWN, MD 21741-5030	**-***3452	501(C)(3)	103,000.	0.			HEALTH
DOMESTIC VIOLENCE PROJECT, INC. PO BOX 9459 CANTON, OH 44711-9459	**-***3226	501(C)(3)	49,624.	0.			HUMAN SERVICES
EARLY CHILDHOOD RESOURCE CENTER 1718 CLEVELAND AVENUE NW CANTON, OH 44703	**-***4462	501(C)(3)	16,400.	0.			HUMAN SERVICES
EARTHJUSTICE PO BOX 96346 WASHINGTON, DC 20077-7953	**-***0465	501(C)(3)	50,000.	0.			ENVIRONMENT AND ANIMALS
EIGHT DAYS OF HOPE PO BOX 3208 TUPELO, MS 38803	**-***2540	501(C)(3)	8,000.	0.			HUMAN SERVICES
EN-RICH-MENT 901 MARKET AVENUE N CANTON, OH 44702	**-***1021	501(C)(3)	22,000.	0.			ARTS, CULTURE, HUMANITIES

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FAITH FAMILY CHURCH 8200 FREEDOM AVENUE NW NORTH CANTON, OH 44720	**-***2863	501(C)(3)	66,000.	0.			RELIGION RELATED
FAITH UNITED METHODIST CHURCH 300 9TH STREET NW NORTH CANTON, OH 44720	**-***4659	501(C)(3)	28,778.	0.			RELIGION RELATED
FAMILY & COMMUNITY SERVICES, INC. 705 OAKWOOD STREET, SUITE 221 RAVENNA, OH 44266	**-***2451	501(C)(3)	12,000.	0.			HUMAN SERVICES
FIRST BAPTIST CHURCH OF CANTON 4110 38TH STREET NW CANTON, OH 44718	**-***3502	501(C)(3)	131,232.	0.			RELIGION RELATED
FIRST CHRISTIAN CHURCH OF CANTON 6900 MARKET AVENUE N CANTON, OH 44721	**-***0553	501(C)(3)	19,640.	0.			RELIGION RELATED
FIRST TEE CANTON PO BOX 7555 CANTON, OH 44705	**-***2799	501(C)(3)	74,750.	0.			HUMAN SERVICES
FISHER-NIGHTINGALE HOUSES PO BOX 33871 WRIGHT-PATTERSON AFB, OH 45433	**-***3382	501(C)(3)	7,150.	0.			HUMAN SERVICES
FRIENDS OF THE HOMELESS OF TUSCARAWAS COUNTY - PO BOX 466 - NEW PHILADELPHIA, OH 44663	**-***5477	501(C)(3)	11,500.	0.			HUMAN SERVICES
GIRL SCOUTS OF NORTH EAST OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 44056-2156	**-***6094	501(C)(3)	23,629.	0.			HUMAN SERVICES

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GIRLS GARAGE 2080 2ND STREET BERKELEY, CA 94710	**-***3034	501(C)(3)	6,250.	0.			HUMAN SERVICES
GOOD SHEPHERD LUTHERAN CHURCH 4120 CLEVELAND AVENUE NW CANTON, OH 44709	**-***3978	501(C)(3)	5,001.	0.			RELIGION RELATED
GREATER EAST CANTON COMMUNITY DEVELOPMENT ASSOCIATION - 224 WOOD STREET N - EAST CANTON, OH 44730	**-***5759	501(C)(3)	19,640.	0.			PUBLIC, SOCIETAL BENEFIT
GREENTOWN ATHLETIC CLUB, INC. PO BOX 159 GREENTOWN, OH 44630	**-***5416	501(C)(3)	34,000.	0.			HUMAN SERVICES
HABITAT FOR HUMANITY EAST CENTRAL OHIO - 1400 RAFF ROAD SW, SUITE A - CANTON, OH 44710-2320	**-***5372	501(C)(3)	149,347.	0.			HUMAN SERVICES
HALL OF FAME RESORT & ENTERTAINMENT COMPANY - 2014 CHAMPIONS GATEWAY, SUITE 100 - CANTON, OH 44708	**-***5695		500,000.	0.			PUBLIC, SOCIETAL BENEFIT
HAMMER & NAILS, INC. 1404 7TH STREET NW CANTON, OH 44703	**-***9568	501(C)(3)	9,950.	0.			HUMAN SERVICES
HEART OF OHIO DIAPER BANK PO BOX 35452 CANTON, OH 44735	**-***3514	501(C)(3)	15,750.	0.			HUMAN SERVICES
HIGH POINT UNIVERSITY 1 UNIVERSITY PARKWAY HIGH POINT, NC 27268	**-***9999	501(C)(3)	25,000.	0.			EDUCATION

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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HILLSDALE COLLEGE 33 E COLLEGE STREET HILLSDALE, MI 49242-9989	**-***4230	501(C)(3)	12,000.	0.			EDUCATION
HOLY TRINITY LUTHERAN CHURCH 2551 55TH STREET NE CANTON, OH 44721	**-***0894	501(C)(3)	29,072.	0.			RELIGION RELATED
HOPE OUTREACH MINISTRY OF STARK COUNTY - 1530 SUPERIOR AVENUE NE - CANTON, OH 44705	**-***2158	501(C)(3)	33,450.	0.			RELIGION RELATED
HOSPICE OF TUSCARAWAS COUNTY, INC. 716 COMMERCIAL AVENUE SW NEW PHILADELPHIA, OH 44663	**-***2329	501(C)(3)	5,679.	0.			HUMAN SERVICES
HOUSE OF LORETO 2812 HARVARD AVENUE NW CANTON, OH 44709	**-***7174	501(C)(3)	8,386.	0.			HUMAN SERVICES
ICAN INC. 1214 MARKET AVE N CANTON, OH 44714	**-***5839	501(C)(3)	146,000.	0.			HUMAN SERVICES
IDEASTREAM PUBLIC MEDIA 1375 EUCLID AVENUE CLEVELAND, OH 44115	**-***3865	501(C)(3)	7,402.	0.			ARTS, CULTURE, HUMANITIES
INDEPENDENT BAPTIST MISSION FOR ASIANS - PO BOX 912 - MARIETTA, OH 45750	**-***4480	501(C)(3)	12,000.	0.			RELIGION RELATED
INTERNATIONAL RESCUE COMMITTEE, INC. - PO BOX 6068 - ALBERT LEA, MN 56007-9847	**-***0870	501(C)(3)	6,250.	0.			INTERNATIONAL, FOREIGN AFFAIRS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSON BEAR HUGS INC. 6879 MEADOWLANDS AVENUE NW NORTH CANTON, OH 44720	**-***8249	501(C)(3)	12,500.	0.			HUMAN SERVICES
JACKSON LOCAL SCHOOLS 7600 FULTON DRIVE NW MASSILLON, OH 44646	**-***1494	115	8,075.	0.			EDUCATION
JOHN H. AND EVELYN L. ASHTON PRESERVATION ASSOCIATION, INC. - 60 W MAIN STREET - CARROLLTON, OH 44615	**-***4698	501(C)(3)	430,000.	0.			ARTS, CULTURE, HUMANITIES
JONI AND FRIENDS PO BOX 3333 AGOURA HILLS, CA 91376-3333	**-***2002	501(C)(3)	8,250.	0.			RELIGION RELATED
JRC ADULT DAY CENTER 3300 PARKWAY STREET NW CANTON, OH 44708	**-***4932	501(C)(3)	8,800.	0.			HUMAN SERVICES
JRC LEARNING CENTER 3300 PARKWAY STREET NW CANTON, OH 44708	**-***1317	501(C)(3)	10,642.	0.			HUMAN SERVICES
JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO - 4353 EXECUTIVE CIRCLE NW - CANTON, OH 44718	**-***0986	501(C)(3)	59,050.	0.			EDUCATION
JUNIOR LEAGUE OF STARK COUNTY, OHIO, INC. - 408 9TH STREET SW, SUITE 3330 - CANTON, OH 44707	**-***8219	501(C)(3)	7,543.	0.			PUBLIC, SOCIETAL BENEFIT
KANSAS UNIVERSITY ENDOWMENT ASSOCIATION - PO BOX 928 - LAWRENCE, KS 66044-0928	**-***7734	501(C)(3)	10,340.	0.			EDUCATION

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KENT STATE UNIVERSITY PO BOX 5190 KENT, OH 44242-0001	**-***2079	115	31,371.	0.			EDUCATION
KENT STATE UNIVERSITY AT STARK 6000 FRANK AVENUE NW NORTH CANTON, OH 44720	**-***2079	115	36,205.	0.			EDUCATION
KENT STATE UNIVERSITY FOUNDATION, INC. - PO BOX 5190 - KENT, OH 44242-0001	**-***6307	501(C)(3)	54,200.	0.			EDUCATION
LAKE ACADEMIC BOOSTER CLUB PO BOX 63 UNIONTOWN, OH 44685	**-***1621	501(C)(3)	27,507.	0.			EDUCATION
LAKE LOCAL SCHOOL DISTRICT 436 KING CHURCH AVENUE SW UNIONTOWN, OH 44685	**-***1623	115	26,070.	0.			EDUCATION
LAKESIDE CHAUTAUQUA FOUNDATION 236 WALNUT AVENUE LAKESIDE, OH 43440	**-***2755	501(C)(3)	11,500.	0.			ARTS, CULTURE, HUMANITIES
LEADERSHIP STARK COUNTY 222 MARKET AVENUE N CANTON, OH 44702	**-***6585	501(C)(3)	7,487.	0.			PUBLIC, SOCIETAL BENEFIT
LIFECARE FAMILY HEALTH & DENTAL CENTER - 2725 LINCOLN STREET E - CANTON, OH 44707	**-***8901	501(C)(3)	100,000.	0.			HEALTH
LIGHTHOUSE MINISTRIES OF CANTON, INC. - 1931 3RD STREET SE - CANTON, OH 44707	**-***2695	501(C)(3)	6,750.	0.			HUMAN SERVICES

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LOUISVILLE CITY SCHOOLS 407 EAST MAIN STREET LOUISVILLE, OH 44641	**_***1721	115	38,000.	0.			EDUCATION
LUTHERAN WORLD RELIEF PO BOX 17061 BALTIMORE, MD 21297-1061	**_***4963	501(C)(3)	410,500.	0.			INTERNATIONAL, FOREIGN AFFAIRS
MAGIC HORSE THERAPEUTIC RIDING CENTER - 14512 WILLOW ROAD - LAKESIDE, CA 92040	**_***7827	501(C)(3)	10,340.	0.			ENVIRONMENT AND ANIMALS
MALONE UNIVERSITY 2600 CLEVELAND AVENUE NW CANTON, OH 44709-3823	**_***7794	501(C)(3)	152,461.	0.			EDUCATION
MAPS AIR MUSEUM 2260 INTERNATIONAL PARKWAY NORTH CANTON, OH 44720	**_***1715	501(C)(3)	8,600.	0.			ARTS, CULTURE, HUMANITIES
MARGARET B. SHIPLEY CHILD HEALTH CLINIC - 919 2ND ST NE - CANTON, OH 44704	**_***4781	501(C)(3)	38,611.	0.			HEALTH
MARTIN LUTHER KING JR. COMMISSION OF GREATER CANTON, INC. - 408 9TH STREET SW, SUITE 2110 - CANTON, OH 44707-4714	**_***1941	501(C)(3)	5,018.	0.			ARTS, CULTURE, HUMANITIES
MASSILLON MUSEUM 121 LINCOLN WAY E MASSILLON, OH 44646-6633	**_***1833	501(C)(3)	61,000.	0.			ARTS, CULTURE, HUMANITIES
MASSILLON PUBLIC LIBRARY 208 LINCOLN WAY E MASSILLON, OH 44646-8416	**_***1834	115	203,614.	0.			EDUCATION

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MASSILLON TIGER FOOTBALL BOOSTER CLUB, INC. - PO BOX 19 - MASSILLON, OH 44648	**-***3688	501(C)(3)	15,000.	0.			HUMAN SERVICES
MIAMI UNIVERSITY 501 EAST HIGH STREET OXFORD, OH 45056	**-***2089	501(C)(3)	8,000.	0.			EDUCATION
MIAMI UNIVERSITY FOUNDATION 725 EAST CHESTNUT STREET OXFORD, OH 45056	**-***6014	501(C)(3)	13,000.	0.			EDUCATION
MINERVA AREA COMMUNITY CHARITABLE TRUST ASSOCIATION - PO BOX 322 - MINERVA, OH 44657	**-***7464	501(C)(3)	19,750.	0.			PUBLIC, SOCIETAL BENEFIT
MINERVA AREA YMCA 687 LYNNWOOD DRIVE MINERVA, OH 44657	**-***4392	501(C)(3)	30,000.	0.			HUMAN SERVICES
MINERVA EDUCATION FOUNDATION AND ALUMNI ASSOCIATION - PO BOX 42 - MINERVA, OH 44657	**-***9795	501(C)(3)	70,497.	0.			EDUCATION
MINERVA METHODIST CHURCH 204 N MAIN STREET MINERVA, OH 44657	**-***7731	501(C)(3)	10,500.	0.			RELIGION RELATED
MUSKINGUM WATERSHED CONSERVANCY FOUNDATION - 1319 THIRD STREET NW - NEW PHILADELPHIA, OH 44663-0349	**-***3261	501(C)(3)	41,272.	0.			ENVIRONMENT AND ANIMALS
NATIONAL FIRST LADIES LIBRARY & MUSEUM - 205 MARKET AVENUE S - CANTON, OH 44702	**-***6332	501(C)(3)	100,396.	0.			EDUCATION

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NATIONAL FOOTBALL MUSEUM, INC. DBA THE PRO FOOTBALL HALL OF FAME - 2121 GEORGE HALAS DRIVE NW - CANTON, OH 44708	**_***8576	501(C)(3)	70,642.	0.			ARTS, CULTURE, HUMANITIES
NATIONAL INVENTORS HALL OF FAME INC. - 3701 HIGHLAND PARK NW - NORTH CANTON, OH 44720	**_***0038	501(C)(3)	12,500.	0.			ARTS, CULTURE, HUMANITIES
NEBRASKA SYNOD OF THE EVANGELICAL LUTHERAN CHURCH OF AMERICA - 6757 NEWPORT AVENUE, SUITE 200 - OMAHA, NE 68152	**_***4308	501(C)(3)	10,000.	0.			RELIGION RELATED
NEOMED FOUNDATION PO BOX 95 ROOTSTOWN, OH 44272	**_***4220	501(C)(3)	620,984.	0.			EDUCATION
NORTH CANTON CITY SCHOOLS 525 7TH STREET NE NORTH CANTON, OH 44720	**_***2035	115	31,635.	0.			EDUCATION
NORTH CANTON YMCA 200 S MAIN STREET NORTH CANTON, OH 44720	**_***4392	501(C)(3)	9,200.	0.			HUMAN SERVICES
OESTERLEN SERVICES FOR YOUTH, INC. 1918 MECHANICSBURG ROAD SPRINGFIELD, OH 45503	**_***6998	501(C)(3)	28,195.	0.			HUMAN SERVICES
OHIO FOUNDATION OF INDEPENDENT COLLEGES, INC. - 60 COLLEGEVIEW ROAD, SUITE 107 - WESTERVILLE, OH 43081	**_***1082	501(C)(3)	8,300.	0.			EDUCATION
OHIO HISTORICAL SOCIETY 800 EAST 17TH AVENUE COLUMBUS, OH 43211	**_***9673	501(C)(3)	17,500.	0.			ARTS, CULTURE, HUMANITIES

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OHIO SOCIETY OF MILITARY HISTORY 2728 MILL RIDGE PATH NE MASSILLON, OH 44646	**-***8435	501(C)(3)	16,975.	0.			ARTS, CULTURE, HUMANITIES
OSNABURG LOCAL SCHOOLS 310 BROWNING STREET EAST CANTON, OH 44730	**-***2127	115	86,217.	0.			EDUCATION
PATHWAY CARING FOR CHILDREN 4895 DRESSLER ROAD NW, SUITE A CANTON, OH 44718	**-***4648	501(C)(3)	13,759.	0.			HUMAN SERVICES
PEACE FOR DC 2030 Q STREET NW WASHINGTON, DC 20009	**-***3372	501(C)(3)	7,750.	0.			HUMAN SERVICES
PEGASUS FARM 7490 EDISON STREET NE HARTVILLE, OH 44632-9328	**-***2997	501(C)(3)	15,056.	0.			HUMAN SERVICES
PERRY LOCAL SCHOOL DISTRICT 4201 13TH STREET SW MASSILLON, OH 44646	**-***2188	115	8,387.	0.			EDUCATION
PERRY LOCAL SCHOOL DISTRICT 4325 MANCHESTER ROAD PERRY, OH 44081	**-***2183	115	19,185.	0.			EDUCATION
PLAIN LOCAL SCHOOL DISTRICT 901 44TH STREET NW CANTON, OH 44709	**-***2214	115	6,996.	0.			EDUCATION
PLAIN LOCAL SCHOOLS FOUNDATION 1801 SCHNEIDER STREET NE CANTON, OH 44721	**-***7822	501(C)(3)	36,225.	0.			EDUCATION

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PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - PO BOX 97166 - WASHINGTON, DC 20090-7166	**-***4147	501(C)(3)	10,000.	0.			HEALTH
PLANNED PARENTHOOD OF GREATER OHIO - AKRON - 444 W EXCHANGE STREET - AKRON, OH 44302	**-***5976	501(C)(3)	16,594.	0.			HEALTH
PLANNED PARENTHOOD OF GREATER OHIO - MAIN OFFICE - 206 E STATE STREET - COLUMBUS, OH 43215	**-***5976	501(C)(3)	6,143.	0.			HEALTH
PORCHLIGHT, A FAMILY JUSTICE CENTER - 500 JEFFERSON COUNTY PARKWAY - GOLDEN, CO 80401	**-***9396	501(C)(3)	10,000.	0.			HUMAN SERVICES
PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION - 1220 19TH STREET NW, SUITE 800 - WASHINGTON, DC 20036	**-***2962	501(C)(3)	6,250.	0.			INTERNATIONAL, FOREIGN AFFAIRS
PROJECT REBUILD, INC. 406 SHORB AVENUE NW CANTON, OH 44703	**-***2951	501(C)(3)	6,274.	0.			HUMAN SERVICES
RAHAB MINISTRIES, INC. 3480 W MARKET STREET, SUITE 303 FAIRLAWN, OH 44333	**-***5531	501(C)(3)	7,660.	0.			HUMAN SERVICES
RANDOLPH COLLEGE 2500 RIVERMONT AVENUE LYNCHBURG, VA 24503	**-***5941	501(C)(3)	25,000.	0.			EDUCATION
REFUGE OF HOPE PO BOX 9361 CANTON, OH 44711	**-***5221	501(C)(3)	168,150.	0.			HUMAN SERVICES

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REGINA COELI CATHOLIC CHURCH 663 FERNWOOD BLVD ALLIANCE, OH 44601	**-***3458	501(C)(3)	20,000.	0.			RELIGION RELATED
RIVERTREE CHRISTIAN CHURCH 7373 PORTAGE STREET NW MASSILLON, OH 44646	**-***3958	501(C)(3)	44,600.	0.			RELIGION RELATED
RONALD MCDONALD HOUSE CHARITIES OF NORTH CENTRAL FLORIDA - 1600 SW 14TH STREET - GAINESVILLE, FL 32608	**-***7896	501(C)(3)	8,500.	0.			HEALTH
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	**-***7002	501(C)(3)	13,250.	0.			RELIGION RELATED
SAN DIEGO CHAPTER OF SWEET ADELINES INTERNATIONAL - PO BOX 33365 - SAN DIEGO, CA 92163	**-***3961	501(C)(3)	10,340.	0.			ARTS, CULTURE, HUMANITIES
SANDY VALLEY LOCAL SCHOOLS 5362 STATE ROUTE 183 NE MAGNOLIA, OH 44643	**-***3356	115	15,685.	0.			EDUCATION
SERVING AREA MILITARY AND VETERANS 413 LINCOLN WAY E MASSILLON, OH 44646	**-***7411	501(C)(3)	10,600.	0.			HUMAN SERVICES
SING STARK, INC. 1001 MARKET AVENUE N CANTON, OH 44702	**-***7393	501(C)(3)	20,500.	0.			ARTS, CULTURE, HUMANITIES
ST. ANDREW BY THE SEA UNITED METHODIST CHURCH - 20 POPE AVENUE - HILTON HEAD ISLAND, SC 29928	**-***5273	501(C)(3)	9,000.	0.			RELIGION RELATED

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ST. JAMES ROMAN CATHOLIC CHURCH 400 WEST LISBON STREET WAYNESBURG, OH 44688	**-***2412	501(C)(3)	109,798.	0.			RELIGION RELATED
ST. JOAN OF ARC PARISH-DO NOT USE FOR GRANTS USE PROFILE#79615 - 4940 TUSCARAWAS STREET W - CANTON, OH 44708	**-***2939	501(C)(3)	6,000.	0.			RELIGION RELATED
ST. JOHN LUTHERAN CHURCH PO BOX 311 CANAL FULTON, OH 44614	**-***0173	501(C)(3)	26,400.	0.			RELIGION RELATED
ST. JOHN'S VILLA 701 CREST STREET CARROLLTON, OH 44615	**-***1908	501(C)(3)	67,778.	0.			HUMAN SERVICES
ST. JOSEPH CATHOLIC CHURCH OF DOVER - 613 N TUSCARAWAS AVENUE - DOVER, OH 44622	**-***4507	501(C)(3)	25,975.	0.			RELIGION RELATED
ST. JOSEPH'S CHURCH OF CANTON - DO NOT USE FOR GRANTS-USE PROFILE 79615 - 2427 TUSCARAWAS STREET W - CANTON, OH 44708	**-***4371	501(C)(3)	10,720.	0.			RELIGION RELATED
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	**-***6012	501(C)(3)	5,270.	0.			HEALTH
ST. MARK'S EPISCOPAL CHURCH 515 48TH STREET NW CANTON, OH 44709	**-***2879	501(C)(3)	20,500.	0.			RELIGION RELATED
ST. MARY'S COLLEGE 110 LEMANS HALL NOTRE DAME, IN 46556-5001	**-***8158	501(C)(3)	8,924.	0.			EDUCATION

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ST. MICHAEL SCHOOL 3431 SAINT MICHAEL BOULEVARD NW CANTON, OH 44735	**_***2263	501(C)(3)	12,228.	0.			EDUCATION
ST. MICHAEL THE ARCHANGEL CHURCH 3430 ST. MICHAEL BOULEVARD NW CANTON, OH 44718	**_***2263	501(C)(3)	73,275.	0.			RELIGION RELATED
ST. PETER CATHOLIC CHURCH 726 CLEVELAND AVENUE NW CANTON, OH 44702	**_***4746	501(C)(3)	24,453.	0.			RELIGION RELATED
ST. THOMAS AQUINAS HIGH SCHOOL 2121 RENO DRIVE LOUISVILLE, OH 44641	**_***7167	501(C)(3)	42,553.	0.			EDUCATION
ST. TIMOTHY'S EPISCOPAL CHURCH 226 THIRD STREET SE MASSILLON, OH 44646-6702	**_***2706	501(C)(3)	6,914.	0.			RELIGION RELATED
STARK COUNTY CATHOLIC SCHOOLS 4824 TUSCARAWAS STREET W CANTON, OH 44708	**_***4566	501(C)(3)	155,654.	0.			EDUCATION
STARK COUNTY DISTRICT LIBRARY 715 MARKET AVENUE N CANTON, OH 44702	**_***0510	501(C)(3)	22,111.	0.			PUBLIC, SOCIETAL BENEFIT
STARK COUNTY EDUCATIONAL SERVICE CENTER - 6057 STRIP AVENUE NW - NORTH CANTON, OH 44720-9207	**_***1718	501(C)(3)	64,936.	0.			EDUCATION
STARK COUNTY HISTORICAL SOCIETY 800 MCKINLEY MONUMENT DRIVE NW CANTON, OH 44708-4832	**_***3194	501(C)(3)	285,944.	0.			ARTS, CULTURE, HUMANITIES

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STARK COUNTY HUMANE SOCIETY PO BOX 7077, STATION A CANTON, OH 44705-0077	**_***3244	501(C)(3)	322,839.	0.			ENVIRONMENT AND ANIMALS
STARK COUNTY HUNGER TASK FORCE 408 9TH STREET SW, SUITE 1637 CANTON, OH 44707	**_***4549	501(C)(3)	20,876.	0.			HUMAN SERVICES
STARK COUNTY ITALIAN AMERICAN FESTIVAL FOUNDATION, INC. - PO BOX 9345 - CANTON, OH 44711-9345	**_***4253	501(C)(3)	10,000.	0.			ARTS, CULTURE, HUMANITIES
STARK COUNTY RETIRED TEACHERS ASSOCIATION SCHOLARSHIP FUND - 1453 ELECTRIC BOULEVARD - ALLIANCE, OH 44601	**_***7861	501(C)(3)	5,563.	0.			EDUCATION
STARK ECONOMIC DEVELOPMENT BOARD 400 3RD STREET SE, SUITE 310 CANTON, OH 44702	**_***6938	501(C)(3)	342,000.	0.			PUBLIC, SOCIETAL BENEFIT
STARK EDUCATION PARTNERSHIP, INC. 400 MARKET AVENUE N, SUITE B CANTON, OH 44702	**_***5250	501(C)(3)	238,920.	0.			EDUCATION
STARK HOUSING NETWORK 408 NINTH STREET SW CANTON, OH 44707	**_***1391	501(C)(3)	12,500.	0.			HUMAN SERVICES
STARK STATE COLLEGE FOUNDATION 6200 FRANK AVENUE NW NORTH CANTON, OH 44720	**_***7595	501(C)(3)	148,158.	0.			EDUCATION
TEAM FOCUS INC. PO BOX 91626 MOBILE, AL 36691	**_***5821	501(C)(3)	8,250.	0.			HUMAN SERVICES

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TEAM NEO FOUNDATION (DBA TEAM NEO) 1111 SUPERIOR AVENUE, SUITE 1600 CLEVELAND, OH 44114	**-***5407	501(C)(3)	25,000.	0.			PUBLIC, SOCIETAL BENEFIT
THE AULTMAN FOUNDATION 2600 SIXTH STREET SW CANTON, OH 44710-1702	**-***0459	501(C)(3)	128,182.	0.			HEALTH
THE BASILICA OF ST. JOHN THE BAPTIST CATHOLIC CHURCH - 627 MCKINLEY AVENUE NW - CANTON, OH 44703	**-***4655	501(C)(3)	40,361.	0.			RELIGION RELATED
THE BUCKEYE INSTITUTE 88 E BROAD STREET, SUITE 1300 COLUMBUS, OH 43215-3525	**-***8593	501(C)(3)	6,000.	0.			PUBLIC, SOCIETAL BENEFIT
THE COLLEGE OF WOOSTER 1189 BEALL AVENUE WOOSTER, OH 44691	**-***4654	501(C)(3)	6,500.	0.			EDUCATION
THE INDEPENDENCE FUND 412 LOUISE AVE. CHARLOTTE, NC 28204	**-***2088	501(C)(3)	20,000.	0.			PUBLIC, SOCIETAL BENEFIT
THE LEGACY PROJECT OF STARK 708 TREMONT AVENUE SW MASSILLON, OH 44647	**-***7887	501(C)(3)	7,113.	0.			EDUCATION
THE LEPIDOPTERISTS' SOCIETY 9417 CARVALHO COURT BAKERSFIELD, CA 93311	**-***3020	501(C)(3)	10,340.	0.			PUBLIC, SOCIETAL BENEFIT
THE OHIO STATE UNIVERSITY PO BOX 183248 COLUMBUS, OH 43218-3248	**-***5986	115	25,000.	0.			EDUCATION

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE OHIO STATE UNIVERSITY FOUNDATION - PO BOX 736096 - CHICAGO, IL 60673-6096	**-***5986	501(C)(3)	11,161.	0.			EDUCATION
THE PREGNANCY AND PARENTING CENTER 4500 22ND STREET NW CANTON, OH 44708	**-***1765	501(C)(3)	21,889.	0.			HUMAN SERVICES
THE SALVATION ARMY OF ALLIANCE 57 W MAIN STREET ALLIANCE, OH 44601	**-***2351	501(C)(3)	33,073.	0.			HUMAN SERVICES
THE SALVATION ARMY OF CANTON PO BOX 20249 CANTON, OH 44702-2110	**-***2351	501(C)(3)	191,013.	0.			HUMAN SERVICES
THE SALVATION ARMY OF MASSILLON 315 6TH STREET NE MASSILLON, OH 44646	**-***2351	501(C)(3)	14,637.	0.			HUMAN SERVICES
THE SALVATION ARMY OF MINERVA-MALVERN - 301 VALLEY STREET - MINERVA, OH 44657	**-***2351	501(C)(3)	7,000.	0.			HUMAN SERVICES
THE STARK COUNTY AGRICULTURAL SOCIETY - PO BOX 80279 - CANTON, OH 44708	**-***1375	501(C)(3)	24,000.	0.			HUMAN SERVICES
THE WILDERNESS CENTER PO BOX 202 WILMOT, OH 44689	**-***3581	501(C)(3)	213,344.	0.			ENVIRONMENT AND ANIMALS
TIPPING POINT MINISTRIES 1021 GRACE LANE SOUTHLAKE, TX 76092	**-***9016	501(C)(3)	10,000.	0.			RELIGION RELATED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOMTOD IDEAS 439 MARKET AVENUE N CANTON, OH 44702	**-***2616	501(C)(3)	8,500.	0.			HUMAN SERVICES
TOUSSAINT RIVER WATERSHED CONSERVANCY - 28901 CLEMENS RD., SUITE 107 - WESTLAKE, OH 44145	**-***3243	501(C)(3)	70,000.	0.			ENVIRONMENT AND ANIMALS
TOWPATH TRAIL YMCA 1226 MARKET STREET NE NAVARRE, OH 44662	**-***9180	501(C)(3)	7,000.	0.			HUMAN SERVICES
TRINITY UNITED CHURCH OF CHRIST 3909 BLACKBURN ROAD NW CANTON, OH 44718	**-***8411	501(C)(3)	191,549.	0.			RELIGION RELATED
TUSLAW TURF PROJECT 13746 SOUSA STREET NW NORTH LAWRENCE, OH 44666	**-***3970	501(C)(3)	20,000.	0.			EDUCATION
UNITARIAN UNIVERSALIST CONGREGATION OF GREATER CANTON - 2585 EASTON STREET NE - CANTON, OH 44721-2663	**-***4127	501(C)(3)	18,135.	0.			RELIGION RELATED
UNITED SERVICE ORGANIZATIONS, INC. PO BOX 96860 WASHINGTON, DC 20077-7677	**-***0451	501(C)(3)	7,658.	0.			MUTUAL/MEMBERSHIP BENEFIT
UNITED WAY OF GREATER STARK COUNTY 401 MARKET AVENUE N, SUITE 300 CANTON, OH 44702	**-***4191	501(C)(3)	508,381.	0.			HUMAN SERVICES
UNITED WAY OF WAYNE AND HOLMES COUNTIES - 215 SOUTH WALNUT STREET - WOOSTER, OH 44691	**-***6973	501(C)(3)	14,500.	0.			HUMAN SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CINCINNATI PO BOX 210140 CINCINNATI, OH 45221	**-***0989	501(C)(3)	25,000.	0.			EDUCATION
UNIVERSITY OF MICHIGAN - FLINT 1001 NORTHBANK CENTER FLINT, MI 48502	**-***6309	501(C)(3)	10,845.	0.			EDUCATION
UNIVERSITY OF MOUNT UNION 1972 CLARK AVENUE ALLIANCE, OH 44601-3929	**-***4687	501(C)(3)	61,002.	0.			EDUCATION
UNIVERSITY OF NOTRE DAME 128 MCKENNA HALL NOTRE DAME, IN 46556	**-***8188	501(C)(3)	50,500.	0.			EDUCATION
URBAN MISSION MINISTRIES 311 NORTH 6TH STREET STEUBENVILLE, OH 43952	**-***1398	501(C)(3)	10,000.	0.			HUMAN SERVICES
VANTAGE AGING 388 S MAIN STREET, SUITE 325 AKRON, OH 44311	**-***8544	501(C)(3)	17,100.	0.			HUMAN SERVICES
W. R. BELL-WENDELL HERRON SCHOLARSHIP FOUNDATION, INC. - PO BOX 375 - CARROLLTON, OH 44615	**-***0255	501(C)(3)	10,000.	0.			EDUCATION
WALSH UNIVERSITY 2020 E MAPLE STREET NORTH CANTON, OH 44720-3396	**-***8798	501(C)(3)	388,776.	0.			EDUCATION
WASHINGTON HIGH SCHOOL ALUMNI ASSOCIATION - ONE PAUL BROWN DRIVE SE - MASSILLON, OH 44646	**-***4302	501(C)(3)	14,100.	0.			EDUCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHISPERING GRACE HORSES 12882 KIMMENS ROAD SW MASSILLON, OH 44647	**-***8097	501(C)(3)	72,500.	0.			ENVIRONMENT AND ANIMALS
WILLIAM AND MARY PO BOX 1963 HARLAN, IA 51593-1993	**-***1718	501(C)(3)	6,000.	0.			EDUCATION
WISHES CAN HAPPEN PO BOX 9428 CANTON, OH 44711-9428	**-***5201	501(C)(3)	26,141.	0.			HUMAN SERVICES
YMCA OF CENTRAL STARK COUNTY 4700 DRESSLER ROAD NW CANTON, OH 44718	**-***4392	501(C)(3)	195,268.	0.			HUMAN SERVICES
YMCA OF WESTERN STARK COUNTY 131 TREMONT AVENUE SE MASSILLON, OH 44646-6637	**-***9180	501(C)(3)	9,000.	0.			HUMAN SERVICES
YOUNG AMERICA'S FOUNDATION 11480 COMMERCE PARK DRIVE, 6TH FLOOR RESTON, VA 20191	**-***2029	501(C)(3)	17,700.	0.			PUBLIC, SOCIETAL BENEFIT
YOUNG LIFE OF STARK COUNTY PO BOX 9415 CANTON, OH 44711	**-***5934	501(C)(3)	6,350.	0.			RELIGION RELATED
YWCA CANTON 231 SIXTH STREET NE CANTON, OH 44702-1035	**-***4799	501(C)(3)	73,901.	0.			HUMAN SERVICES
YWCA OF ALLIANCE 239 E MARKET STREET ALLIANCE, OH 44601	**-***4731	501(C)(3)	7,932.	0.			HUMAN SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZION UNITED CHURCH OF CHRIST 415 S MAIN STREET NORTH CANTON, OH 44721	** - ***9631	501(C)(3)	19,852.	0.			RELIGION RELATED
ZOAR COMMUNITY ASSOCIATION PO BOX 621 ZOAR, OH 44697	** - ***2147	501(C)(3)	101,550.	0.			PUBLIC, SOCIETAL BENEFIT

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	329	771,955.	0.	BOOK	

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

MONITORING THE USE OF GRANT FUNDS - NONPROFIT GRANT APPLICANTS MUST SUPPLY A COPY OF THEIR 501(C)(3) DETERMINATION LETTER AND AUDITED FINANCIAL STATEMENTS. SITE VISITS TO ORGANIZATIONS AND/OR IN-PERSON OR PHONE CONFERENCES MAY OCCUR. THE FOUNDATION MONITORS GRANT AWARDS IN SEVERAL WAYS, INCLUDING:

- GRANT AGREEMENTS THAT OUTLINE THE DATES AND FREQUENCY OF EVALUATIVE REPORTS DUE TO THE FOUNDATION.
- GRANTEE FINAL REPORTS WITH SPECIFIC QUESTIONS TO ANSWER FOR REPORTING PROGRESS AT THE END OF A GRANT PERIOD, USED FOR A SINGLE-YEAR REQUEST.
- GRANTEES AWARDED MULTIPLE-YEAR GRANTS MUST SUBMIT INTERIM REPORTS TO RECEIVE TOTAL FUNDS.
- COMPLETING GOALS, OBJECTIVES, AND STRATEGIES TO BETTER ILLUSTRATE THE OUTCOMES OF THEIR PROJECT PURPOSE IN THE SPECIFIC IMPACT AREA. IMPACT AREA MEETINGS OF COLLABORATIVE ORGANIZATIONS AND SITE VISITS OFTEN OCCUR TO CELEBRATE PROGRESS AND COMPLETE EVALUATIVE DATA.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

STARK COMMUNITY FOUNDATION

Employer identification number

**** - *** 3665**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARK J. SAMOLCZYK PRESIDENT	(i)	273,495.	14,584.	2,286.	12,428.	14,026.	316,819.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRIDGETTE L. NEISEL V.P. OF ADVANCEMENT	(i)	165,402.	4,000.	414.	7,666.	39,503.	216,985.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CARRIE L. BAST V.P. OF FINANCE & CFO	(i)	175,651.	4,000.	414.	7,650.	2,569.	190,284.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AMY B. KREBS V.P. OF GRANTS/COMMUNITY INITIATIVES	(i)	139,996.	4,000.	270.	6,120.	1,361.	151,747.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **STARK COMMUNITY FOUNDATION** Employer identification number ****-***3665**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	54	4,836,930.	EXCHANGE PRICE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, LINE 32B:

THIRD PARTY TRANSACTIONS - SECURITIES ARE SOLD THROUGH INVESTMENT
BROKERAGE FIRMS. THESE FIRMS ARE INDEPENDENT OF THE DONORS AND THE
FOUNDATION.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

STARK COMMUNITY FOUNDATION

Employer identification number

-*3665

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WE PARTNER WITH INDIVIDUALS, FAMILIES, BUSINESSES AND NONPROFITS TO
HELP THEM ACHIEVE THEIR CHARITABLE GOALS.

FORM 990, ITEM K:

FORM OF ORGANIZATION - STARK COMMUNITY FOUNDATION IS COMPRISED OF
SEVERAL TRUSTS AND AN OHIO NOT-FOR-PROFIT CORPORATION. UNDER THE
PROVISIONS OF REGULATION SECTION 1.170A-9(F)(11), THE TRUSTS AND THE
CORPORATION ARE TREATED AS A SINGLE ENTITY RATHER THAN AS AN
AGGREGATION OF SEPARATE FUNDS. THIS TREATMENT ALLOWS FOR THE FILING OF
A SINGLE FORM 990.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS OF THE ORGANIZATION - THE FOUNDATION'S MEMBERS ARE THE ACTIVE
VOTING DIRECTORS OF THE FOUNDATION. ALL LIVING PERSONS WHO WERE AT ANY TIME
MEMBERS OF THE DISTRIBUTION COMMITTEE OF THE UNINCORPORATED STARK COMMUNITY
FOUNDATION ARE HONORARY, NON-VOTING MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

ELECTION OF MEMBERS OF THE GOVERNING BODY - THE DIRECTORS HAVE ESTABLISHED
A NOMINATING COMMITTEE WHICH CONSISTS OF NOT LESS THAN 2 DIRECTORS AND 1
MEMBER WHO IS NOT A DIRECTOR. THE COMMITTEE'S RESPONSIBILITY IS TO NOMINATE
MEMBERS OF THE DISTRIBUTION COMMITTEE AS SET FORTH IN THE RESOLUTION AND
DECLARATION OF TRUST CREATING STARK COMMUNITY FOUNDATION SUCH MEMBERS OF
THE DISTRIBUTION COMMITTEE ARE DIRECTORS OF THE FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7B:

DECISIONS SUBJECT TO APPROVAL OF MEMBERS - AN AFFIRMATIVE VOTE BY THE
MAJORITY OF THE FOUNDATION'S MEMBERS IS REQUIRED TO ADOPT OR APPROVE THE
FOLLOWING:

- LIQUIDATION OR DISSOLUTION.
- MERGER, CONSOLIDATION, OR TRANSFER OF SUBSTANTIALLY ALL OF THE ASSETS.
- REPEAL, MODIFICATION, AMENDMENT IN WHOLE OR IN PART, OR ADDITION TO THE
ARTICLES OF INCORPORATION OR REGULATIONS OR ADOPTION OF NEW ARTICLES OF
INCORPORATION OR REGULATIONS.

FORM 990, PART VI, SECTION B, LINE 11B:

REVIEW OF FORM 990 - THE FOUNDATION'S AUDIT COMMITTEE MEETS WITH THE
INDEPENDENT AUDITOR TO DISCUSS THE FORM 990 PRIOR TO FILING. ALSO, A COPY
OF THE FORM 990 IS PROVIDED TO ALL DIRECTORS OF STARK COMMUNITY FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 PROVIDED TO GOVERNING BODY - STARK COMMUNITY FOUNDATION HAS
DISTRIBUTED FORM 990 TO THE FULL BOARD OF DIRECTORS WITH THE EXCEPTION OF
DONOR INFORMATION ON SCHEDULE B. BECAUSE OF SCHEDULE B'S PRIVATE AND
CONFIDENTIAL NATURE, THE BOARD HAS DELEGATED THE AUTHORITY AND
RESPONSIBILITY FOR REVIEWING THAT SCHEDULE TO THE CHAIR OF THE AUDIT
COMMITTEE ON BEHALF OF THE FULL BOARD. AS SUCH, WE ARE REQUIRED TO ANSWER
"NO" TO THE QUESTION ON LINE 11A EVEN THOUGH A COPY OF FORM 990 (WITH
REDACTED DONOR INFORMATION ON SCHEDULE B) WAS PROVIDED TO THE DIRECTORS.

Name of the organization STARK COMMUNITY FOUNDATION	Employer identification number ** - ***3665
---	---

FORM 990, PART VI, SECTION B, LINE 12C:
 MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY - THE FOUNDATION REQUIRES THAT ALL OFFICERS AND DIRECTORS ANNUALLY FILE A STATEMENT LISTING ANY BUSINESS OR PERSONAL FINANCIAL DEALINGS OR AFFILIATIONS WITH CHARITABLE ORGANIZATIONS WHICH WOULD HAVE ANY IMPACT ON THE ASSETS OR TRANSACTIONS OF THE FOUNDATION. THIS STATEMENT IS GIVEN TO THE PRESIDENT OF THE FOUNDATION WHO IN TURN WOULD DISCLOSE SUCH INFORMATION TO THE DISTRIBUTION COMMITTEE OR BOARD OF DIRECTORS IN THE NORMAL COURSE OF REVIEWING POSSIBLE GIFTS OR GRANTS PRESENTED FOR APPROVAL. ANY PERSON WITH A CONFLICT OF INTEREST ON THE GIFTS OR GRANTS PRESENTED FOR APPROVAL WOULD THEN ABSTAIN FROM VOTING.

FORM 990, PART VI, SECTION B, LINE 15:
 REVIEW OF COMPENSATION - THE FOUNDATION'S PERSONNEL COMMITTEE RECOMMENDS THE LEVEL OF COMPENSATION FOR EXECUTIVES, AND THEIR RECOMMENDATIONS ARE PRESENTED TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL. THE COMMITTEE CONSIDERS SALARY DATA ON COMPARABLE EXECUTIVES, BOTH WITHIN NORTHEAST OHIO AND STATEWIDE (FROM THE FORMS 990 OF FOUNDATIONS AND NOT-FOR-PROFIT ORGANIZATIONS) AND AT THE NATIONAL LEVEL (FROM THE COUNCIL ON FOUNDATIONS ANNUAL SALARY SURVEY). INDIVIDUALS ON THE PERSONNEL COMMITTEE AND BOARD OF DIRECTORS ARE INDEPENDENT OF THE EMPLOYEES WHOSE COMPENSATION IS BEING DETERMINED. SALARY DELIBERATIONS OF THE PERSONNEL COMMITTEE AND THE BOARD OF DIRECTORS ARE DOCUMENTED IN THE MINUTES OF BOTH BODIES.

FORM 990, PART VI, SECTION C, LINE 19:
 AVAILABILITY OF GOVERNING DOCUMENTS - FINANCIAL STATEMENTS FOR THE FOUNDATION CAN BE FOUND AT THE FOUNDATION'S WEBSITE [HTTP://WWW.STARKCF.ORG](http://www.starkcf.org). GOVERNING DOCUMENTS AND THE FOUNDATION'S CONFLICT OF INTEREST POLICY ARE AVAILABLE BY REQUEST AND ARE MAILED/E-MAILED TO INTERESTED PARTIES.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
 AGENCY ENDOWMENT REVENUE & EXPENSE -8,543,377.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

OMB No. 1545-0047

**Open to Public
Inspection**

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **STARK COMMUNITY FOUNDATION** Employer identification number ****-***3665**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SCF DEVELOPMENT, LTD. - **-***** 400 MARKET AVENUE NORTH, SUITE 200 CANTON, OH 44702	REAL ESTATE	OHIO	0.	0.	STARK COMMUNITY FOUNDATION

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
WILLIAM & MINETTE GOLDSMITH FOUNDATION - **-*****, 400 MARKET AVENUE NORTH, SUITE 200, CANTON, OH 44702	SUPPORT ORGANIZATION	OHIO	501(C)(3)	LINE 12A, I	N/A	X	
NEWMARKET PROJECT, INC. - **-***** 400 MARKET AVENUE NORTH, SUITE 200 CANTON, OH 44702	LAND HOLDING	OHIO	501(C)(2)	N/A	N/A	X	
HENRY & LOUISE TIMKEN FOUNDATION - **-*****, 400 MARKET AVENUE NORTH, SUITE 200, CANTON, OH 44702	SUPPORT ORGANIZATION	OHIO	501(C)(3)	LINE 12A, I	N/A	X	
HEALTH FOUNDATION OF GREATER MASSILLON - **-*****, 400 MARKET AVENUE NORTH, SUITE 200, CANTON, OH 44702	SUPPORT ORGANIZATION	OHIO	501(C)(3)	LINE 12A, I	N/A	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) (Rev. 1-2025)

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NEWMARKET PROJECT, INC.	D	6,180,654.	FMV
(2) NEWMARKET PROJECT, INC.	A	486,072.	FMV
(3)			
(4)			
(5)			
(6)			

