

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the **2018** 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: **maloney+novotny, LLC**
 Number and street (or P.O. box if mail is not delivered to street address), room/suite: **400 MARKET AVENUE NORTH 200**
 City or town, state or province, country, and ZIP or foreign postal code: **CANTON, OH 44702-1557**

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

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

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

G Gross receipts \$: **45,168,130.**

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 ▶

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: TO CONNECT PEOPLE AND THE CHARITABLE CAUSES WHICH ARE IMPORTANT TO THEM.		
	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 2018 (Part V, line 2a)	5	13
	6 Total number of volunteers (estimate if necessary)	6	100
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-42,628.
b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	19,703,786.	4,149,766.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	95,070.	133,137.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,929,622.	13,218,025.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-70,452.	1,819.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,658,026.	17,502,747.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,232,000.	11,511,313.
	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)	1,228,608.	1,260,137.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 532,608.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,878,802.	1,924,260.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,339,410.	14,695,710.	
19 Revenue less expenses. Subtract line 18 from line 12	19,318,616.	2,807,037.	
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)	263,612,405.	235,445,363.
	22 Net assets or fund balances. Subtract line 21 from line 20	87,002,296.	78,674,907.
22 Net assets or fund balances. Subtract line 21 from line 20	176,610,109.	156,770,456.	

Part II Signature Block

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

Sign Here ▶ Signature: **MAR** **maloney+novotny, LLC** **ESIDENT** Date: _____

Paid Preparer Use Only

Print/Type preparer's name: **CHRISTOPHER B. ANDERSON** Preparer's signature: _____ Date: _____ Check if self-employed: PTIN: **P0022659**

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

Firm's address ▶ **4774 MUNSON ST NW, STE 402** Phone no. **(330) 966-9400**
CANTON, OH 44718

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 \$ 12,248,376. including grants of \$ 11,511,313.) (Revenue \$ 200,395.) STARK COMMUNITY FOUNDATION AND OUR GROWING FAMILY OF DONORS SUPPORT A WIDE ARRAY OF LOCAL PROJECTS AND ORGANIZATIONS EACH YEAR, AWARDING OVER \$11.5 MILLION IN GRANTS FOR 2018. GENEROUS INDIVIDUALS, FAMILIES, BUSINESSES AND ORGANIZATIONS, SUPPORTED PROGRAMS AND SERVICES THAT STRENGTHEN OUR COMMUNITY IN AREAS INCLUDING EDUCATION, ARTS AND CULTURE, ECONOMIC DEVELOPMENT, HEALTH AND HUNGER.

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

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

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

4e Total program service expenses 12,248,376.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
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>		X
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>		X
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>		X
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>	X	
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>		X
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>		X
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>		X
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>	X	
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>	X	
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>	X	
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>		X
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>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>	X	
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>		X
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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>	X	
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>		X
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>		X
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>		X
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>	X	
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>		X
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	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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>	22 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>	23 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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	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>	25b	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>	26	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>	27	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>	28a	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>	28b	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>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33 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>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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>	35b 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>	36	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>	37	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	38 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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	13
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		13
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: OTHER COUNTRY See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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 (governing body members), 1b (independent members), 2-7a (relationships and governance), 7b (governance decisions), 8 (documentation), and 9 (unreachable officer).

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 (local chapters), 10b (policies), 11a (copy of Form 990), 11b (review process), 12a-c (conflict of interest policy), 13 (whistleblower policy), 14 (document retention), 15 (compensation review), 15a-b (CEO/officers), 16a (joint venture), 16b (joint venture policy).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
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

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) NANCY A. VARIAN DIRECTOR	1.00	X					0.	0.	0.	
(2) NANCY S. GESSNER DIRECTOR	1.00	X					0.	0.	0.	
(3) KAREN SOEHNLEN MCQUEEN DIRECTOR	1.00	X					0.	0.	0.	
(4) WILLIAM R. COOK DIRECTOR	1.00	X					0.	0.	0.	
(5) GARY D. SIRAK DIRECTOR	1.00	X					0.	0.	0.	
(6) BRIAN S. BELDEN DIRECTOR	1.00	X					0.	0.	0.	
(7) JEFFREY ZELLERS DIRECTOR	1.00	X					0.	0.	0.	
(8) G. CHARLES DIX II CHAIRMAN	1.00	X		X			0.	0.	0.	
(9) GREGORY W. LUNTZ VICE CHAIRMAN	1.00	X		X			0.	0.	0.	
(10) DANA L. PATTERSON V.P. OF FINANCE & CFO	40.00			X			101,003.	0.	4,287.	
(11) MARK J. SAMOLCZYK PRESIDENT	40.00			X			220,326.	0.	21,912.	
(12) BRIDGETTE L. NEISEL V.P. OF ADVANCEMENT	40.00			X			136,097.	0.	24,270.	

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							457,426.	0.	50,469.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							457,426.	0.	50,469.	

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	187,445.

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	36,085.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,113,681.				
	g Noncash contributions included in lines 1a-1f: \$		565,411.				
	h Total. Add lines 1a-1f		4,149,766.				
	Program Service Revenue	2 a SUPPORTING ORGANIZATION FEES	Business Code 900099	133,137.	133,137.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			133,137.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		4,829,159.		20,072.	4,809,087.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	144,918.				
		(ii) Personal					
		b Less: rental expenses	207,618.				
		c Rental income or (loss)	-62,700.				
	d Net rental income or (loss)		-62,700.		-62,700.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	35,830,983.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	27,442,117.				
		c Gain or (loss)	8,388,866.				
	d Net gain or (loss)		8,388,866.			8,388,866.	
	8 a Gross income from fundraising events (not including \$ 36,085. of contributions reported on line 1c). See Part IV, line 18	a	12,909.				
		b Less: direct expenses	15,648.				
c Net income or (loss) from fundraising events			-2,739.			-2,739.	
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	67,258.	67,258.			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			67,258.			
12 Total revenue. See instructions			17,502,747.	200,395.	-42,628.	13,195,214.	

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	10,801,404.	10,801,404.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	709,909.	709,909.		
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	507,895.	218,638.	176,182.	113,075.
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	568,794.	244,853.	197,307.	126,634.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	32,991.	14,202.	11,444.	7,345.
9 Other employee benefits	82,885.	35,680.	28,752.	18,453.
10 Payroll taxes	67,572.	29,088.	23,440.	15,044.
11 Fees for services (non-employees):				
a Management				
b Legal	13,358.		7,232.	6,126.
c Accounting	36,300.		36,300.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,193,828.		1,193,828.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	87,302.	991.	85,798.	513.
12 Advertising and promotion	181,494.			181,494.
13 Office expenses	41,436.	17,838.	14,374.	9,224.
14 Information technology	98,444.	42,378.	34,149.	21,917.
15 Royalties				
16 Occupancy	9,463.	4,074.	3,282.	2,107.
17 Travel	6,419.	2,763.	2,227.	1,429.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	32,618.	14,041.	11,315.	7,262.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,074.	1,754.	1,413.	907.
23 Insurance	13,985.	6,020.	4,851.	3,114.
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 SCF INITIATIVE EXPENSE	49,043.	49,043.		
b LIFE INSURANCE PREMIUMS	38,533.		38,533.	
c FUND EXPENSES- INC/TRUST	30,367.	30,367.		
d DUES AND SUBSCRIPTIONS	25,501.		25,501.	
e All other expenses	62,095.	25,333.	18,798.	17,964.
25 Total functional expenses. Add lines 1 through 24e	14,695,710.	12,248,376.	1,914,726.	532,608.
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	873,498.	2	1,147,250.
	3 Pledges and grants receivable, net	5,328,943.	3	409,808.
	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	2,519,942.	7	3,264,941.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	15,890.	9	36,618.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,702,326.		
	b Less: accumulated depreciation	10b 495,327.	1,252,930.	10c 1,206,999.
	11 Investments - publicly traded securities	200,475,878.	11	181,722,953.
	12 Investments - other securities. See Part IV, line 11	47,279,376.	12	42,491,290.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,865,948.	15	5,165,504.
16 Total assets. Add lines 1 through 15 (must equal line 34)	263,612,405.	16	235,445,363.	
Liabilities	17 Accounts payable and accrued expenses	32,886.	17	56,836.
	18 Grants payable	1,603,494.	18	2,196,287.
	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	2,154,631.	23	2,068,963.
	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	83,211,285.	25	74,352,821.
	26 Total liabilities. Add lines 17 through 25	87,002,296.	26	78,674,907.
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	176,610,109.	27	156,770,456.
	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	176,610,109.	33	156,770,456.	
34 Total liabilities and net assets/fund balances	263,612,405.	34	235,445,363.	

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	17,502,747.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,695,710.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,807,037.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	176,610,109.
5	Net unrealized gains (losses) on investments	5	-31,665,140.
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	9,018,450.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	156,770,456.

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 (2018)

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11048260.	8490638.	9483322.	19703786.	4149766.	52875772.
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	11048260.	8490638.	9483322.	19703786.	4149766.	52875772.
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)						14030448.
6 Public support. Subtract line 5 from line 4.						38845324.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	11048260.	8490638.	9483322.	19703786.	4149766.	52875772.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4052675.	5033922.	3733682.	4192109.	4809087.	21821475.
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.)	105,049.	226,878.	237,355.	108,145.	213,304.	890,731.
11 Total support. Add lines 7 through 10						75587978.
12 Gross receipts from related activities, etc. (see instructions)					12	351,163.
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 2018 (line 6, column (f) divided by line 11, column (f))	14	51.39 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	56.99 %
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 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).		

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

2014 AMOUNT: \$ 67,373.

2015 AMOUNT: \$ 0.

2016 AMOUNT: \$ 55,583.

2017 AMOUNT: \$ 95,070.

2018 AMOUNT: \$ 133,137.

FUNDRAISING REVENUE

2014 AMOUNT: \$ 32,425.

2015 AMOUNT: \$ 20,407.

2016 AMOUNT: \$ 18,264.

2017 AMOUNT: \$ 13,075.

2018 AMOUNT: \$ 12,909.

PROVISION - UNCOLLECTIBLE LOAN

2014 AMOUNT: \$ 5,251.

2015 AMOUNT: \$ 206,471.

2016 AMOUNT: \$ 163,508.

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ 67,258.

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

OMB No. 1545-0047

2018

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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).

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	_____ _____ _____	\$ <u>1,100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>90,706.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>90,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>350,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>97,629.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization STARK COMMUNITY FOUNDATION	Employer identification number 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
7	<hr/> <hr/> <hr/>	\$ 185,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 141,046.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	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
3	PUBLICLY-TRADED SECURITIES _____ _____ _____	\$ <u>90,706.</u>	<u>12/20/18</u>
6	PUBLICLY-TRADED SECURITIES _____ _____ _____	\$ <u>97,629.</u>	<u>12/14/18</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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

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	218	762
2 Aggregate value of contributions to (during year)	2,840,114.	4,149,766.
3 Aggregate value of grants from (during year)	4,233,230.	11,511,313.
4 Aggregate value at end of year	44,767,817.	156,770,456.
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 7/25/06, 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? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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) 2018

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	180,269,584.	148,787,879.	141,820,362.	146,813,993.	144,361,546.
b Contributions	3,217,730.	16,431,496.	3,933,578.	4,062,606.	4,646,742.
c Net investment earnings, gains, and losses	-12,534,892.	23,019,948.	11,796,167.	-1,944,755.	5,221,343.
d Grants or scholarships	8,521,361.	6,202,080.	7,244,679.	5,664,426.	5,841,247.
e Other expenditures for facilities and programs	737,063.	641,917.	463,589.	440,910.	461,398.
f Administrative expenses	1,268,069.	1,125,742.	1,053,960.	1,006,146.	1,112,993.
g End of year balance	160,425,929.	180,269,584.	148,787,879.	141,820,362.	146,813,993.

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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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		60,573.		60,573.
b Buildings		1,489,427.	382,995.	1,106,432.
c Leasehold improvements		14,247.	3,026.	11,221.
d Equipment		117,208.	109,306.	7,902.
e Other		20,871.		20,871.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,206,999.

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	8,308,350.	END-OF-YEAR MARKET VALUE
(B) ALTERNATIVE INVESTMENTS	34,182,940.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	42,491,290.	

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	283,788.
(4) FUNDS HELD AS AGENCY ENDOWMENTS	71,319,387.
(5) LIABILITY TO ANNUITANTS	2,749,646.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	74,352,821.

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	-9,172,211.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-31,665,140.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	223,267.
e	Add lines 2a through 2d	2e	-31,441,873.
3	Subtract line 2e from line 1	3	22,269,662.
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	1,194,325.
b	Other (Describe in Part XIII.)	4b	-5,961,240.
c	Add lines 4a and 4b	4c	-4,766,915.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	17,502,747.

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	10,667,442.
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	223,267.
e	Add lines 2a through 2d	2e	223,267.
3	Subtract line 2e from line 1	3	10,444,175.
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	1,194,325.
b	Other (Describe in Part XIII.)	4b	3,057,210.
c	Add lines 4a and 4b	4c	4,251,535.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	14,695,710.

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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	15,649.
RENTAL EXPENSES	207,618.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	223,267.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENTS' CONTRIBUTIONS	932,036.
AGENCY ENDOWMENTS' INCOME	491,640.
AGENCY ENDOWMENTS' OTHER INCOME	172.
AGENCY ENDOWMENTS' APPRECIATION/DEPRECIATION	-7,452,346.
PROVISION FOR UNCOLLECTIBLE LOANS	67,258.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-5,961,240.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	15,649.
RENTAL EXPENSES	207,618.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	223,267.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENTS' GRANTS AND EXPENSES	2,989,952.
PROVISION FOR UNCOLLECTIBLE LOANS	67,258.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	3,057,210.

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; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see 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; don't file with Form 990)* Yes No

Part V Supplemental Information

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

Multiple horizontal lines for supplemental information.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GOLF OUTING (event type)	WOMENS LUNCHEON (event type)	3 (total number)		
Revenue	1	Gross receipts	20,591.	3,844.	24,559.	48,994.
	2	Less: Contributions	16,658.	2,582.	16,845.	36,085.
	3	Gross income (line 1 minus line 2)	3,933.	1,262.	7,714.	12,909.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	1,200.		782.	1,982.
	6	Rent/facility costs				
	7	Food and beverages	5,053.	1,275.	6,707.	13,035.
	8	Entertainment				
	9	Other direct expenses	399.	232.		631.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-2,739.

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: _____

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.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

**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
ACCESS HEALTH STARK COUNTY 408 NINTH STREET SW CANTON, OH 44707	46-2949527	501(C)(3)	100,000.	0.	BOOK		GENERAL SUPPORT
AHEAD INC. PO BOX 1568 MASSILLON, OH 44648	34-1800520	501(C)(3)	12,490.	0.	BOOK		GENERAL SUPPORT
AKRON CHILDREN'S HOSPITAL ONE PERKINS SQUARE AKRON, OH 44308	34-0714357	501(C)(3)	51,500.	0.	BOOK		GENERAL SUPPORT
AKRON CIVIC THEATRE 182 S MAIN STREET AKRON, OH 44308	34-1015948	501(C)(3)	5,105.	0.	BOOK		GENERAL SUPPORT
AKRON ZOOLOGICAL PARK 500 EDGEWOOD AVENUE AKRON, OH 44307	34-6003866	501(C)(3)	25,151.	0.	BOOK		GENERAL SUPPORT
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307	34-1369388	501(C)(3)	50,750.	0.	BOOK		GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **176.**

3 Enter total number of other organizations listed in the line 1 table ▶ **11.**

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

Schedule I (Form 990) (2018)

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
ALLIANCE COMMUNITY PANTRY PO BOX 2581 ALLIANCE, OH 44601	27-0890332	501(C)(3)	5,200.	0.	BOOK		GENERAL SUPPORT
ALLIANCE HIGH SCHOOL FOUNDATION OF ALLIANCE OHIO - PO BOX 3123 - ALLIANCE, OH 44601	34-1589810	501(C)(3)	6,250.	0.	BOOK		GENERAL SUPPORT
ALZHEIMER'S ASSOCIATION 408 9TH STREET SW, SUITE 1610 CANTON, OH 44707	13-3039601	501(C)(3)	6,380.	0.	BOOK		GENERAL SUPPORT
AMERICAN CANCER SOCIETY, PROBATE & TRUST MGT. SHARED SERVICE CTR. - PO BOX 720366 - OKLAHOMA CITY, OK 73162	13-1788491	501(C)(3)	14,261.	0.	BOOK		GENERAL SUPPORT
AMERICAN DIABETES ASSOCIATION PO BOX 7023 MERRIFIELD, VA 22116-7023	13-1623888	501(C)(3)	14,261.	0.	BOOK		GENERAL SUPPORT
AMERICAN HEART ASSOCIATION PO BOX 22249 ST. PETERSBURG, FL 33742	13-5613797	501(C)(3)	14,412.	0.	BOOK		GENERAL SUPPORT
AMERICAN RED CROSS OF STARK AND MUSKINGUM LAKES - 408 9TH STREET SW - CANTON, OH 44707	53-0196605	501(C)(3)	21,844.	0.	BOOK		GENERAL SUPPORT
ARCHBISHOP HOBAN HIGH SCHOOL, INC. 1 HOLY CROSS BOULEVARD AKRON, OH 44306	34-0770684	501(C)(3)	22,000.	0.	BOOK		GENERAL SUPPORT
ARTSINSTARK PO BOX 21190 CANTON, OH 44702	34-6609771	501(C)(3)	935,938.	0.	BOOK		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
ASHLAND COUNTY COMMUNITY FOUNDATION - 300 COLLEGE AVENUE - ASHLAND, OH 44805	34-1812908	501(C)(3)	7,613.	0.	BOOK		GENERAL SUPPORT
BEACON CHARITABLE PHARMACY INC 408 NINTH STREET SW, SUITE 1450 CANTON, OH 44707	20-0797475	501(C)(3)	24,500.	0.	BOOK		GENERAL SUPPORT
BOYS & GIRLS CLUB OF MASSILLON 730 DUNCAN STREET SW MASSILLON, OH 44647-7960	34-0726102	501(C)(3)	52,627.	0.	BOOK		GENERAL SUPPORT
BROOKSIDE SCHOLARSHIP FUND, INC. 1800 CANTON AVENUE NW CANTON, OH 44708	20-3980976	501(C)(3)	45,500.	0.	BOOK		GENERAL SUPPORT
BUCKEYE CAREER CENTER FOUNDATION, INC. - PO BOX 355 - NEW PHILADELPHIA, OH 44663	34-1882865	501(C)(3)	8,875.	0.	BOOK		GENERAL SUPPORT
BUCKEYE COUNCIL, BOY SCOUTS OF AMERICA - 2301 13TH ST NW - CANTON, OH 44708-3157	34-0714546	501(C)(3)	73,233.	0.	BOOK		GENERAL SUPPORT
CANTON CHRISTIAN HOME 2550 CLEVELAND AVENUE NW CANTON, OH 44709	34-1039414	501(C)(3)	87,302.	0.	BOOK		GENERAL SUPPORT
CANTON CITY SCHOOL DISTRICT 305 MCKINLEY AVENUE NW CANTON, OH 44702	34-6000503	115	8,806.	0.	BOOK		GENERAL SUPPORT
CANTON CITY SCHOOLS 1312 FIFTH STREET SW CANTON, OH 44707	34-6000503	115	27,333.	0.	BOOK		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 CLASSIC CAR MUSEUM 612 MARKET AVENUE S CANTON, OH 44702-2112	34-1782134	501(C)(3)	197,796.	0.	BOOK		GENERAL SUPPORT
CANTON COUNTRY DAY SCHOOL 3000 DEMINGTON AVENUE NW CANTON, OH 44718-3311	34-0938702	501(C)(3)	47,572.	0.	BOOK		GENERAL SUPPORT
CANTON JEWISH COMMUNITY FEDERATION 432 30TH STREET NW CANTON, OH 44709	23-7084946	501(C)(3)	52,210.	0.	BOOK		GENERAL SUPPORT
CANTON LOCAL SCHOOL DISTRICT 600 FAIRCREST STREET SE CANTON, OH 44707	34-6000512	501(C)(3)	9,832.	0.	BOOK		GENERAL SUPPORT
CANTON MONTESSORI SCHOOL 125 15TH STREET NW CANTON, OH 44703	34-1028233	501(C)(3)	16,199.	0.	BOOK		GENERAL SUPPORT
CANTON MUSEUM OF ART 1001 MARKET AVENUE N CANTON, OH 44702-1024	34-0733127	501(C)(3)	59,184.	0.	BOOK		GENERAL SUPPORT
CANTON PALACE THEATRE ASSOCIATION 605 MARKET AVENUE N CANTON, OH 44702-1016	34-1286663	501(C)(3)	102,691.	0.	BOOK		GENERAL SUPPORT
CANTON PRESERVATION SOCIETY 131 WERTZ AVENUE NW CANTON, OH 44708	34-1243699	501(C)(3)	30,414.	0.	BOOK		GENERAL SUPPORT
CANTON REGIONAL CHAMBER OF COMMERCE FOUNDATION - 222 MARKET AVENUE N - CANTON, OH 44702	34-1536585	501(C)(3)	10,900.	0.	BOOK		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 REGIONAL SCORE - CHAPTER 580 - 6000 FRANK AVENUE NW - NORTH CANTON, OH 44720	52-1962712	501(C)(3)	12,000.	0.	BOOK		GENERAL SUPPORT
CANTON SOUTH BASEBALL ASSOCIATION OF STARK COUNTY, INC. - 4041 WAYNESBURG DRIVE SE - CANTON, OH 44707	27-1150059	501(C)(3)	11,000.	0.	BOOK		GENERAL SUPPORT
CANTON STUDENT LOAN FOUNDATION 4974 HIGBEE AVENUE NW, SUITE 204 CANTON, OH 44718	34-0906580	501(C)(3)	287,301.	0.	BOOK		GENERAL SUPPORT
CANTON SYMPHONY ORCHESTRA 2331 17TH STREET NW CANTON, OH 44708	34-6533119	501(C)(3)	27,306.	0.	BOOK		GENERAL SUPPORT
CARROLL COUNTY ANIMAL PROTECTION LEAGUE - PO BOX 353 - CARROLLTON, OH 44615	76-0846159	501(C)(3)	11,210.	0.	BOOK		GENERAL SUPPORT
CARROLL COUNTY PARKS COMMISSION 190 ALAMO ROAD SE CARROLLTON, OH 44615	34-6000519	501(C)(3)	86,512.	0.	BOOK		GENERAL SUPPORT
CARROLLTON BOARD OF EDUCATION 252 THIRD STREET NE CARROLLTON, OH 44615	34-6000522	501(C)(3)	7,420.	0.	BOOK		GENERAL SUPPORT
CENTRAL CATHOLIC HIGH SCHOOL 4824 TUSCARAWAS STREET W CANTON, OH 44708	34-0714566	501(C)(3)	20,751.	0.	BOOK		GENERAL SUPPORT
CHILD & ADOLESCENT BEHAVIORAL HEALTH - 4641 FULTON ROAD NW - CANTON, OH 44718	34-1191950	501(C)(3)	30,868.	0.	BOOK		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
CHRIST PRESBYTERIAN CHURCH 530 TUSCARAWAS STREET W CANTON, OH 44702	34-0714409	501(C)(3)	73,424.	0.	BOOK		GENERAL SUPPORT
CHRIST THE SERVANT PARISH 833 39TH STREET NW CANTON, OH 44709	34-0753540	501(C)(3)	6,100.	0.	BOOK		GENERAL SUPPORT
CITY OF CANTON 218 CLEVELAND AVENUE SW CANTON, OH 44702	34-6000504	115	0.	26,800.	FMV	REAL ESTATE	GENERAL SUPPORT
COMMQUEST SERVICES, INC. 625 CLEVELAND AVENUE NW CANTON, OH 44702-1805	34-0737793	501(C)(3)	13,800.	0.	BOOK		GENERAL SUPPORT
COMMUNITY BUILDING PARTNERSHIP OF STARK COUNTY - PO BOX 20008 - CANTON, OH 44701	45-1560552	501(C)(3)	75,000.	0.	BOOK		GENERAL SUPPORT
COMMUNITY LEGAL AID SERVICES, INC 401 MARKET AVENUE N, SUITE 103 CANTON, OH 44702	34-0753560	501(C)(3)	50,300.	0.	BOOK		GENERAL SUPPORT
CROSSROADS UNITED METHODIST CHURCH 120 CLEVELAND AVENUE SW CANTON, OH 44702-1904	34-0718375	501(C)(3)	10,463.	0.	BOOK		GENERAL SUPPORT
CUYAHOGA FALLS SCHOOLS FOUNDATION AND ALUMNI ASSOCIATION - 431 STOW AVENUE - CUYAHOGA FALLS, OH 44221	34-1439474	501(C)(3)	10,000.	0.	BOOK		GENERAL SUPPORT
DIOCESE OF VENICE IN FLORIDA 1000 PINEBROOK ROAD VENICE, FL 34285	59-2434603	501(C)(3)	6,000.	0.	BOOK		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 YOUNGSTOWN 144 W WOOD STREET YOUNGSTOWN, OH 44503	34-0714655	501(C)(3)	14,216.	0.	BOOK		GENERAL SUPPORT
DISABLED AMERICAN VETERANS' NATIONAL SERVICE FOUNDATION - 3725 ALEXANDRIA PIKE - COLD SPRING, KY 41076	52-1516071	501(C)(4)	10,213.	0.	BOOK		GENERAL SUPPORT
DOMESTIC VIOLENCE PROJECT, INC. PO BOX 9459 CANTON, OH 44711-9459	34-1263226	501(C)(3)	5,108.	0.	BOOK		GENERAL SUPPORT
EARLY CHILDHOOD RESOURCE CENTER 1718 CLEVELAND AVENUE NW CANTON, OH 44703	34-0714462	501(C)(3)	54,000.	0.	BOOK		GENERAL SUPPORT
EIGHT DAYS OF HOPE PO BOX 3208 TUPELO, MS 38803	75-3212540	501(C)(3)	6,000.	0.	BOOK		GENERAL SUPPORT
FIRST BAPTIST CHURCH OF CANTON 4110 38TH STREET NW CANTON, OH 44718	34-0833502	501(C)(3)	100,528.	0.	BOOK		GENERAL SUPPORT
FISHER-NIGHTINGALE HOUSES PO BOX 33871 WRIGHT PAT, OH 45433	31-1313382	501(C)(3)	6,913.	0.	BOOK		GENERAL SUPPORT
FUND FOR OUR ECONOMIC FUTURE OF NORTHEAST OHIO - 4415 EUCLID AVENUE, SUITE 203 - CLEVELAND, OH 44103	27-0606927	501(C)(3)	60,000.	0.	BOOK		GENERAL SUPPORT
GIRL SCOUTS OF NORTH EAST OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 44056-2156	34-0726094	501(C)(3)	16,579.	0.	BOOK		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
GIRLS ON THE RUN EAST CENTRAL OHIO 237 TUSCARAWAS STREET W, SUITE B CANTON, OH 44702	27-1618018	501(C)(3)	5,839.	0.	BOOK		GENERAL SUPPORT
GOLDEN AGE IMPROVEMENT COMMITTEE FUND - PO BOX 365 - CARROLLTON, OH 44615	51-0581903	501(C)(3)	5,250.	0.	BOOK		GENERAL SUPPORT
GREATER EAST CANTON COMMUNITY DEVELOPMENT ASSOCIATION - 224 WOOD STREET N - EAST CANTON, OH 44730	34-1675759	501(C)(3)	22,392.	0.	BOOK		GENERAL SUPPORT
GUARDIAN SUPPORT SERVICES, INC. 408 NINTH STREET SW, SUITE 2200 CANTON, OH 44707	20-5786126	501(C)(3)	5,500.	0.	BOOK		GENERAL SUPPORT
HABITAT FOR HUMANITY EAST CENTRAL OHIO - 1400 RAFF ROAD SW - CANTON, OH 44710-2320	34-1595372	501(C)(3)	37,850.	0.	BOOK		GENERAL SUPPORT
HANNAH'S HOUSE 119 213 NASSAU STREET E EAST CANTON, OH 44703	46-3121396	501(C)(3)	6,000.	0.	BOOK		GENERAL SUPPORT
HARRISON HILLS NEIGHBORHOOD ASSOCIATION - 2831 HARRISON AVENUE NW - CANTON, OH 44709	26-4712021	501(C)(3)	5,368.	0.	BOOK		GENERAL SUPPORT
HARTVILLE FIRE DEPARTMENT 411 EAST MAPLE STREET HARTVILLE, OH 44632	34-6548833	501(C)(3)	47,555.	0.	BOOK		GENERAL SUPPORT
HERITAGE CHRISTIAN SCHOOLS OF OHIO, INC. - 2107 6TH STREET SW - CANTON, OH 44706	34-1026284	501(C)(3)	6,435.	0.	BOOK		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
HIRAM COLLEGE PO BOX 67 HIRAM, OH 44234	34-0714670	501(C)(3)	15,000.	0.	BOOK		GENERAL SUPPORT
HOLY TRINITY LUTHERAN CHURCH 2551 55TH STREET NE CANTON, OH 44721	23-7430894	501(C)(3)	25,330.	0.	BOOK		GENERAL SUPPORT
HOSPICE OF TUSCARAWAS COUNTY, INC. 716 COMMERCIAL AVENUE SW NEW PHILADELPHIA, OH 44663	34-1522329	501(C)(3)	6,000.	0.	BOOK		GENERAL SUPPORT
HOUSE OF LORETO FOR SENIOR CITIZENS - 2812 HARVARD AVENUE NW - CANTON, OH 44709	34-0757174	501(C)(3)	5,971.	0.	BOOK		GENERAL SUPPORT
HUMANITARIAN HANDS CHARITIES 9550 FOREST LANE, SUITE 630 DALLAS, TX 75243	20-5618632	501(C)(3)	10,000.	0.	BOOK		GENERAL SUPPORT
ICAN, INC. 1214 MARKET AVENUE N CANTON, OH 44714-2604	34-1575839	501(C)(3)	50,000.	0.	BOOK		GENERAL SUPPORT
ITALIAN AMERICAN MEN'S SOCIETY 2217 - 52ND STREET KENOSHA, WI 53140	47-1984434	501(C)(3)	50,000.	0.	BOOK		GENERAL SUPPORT
JOHN H. AND EVELYN L. ASHTON PRESERVATION ASSOCIATION, INC. - 60 W MAIN STREET - CARROLLTON, OH 44615	20-2854698	501(C)(3)	815,739.	0.	BOOK		GENERAL SUPPORT
JRC LEARNING CENTER 1731 GRACE AVENUE NE CANTON, OH 44705-2261	34-1321317	501(C)(3)	14,800.	0.	BOOK		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
JUNIOR LEAGUE OF STARK COUNTY, OHIO, INC. - 4450 BELDEN VILLAGE STREET NW, SUITE 106 - CANTON, OH 44718	34-6528219	501(C)(3)	6,812.	0.	BOOK		GENERAL SUPPORT
KANSAS UNIVERSITY ENDOWMENT ASSOCIATION - PO BOX 928 - LAWRENCE, KS 66044-0928	48-0547734	501(C)(3)	10,210.	0.	BOOK		GENERAL SUPPORT
KEEP MEMORY ALIVE 888 W BONNEVILLE AVENUE LAS VEGAS, NV 89106	88-0515534	501(C)(3)	700,000.	0.	BOOK		GENERAL SUPPORT
KENOSHA SYMPHONY ASSOCIATION 624 57TH STREET KENOSHA, WI 53140	39-6078201	501(C)(3)	50,000.	0.	BOOK		GENERAL SUPPORT
KENT STATE UNIVERSITY AT STARK 6000 FRANK AVENUE NW NORTH CANTON, OH 44720	31-6402079	115	17,798.	0.	BOOK		GENERAL SUPPORT
LAKE ACADEMIC BOOSTER CLUB PO BOX 63 UNIONTOWN, OH 44685	47-1781621	501(C)(3)	10,000.	0.	BOOK		GENERAL SUPPORT
LAKE COMMUNITY YMCA 428 KING CHURCH AVENUE UNIONTOWN, OH 44685	34-0714392	501(C)(3)	5,100.	0.	BOOK		GENERAL SUPPORT
LEADERSHIP STARK COUNTY 222 MARKET AVENUE N CANTON, OH 44702	34-1536585	501(C)(3)	9,476.	0.	BOOK		GENERAL SUPPORT
LIFECARE FAMILY HEALTH & DENTAL CENTER - 2725 LINCOLN STREET E - CANTON, OH 44707	34-1708901	501(C)(3)	49,738.	0.	BOOK		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
LOUISVILLE CITY SCHOOLS 407 EAST MAIN STREET LOUISVILLE, OH 44641	34-6001721	115	10,000.	0.	BOOK		GENERAL SUPPORT
LUTHERAN WORLD RELIEF PO BOX 17061 BALTIMORE, MD 21297	13-2574963	501(C)(3)	75,000.	0.	BOOK		GENERAL SUPPORT
MAGIC HORSE THERAPEUTIC RIDING CENTER - 14512 WILLOW ROAD - LAKESIDE, CA 92040	46-4707827	501(C)(3)	10,210.	0.	BOOK		GENERAL SUPPORT
MALONE UNIVERSITY 2600 CLEVELAND AVENUE NW CANTON, OH 44709-3823	34-0737794	501(C)(3)	44,307.	0.	BOOK		GENERAL SUPPORT
MALVERN UNITED METHODIST CHURCH 121 WOOD AVENUE MALVERN, OH 44644	23-7037933	501(C)(3)	45,000.	0.	BOOK		GENERAL SUPPORT
MARGARET B. SHIPLEY CHILD HEALTH CLINIC, INC. - 919 SECOND STREET NE - CANTON, OH 44704-1132	34-0714781	501(C)(3)	9,456.	0.	BOOK		GENERAL SUPPORT
MASONIC CHARITY FOUNDATION OF OKLAHOMA - PO BOX 2406 - EDMOND, OK 73083-2406	73-6097262	501(C)(3)	10,213.	0.	BOOK		GENERAL SUPPORT
MASSILLON CITY SCHOOL DISTRICT 930 17TH STREET NE MASSILLON, OH 44646	34-6001832	115	8,606.	0.	BOOK		GENERAL SUPPORT
MASSILLON HERITAGE FOUNDATION, INC. - 210 4TH STREET NE - MASSILLON, OH 44646	34-1229419	501(C)(3)	8,735.	0.	BOOK		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.)

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MASSILLON MUSEUM 121 LINCOLN WAY E MASSILLON, OH 44646-6633	34-6001833	501(C)(3)	45,666.	0.	BOOK		GENERAL SUPPORT
MEALS ON WHEELS OF NORTHEAST OHIO 2363 NAVE ROAD SE MASSILLON, OH 44646	34-1681952	501(C)(3)	7,200.	0.	BOOK		GENERAL SUPPORT
MERCY DEVELOPMENT FOUNDATION 1320 MERCY DRIVE NW CANTON, OH 44708	35-2408321	501(C)(3)	67,300.	0.	BOOK		GENERAL SUPPORT
MERCY MEDICAL CENTER 1320 MERCY DRIVE NW CANTON, OH 44708	34-1893439	501(C)(3)	10,826.	0.	BOOK		GENERAL SUPPORT
MERCY SERVICE LEAGUE 1320 MERCY DRIVE NW CANTON, OH 44708	34-1249538	501(C)(3)	5,500.	0.	BOOK		GENERAL SUPPORT
MIAMI UNIVERSITY FOUNDATION 725 EAST CHESTNUT STREET OXFORD, OH 45056	31-6026014	501(C)(3)	10,000.	0.	BOOK		GENERAL SUPPORT
MINERVA AREA YMCA 687 LYNNWOOD DRIVE MINERVA, OH 44657	34-0714392	501(C)(3)	10,790.	0.	BOOK		GENERAL SUPPORT
MINERVA EDUCATION FOUNDATION AND ALUMNI ASSOCIATION - PO BOX 42 - MINERVA, OH 44657	34-1649795	501(C)(3)	46,537.	0.	BOOK		GENERAL SUPPORT
MINERVA UNITED METHODIST CHURCH 204 N MAIN STREET MINERVA, OH 44657	34-0924844	501(C)(3)	28,720.	0.	BOOK		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
MOUNT VERNON NEIGHBORHOOD ASSOCIATION - 2221 MOUNT VERNON BLVD - CANTON, OH 44709	37-1448898	501(C)(3)	5,250.	0.	BOOK		GENERAL SUPPORT
NATIONAL FIRST LADIES' LIBRARY 205 MARKET AVENUE S CANTON, OH 44702	31-1576332	501(C)(3)	6,097.	0.	BOOK		GENERAL SUPPORT
NATIONAL FOOTBALL MUSEUM INC. 2121 GEORGE HALAS DRIVE NW CANTON, OH 44708	34-0898576	501(C)(3)	105,000.	0.	BOOK		GENERAL SUPPORT
NEOMED FOUNDATION PO BOX 95 ROOTSTOWN, OH 44272	34-1264220	501(C)(3)	102,750.	0.	BOOK		GENERAL SUPPORT
NEW BALTIMORE COMMUNITY CHURCH 7761 PONTIUS STREET NE ALLIANCE, OH 44601	34-1374094	501(C)(3)	6,500.	0.	BOOK		GENERAL SUPPORT
NEW PHILADELPHIA CITY SCHOOLS, QUAKER FOUNDATION, INC. - PO BOX 627 - NEW PHILADELPHIA, OH 44663	34-1732289	501(C)(3)	40,000.	0.	BOOK		GENERAL SUPPORT
NORTH CANTON CHAPEL 715 WHITTIER AVENUE NW NORTH CANTON, OH 44720	34-1489501	501(C)(3)	26,500.	0.	BOOK		GENERAL SUPPORT
NORTH CANTON LITTLE LEAGUE PO BOX 2711 NORTH CANTON, OH 44720	23-1688231	501(C)(3)	10,000.	0.	BOOK		GENERAL SUPPORT
NORTH CANTON YMCA 200 S MAIN STREET NORTH CANTON, OH 44720	34-0714392	501(C)(3)	8,125.	0.	BOOK		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
NORTHWEST FIREFIGHTERS ASSOCIATION 1165 LOCUST STREET S CANAL FULTON, OH 44614	35-2553271	501(C)(3)	5,153.	0.	BOOK		GENERAL SUPPORT
OESTERLEN-SERVICES FOR YOUTH, INC. 1918 MECHANICSBURG ROAD SPRINGFIELD, OH 45503	31-0536998	501(C)(3)	24,487.	0.	BOOK		GENERAL SUPPORT
OHIO & ERIE CANALWAY COALITION 47 W EXCHANGE STREET AKRON, OH 44308	34-1636766	501(C)(3)	6,450.	0.	BOOK		GENERAL SUPPORT
OHIO WESLEYAN UNIVERSITY 61 S SANDUSKY STREET DELAWARE, OH 43015	31-4379585	501(C)(3)	5,100.	0.	BOOK		GENERAL SUPPORT
OPERATION SMILE, INC. PO BOX 5017 HAGERSTOWN, MD 21741-9716	54-1460147	501(C)(3)	5,200.	0.	BOOK		GENERAL SUPPORT
PATHWAY CARING FOR CHILDREN 4895 DRESSLER ROAD NW, SUITE A CANTON, OH 44718	23-7244648	501(C)(3)	84,343.	0.	BOOK		GENERAL SUPPORT
PEGASUS FARM 7490 EDISON STREET NE HARTVILLE, OH 44632-9328	34-1472997	501(C)(3)	78,584.	0.	BOOK		GENERAL SUPPORT
PLAIN LOCAL SCHOOLS FOUNDATION 1801 SCHNEIDER STREET NE CANTON, OH 44721	20-0487822	501(C)(3)	26,500.	0.	BOOK		GENERAL SUPPORT
PLANNED PARENTHOOD OF GREATER OHIO 444 W EXCHANGE STREET AKRON, OH 44302	34-1015976	501(C)(3)	16,512.	0.	BOOK		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
PONTIFICAL INSTITUTE FOR FOREIGN MISSIONS (PIME) - 17330 QUINCY STREET - DETROIT, MI 48221-2749	38-6063848	501(C)(3)	25,000.	0.	BOOK		GENERAL SUPPORT
PREGNANCY CHOICES 4500 22ND STREET NW CANTON, OH 44711	34-1461765	501(C)(3)	11,000.	0.	BOOK		GENERAL SUPPORT
PROJECT REBUILD, INC. 406 SHORB AVENUE NW CANTON, OH 44703	34-1912951	501(C)(3)	6,350.	0.	BOOK		GENERAL SUPPORT
PROTESTANT FOUNDATION OF THE OCEAN REEF CHAPEL, INC. - 31 OCEAN REEF DRIVE, C-101-#248 - KEY LARGO, FL 33037	65-1002109	501(C)(3)	7,100.	0.	BOOK		GENERAL SUPPORT
REFUGE OF HOPE PO BOX 9361 CANTON, OH 44711	34-1965221	501(C)(3)	122,116.	0.	BOOK		GENERAL SUPPORT
SAINT MARY'S PARISH CENTER AND SCHOOL - 726 FIRST STREET NE - MASSILLON, OH 44646	34-0726112	501(C)(3)	20,000.	0.	BOOK		GENERAL SUPPORT
SAN DIEGO CHAPTER OF SWEET ADELINES INTERNATIONAL - PO BOX 33365 - SAN DIEGO, CA 92163	33-0683961	501(C)(3)	10,210.	0.	BOOK		GENERAL SUPPORT
SEACREST COUNTRY DAY SCHOOL 7100 DAVIS BOULEVARD NAPLES, FL 34104	59-2311341	501(C)(3)	30,000.	0.	BOOK		GENERAL SUPPORT
SPAY NEUTER ASSISTANCE PROGRAM - SNAP OF NE OHIO - 3124 NINTH STREET SW - CANTON, OH 44710	34-1375151	501(C)(3)	27,791.	0.	BOOK		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
SPRING HILL HISTORIC HOME, INC. 1401 SPRINGHILL LANE NE MASSILLON, OH 44646	34-6576369	501(C)(3)	5,793.	0.	BOOK		GENERAL SUPPORT
ST. FRANCIS XAVIER CATHOLIC CHURCH PO BOX 275 MINERVA, OH 44657	34-1484270	501(C)(3)	100,000.	0.	BOOK		GENERAL SUPPORT
ST. JOAN OF ARC PARISH 4940 TUSCARAWAS STREET W CANTON, OH 44708	34-0792939	501(C)(3)	45,000.	0.	BOOK		GENERAL SUPPORT
ST. JOHN'S VILLA PO BOX 457 CARROLLTON, OH 44615	34-1671908	501(C)(3)	34,599.	0.	BOOK		GENERAL SUPPORT
ST. JOSEPH'S CHURCH OF CANTON 2427 TUSCARAWAS STREET W CANTON, OH 44708	34-0714371	501(C)(3)	7,663.	0.	BOOK		GENERAL SUPPORT
ST. LOUIS SCHOOL PARENT ASSOCIATION - 214 N CHAPEL STREET - LOUISVILLE, OH 44641	34-0714705	501(C)(3)	20,000.	0.	BOOK		GENERAL SUPPORT
ST. MARK'S EPISCOPAL CHURCH 515 48TH STREET NW CANTON, OH 44709	34-0812879	501(C)(3)	10,250.	0.	BOOK		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.	BOOK		GENERAL SUPPORT
ST. MICHAEL THE ARCHANGEL CATHOLIC CHURCH - 3430 ST. MICHAEL DRIVE NW - CANTON, OH 44718	34-0782263	501(C)(3)	56,200.	0.	BOOK		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.)

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ST. MICHAEL'S SCHOOL 3431 SAINT MICHAEL BOULEVARD NW CANTON, OH 44735	34-0782263	501(C)(3)	38,408.	0.	BOOK		GENERAL SUPPORT
ST. PAUL'S CATHOLIC CHURCH 241 SOUTH MAIN STREET NORTH CANTON, OH 44720	34-0783732	501(C)(3)	12,000.	0.	BOOK		GENERAL SUPPORT
ST. TIMOTHY'S EPISCOPAL CHURCH 226 THIRD STREET SE MASSILLON, OH 44646-6702	34-0742706	501(C)(3)	29,941.	0.	BOOK		GENERAL SUPPORT
STARK COUNTY DISTRICT LIBRARY 715 MARKET AVENUE N CANTON, OH 44702-1018	34-6000510	501(C)(3)	15,913.	0.	BOOK		GENERAL SUPPORT
STARK COUNTY DOG WARDEN DEPARTMENT 1801 MAHONING ROAD NE CANTON, OH 44705	34-6002718	501(C)(3)	25,000.	0.	BOOK		GENERAL SUPPORT
STARK COUNTY HISTORICAL SOCIETY 800 MCKINLEY MONUMENT DRIVE NW CANTON, OH 44708-4832	34-0733194	501(C)(3)	210,080.	0.	BOOK		GENERAL SUPPORT
STARK COUNTY HUMANE SOCIETY PO BOX 7077, STATION A CANTON, OH 44705-0077	34-6003244	501(C)(3)	370,421.	0.	BOOK		GENERAL SUPPORT
STARK COUNTY HUNGER TASK FORCE 408 9TH STREET SW, SUITE 1637 CANTON, OH 44707	34-1374549	501(C)(3)	20,350.	0.	BOOK		GENERAL SUPPORT
STARK COUNTY REGIONAL PLANNING COMMISSION SERVICES INC, DBA THE STOCK PILE - 1387 CLARENDON AVENUE SW - CANTON, OH 44710	34-1878856	501(C)(3)	10,760.	0.	BOOK		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.)

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STARK COUNTY RETIRED TEACHERS ASSOCIATION SCHOLARSHIP FUND - 1453 ELECTRIC BOULEVARD - ALLIANCE, OH 44601	34-1457861	501(C)(3)	5,356.	0.	BOOK		GENERAL SUPPORT
STARK ECONOMIC DEVELOPMENT BOARD, INC. - 400 3RD STREET SE, SUITE 310 - CANTON, OH 44702	34-1476938	501(C)(3)	196,200.	0.	BOOK		GENERAL SUPPORT
STARK EDUCATION PARTNERSHIP, INC. 400 MARKET AVENUE N, SUITE B-PLAZA CANTON, OH 44702	34-1625250	501(C)(3)	299,956.	0.	BOOK		GENERAL SUPPORT
STARK STATE COLLEGE 6200 FRANK AVENUE NW NORTH CANTON, OH 44720	34-1055865	115	10,683.	0.	BOOK		GENERAL SUPPORT
STARK STATE COLLEGE FOUNDATION 6200 FRANK AVENUE NW NORTH CANTON, OH 44720	34-1577595	501(C)(3)	13,696.	0.	BOOK		GENERAL SUPPORT
TEMPLE ISRAEL 432 30TH STREET NW CANTON, OH 44709	34-0733128	501(C)(3)	10,922.	0.	BOOK		GENERAL SUPPORT
THE ARC OF OHIO 2717 S ARLINGTON ROAD, SUITE E AKRON, OH 44312	31-0642964	501(C)(3)	119,861.	0.	BOOK		GENERAL SUPPORT
THE AULTMAN FOUNDATION 2600 SIXTH STREET SW CANTON, OH 44710-1702	20-8090459	501(C)(3)	67,597.	0.	BOOK		GENERAL SUPPORT
THE BASILICA OF ST. JOHN THE BAPTIST CATHOLIC CHURCH - 627 MCKINLEY AVENUE NW - CANTON, OH 44703	34-0714655	501(C)(3)	10,317.	0.	BOOK		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.)

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THE CLEVELAND CLINIC PO BOX 931517 CLEVELAND, OH 44193-1655	34-0714585	501(C)(3)	23,266.	0.	BOOK		GENERAL SUPPORT
THE FIRST TEE OF CANTON, INC. PO BOX 7555 CANTON, OH 44705	34-1912799	501(C)(3)	58,570.	0.	BOOK		GENERAL SUPPORT
THE JOHN & MABLE RINGLING MUSEUM OF ART - 5401 BAY SHORE ROAD - SARASOTA, FL 34243	59-6214423	501(C)(3)	10,000.	0.	BOOK		GENERAL SUPPORT
THE LEPIDOPTERISTS' SOCIETY 9417 CARVALHO COURT BAKERSFIELD, CA 93311	23-7303020	501(C)(3)	10,210.	0.	BOOK		GENERAL SUPPORT
THE MINERVA AREA HISTORICAL SOCIETY - 128 N MARKET STREET - MINERVA, OH 44657	47-4319598	501(C)(3)	11,000.	0.	BOOK		GENERAL SUPPORT
THE OHIO STATE UNIVERSITY FOUNDATION - 1480 W LANE AVENUE - COLUMBUS, OH 43221	31-1145986	501(C)(3)	5,766.	0.	BOOK		GENERAL SUPPORT
THE OSNABURG LOCAL SCHOOL DISTRICT 310 BROWNING STREET EAST CANTON, OH 44730	34-6002127	501(C)(3)	10,000.	0.	BOOK		GENERAL SUPPORT
THE SALVATION ARMY OF ALLIANCE 57 W MAIN STREET ALLIANCE, OH 44601	13-5562351	501(C)(3)	25,324.	0.	BOOK		GENERAL SUPPORT
THE SALVATION ARMY OF CANTON PO BOX 20249 CANTON, OH 44702-2110	13-5562351	501(C)(3)	117,366.	0.	BOOK		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.)

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THE SALVATION ARMY OF MASSILLON 315 SIXTH STREET NE MASSILLON, OH 44646-6616	13-5562351	501(C)(3)	11,759.	0.	BOOK		GENERAL SUPPORT
THE WILDERNESS CENTER PO BOX 202 WILMOT, OH 44689-0202	34-0943581	501(C)(3)	161,350.	0.	BOOK		GENERAL SUPPORT
TREASURE RESTORED INC. 4593 W POINTE CIRCLE NW MASSILLON, OH 44647	46-3512459	501(C)(3)	10,000.	0.	BOOK		GENERAL SUPPORT
TRINITY UNITED CHURCH OF CHRIST 3909 BLACKBURN ROAD NW CANTON, OH 44718-3213	34-0718411	501(C)(3)	430,658.	0.	BOOK		GENERAL SUPPORT
TUSCARAWAS COUNTY CENTER FOR THE ARTS - 461 ROBINSON DRIVE SE - NEW PHILADELPHIA, OH 44663	34-1961733	501(C)(3)	10,000.	0.	BOOK		GENERAL SUPPORT
UNIQUE CLUB OF STARK COUNTY PO BOX 9481 CANTON, OH 44711	34-6528346	501(C)(7)	10,000.	0.	BOOK		GENERAL SUPPORT
UNITARIAN UNIVERSALIST CONGREGATION OF GREATER CANTON - 2585 EASTON STREET NE - CANTON, OH 44721-2663	56-2294127	501(C)(3)	22,200.	0.	BOOK		GENERAL SUPPORT
UNITED SERVICE ORGANIZATIONS, INC. PO BOX 96860 WASHINGTON, DC 20077-7677	13-1610451	501(C)(3)	7,830.	0.	BOOK		GENERAL SUPPORT
UNITED WAY OF GREATER STARK COUNTY 401 MARKET AVENUE N, SUITE 300 CANTON, OH 44702	13-4254191	501(C)(3)	295,468.	0.	BOOK		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.)

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UNIVERSITY HOSPITALS PO BOX 94554 CLEVELAND, OH 44101-4554	34-0714775	501(C)(3)	25,000.	0.	BOOK		GENERAL SUPPORT
UNIVERSITY OF CINCINNATI COLLEGE OF LAW - 2540 CLIFTON AVENUE - CINCINNATI, OH 45221	31-6000989	501(C)(3)	20,000.	0.	BOOK		GENERAL SUPPORT
UNIVERSITY OF MOUNT UNION 1972 CLARK AVENUE ALLIANCE, OH 44601-3929	34-0714687	501(C)(3)	43,788.	0.	BOOK		GENERAL SUPPORT
UNIVERSITY OF NOTRE DAME 1100 GRACE HALL NOTRE DAME, IN 46556	35-0868188	501(C)(3)	22,250.	0.	BOOK		GENERAL SUPPORT
WALSH UNIVERSITY 2020 E MAPLE STREET NORTH CANTON, OH 44720-3396	34-0868798	501(C)(3)	195,940.	0.	BOOK		GENERAL SUPPORT
WEST PARK NEIGHBORHOOD ASSOCIATION 1467 15TH STREET NW CANTON, OH 44703	20-1301071	501(C)(4)	6,000.	0.	BOOK		GENERAL SUPPORT
YMCA - CAMP TIPPECANOE 4700 DRESSLER ROAD NW CANTON, OH 44718	34-0714392	501(C)(3)	45,000.	0.	BOOK		GENERAL SUPPORT
YOUNG AMERICA'S FOUNDATION 11480 COMMERCE PARK DRIVE, SUITE 60 RESTON, VA 20191	23-7042029	501(C)(3)	12,500.	0.	BOOK		GENERAL SUPPORT
YWCA - CANTON 231 SIXTH STREET NE CANTON, OH 44702-1035	34-0714799	501(C)(3)	82,298.	0.	BOOK		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.)

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ZION UNITED CHURCH OF CHRIST 415 S MAIN STREET NORTH CANTON, OH 44721	34-0839631	501(C)(3)	14,261.	0.	BOOK		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	334	709,909.	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

2018

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

Department of the Treasury
Internal Revenue Service

Name of the organization **STARK COMMUNITY FOUNDATION** Employer identification number **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? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2018

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)	219,138.	0.	1,188.	9,563.	11,161.	241,050.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRIDGETTE L. NEISEL V.P. OF ADVANCEMENT	(i)	135,827.	0.	270.	6,203.	17,797.	160,097.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

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

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	20	565,411.	EXCHANGE PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **1**

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? **X**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2018

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.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

STARK COMMUNITY FOUNDATION

Employer identification number

34-0943665

FORM 990, ITEM K:

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

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

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

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

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

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

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

Schedule O (Form 990 or 990-EZ) (2018)

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

Name of the organization STARK COMMUNITY FOUNDATION	Employer identification number 34-0943665
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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	9,018,450.
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**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.

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

OMB No. 1545-0047

2018

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	144,918.	1,251,153.	STARK COMMUNITY FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
WILLIAM & MINETTE GOLDSMITH FOUNDATION - 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	
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	

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

Schedule R (Form 990) 2018

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	3,000,000.	FMV
(2) NEWMARKET PROJECT, INC.	A	121,001.	FMV
(3)			
(4)			
(5)			
(6)			

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.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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/e-file-providers/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 <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. STARK COMMUNITY FOUNDATION	Employer identification number (EIN) or <div style="text-align: center; font-size: large;">34-0943665</div>
	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

CARRIE L. BAST

- 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, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2018** 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.