

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2016
Open to Public Inspection

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the **2016** calendar year, or tax year beginning and ending

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization: **STARK COMMUNITY FOUNDATION**

Doing business as: **COPY maloney+novotny.uc**

Number and street (or P.O. box if mail is not delivered to): **400 MARKET AVENUE NORTH 200**

City or town, state or province, country, and ZIP or foreign postal code: **CANTON, OH 44702-1557**

D Employer identification number: **34-0943665**

E Telephone number: **(330) 454-3426**

G Gross receipts \$: **47,354,836.**

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

If "No," attach a list. (see instructions)

H(c) Group exemption number

F Name and address of principal officer: **MARK J. SAMOLCZYK**
400 MARKET AVE N, STE 200, CANTON, OH 44702

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.STARKCF.ORG**

K Form of organization: Corporation Trust Association 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	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	14
	6 Total number of volunteers (estimate if necessary)	6	128
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-67,512.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-67,512.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,490,638.	9,483,322.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	55,583.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,255,403.	3,856,107.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	88,037.	55,184.
		15,834,078.	13,450,196.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,982,609.	9,771,276.
	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)	1,120,192.	1,125,732.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	568,458.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,347,673.	1,667,582.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,450,474.	12,564,590.	
19 Revenue less expenses. Subtract line 18 from line 12	5,383,604.	885,606.	
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)	207,057,723.	221,584,290.
	22 Net assets or fund balances. Subtract line 21 from line 20	68,772,812.	76,419,723.
		138,284,911.	145,164,567.

Part II Signature Block

Under penalties of perjury, I declare that I prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration (if other than officer) is based on all information of which preparer has any knowledge.

Sign Here **MARK J. SAMOLCZYK, PRESIDENT**
Type or print name and title

Date

Paid Preparer Use Only

Print/Type preparer's name: **CHRISTOPHER B. ANDERSON** Preparer's signature: _____ Date: _____ Check if self-employed: PTIN: **P00226559**

Firm's name: **MALONEY + NOVOTNY, LLC** Firm's EIN: **34-0677006**

Firm's address: **4774 MUNSON ST NW, STE 402 CANTON, OH 44718** 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: THE MISSION OF STARK COMMUNITY FOUNDATION IS TO CONNECT PEOPLE AND THE CHARITABLE CAUSES WHICH ARE IMPORTANT TO THEM.

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 No

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

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

4a (Code:) (Expenses \$ 10,234,865. including grants of \$ 9,771,276.) (Revenue \$ 219,091.) IN 2016, STARK COMMUNITY FOUNDATION PARTNERED WITH INDIVIDUALS, FAMILIES, BUSINESSES AND NON-PROFITS TO INVEST IN PROGRAMS THAT IMPACT THE QUALITY OF LIFE FOR STARK COUNTY RESIDENTS AND MOVE OUR COMMUNITY FORWARD. OUR FAMILY OF DONORS SET A NEW RECORD IN 2016 WITH \$9.8 MILLION IN GRANTS AWARDED TO ORGANIZATIONS MAKING A DIFFERENCE IN OUR COMMUNITY. GENEROUS DONORS SUPPORTED NEARLY 600 ORGANIZATIONS AND THEIR WIDE ARRAY OF INITIATIVES, RANGING FROM EDUCATION AND INFANT MORTALITY TO FOOD SECURITY AND THE OPIOID EPIDEMIC.

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

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

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

4e Total program service expenses 10,234,865.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input checked="" type="checkbox"/>	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input checked="" type="checkbox"/>	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input checked="" type="checkbox"/>	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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 columns for question number, question text, and Yes/No columns. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 in 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 of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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 in Schedule O.

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?; 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?; 11b Describe in 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 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 (or 1024 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 in Schedule O)
19 Describe in 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:
DANA L PATTERSON - 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) GREGORY W. LUNTZ DIRECTOR	1.00	X					0.	0.	0.	
(2) NANCY A. VARIAN DIRECTOR	1.00	X					0.	0.	0.	
(3) NANCY S. GESSNER DIRECTOR	1.00	X					0.	0.	0.	
(4) STEPHEN A. PERRY DIRECTOR	1.00	X					0.	0.	0.	
(5) GARY D. SIRAK DIRECTOR	1.00	X					0.	0.	0.	
(6) KAREN SOEHNLEN MCQUEEN DIRECTOR	1.00	X					0.	0.	0.	
(7) WILLIAM R. COOK DIRECTOR	1.00	X					0.	0.	0.	
(8) G. CHARLES DIX II VICE CHAIRMAN	1.00	X		X			0.	0.	0.	
(9) E. LANG D'ATRI CHAIRMAN	1.00	X		X			0.	0.	0.	
(10) BRIDGETTE L. NEISEL V.P. OF ADVANCEMENT	40.00			X			127,983.	0.	21,387.	
(11) PATRICIA C. QUICK V.P. OF FINANCE & CFO	40.00			X			107,076.	0.	9,823.	
(12) MARK J. SAMOLCZYK PRESIDENT	40.00			X			195,133.	0.	18,571.	

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
1b Sub-total							430,192.	0.	49,781.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							430,192.	0.	49,781.	

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 3

	Yes	No
3 Did the organization list any former officer, director, or 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
COLONIAL CONSULTING, 750 THIRD AVENUE, 20TH FLOOR, NEW YORK, NY 10017	INVESTMENT CONSULTANT	166,773.

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 1

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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	50,436.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,432,886.				
	g Noncash contributions included in lines 1a-1f: \$		5,015,878.				
	h Total. Add lines 1a-1f		9,483,322.				
	Program Service Revenue	2 a SUPPORTING ORGANIZATION FEES	Business Code 900099	55,583.	55,583.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			55,583.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,774,421.		40,739.	3,733,682.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	120,113.				
		(ii) Personal					
		b Less: rental expenses	228,364.				
		c Rental income or (loss)	-108,251.				
	d Net rental income or (loss)		-108,251.		-108,251.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	33,739,625.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	33,657,939.				
		c Gain or (loss)	81,686.				
	d Net gain or (loss)		81,686.			81,686.	
	8 a Gross income from fundraising events (not including \$ 50,436. of contributions reported on line 1c). See Part IV, line 18	a	18,264.				
		b Less: direct expenses	18,337.				
c Net income or (loss) from fundraising events			-73.			-73.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a PROVISION - UNCOLLECTIBLE LOANS	900099	163,508.	163,508.				
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		163,508.				
12 Total revenue. See instructions.		13,450,196.	219,091.	-67,512.	3,815,295.		

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	9,182,813.	9,182,813.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	588,463.	588,463.		
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	479,973.	158,775.	172,646.	148,552.
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	507,065.	167,732.	182,409.	156,924.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,749.	7,195.	7,823.	6,731.
9 Other employee benefits	54,411.	17,999.	19,572.	16,840.
10 Payroll taxes	62,534.	20,686.	22,494.	19,354.
11 Fees for services (non-employees):				
a Management				
b Legal	11,382.		540.	10,842.
c Accounting	34,380.		34,380.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,197,202.		1,197,202.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	3,345.	1,107.	1,203.	1,035.
12 Advertising and promotion	158,324.			158,324.
13 Office expenses	42,473.	14,050.	15,278.	13,145.
14 Information technology	49,815.	16,479.	17,918.	15,418.
15 Royalties				
16 Occupancy	6,200.	2,051.	2,230.	1,919.
17 Travel	12,008.	3,972.	4,319.	3,717.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,654.	6,171.	6,710.	5,773.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,676.	3,862.	4,200.	3,614.
23 Insurance	12,154.	4,020.	4,372.	3,762.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a LIFE INSURANCE PREMIUMS	42,668.		42,668.	
b DUES AND SUBSCRIPTIONS	25,303.		25,303.	
c FUND EXPENSES- INC/TRUST	22,022.	22,022.		
d SCF INITIATIVE EXPENSE	17,468.	17,468.		
e All other expenses	2,508.			2,508.
25 Total functional expenses. Add lines 1 through 24e	12,564,590.	10,234,865.	1,761,267.	568,458.
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 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	9,005,379.	2	5,187,103.
	3 Pledges and grants receivable, net	1,097,294.	3	411,049.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	1,675,787.	7	704,454.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,732,016.		
	b Less: accumulated depreciation	10b 422,089.	1,350,001.	10c 1,309,927.
	11 Investments - publicly traded securities	148,659,016.	11	166,478,554.
	12 Investments - other securities. See Part IV, line 11	42,793,072.	12	45,560,933.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,477,174.	15	1,932,270.
16 Total assets. Add lines 1 through 15 (must equal line 34)	207,057,723.	16	221,584,290.	
Liabilities	17 Accounts payable and accrued expenses	3,065,776.	17	38,436.
	18 Grants payable	1,522,580.	18	2,264,116.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,320,343.	23	2,239,183.
	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	61,864,113.	25	71,877,988.
	26 Total liabilities. Add lines 17 through 25	68,772,812.	26	76,419,723.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	138,284,911.	27	145,164,567.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	138,284,911.	33	145,164,567.	
34 Total liabilities and net assets/fund balances	207,057,723.	34	221,584,290.	

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	13,450,196.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,564,590.
3	Revenue less expenses. Subtract line 2 from line 1	3	885,606.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	138,284,911.
5	Net unrealized gains (losses) on investments	5	13,854,112.
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 in Schedule O)	9	-7,860,062.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	145,164,567.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
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:
 Separate basis Consolidated basis 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?
If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?
- 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 in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **STARK COMMUNITY FOUNDATION** Employer identification number **34-0943665**

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 or 990-EZ).)
- 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 in 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17643637.	11954976.	11048260.	8490638.	9483322.	58620833.
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	17643637.	11954976.	11048260.	8490638.	9483322.	58620833.
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)						4213196.
6 Public support. Subtract line 5 from line 4.						54407637.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	17643637.	11954976.	11048260.	8490638.	9483322.	58620833.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3306218.	3654231.	4052675.	5033922.	3733682.	19780728.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	69,577.	114,594.	105,049.	226,878.	237,355.	753,453.
11 Total support. Add lines 7 through 10						79155014.
12 Gross receipts from related activities, etc. (see instructions)					12	247,241.
13 First five 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 2016 (line 6, column (f) divided by line 11, column (f))	14	68.74 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	66.93 %
16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. 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 - 2015. 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

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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 five 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

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 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)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 1-1/2% 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 .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 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).		

Schedule A (Form 990 or 990-EZ) 2016

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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

2012 AMOUNT: \$ 59,737.

2013 AMOUNT: \$ 64,548.

2014 AMOUNT: \$ 67,373.

2016 AMOUNT: \$ 55,583.

FUNDRAISING REVENUE

2012 AMOUNT: \$ 9,840.

2013 AMOUNT: \$ 50,046.

2014 AMOUNT: \$ 32,425.

2015 AMOUNT: \$ 20,407.

2016 AMOUNT: \$ 18,264.

PROVISION - UNCOLLECTIBLE LOAN

2014 AMOUNT: \$ 5,251.

2015 AMOUNT: \$ 206,471.

2016 AMOUNT: \$ 163,508.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

STARK COMMUNITY FOUNDATION

Employer identification number

34-0943665

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization STARK COMMUNITY FOUNDATION	Employer identification number 34-0943665
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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	_____ _____ _____	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 2,351,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 4,278,968.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 200,000.	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 34-0943665
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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
<u>4</u>	SHARES IN A POOL OF INVESTMENTS _____ _____ _____	\$ <u>4,278,968.</u>	<u>08/04/16</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization STARK COMMUNITY FOUNDATION	Employer identification number 34-0943665
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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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

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.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016
Open to Public Inspection

Name of the organization STARK COMMUNITY FOUNDATION **Employer identification number** 34-0943665

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	186	499
2 Aggregate value of contributions to (during year)	1,710,417.	7,772,905.
3 Aggregate value of grants from (during year)	2,909,184.	6,862,092.
4 Aggregate value at end of year	41,020,513.	104,144,054.
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 (e.g., 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 in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, 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?

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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

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 are a 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 programs
 - 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 on 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	141,820,362.	146,813,993.	144,361,546.	126,228,012.	118,104,102.
b Contributions	3,933,578.	4,062,606.	4,646,742.	3,718,576.	1,969,386.
c Net investment earnings, gains, and losses	11,796,167.	-1,944,755.	5,221,343.	20,692,406.	12,707,290.
d Grants or scholarships	7,244,679.	5,664,426.	5,841,247.	4,611,740.	5,053,260.
e Other expenditures for facilities and programs	463,589.	440,910.	461,398.	605,255.	579,115.
f Administrative expenses	1,053,960.	1,006,146.	1,112,993.	1,060,453.	920,391.
g End of year balance	148,787,879.	141,820,362.	146,813,993.	144,361,546.	126,228,012.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.00 %
 - b Permanent endowment _____ %
 - c Temporarily restricted 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 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	26,800.	60,573.		87,373.
b Buildings		1,489,427.	297,885.	1,191,542.
c Leasehold improvements		14,247.	2,410.	11,837.
d Equipment		140,969.	121,794.	19,175.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,309,927.

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	9,337,554.	END-OF-YEAR MARKET VALUE
(B) ALTERNATIVE INVESTMENTS	36,223,379.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	45,560,933.	

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, col. (B) line 13.)		

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, col. (B) line 15.)	

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) DUE TO/FROM AFFILIATED	
(3) ORGANIZATIONS	-749,396.
(4) FUNDS HELD AS AGENCY ENDOWMENTS	69,689,098.
(5) INTEREST RATE SWAP LIABILITY	33,227.
(6) LIABILITY TO ANNUITANTS	2,905,059.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	71,877,988.

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 FIN 48 (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	15,937,857.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	13,854,112.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	246,701.
e	Add lines 2a through 2d	2e	14,100,813.
3	Subtract line 2e from line 1	3	1,837,044.
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	1,197,202.
b	Other (Describe in Part XIII.)	4b	10,415,950.
c	Add lines 4a and 4b	4c	11,613,152.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	13,450,196.

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	9,087,431.
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	246,701.
e	Add lines 2a through 2d	2e	246,701.
3	Subtract line 2e from line 1	3	8,840,730.
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	1,197,202.
b	Other (Describe in Part XIII.)	4b	2,526,658.
c	Add lines 4a and 4b	4c	3,723,860.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	12,564,590.

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,

Part XIII Supplemental Information (continued)

AND AS SUCH, THEY BELIEVE THAT THEY DO NOT HAVE ANY SIGNIFICANT UNRECOGNIZED TAX BENEFITS THAT ARE MATERIAL TO THE COMBINED FINANCIAL STATEMENTS. THE TAX YEARS FOR THE FOUNDATIONS, CORPORATION AND PARTNERSHIP FROM 2013 AND THEREAFTER REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, AS WELL AS, APPLICABLE STATE AND LOCAL TAXING AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	18,337.
RENTAL EXPENSES	228,364.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	246,701.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENTS' CONTRIBUTIONS	5,549,744.
AGENCY ENDOWMENTS' INCOME	449,807.
AGENCY ENDOWMENTS' APPRECIATION/DEPRECIATION	4,416,399.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	10,415,950.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	18,337.
RENTAL EXPENSES	228,364.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	246,701.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENTS' GRANTS AND EXPENSES	2,526,658.
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**SCHEDULE F
(Form 990)**

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.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization STARK COMMUNITY FOUNDATION	Employer identification number 34-0943665
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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			INVESTMENTS		10,234,000.
EUROPE			INVESTMENTS		536,000.
3 a Sub-total	0	0			10,770,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			10,770,000.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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 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 Instructions for Forms 3520 and 3520-A; do not 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 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 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 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 Instructions for Form 5713; do not 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.

Multiple horizontal lines for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

STARK COMMUNITY FOUNDATION

Employer identification number

34-0943665

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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))	
		LUNCHEON (event type)	GOLF OUTING (event type)	2 (total number)		
Revenue	1	Gross receipts	19,048.	35,455.	14,197.	68,700.
	2	Less: Contributions	17,838.	23,887.	8,711.	50,436.
	3	Gross income (line 1 minus line 2)	1,210.	11,568.	5,486.	18,264.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	54.			54.
	6	Rent/facility costs	2,794.	7,744.		10,538.
	7	Food and beverages	1,420.	1,540.	1,735.	4,695.
	8	Entertainment				
	9	Other direct expenses	698.	1,143.	1,209.	3,050.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				18,337.
11	Net income summary. Subtract line 10 from line 3, column (d)				-73.	

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			
	2	Cash prizes			
Direct Expenses	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: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

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.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization **STARK COMMUNITY FOUNDATION** Employer identification number **34-0943665**

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABCD, INC. 1225 GROSS AVE NE CANTON, OH 44705	23-7362592	501(C)(3)	41,627.	0.			GENERAL SUPPORT
AKRON CIVIC THEATRE 182 SOUTH MAIN STREET AKRON, OH 44308	34-1015948	501(C)(3)	5,193.	0.			GENERAL SUPPORT
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307	34-1369388	501(C)(3)	81,250.	0.			GENERAL SUPPORT
ALLIANCE FOR CHILDREN & FAMILIES, INC. - 624 SCRANTON AVENUE - ALLIANCE, OH 44601	34-1590276	501(C)(3)	50,000.	0.			GENERAL SUPPORT
ALZHEIMER'S ASSOCIATION 408 9TH STREET SW, SUITE1610 CANTON, OH 44707	13-3039601	501(C)(3)	6,150.	0.			INCOME DISTRIBUTION
AMERICAN CANCER SOCIETY, PROBATE & TRUST MGT. SHARED SERVICE CTR. - PO BOX 720366 - OKLAHOMA CITY, OK 73162	13-1788491	501(C)(3)	13,879.	0.			INCOME DISTRIBUTION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 169.**
- 3** Enter total number of other organizations listed in the line 1 table **▶ 2.**

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

Schedule I (Form 990) (2016)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN DIABETES ASSOCIATION 4500 ROCKSIDE ROAD, SUITE 440 INDEPENDENCE, OH 44131	13-1623888	501(C)(3)	13,879.	0.			INCOME DISTRIBUTION
AMERICAN HEART ASSOCIATION 4682 DOUGLAS CIRCLE NW CANTON, OH 44718	13-5613797	501(C)(3)	13,998.	0.			INCOME DISTRIBUTION
AMERICAN RED CROSS OF STARK AND MUSKINGUM LAKES - 408 9TH STREET SW - CANTON, OH 44707	53-0196605	501(C)(3)	12,742.	0.			GENERAL SUPPORT
AMERICAN YOUTH FOUNDATION 6357 CLAYTON ROAD ST. LOUIS, MO 63117-1808	43-0652614	501(C)(3)	6,000.	0.			GENERAL SUPPORT
ARCHBISHOP HOBAN HIGH SCHOOL, INC. 1 HOLY CROSS BOULEVARD AKRON, OH 44306	34-0770684	501(C)(3)	22,000.	0.			GENERAL SUPPORT
ARTSINSTARK PO BOX 21190 CANTON, OH 44702	34-6609771	501(C)(3)	879,692.	0.			INCOME DISTRIBUTION
ASHLAND COUNTY COMMUNITY FOUNDATION - 300 COLLEGE AVENUE - ASHLAND, OH 44805	34-1812908	501(C)(3)	6,972.	0.			GENERAL SUPPORT
AULTMAN HEALTH FOUNDATION 2600 6TH STREET SW CANTON, OH 44710-1702	34-1445390	501(C)(3)	6,902.	0.			INCOME DISTRIBUTION
AULTMAN HOSPITAL 2600 SIXTH STREET SW CANTON, OH 44710	34-0714538	501(C)(3)	8,472.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETTER FUTURE FACILITATORS 2637 N REVERE ROAD AKRON, OH 44333	47-5464298	501(C)(3)	7,500.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUB OF MASSILLON 730 DUNCAN STREET SW MASSILLON, OH 44647-7960	34-0726102	501(C)(3)	68,833.	0.			GENERAL SUPPORT
BROOKSIDE SCHOLARSHIP FUND INC. 1800 CANTON AVENUE NW CANTON, OH 44708	20-3980976	501(C)(3)	22,000.	0.			INCOME DISTRIBUTION
BUCKEYE COUNCIL, BOY SCOUTS OF AMERICA - 2301 13TH STREET NW - CANTON, OH 44708-3157	34-0714546	501(C)(3)	59,580.	0.			GENERAL SUPPORT
CANTON CALVARY MISSION 1345 GIBBS AVE NE CANTON, OH 44705	34-1971706	501(C)(3)	15,000.	0.			GENERAL SUPPORT
CANTON CHRISTIAN HOME 2550 CLEVELAND AVENUE NW CANTON, OH 44709	34-1039414	501(C)(3)	67,888.	0.			GENERAL SUPPORT
CANTON CITY HEALTH DISTRICT 420 MARKET AVENUE N CANTON, OH 44702	34-6000504	115	66,300.	0.			GENERAL SUPPORT
CANTON CITY SCHOOLS 1312 FIFTH STREET SW CANTON, OH 44707	34-6000503	501(C)(3)	48,513.	0.			GENERAL SUPPORT
CANTON CLASSIC CAR MUSEUM 612 MARKET AVENUE S CANTON, OH 44702-2112	34-1782134	501(C)(3)	206,040.	0.			INCOME DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANTON COUNTRY DAY SCHOOL 3000 DEMINGTON AVENUE NW CANTON, OH 44718-3311	34-0938702	501(C)(3)	63,280.	0.			GENERAL SUPPORT
CANTON JEWISH COMMUNITY FEDERATION 432 30TH STREET NW CANTON, OH 44709	23-7084946	501(C)(3)	37,047.	0.			GENERAL SUPPORT
CANTON LEHMAN HIGH SCHOOL ALUMNI ASSOCIATION - PO BOX 8175 - CANTON, OH 44711	34-1743132	501(C)(3)	6,500.	0.			INCOME DISTRIBUTION
CANTON LOCAL SCHOOL DISTRICT 600 FAIRCREST STREET SE CANTON, OH 44707	34-6000512	501(C)(3)	11,668.	0.			GENERAL SUPPORT
CANTON MONTESSORI SCHOOL 125 15TH STREET NW CANTON, OH 44703	34-1028233	501(C)(3)	23,510.	0.			GENERAL SUPPORT
CANTON MUSEUM OF ART 1001 MARKET AVENUE N CANTON, OH 44702-1024	34-0733127	501(C)(3)	15,009.	0.			GENERAL SUPPORT
CANTON PRESERVATION SOCIETY 131 WERTZ AVENUE NW CANTON, OH 44708	34-1243699	501(C)(3)	32,250.	0.			GENERAL SUPPORT
CANTON REGIONAL CHAMBER OF COMMERCE FOUNDATION - 222 MARKET AVENUE N - CANTON, OH 44702	34-1536585	501(C)(3)	6,295.	0.			GENERAL SUPPORT
CANTON REGIONAL SCORE - CHAPTER 580 - 6000 FRANK AVENUE NW - NORTH CANTON, OH 44720	52-1962712	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANTON ROTARY CHARITABLE FUND 116 CLEVELAND AVENUE NW, SUITE 307 CANTON, OH 44702	23-7353867	501(C)(3)	105,220.	0.			GENERAL SUPPORT
CANTON STUDENT LOAN FOUNDATION 4974 HIGBEE AVENUE NW, SUITE 204 CANTON, OH 44718	34-0906580	501(C)(3)	155,017.	0.			GENERAL SUPPORT
CANTON SYMPHONY ORCHESTRA 2331 17TH STREET NW CANTON, OH 44708	34-6533119	501(C)(3)	238,056.	0.			GENERAL SUPPORT
CARROLL COUNTY ANIMAL PROTECTION LEAGUE - PO BOX 353 - CARROLLTON, OH 44615	76-0846159	501(C)(3)	10,385.	0.			GENERAL SUPPORT
CARROLL COUNTY PARKS COMMISSION 190 ALAMO ROAD SE CARROLLTON, OH 44615	34-6000519	501(C)(3)	84,180.	0.			INCOME DISTRIBUTION
CARROLLTON BOARD OF EDUCATION 252 THIRD STREET NE CARROLLTON, OH 44615	34-6000522	501(C)(3)	33,156.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES SERVING PORTAGE AND STARK COUNTIES - 800 MARKET AVENUE N, SUITE 1150 - CANTON, OH 44702	53-0196617	501(C)(3)	24,950.	0.			GENERAL SUPPORT
CENTRAL CATHOLIC HIGH SCHOOL 4824 TUSCARAWAS STREET W CANTON, OH 44708	34-0714566	501(C)(3)	29,386.	0.			INCOME DISTRIBUTION
CHARLOTTE SPEECH AND HEARING CENTER - 741 KENILWORTH AVENUE - CHARLOTTE, NC 28204	56-0892041	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD & ADOLESCENT BEHAVIORAL HEALTH - 4641 FULTON ROAD NW - CANTON, OH 44718	34-1191950	501(C)(3)	57,791.	0.			GENERAL SUPPORT
CHRIST PRESBYTERIAN CHURCH 530 TUSCARAWAS STREET W CANTON, OH 44702	34-0714409	501(C)(3)	81,308.	0.			GENERAL SUPPORT
CITY OF CANTON 218 CLEVELAND AVENUE SW CANTON, OH 44702	34-6000504	501(C)(3)	35,000.	0.			GENERAL SUPPORT
CITY OF MASSILLON PARKS AND RECREATION DEPARTMENT - 505 ERIE STREET N - MASSILLON, OH 44646	34-6001829	115	14,500.	0.			GENERAL SUPPORT
CLEVELAND CLINIC FOUNDATION PO BOX 931517 CLEVELAND, OH 44193	34-0714585	501(C)(3)	20,000.	0.			GENERAL SUPPORT
COLEMAN PROFESSIONAL SERVICES, INC. - 5982 RHODES ROAD - KENT, OH 44240	34-1240178	501(C)(3)	50,000.	0.			GENERAL SUPPORT
COMMQUEST SERVICES, INC. 625 CLEVELAND AVENUE NW CANTON, OH 44702-1805	34-0737793	501(C)(3)	135,500.	0.			GENERAL SUPPORT
COMMUNITY BUILDING PARTNERSHIP OF STARK COUNTY - PO BOX 20008 - CANTON, OH 44701	45-1560552	501(C)(3)	50,000.	0.			GENERAL SUPPORT
COMMUNITY LEGAL AID SERVICES, INC. THE RENKERT BUILDING CANTON, OH 44702	34-0753560	501(C)(3)	20,300.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIOCESE OF VENICE IN FLORIDA PO BOX 60759 FORT MYERS, FL 33906	59-2434603	501(C)(3)	6,000.	0.			GENERAL SUPPORT
DIOCESE OF YOUNGSTOWN PO BOX 659 YOUNGSTOWN, OH 44501	34-0714655	501(C)(3)	9,636.	0.			GENERAL SUPPORT
DISABLED AMERICAN VETERANS' NATIONAL SERVICE FOUNDATION - 3725 ALEXANDRIA PIKE - COLD SPRING, KY 41076	52-1516071	501(C)(4)	9,844.	0.			INCOME DISTRIBUTION
DUEBER UNITED METHODIST CHURCH 645 DUEBER AVENUE SW CANTON, OH 44706	34-0720550	501(C)(3)	10,000.	0.			GENERAL SUPPORT
EARLY CHILDHOOD RESOURCE CENTER 1718 CLEVELAND AVENUE NW CANTON, OH 44703	34-0714462	501(C)(3)	5,890.	0.			GENERAL SUPPORT
EVANGELICAL LUTHERAN CHURCH IN AMERICA - 8765 W HIGGINS ROAD - CHICAGO, IL 60631	41-1568278	501(C)(3)	40,000.	0.			GENERAL SUPPORT
FIRST BAPTIST CHURCH OF CANTON 4110 38TH STREET NW CANTON, OH 44718	34-0833502	501(C)(3)	87,156.	0.			INCOME DISTRIBUTION
FISHER-NIGHTINGALE HOUSES PO BOX 33871 WRIGHT PAT, OH 45433	31-1313382	501(C)(3)	6,972.	0.			INCOME DISTRIBUTION
FLORIDA GULF COAST UNIVERSITY FOUNDATION INC. - 10501 FGCU BOULEVARD S. - FORT MYERS, FL 33965	65-0403969	501(C)(3)	500,000.	0.			GENERAL SUPPORT

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUND FOR OUR ECONOMIC FUTURE 4415 EUCLID AVENUE, SUITE 203 CLEVELAND, OH 44103	27-0606927	501(C)(3)	180,000.	0.			GENERAL SUPPORT
GIRL SCOUTS OF NORTH EAST OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 44056-2156	34-0726094	501(C)(3)	25,520.	0.			GENERAL SUPPORT
GOOD SHEPHERD LUTHERAN CHURCH 4120 CLEVELAND AVENUE NW CANTON, OH 44709	34-1043978	501(C)(3)	25,500.	0.			GENERAL SUPPORT
GREATER EAST CANTON COMMUNITY DEVELOPMENT ASSOCIATION - 224 N WOOD ST - EAST CANTON, OH 44730	34-1675759	501(C)(3)	122,648.	0.			INCOME DISTRIBUTION
GUARDIAN SUPPORT SERVICES, INC. 408 NINTH STREET SW, SUITE 2200 CANTON, OH 44707	20-5786126	501(C)(3)	5,500.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY EAST CENTRAL OHIO - 1400 RAFF ROAD SW - CANTON, OH 44710-2320	34-1595372	501(C)(3)	16,800.	0.			GENERAL SUPPORT
HAMMER & NAILS, INC. PO BOX 8224 CANTON, OH 44711	34-1919568	501(C)(3)	6,500.	0.			GENERAL SUPPORT
HARRISON HILLS NEIGHBORHOOD ASSOCIATION - 2831 HARRISON AVENUE NW - CANTON, OH 44709	26-4712021	501(C)(3)	6,000.	0.			GENERAL SUPPORT
HARTVILLE FIRE DEPARTMENT 411 EAST MAPLE STREET HARTVILLE, OH 44632	34-6548833	501(C)(3)	6,692.	0.			GENERAL SUPPORT

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HIRAM COLLEGE PO BOX 64 HIRAM, OH 44234	34-0714670	501(C)(3)	15,000.	0.			GENERAL SUPPORT
HOLY TRINITY LUTHERAN CHURCH 2551 55TH STREET NE CANTON, OH 44721	23-7430894	501(C)(3)	6,521.	0.			INCOME DISTRIBUTION
HOPE WHISPERS COMMUNITY ORG INC. PO BOX 8463 CANTON, OH 44711	80-0422149	501(C)(3)	6,000.	0.			GENERAL SUPPORT
HOSPICE OF TUSCARAWAS COUNTY, INC. 716 COMMERCIAL AVENUE SW NEW PHILADELPHIA, OH 44663	34-1522329	501(C)(3)	8,000.	0.			GENERAL SUPPORT
HOUSE OF LORETO 2812 HARVARD AVENUE NW CANTON, OH 44709	34-0757174	501(C)(3)	5,910.	0.			GENERAL SUPPORT
INTERFAITH FEDERATION OF GREATER BATON ROUGE - 3112 CONVENTION STREET - BATON ROUGE, LA 70806	72-1072489	501(C)(3)	10,000.	0.			GENERAL SUPPORT
JOHN H. AND EVELYN L. ASHTON PRESERVATION ASSOCIATION, INC. - 60 W. MAIN STREET - CARROLLTON, OH 44615	20-2854698	501(C)(3)	420,000.	0.			GENERAL SUPPORT
JRC LEARNING CENTER 1731 GRACE AVENUE NE CANTON, OH 44705-2261	34-1321317	501(C)(3)	7,000.	0.			GENERAL SUPPORT
JUNEITES CLUB INC. 874 O'JAY'S PARKWAY NE CANTON, OH 44705	34-1414801	501(C)(3)	6,000.	0.			GENERAL SUPPORT

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JUVENILE DIABETES RESEARCH FOUNDATION - 6100 ROCKSIDE WOODS BOULEVARD, SUITE 445 - INDEPENDENCE, OH 44131	23-1907729	501(C)(3)	16,000.	0.			GENERAL SUPPORT
KANSAS UNIVERSITY ENDOWMENT ASSOCIATION - PO BOX 928 - LAWRENCE, KS 66044-0928	48-0547734	501(C)(3)	10,385.	0.			GENERAL SUPPORT
KENT STATE UNIVERSITY AT STARK 6000 FRANK AVENUE NW NORTH CANTON, OH 44720	31-6402079	501(C)(3)	7,825.	0.			INCOME DISTRIBUTION
LAKESIDE CHAUTAUQUA FOUNDATION 236 WALNUT AVENUE LAKESIDE, OH 43440	20-4072755	501(C)(3)	15,000.	0.			GENERAL SUPPORT
LEADERSHIP STARK COUNTY 222 MARKET AVENUE NORTH CANTON, OH 44702	34-1536585	501(C)(3)	8,628.	0.			INCOME DISTRIBUTION
LOUISVILLE COMMUNITY FOUNDATION PO BOX 448 LOUISVILLE, OH 44641	26-3854598	501(C)(3)	10,584.	0.			GENERAL SUPPORT
LOUISVILLE LEOPARDS TOUCHDOWN CLUB 4162 BIRCHWOOD AVENUE LOUISVILLE, OH 44641	26-3994751	501(C)(3)	20,000.	0.			GENERAL SUPPORT
LUTHERAN WORLD RELIEF PO BOX 17061 BALTIMORE, MD 21297	13-2574963	501(C)(3)	40,000.	0.			GENERAL SUPPORT
MAGIC HORSE THERAPEUTIC RIDING CENTER - 14512 WILLOW ROAD - LAKESIDE, CA 92040	46-4707827	501(C)(3)	10,070.	0.			GENERAL SUPPORT

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MALONE UNIVERSITY 2600 CLEVELAND AVENUE NW CANTON, OH 44709-3823	34-0737794	501(C)(3)	69,463.	0.			GENERAL SUPPORT
MAPS AIR MUSEUM 2260 INTERNATIONAL PARKWAY NORTH CANTON, OH 44720	34-1651715	501(C)(3)	15,500.	0.			GENERAL SUPPORT
MARGARET B. SHIPLEY CHILD HEALTH CLINIC - 919 2ND STREET NE - CANTON, OH 44704-1132	34-0714781	501(C)(3)	6,108.	0.			INCOME DISTRIBUTION
MASONIC CHARITY FOUNDATION OF OKLAHOMA - PO BOX 2406 - EDMOND, OK 73083-2406	73-6097262	501(C)(3)	9,844.	0.			INCOME DISTRIBUTION
MASSILLON MUSEUM 121 LINCOLN WAY E MASSILLON, OH 44646-6633	34-6001833	501(C)(3)	22,000.	0.			GENERAL SUPPORT
MEALS ON WHEELS OF STARK AND WAYNE COUNTIES - 2363 NAVE ROAD SE - MASSILLON, OH 44646	34-1681952	501(C)(3)	7,100.	0.			GENERAL SUPPORT
MERCY MEDICAL CENTER 1320 MERCY DRIVE NW CANTON, OH 44708	34-1893439	501(C)(3)	8,546.	0.			GENERAL SUPPORT
MINERVA AREA YMCA 687 LYNNWOOD DRIVE MINERVA, OH 44657	34-0714392	501(C)(3)	10,587.	0.			GENERAL SUPPORT
MUSKINGUM WATERSHED CONSERVANCY FOUNDATION, INC. - 1319 THIRD STREET NW - NEW PHILADELPHIA, OH 44663	34-1953261	501(C)(3)	6,151.	0.			GENERAL SUPPORT

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NATIONAL INVENTORS HALL OF FAME INC. (INVENT NOW, INC.) - 3701 HIGHLAND PARK NW - NORTH CANTON, OH 44720	34-1580038	501(C)(3)	11,948.	0.			GENERAL SUPPORT
NEOMED FOUNDATION 4209 STATE ROUTE 44 ROOTSTOWN, OH 44272	34-1264220	501(C)(3)	176,750.	0.			GENERAL SUPPORT
NORTH CANTON CITY SCHOOLS 525 7TH STREET NE NORTH CANTON, OH 44720	34-6002035	501(C)(3)	5,725.	0.			GENERAL SUPPORT
OESTERLEN-SERVICES FOR YOUTH, INC. 1918 MECHANICSBURG ROAD SPRINGFIELD, OH 45503	31-0536998	501(C)(3)	5,702.	0.			INCOME DISTRIBUTION
PATHWAY CARING FOR CHILDREN 4895 DRESSLER ROAD NW, SUITE A CANTON, OH 44718	23-7244648	501(C)(3)	58,882.	0.			GENERAL SUPPORT
PEGASUS FARM 7490 EDISON STREET NE HARTVILLE, OH 44632-9328	34-1472997	501(C)(3)	51,337.	0.			INCOME DISTRIBUTION
PHILMONT SCOUT RANCH 17 DEER RUN ROAD CIMARRON, NM 87714	22-1576300	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PLAIN LOCAL SCHOOLS FOUNDATION 1801 SCHNEIDER STREET NE CANTON, OH 44721	20-0487822	501(C)(3)	21,704.	0.			INCOME DISTRIBUTION
PLANNED PARENTHOOD OF GREATER OHIO 444 WEST EXCHANGE STREET AKRON, OH 44302	34-1015976	501(C)(3)	18,744.	0.			INCOME DISTRIBUTION

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PLAYERS GUILD OF CANTON, INC. 1001 MARKET AVENUE N CANTON, OH 44702	34-0790867	501(C)(3)	30,000.	0.			GENERAL SUPPORT
PREGNANCY CHOICES 4500 22ND STREET NW CANTON, OH 44711	34-1461765	501(C)(3)	8,800.	0.			GENERAL SUPPORT
PRESCRIPTION ASSISTANCE NETWORK OF STARK COUNTY, INC. - 408 NINTH STREET SW, SUITE 1450 - CANTON, OH 44707	20-0797475	501(C)(3)	16,500.	0.			GENERAL SUPPORT
QUEST RECOVERY & PREVENTION SERVICES - 1341 MARKET AVE N - CANTON, OH 44714-2675	34-1048990	501(C)(3)	5,500.	0.			GENERAL SUPPORT
SAN DIEGO CHAPTER OF SWEET ADELINES INTERNATIONAL - PO BOX 33365 - SAN DIEGO, CA 92163	33-0683961	501(C)(3)	10,385.	0.			GENERAL SUPPORT
ST. JOAN OF ARC PARISH 4940 TUSCARAWAS STREET W CANTON, OH 44708	34-0792939	501(C)(3)	20,200.	0.			GENERAL SUPPORT
ST. JOHN'S VILLA 701 CREST STREET CARROLLTON, OH 44615	34-1671908	501(C)(3)	6,842.	0.			GENERAL SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38101	62-0646012	501(C)(3)	10,250.	0.			GENERAL SUPPORT
ST. MARY, STAR OF THE SEA CATHOLIC CHURCH - 4280 GULF OF MEXICO DRIVE - LONGBOAT KEY, FL 34228	59-1805998	501(C)(3)	15,000.	0.			GENERAL SUPPORT

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ST. MICHAEL THE ARCHANGEL CATHOLIC CHURCH - 3430 ST. MICHAEL'S BOULEVARD NW - CANTON, OH 44718	34-0782263	501(C)(3)	28,500.	0.			GENERAL SUPPORT
ST. PAUL'S CATHOLIC CHURCH 241 SOUTH MAIN STREET NORTH CANTON, OH 44720	34-0783732	501(C)(3)	20,200.	0.			GENERAL SUPPORT
ST. TIMOTHY'S EPISCOPAL CHURCH 226 THIRD STREET SE MASSILLON, OH 44646-6702	34-0742706	501(C)(3)	7,274.	0.			GENERAL SUPPORT
STARK COUNTY COMMUNITY ACTION AGENCY - 1366 MARKET AVE N - CANTON, OH 44714	34-1320658	501(C)(3)	11,000.	0.			GENERAL SUPPORT
STARK COUNTY DISTRICT LIBRARY 715 MARKET AVENUE N CANTON, OH 44702-1018	34-6000510	501(C)(3)	44,949.	0.			GENERAL SUPPORT
STARK COUNTY EDUCATIONAL SERVICE CENTER - 2100 38TH STREET NW - CANTON, OH 44709	34-1181718	115	20,000.	0.			GENERAL SUPPORT
STARK COUNTY HISTORICAL SOCIETY 800 MCKINLEY MONUMENT DRIVE NW CANTON, OH 44708-4800	34-0733194	501(C)(3)	208,565.	0.			INCOME DISTRIBUTION
STARK COUNTY HUMANE SOCIETY, INC. PO BOX 7077, STATION A CANTON, OH 44705-0077	34-6003244	501(C)(3)	195,482.	0.			INCOME DISTRIBUTION
STARK COUNTY HUNGER TASK FORCE 408 9TH STREET SW, SUITE 1637 CANTON, OH 44707	34-1374549	501(C)(3)	5,230.	0.			GENERAL SUPPORT

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STARK COUNTY JOB & FAMILY SERVICES 221 3RD STREET SE CANTON, OH 44702-1302	34-6002718	115	10,000.	0.			GENERAL SUPPORT
STARK COUNTY MENTAL HEALTH & ADDICTION RECOVERY - 121 CLEVELAND AVE SW - CANTON, OH 44702	34-6002718	501(C)(3)	62,000.	0.			GENERAL SUPPORT
STARK COUNTY PARK DISTRICT 5300 TYNER STREET NW CANTON, OH 44708	34-1490858	501(C)(3)	250,000.	0.			GENERAL SUPPORT
STARK COUNTY RETIRED TEACHERS ASSOCIATION SCHOLARSHIP FUND - 11036 KENT AVENUE NE - HARTVILLE, OH 44632-9759	34-1457861	501(C)(3)	5,206.	0.			INCOME DISTRIBUTION
STARK EDUCATION PARTNERSHIP, INC. 400 MARKET AVENUE N, SUITE B-PLAZA CANTON, OH 44702	34-1625250	501(C)(3)	270,224.	0.			GENERAL SUPPORT
STARK METROPOLITAN HOUSING AUTHORITY - 400 E TUSCARAWAS STREET - CANTON, OH 44702	34-6000508	501(C)(3)	6,000.	0.			GENERAL SUPPORT
STARK STATE COLLEGE 6200 FRANK AVENUE NW NORTH CANTON, OH 44720	34-1055865	501(C)(3)	10,000.	0.			GENERAL SUPPORT
STARK STATE COLLEGE FOUNDATION 6200 FRANK AVENUE NW NORTH CANTON, OH 44720	34-1577595	501(C)(3)	10,311.	0.			GENERAL SUPPORT
SUMMA HEALTH 525 E. MARKET STREET AKRON, OH 44304	34-1219001	501(C)(3)	6,000.	0.			GENERAL SUPPORT

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TEAM NEO FOUNDATION 1111 SUPERIOR AVENUE STE 1600 CLEVELAND, OH 44114	34-1885407	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TEMPLE ISRAEL 432 30TH STREET NW CANTON, OH 44709	34-0733128	501(C)(3)	9,472.	0.			GENERAL SUPPORT
THE ARC OF OHIO - STARK COUNTY 6900 MARKET AVENUE N CANTON, OH 44721	31-0642964	501(C)(3)	22,420.	0.			INCOME DISTRIBUTION
THE BASILICA OF ST. JOHN THE BAPTIST CATHOLIC CHURCH - 627 MCKINLEY AVENUE NW - CANTON, OH 44703	34-0714655	501(C)(3)	11,072.	0.			GENERAL SUPPORT
THE CHILDREN'S DYSLEXIA CENTER OF CANTON - 836 MARKET AVENUE N - CANTON, OH 44702-1021	04-3169620	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE CLEVELAND CLINIC P.O. BOX 931517 CLEVELAND, OH 44193-1655	34-0714585	501(C)(3)	20,706.	0.			INCOME DISTRIBUTION
THE COLUMBUS FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 43205	31-6044264	501(C)(3)	24,097.	0.			GENERAL SUPPORT
THE DESERT COMMUNITY FOUNDATION 46000 FAIRWAY DRIVE INDIANS WELLS, CA 92210	95-4725924	501(C)(3)	6,000.	0.			GENERAL SUPPORT
THE FIRST TEE OF CANTON, INC. 2525 25TH STREET NE CANTON, OH 44705	34-1912799	501(C)(3)	112,750.	0.			GENERAL SUPPORT

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THE JOHN & MABLE RINGLING MUSEUM OF ART - 5401 BAY SHORE ROAD - SARASOTA, FL 34243	59-6214423	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE OSNABURG LOCAL SCHOOL DISTRICT 310 BROWNING STREET EAST CANTON, OH 44730	34-6002127	501(C)(3)	20,770.	0.			GENERAL SUPPORT
THE SALVATION ARMY OF ALLIANCE 57 W MAIN STREET ALLIANCE, OH 44601	13-5562351	501(C)(3)	40,580.	0.			GENERAL SUPPORT
THE SALVATION ARMY OF CANTON 420 MARKET AVENUE S CANTON, OH 44702-2110	13-5562351	501(C)(3)	36,192.	0.			GENERAL SUPPORT
THE SALVATION ARMY OF MASSILLON 315 SIXTH STREET NE MASSILLON, OH 44646-6616	13-5562351	501(C)(3)	13,088.	0.			GENERAL SUPPORT
THE WALKING HORSE TRAINERS AUXILIARY, INC - PO BOX 61 - SHELBYVILLE, TN 37162	62-1191329	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE WILDERNESS CENTER PO BOX 202 WILMOT, OH 44689-0202	34-0943581	501(C)(3)	166,890.	0.			GENERAL SUPPORT
TOMTOD IDEAS 715 MARKET AVENUE N CANTON, OH 44702	46-0732616	501(C)(3)	7,852.	0.			GENERAL SUPPORT
TRINITY UNITED CHURCH OF CHRIST 3909 BLACKBURN ROAD NW CANTON, OH 44718-3213	34-0718411	501(C)(3)	210,089.	0.			INCOME DISTRIBUTION

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TRUE VINE REVIVAL CENTER 1618 NAVARRE RD SW CANTON, OH 44706	34-1751101	501(C)(3)	5,073.	0.			GENERAL SUPPORT
UNITED WAY OF GREATER STARK COUNTY 401 MARKET AVENUE N, SUITE 300 CANTON, OH 44702	13-4254191	501(C)(3)	153,230.	0.			GENERAL SUPPORT
UNIVERSITY HOSPITALS 11100 EUCLID AVENUE, MCCO 5062 CLEVELAND, OH 44106	34-0714775	501(C)(3)	50,000.	0.			GENERAL SUPPORT
UNIVERSITY OF MOUNT UNION 1972 CLARK AVENUE ALLIANCE, OH 44601-3929	34-0714687	501(C)(3)	35,587.	0.			GENERAL SUPPORT
UNIVERSITY OF NOTRE DAME PO BOX 519 NOTRE DAME, IN 46556-9988	35-0868188	501(C)(3)	10,000.	0.			GENERAL SUPPORT
USO WORLD HEADQUARTERS PO BOX 96860 WASHINGTON, DC 20077-7677	13-1610451	501(C)(3)	7,150.	0.			INCOME DISTRIBUTION
VOYAGER PROGRAM, INC. 101 CENTRAL PLAZA S, SUITE 601 CANTON, OH 44702	31-1662958	501(C)(3)	25,000.	0.			GENERAL SUPPORT
WALSH UNIVERSITY 2020 E MAPLE STREET NORTH CANTON, OH 44720-3396	34-0868798	501(C)(3)	260,544.	0.			GENERAL SUPPORT
WEST PARK NEIGHBORHOOD ASSOCIATION 1467 15TH STREET NW CANTON, OH 44703	20-1301071	501(C)(4)	6,622.	0.			GENERAL SUPPORT

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WESTBROOK PARK UNITED METHODIST CHURCH - 2521 12TH STREET NW - CANTON, OH 44708	34-0714405	501(C)(3)	6,000.	0.			GENERAL SUPPORT
WESTERN RESERVE PUBLIC MEDIA 1750 CAMPUS CENTER DRIVE KENT, OH 44240	34-1123819	501(C)(3)	67,100.	0.			GENERAL SUPPORT
WHEAT RIDGE MINISTRIES ONE PIERCE PLACE, SUITE 250E ITASCA, IL 60143	84-0404924	501(C)(3)	10,000.	0.			GENERAL SUPPORT
YMCA - MEYERS LAKE 1333 N PARK AVENUE NW CANTON, OH 44708-3081	34-0714392	501(C)(3)	8,500.	0.			GENERAL SUPPORT
YMCA - NORTH CANTON 200 S MAIN STREET NORTH CANTON, OH 44720	34-0714392	501(C)(3)	5,500.	0.			GENERAL SUPPORT
YMCA - PAUL AND CAROL DAVID 7389 CARITAS CIRCLE NW MASSILLON, OH 44646	34-0714392	501(C)(3)	27,500.	0.			GENERAL SUPPORT
YMCA OF CENTRAL STARK COUNTY 1201 30TH STREET NW, SUITE 200 CANTON, OH 44709	34-0714392	501(C)(3)	7,025.	0.			GENERAL SUPPORT
YMCA OF WESTERN STARK COUNTY, INC. 131 TREMONT AVENUE SE MASSILLON, OH 44646-6637	34-0719180	501(C)(3)	11,856.	0.			GENERAL SUPPORT
YOUNG AMERICA'S FOUNDATION 11480 COMMERCE PARK DRIVE, SUITE 60 RESTON, VA 20191	23-7042029	501(C)(3)	14,500.	0.			GENERAL SUPPORT

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YWCA - CANTON 231 SIXTH STREET NE CANTON, OH 44702-1035	34-0714799	501(C)(3)	71,031.	0.			INCOME DISTRIBUTION
ZION UNITED CHURCH OF CHRIST 415 SOUTH MAIN STREET NORTH CANTON, OH 44721	34-0839631	501(C)(3)	23,879.	0.			INCOME DISTRIBUTION
ZOAR COMMUNITY ASSOCIATION PO BOX 621 ZOAR, OH 44697	23-7422147	501(C)(3)	8,750.	0.			GENERAL SUPPORT

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	294	588,463.	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

Part IV Supplemental Information

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.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

Open to Public Inspection

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

STARK COMMUNITY FOUNDATION

Employer identification number

34-0943665

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 filing 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		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2016

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 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)	194,005.	0.	1,128.	8,456.	12,478.	216,067.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization **STARK COMMUNITY FOUNDATION** Employer identification number **34-0943665**

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	34	736,910.	EXCHANGE PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous	X	1	4,278,968.	FMV
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 IV, Donee Acknowledgement **29** **0**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** **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? **31** **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** **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.

	Yes	No
30a		X
31	X	
32a	X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

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, LINE 32B:

THIRD PARTY TRANSACTIONS,

SECURITIES ARE SOLD THROUGH INVESTMENT BROKERAGE FIRMS. THESE FIRMS ARE INDEPENDENT OF THE DONORS AND THE FOUNDATION.

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

STARK COMMUNITY FOUNDATION

Employer identification number

34-0943665

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

THE MISSION OF STARK COMMUNITY FOUNDATION IS TO CONNECT PEOPLE AND THE
CHARITABLE CAUSES WHICH ARE IMPORTANT TO THEM.

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

Name of the organization

STARK COMMUNITY FOUNDATION

Employer identification number

34-0943665

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 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

Name of the organization STARK COMMUNITY FOUNDATION	Employer identification number 34-0943665
--	--

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 -7,889,292.

CHANGE IN INTEREST RATE SWAP LIABILITY FOR SCF DEVELOPMENT,

LTD. 29,230.

TOTAL TO FORM 990, PART XI, LINE 9 -7,860,062.

**SCHEDULE R
(Form 990)**

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.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **STARK COMMUNITY FOUNDATION** Employer identification number **34-0943665**

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. - 42-1581249 400 MARKET AVENUE NORTH, SUITE 200 CANTON, OH 44702	REAL ESTATE	OHIO	120,113.	1,262,238.	STARK COMMUNITY FOUNDATION, INC.

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 - 34-6542631, 400 MARKET AVENUE NORTH, SUITE 200, CANTON, OH 44702	SUPPORT ORGANIZATION	OHIO	501(C)(3)	LINE 12A, I	N/A	X	
NEWMARKET PROJECT, INC. - 34-1282839 400 MARKET AVENUE NORTH, SUITE 200 CANTON, OH 44702	LAND HOLDING	OHIO	501(C)(2)	N/A	N/A	X	
HENRY & LOUISE TIMKEN FOUNDATION - 34-6596671, 400 MARKET AVENUE NORTH, SUITE 200, CANTON, OH 44702	SUPPORT ORGANIZATION	OHIO	501(C)(3)	LINE 12A, I	N/A	X	
UNITED WAY OF GREATER STARK COUNTY FOUNDATION - 34-1828490, 400 MARKET AVENUE NORTH, SUITE 200, CANTON, OH 44702	SUPPORT ORGANIZATION	OHIO	501(C)(3)	LINE 12D, III-O	N/A	X	

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

Schedule R (Form 990) 2016

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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 organization?	
						Yes	No
HEALTH FOUNDATION OF GREATER MASSILLON - 31-1516370, 400 MARKET AVENUE NORTH, SUITE 200, CANTON, OH 44702	SUPPORT ORGANIZATION	OHIO	501(C)(3)	PF	N/A	X	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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	750,000.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. STARK COMMUNITY FOUNDATION	Employer identification number (EIN) or 34-0943665
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 400 MARKET AVENUE NORTH, NO. 200	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CANTON, OH 44702-1557	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DANA L PATTERSON

• The books are in the care of ▶ **400 MARKET AVE N. STE 200 - CANTON, OH 44702**
Telephone No. ▶ **330-454-3426** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2016** or
- ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.