

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

# 2020

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the **2020** 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 \$: **69,693,309.**

**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

<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>			
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>9</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>9</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a) .....	<b>5</b>	<b>15</b>
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>77</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>-211,085.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>
<b>9</b> Program service revenue (Part VIII, line 2g) .....		<b>11,610,703.</b>	<b>15,407,953.</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		<b>149,800.</b>	<b>145,548.</b>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		<b>14,640,314.</b>	<b>9,159,884.</b>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		<b>-127,081.</b>	<b>-34,493.</b>
		<b>26,273,736.</b>	<b>24,678,892.</b>
<b>Expenses</b>		<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>12,558,304.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>1,406,829.</b>	<b>1,683,786.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>483,593.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>2,047,238.</b>	<b>2,135,881.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>16,012,371.</b>	<b>16,601,897.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	<b>10,261,365.</b>	<b>8,076,995.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) .....	<b>276,644,939.</b>	<b>303,953,958.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	<b>89,836,675.</b>	<b>96,174,037.</b>
		<b>186,808,264.</b>	<b>207,779,921.</b>

## 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. (Preparer's signature) is based on all information of which preparer has any knowledge.

**Sign Here** ▶ Signature: **maloney+novotny LLC** Date: \_\_\_\_\_  
 ▶ **MAF** RESIDENT  
 Type of preparer (print name and title)

**Paid Preparer Use Only**

Print/Type preparer's name <b>CHRISTOPHER B. ANDERSON</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00226559</b>
Firm's name ▶ <b>MALONEY + NOVOTNY, LLC</b>	Firm's EIN ▶ <b>34-0677006</b>			
Firm's address ▶ <b>4774 MUNSON ST NW, STE 402 CANTON, OH 44718</b>		Phone no. <b>(330) 966-9400</b>		

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes 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 \$ 13,576,745. including grants of \$ 12,782,230. ) (Revenue \$ 145,548. ) STARK COMMUNITY FOUNDATION AND OUR GROWING FAMILY OF DONORS SUPPORT A WIDE ARRAY OF LOCAL PROJECTS AND ORGANIZATIONS EACH YEAR, AWARDING OVER \$12.7 MILLION IN GRANTS FOR 2020. GENEROUS INDIVIDUALS, FAMILIES, BUSINESSES AND ORGANIZATIONS SUPPORTED PROGRAMS AND SERVICES THAT STRENGTHEN OUR COMMUNITY IN AREAS INCLUDING EDUCATION, ARTS, CULTURE, ECONOMIC DEVELOPMENT, HEALTH AND HUNGER.

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

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

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

4e Total program service expenses 13,576,745.

**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 <b>Section 501(c)(3) organizations.</b> 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 donor-restricted endowments or in 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)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

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

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) MARK J. SAMOLCZYK PRESIDENT	40.00			X				235,548.	0.	34,160.
(2) BRIDGETTE L. NEISEL V.P. OF ADVANCEMENT	40.00			X				142,907.	0.	43,397.
(3) CARRIE L. BAST V.P. OF FINANCE & CFO	40.00			X				153,586.	0.	8,460.
(4) AMY B. KREBS V.P. OF GRANTS/COMMUNITY INITIATIVES	40.00			X				96,618.	0.	4,099.
(5) GREGORY W. LUNTZ CHAIRMAN	1.00	X		X				0.	0.	0.
(6) NANCY A. VARIAN VICE CHAIR	1.00	X		X				0.	0.	0.
(7) NANCY S. GESSNER DIRECTOR	1.00	X						0.	0.	0.
(8) KAREN SOEHNLEN MCQUEEN DIRECTOR	1.00	X						0.	0.	0.
(9) WILLIAM R. COOK DIRECTOR	1.00	X						0.	0.	0.
(10) GARY D. SIRAK DIRECTOR	1.00	X						0.	0.	0.
(11) BRIAN S. BELDEN DIRECTOR	1.00	X						0.	0.	0.
(12) JEFFREY ZELLERS DIRECTOR	1.00	X						0.	0.	0.
(13) G. CHARLES DIX II DIRECTOR	1.00	X						0.	0.	0.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes subtotal rows for 1b, 1c, and 1d.

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

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes entry for FRED OLIVIERI CONSTRUCTION COMPANY.

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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	13,229.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	15,394,724.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,298,995.				
	<b>h Total.</b> Add lines 1a-1f			15,407,953.			
Program Service Revenue	<b>2 a</b> SUPPORTING ORGANIZATION FEES	<b>Business Code</b>					
		900099	145,548.	145,548.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			145,548.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		3,260,752.		-63,478.	3,324,230.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	145,347.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>	292,954.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	-147,607.				
	<b>d</b> Net rental income or (loss)			-147,607.	-147,607.		
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	50,613,797.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	44,714,665.				
	<b>c</b> Gain or (loss)	<b>7c</b>	5,899,132.				
<b>d</b> Net gain or (loss)			5,899,132.		5,899,132.		
<b>8 a</b> Gross income from fundraising events (not including \$ 13,229. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		6,798.				
<b>b</b> Less: direct expenses	<b>8b</b>	6,798.					
<b>c</b> Net income or (loss) from fundraising events			0.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> MISCELLANEOUS INCOME	<b>Business Code</b>					
		900099	113,114.			113,114.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d			113,114.				
<b>12 Total revenue.</b> See instructions			24,678,892.	145,548.	-211,085.	9,336,476.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,160,851.	12,160,851.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	621,379.	621,379.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	718,775.	290,241.	277,519.	151,015.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	650,691.	262,749.	251,232.	136,710.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,239.	10,595.	10,131.	5,513.
<b>9</b> Other employee benefits	203,307.	82,096.	78,497.	42,714.
<b>10</b> Payroll taxes	84,774.	34,232.	32,731.	17,811.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	13,068.	5,277.	5,045.	2,746.
<b>c</b> Accounting	36,670.	14,807.	14,159.	7,704.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	1,353,669.		1,353,669.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	12,020.	4,854.	4,641.	2,525.
<b>12</b> Advertising and promotion	79,135.			79,135.
<b>13</b> Office expenses	37,094.	14,979.	14,322.	7,793.
<b>14</b> Information technology	86,774.	35,039.	33,504.	18,231.
<b>15</b> Royalties				
<b>16</b> Occupancy	8,362.	3,377.	3,228.	1,757.
<b>17</b> Travel	1,365.	551.	527.	287.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	3,658.	1,477.	1,412.	769.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	2,434.	983.	940.	511.
<b>23</b> Insurance	3,015.	1,217.	1,165.	633.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>PROVISION - UNCOLLECTIBLE</b>	399,848.		399,848.	
<b>b</b> <b>FUND EXPENSES- INC/TRUST</b>	43,896.	20,470.	19,573.	3,853.
<b>c</b> <b>LIFE INSURANCE PREMIUMS</b>	32,279.		32,279.	
<b>d</b> <b>DUES AND SUBSCRIPTIONS</b>	17,642.	7,124.	6,811.	3,707.
<b>e</b> All other expenses	4,952.	4,447.	326.	179.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	16,601,897.	13,576,745.	2,541,559.	483,593.
<b>26</b> <b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	1,749,752.	<b>2</b>	634,054.
	<b>3</b> Pledges and grants receivable, net .....	396,707.	<b>3</b>	411,111.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	3,362,122.	<b>7</b>	6,966,309.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	40,635.	<b>9</b>	47,299.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,780,226.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 532,143.	<b>10c</b>	1,248,083.
	<b>11</b> Investments - publicly traded securities .....	205,714,645.	<b>11</b>	228,982,694.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	57,504,793.	<b>12</b>	59,345,323.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	6,699,202.	<b>15</b>	6,319,085.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	276,644,939.	<b>16</b>	303,953,958.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	51,908.	<b>17</b>	56,256.
	<b>18</b> Grants payable .....	2,971,660.	<b>18</b>	2,277,271.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,978,679.	<b>23</b>	1,883,423.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	84,834,428.	<b>25</b>	91,957,087.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	89,836,675.	<b>26</b>	96,174,037.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	186,808,264.	<b>27</b>	207,779,921.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	186,808,264.	<b>32</b>	207,779,921.
	<b>33</b> Total liabilities and net assets/fund balances .....	276,644,939.	<b>33</b>	303,953,958.

**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	24,678,892.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,601,897.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,076,995.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	186,808,264.
5	Net unrealized gains (losses) on investments	5	19,936,995.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-7,042,333.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	207,779,921.

**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 on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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 on Schedule O and describe any steps taken to undergo such audits .....

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

Form 990 (2020)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	9483322.	19703786.	4149766.	11610703.	15407953.	60355530.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	9483322.	19703786.	4149766.	11610703.	15407953.	60355530.
<b>5</b> 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) .....						12222715.
<b>6 Public support.</b> Subtract line 5 from line 4.						48132815.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	9483322.	19703786.	4149766.	11610703.	15407953.	60355530.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	3733682.	4192109.	4809087.	4286423.	3324230.	20345531.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	237,355.	108,145.	213,304.	231,213.	265,460.	1055477.
<b>11 Total support.</b> Add lines 7 through 10						81756538.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	150,653.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	58.87 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	55.10 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, 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>		
<b>2</b> 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>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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>	Yes	No
<b>b</b> Did the activities described in line 2a, above, 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>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</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>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

**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**

2016 AMOUNT: \$ 55,583.

2017 AMOUNT: \$ 95,070.

2018 AMOUNT: \$ 133,137.

2019 AMOUNT: \$ 149,800.

2020 AMOUNT: \$ 145,548.

**FUNDRAISING REVENUE**

2016 AMOUNT: \$ 18,264.

2017 AMOUNT: \$ 13,075.

2018 AMOUNT: \$ 12,909.

2019 AMOUNT: \$ 20,578.

2020 AMOUNT: \$ 6,798.

**PROVISION - UNCOLLECTIBLE LOAN**

2016 AMOUNT: \$ 163,508.

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ 67,258.

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 0.

**MISCELLANEOUS INCOME**

2016 AMOUNT: \$ 0.

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ 0.

2019 AMOUNT: \$ 60,835.

**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.)

2020 AMOUNT: \$ 113,114.

Horizontal lines for supplemental information input.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

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  <b>STARK COMMUNITY FOUNDATION</b>	Employer identification number  <b>34-0943665</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>490,536.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>780,079.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>1,176,442.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>1,549,628.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>2,826,545.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>STARK COMMUNITY FOUNDATION</b>	Employer identification number  <b>34-0943665</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>415,076.</u>	<u>12/08/20</u>
2	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>586,121.</u>	<u>09/03/20</u>
4	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>297,687.</u>	<u>12/11/20</u>
5	PUBLICLY TRADED SECURITY _____ _____ _____	\$ <u>261,126.</u>	<u>10/13/20</u>
6	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>1,251,806.</u>	<u>05/05/20</u>
	_____ _____ _____	\$ _____	_____



Name of organization  <b>STARK COMMUNITY FOUNDATION</b>	Employer identification number  <b>34-0943665</b>
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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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**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 .....	233	834
2 Aggregate value of contributions to (during year) .....	4,996,620.	15,407,953.
3 Aggregate value of grants from (during year) .....	4,070,921.	12,782,230.
4 Aggregate value at end of year .....	61,999,167.	207,779,921.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included 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? .....

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X .....

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

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

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	190,586,102.	160,425,929.	180,269,584.	148,787,879.	141,820,362.
b Contributions	12,104,087.	10,000,140.	3,217,730.	16,431,496.	3,933,578.
c Net investment earnings, gains, and losses	20,390,868.	31,089,922.	-12,534,892.	23,019,948.	11,796,167.
d Grants or scholarships	8,902,894.	8,703,864.	8,521,361.	6,202,080.	7,244,679.
e Other expenditures for facilities and programs	794,515.	730,701.	737,063.	641,917.	463,589.
f Administrative expenses	1,744,952.	1,495,324.	1,268,069.	1,125,742.	1,053,960.
g End of year balance	211,638,696.	190,586,102.	160,425,929.	180,269,584.	148,787,879.

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		60,573.		60,573.
b Buildings		1,645,178.	471,105.	1,174,073.
c Leasehold improvements		14,247.	3,845.	10,402.
d Equipment		60,228.	57,193.	3,035.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,248,083.

**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	8,497,618.	END-OF-YEAR MARKET VALUE
(B) ALTERNATIVE INVESTMENTS	50,847,705.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>59,345,323.</b>	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	- 5,531.
(4) FUNDS HELD AS AGENCY ENDOWMENTS	89,180,145.
(5) LIABILITY TO ANNUITANTS	2,638,069.
(6) INTEREST RATE SWAP LIABILITY	144,404.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>91,957,087.</b>

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	32,640,302.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	19,936,995.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	299,753.	
	e Add lines 2a through 2d	2e		20,236,748.
3	Subtract line 2e from line 1		3	12,403,554.
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	1,353,669.	
	b Other (Describe in Part XIII.)	4b	10,921,669.	
	c Add lines 4a and 4b	4c		12,275,338.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	24,678,892.

**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	11,668,645.
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	299,753.	
	e Add lines 2a through 2d	2e		299,753.
3	Subtract line 2e from line 1		3	11,368,892.
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	1,353,669.	
	b Other (Describe in Part XIII.)	4b	3,879,336.	
	c Add lines 4a and 4b	4c		5,233,005.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	16,601,897.

**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	6,798.
RENTAL EXPENSES	292,955.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	299,753.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENTS' CONTRIBUTIONS	3,303,866.
AGENCY ENDOWMENTS' INCOME	767,996.
AGENCY ENDOWMENTS' OTHER INCOME	130.
AGENCY ENDOWMENTS' APPRECIATION/DEPRECIATION	6,849,677.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	10,921,669.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	6,798.
RENTAL EXPENSES	292,955.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	299,753.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENTS' GRANTS AND EXPENSES	3,879,336.
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**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

Employer identification number

**STARK COMMUNITY FOUNDATION**

**34-0943665**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA & CARIBBEAN			INVESTMENTS		35,909,888.
EUROPE			INVESTMENTS		96,648.
<b>3 a</b> Subtotal .....	0	0			36,006,536.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			36,006,536.

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

Schedule F (Form 990) 2020

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

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

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

3 Enter total number of other organizations or entities ..... ▶ \_\_\_\_\_





Part 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))
		<b>GOLF OUTING</b> (event type)	(event type)	<b>NONE</b> (total number)	
Revenue	<b>1</b> Gross receipts .....	20,027.			20,027.
	<b>2</b> Less: Contributions .....	13,229.			13,229.
	<b>3</b> Gross income (line 1 minus line 2) .....	6,798.			6,798.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	792.			792.
	<b>6</b> Rent/facility costs .....	3,900.			3,900.
	<b>7</b> Food and beverages .....	1,946.			1,946.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	160.			160.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				6,798.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				0.	

**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	<b>1</b> Gross revenue .....				
	<b>2</b> Cash prizes .....				
Direct Expenses	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> 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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
A COMMUNITY CHRISTMAS PO BOX 20050 CANTON, OH 44701	83-0403915	501(C)(3)	0.	5,650.			GENERAL SUPPORT
ABCD, INC. 1458 HOUSEL AVENUE SE CANTON, OH 44707	04-3160480	501(C)(3)	0.	5,145.			GENERAL SUPPORT
AKRON CHILDREN'S HOSPITAL FOUNDATION - ONE PERKINS SQUARE - AKRON, OH 44308	20-2943479	501(C)(3)	0.	36,000.			GENERAL SUPPORT
AKRON CIVIC THEATRE 182 S MAIN STREET AKRON, OH 44308	31-6402113	501(C)(3)	0.	5,115.			GENERAL SUPPORT
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307	45-4318097	501(C)(3)	0.	108,596.			GENERAL SUPPORT
ALZHEIMER'S ASSOCIATION 408 9TH STREET SW SUITE 1610 CANTON, OH 44707	31-6026014	501(C)(3)	0.	6,399.			GENERAL SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **228.**

**3** Enter total number of other organizations listed in the line 1 table ..... ▶ **2.**

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

Schedule I (Form 990) 2020



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY, PROBATE & TRUST MGT. SHARED SERVICE CTR. - PO BOX 720366 - OKLAHOMA CITY, OK 73162	13-1788491	501(C)(3)	0.	14,192.			PROGRAM SUPPORT
AMERICAN DIABETES ASSOCIATION PO BOX 7023 MERRIFIELD, VA 22116	13-1623888	501(C)(3)	0.	14,192.			PROGRAM SUPPORT
AMERICAN HEART ASSOCIATION PO BOX 22249 ST. PETERSBURG, FL 33742	34-0790867	501(C)(3)	0.	14,353.			GENERAL SUPPORT
AMERICAN RED CROSS OF HEARTLAND, STARK AND MUSKINGUM LAKES - 408 9TH STREET SW - CANTON, OH 44707	34-6001034	501(C)(3)	0.	12,239.			GENERAL SUPPORT
ARCHBISHOP HOBAN HIGH SCHOOL, INC. 1 HOLY CROSS BOULEVARD AKRON, OH 44306	34-0770684	501(C)(3)	0.	10,000.			SCHOLARSHIP SUPPORT
ARTSINSTARK PO BOX 21190 CANTON, OH 44702	34-1536585	501(C)(3)	0.	960,710.			GENERAL SUPPORT
ASHLAND COUNTY COMMUNITY FOUNDATION - 300 COLLEGE AVENUE - ASHLAND, OH 44805	34-1812908	501(C)(3)	0.	6,851.			SCHOLARSHIP SUPPORT
ASHLAND UNIVERSITY 401 COLLEGE AVENUE ASHLAND, OH 44805	23-7455921	501(C)(3)	0.	7,400.			GENERAL SUPPORT
AULTMAN COLLEGE OF NURSING AND HEALTH SCIENCES - 2600 SIXTH STREET SW - CANTON, OH 44710	34-0718375	501(C)(3)	0.	23,096.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AULTMAN WOMEN'S BOARD CHILD CARE CENTER DBA DARTMOUTH CHILD CARE CENTER CONTRACT - 125 DARTMOUTH AVENUE SW - CANTON, OH 44710	20-8090459	501(C)(3)	0.	5,000.			PROGRAM SUPPORT
BALDWIN WALLACE UNIVERSITY 275 EASTLAND ROAD BEREA, OH 44017	34-0737793	501(C)(3)	0.	10,200.			SCHOLARSHIP SUPPORT
BATTERED WOMEN'S SHELTER OF SUMMIT & MEDINA COUNTIES - 974 E MARKET STREET - AKRON, OH 44305	41-1568278	501(C)(3)	0.	8,000.			GENERAL SUPPORT
BEACON CHARITABLE PHARMACY 408 NINTH STREET SW, SUITE 1450 CANTON, OH 44707	51-0581903	501(C)(3)	0.	18,000.			GENERAL SUPPORT
BEYOND THE GAME PO BOX 8516 CANTON, OH 44711	31-4379584	501(C)(3)	0.	5,400.			GENERAL SUPPORT
BOSTON HEALTH CARE FOR THE HOMELESS - 780 ALBANY STREET - BOSTON, MA 02118	34-6609771	501(C)(3)	0.	6,000.			PROGRAM SUPPORT
BOYS & GIRLS CLUB OF MASSILLON 730 DUNCAN STREET SW MASSILLON, OH 44647	34-1636766	501(C)(3)	0.	218,580.			GENERAL SUPPORT
BROOKSIDE SCHOLARSHIP FUND, INC. 1800 CANTON AVENUE NW CANTON, OH 44708	34-6001833	501(C)(3)	0.	70,450.			GENERAL SUPPORT
BUCKEYE CAREER CENTER FOUNDATION, INC. - PO BOX 355 - NEW PHILADELPHIA, OH 44663	31-0536998	501(C)(3)	0.	35,250.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUCKEYE COUNCIL, BOY SCOUTS OF AMERICA - 2301 13TH STREET NW - CANTON, OH 44708	34-0943581	501(C)(3)	0.	68,234.			GENERAL SUPPORT
CANTON CHRISTIAN HOME 2550 CLEVELAND AVENUE NW CANTON, OH 44709	34-0906580	501(C)(3)	0.	89,398.			GENERAL SUPPORT
CANTON CITY SCHOOL DISTRICT 1312 5TH STREET SW CANTON, OH 44707	34-6000503	115	0.	24,100.			GENERAL SUPPORT
CANTON CITY SCHOOLS 1312 FIFTH STREET SW CANTON, OH 44707	34-6000503	115	0.	6,851.			GENERAL SUPPORT
CANTON CLASSIC CAR MUSEUM 612 MARKET AVENUE S CANTON, OH 44702	34-1374549	501(C)(3)	0.	192,824.			GENERAL SUPPORT
CANTON COUNTRY DAY SCHOOL 3000 DEMINGTON AVENUE NW CANTON, OH 44718	13-3039601	501(C)(3)	0.	22,733.			GENERAL SUPPORT
CANTON GRACE BRETHERN CHURCH 6283 MARKET AVENUE N CANTON, OH 44721	34-6001034	501(C)(3)	0.	5,000.			PROGRAM SUPPORT
CANTON JEWISH COMMUNITY FEDERATION 432 30TH STREET NW CANTON, OH 44709	34-1671908	501(C)(3)	0.	49,802.			GENERAL SUPPORT
CANTON LOCAL SCHOOL DISTRICT 600 FAIRCREST STREET SE CANTON, OH 44707	34-0714670	501(C)(3)	0.	11,522.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANTON MONTESSORI SCHOOL 125 15TH STREET NW CANTON, OH 44703	34-0792939	501(C)(3)	0.	12,719.			GENERAL SUPPORT
CANTON MUSEUM OF ART 1001 MARKET AVENUE N CANTON, OH 44702	34-0714799	501(C)(3)	0.	63,463.			GENERAL SUPPORT
CANTON PALACE THEATRE ASSOCIATION 605 MARKET AVENUE N CANTON, OH 44702	35-0868188	501(C)(3)	0.	28,529.			GENERAL SUPPORT
CANTON PRESERVATION SOCIETY 131 WERTZ AVENUE NW CANTON, OH 44708	34-1812908	501(C)(3)	0.	8,646.			GENERAL SUPPORT
CANTON REGIONAL SCORE - CHAPTER 580 - 5735 WALES AVENUE NW - MASSILLON, OH 44646	34-6001832	501(C)(3)	0.	20,000.			PROGRAM SUPPORT
CANTON STUDENT LOAN FOUNDATION 4974 HIGBEE AVENUE NW SUITE 204 CANTON, OH 44718	34-0782263	501(C)(3)	0.	187,499.			GENERAL SUPPORT
CANTON SYMPHONY ORCHESTRA 2331 17TH STREET NW CANTON, OH 44708	31-1313382	501(C)(3)	0.	22,773.			GENERAL SUPPORT
CARROLL COUNTY ANIMAL PROTECTION LEAGUE - PO BOX 353 - CARROLLTON, OH 44615	27-0959574	501(C)(3)	0.	11,230.			GENERAL SUPPORT
CARROLL COUNTY CARING HANDS INC. PO BOX 322 CARROLLTON, OH 44615	34-4431169	501(C)(3)	0.	5,000.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARROLL COUNTY PARKS COMMISSION 190 ALAMO ROAD SE CARROLLTON, OH 44615	34-0718411	501(C)(3)	0.	85,940.			GENERAL SUPPORT
CARROLLTON EXEMPTED VILLAGE SCHOOLS - 205 SCIO ROAD - CARROLLTON, OH 44615	34-0733128	501(C)(3)	0.	24,596.			GENERAL SUPPORT
CATHOLIC DIOCESE OF YOUNGSTOWN 144 W WOOD STREET YOUNGSTOWN, OH 44503	34-1193822	501(C)(3)	0.	17,842.			GENERAL SUPPORT
CENTRAL AMERICAN MEDICAL OUTREACH, INC. - 322 WESTWOOD AVENUE - ORRVILLE, OH 44667	34-0714585	501(C)(3)	0.	5,450.			GENERAL SUPPORT
CENTRAL CATHOLIC HIGH SCHOOL 4824 TUSCARAWAS STREET W CANTON, OH 44708	13-5562351	501(C)(3)	0.	24,127.			GENERAL SUPPORT
CHILD & ADOLESCENT BEHAVIORAL HEALTH - 4641 FULTON ROAD NW - CANTON, OH 44718	34-1243699	501(C)(3)	0.	24,000.			GENERAL SUPPORT
CHRIST PRESBYTERIAN CHURCH 530 TUSCARAWAS STREET W CANTON, OH 44702	34-1204932	501(C)(3)	0.	80,514.			GENERAL SUPPORT
CHURCH OF THE LAKES UNITED METHODIST CHURCH - 5944 FULTON DRIVE NW - CANTON, OH 44718	34-1652871	501(C)(3)	0.	28,061.			GENERAL SUPPORT
CLAYMONT CITY SCHOOLS, CLAYMONT FOUNDATION, INC. - PO BOX 222 - UHRICHSVILLE, OH 44683	34-0719180	501(C)(3)	0.	5,531.			SCHOLARSHIP SUPPORT

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CLEVELAND ZOOLOGICAL SOCIETY 3900 WILDLIFE WAY CLEVELAND, OH 44109	34-0714731	501(C)(3)	0.	25,000.			GENERAL SUPPORT
COLEMAN PROFESSIONAL SERVICES 5982 RHODES ROAD KENT, OH 44240	81-4591391	501(C)(3)	0.	43,465.			GENERAL SUPPORT
COLLEGE CLUB OF CANTON PO BOX 8433 CANTON, OH 44711	34-0714546	501(C)(3)	0.	5,000.			SCHOLARSHIP SUPPORT
COMMQUEST SERVICES, INC. 625 CLEVELAND AVENUE NW CANTON, OH 44702	34-0714392	501(C)(3)	0.	36,441.			GENERAL SUPPORT
COMMUNITY BUILDING PARTNERSHIP OF STARK COUNTY, INC. - 400 MARKET AVENUE N SUITE 100 - CANTON, OH 44702	34-1011998	501(C)(3)	0.	75,000.			PROGRAM SUPPORT
COMMUNITY CHRISTIAN CHURCH 210 N MAIN STREET NORTH CANTON, OH 44720	13-4254191	501(C)(3)	0.	5,000.			PROGRAM SUPPORT
CROSSROADS UNITED METHODIST CHURCH 120 CLEVELAND AVENUE SW CANTON, OH 44702	34-1457861	501(C)(3)	0.	6,914.			GENERAL SUPPORT
CUYAHOGA FALLS SCHOOLS FOUNDATION AND ALUMNI ASSOCIATION - 431 STOW AVENUE - CUYAHOGA FALLS, OH 44221	34-1439474	501(C)(3)	0.	40,920.			SCHOLARSHIP SUPPORT
DC CENTRAL KITCHEN 452 2ND STREET NW WASHINGTON, DC 20001	31-0747997	501(C)(3)	0.	6,000.			GENERAL SUPPORT

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DEPAUW UNIVERSITY PO BOX 37 300 E SEMINARY GREENCASTLE, IN 46135	34-6528346	501(C)(3)	0.	5,000.			GENERAL SUPPORT
DOMESTIC VIOLENCE PROJECT, INC. PO BOX 9459 CANTON, OH 44711	34-1625250	501(C)(3)	0.	108,999.			GENERAL SUPPORT
EARLY CHILDHOOD RESOURCE CENTER 1718 CLEVELAND AVENUE NW CANTON, OH 44703	34-0714655	501(C)(3)	0.	31,950.			GENERAL SUPPORT
EVANGELICAL LUTHERAN CHURCH IN AMERICA - PO BOX 1809 - MERRIFIELD, VA 22116	34-1732289	501(C)(3)	0.	10,000.			PROGRAM SUPPORT
FAITH FAMILY CHURCH 8200 FREEDOM AVENUE NW NORTH CANTON, OH 44720	13-5562351	501(C)(3)	0.	16,500.			GENERAL SUPPORT
FIRST BAPTIST CHURCH OF CANTON 4110 38TH STREET NW CANTON, OH 44718	34-0898576	501(C)(3)	0.	111,470.			GENERAL SUPPORT
FIRST CHRISTIAN CHURCH 6900 MARKET AVENUE N CANTON, OH 44721	34-6004073	501(C)(3)	0.	9,639.			GENERAL SUPPORT
FIRST CHRISTIAN CHURCH OF CANTON 6900 MARKET AVENUE N CANTON, OH 44721	90-0947280	501(C)(3)	0.	7,640.			GENERAL SUPPORT
FIRST TEE OF CANTON, INC. 2525 25TH STREET NE PO BOX 7555 CANTON, OH 44705	34-0714392	501(C)(3)	0.	7,850.			GENERAL SUPPORT

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FISHER-NIGHTINGALE HOUSES PO BOX 33871 DAYTON, OH 45433	31-6000989	501(C)(3)	0.	6,851.			GENERAL SUPPORT
FOUNDATION FOR LINCOLN PUBLIC SCHOOLS - 5905 O STREET - LINCOLN, NE 68510	34-1708901	501(C)(3)	0.	5,000.			PROGRAM SUPPORT
FRIENDS OF THE SUMMIT 309 WOLF AVENUE AKRON, OH 44312	34-0714409	501(C)(3)	0.	5,000.			PROGRAM SUPPORT
GIRL SCOUTS OF NORTH EAST OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 44056	34-6528219	501(C)(3)	0.	20,863.			GENERAL SUPPORT
GOLDEN AGE IMPROVEMENT COMMITTEE FUND - 2202 KENSINGTON ROAD NE PO BOX 365 - CARROLLTON, OH 44615	34-0770684	501(C)(3)	0.	5,450.			GENERAL SUPPORT
GOODWILL INDUSTRIES OF GREATER CLEVELAND AND EAST CENTRAL OHIO - 408 9TH STREET SW - CANTON, OH 44707	34-1602863	501(C)(3)	0.	221,429.			GENERAL SUPPORT
GREATER CLEVELAND FOOD BANK, INC. 15500 SOUTH WATERLOO ROAD CLEVELAND, OH 44110	34-1847226	501(C)(3)	0.	5,000.			GENERAL SUPPORT
GREATER EAST CANTON COMMUNITY DEVELOPMENT ASSOCIATION - 224 WOOD STREET N - EAST CANTON, OH 44730	34-1965221	501(C)(3)	0.	20,408.			GENERAL SUPPORT
GREATER STARK COUNTY URBAN LEAGUE, INC. - 1400 SHERRICK ROAD SE - CANTON, OH 44707	31-4379515	501(C)(3)	0.	5,500.			GENERAL SUPPORT

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GUARDIAN SUPPORT SERVICES, INC. 408 NINTH STREET SW SUITE 2200 CANTON, OH 44707	31-1145986	501(C)(3)	0.	5,500.			GENERAL SUPPORT
HABITAT FOR HUMANITY EAST CENTRAL OHIO - 1400 RAFF ROAD SW - CANTON, OH 44710	13-1610451	501(C)(3)	0.	22,200.			GENERAL SUPPORT
HIRAM COLLEGE PO BOX 67 HIRAM, OH 44234	34-0714670	501(C)(3)	0.	10,000.			PROGRAM SUPPORT
HOLY TRINITY LUTHERAN CHURCH 2551 55TH STREET NE CANTON, OH 44721	34-0742706	501(C)(3)	0.	26,753.			GENERAL SUPPORT
HOPE OUTREACH MINISTRY OF STARK COUNTY - 1530 SUPERIOR AVENUE NE - CANTON, OH 44705	34-1522329	501(C)(3)	0.	6,500.			GENERAL SUPPORT
HOSPICE OF TUSCARAWAS COUNTY, INC. 716 COMMERCIAL AVENUE SW NEW PHILADELPHIA, OH 44663	34-1882865	501(C)(3)	0.	27,733.			GENERAL SUPPORT
HOUSE OF LORETO 2812 HARVARD AVENUE NW CANTON, OH 44709	45-1560552	501(C)(3)	0.	12,480.			GENERAL SUPPORT
ICAN, INC. 1214 MARKET AVENUE N CANTON, OH 44714	34-1575839	501(C)(3)	0.	18,500.			PROGRAM SUPPORT
JOHN H. AND EVELYN L. ASHTON PRESERVATION ASSOCIATION, INC. - 60 W MAIN STREET - CARROLLTON, OH 44615	20-2854698	501(C)(3)	0.	422,405.			PROGRAM SUPPORT

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JRC ADULT DAY CENTER 3300 PARKWAY STREET NW CANTON, OH 44708	34-1472997	501(C)(3)	0.	160,250.			GENERAL SUPPORT
JRC LEARNING CENTER 3300 PARKWAY STREET NW CANTON, OH 44708	31-4441082	501(C)(3)	0.	23,207.			GENERAL SUPPORT
JUNIOR LEAGUE OF STARK COUNTY, OHIO, INC. - 408 9TH STREET SW SUITE 3330 - CANTON, OH 44707	34-1439474	501(C)(3)	0.	6,132.			GENERAL SUPPORT
KANSAS UNIVERSITY ENDOWMENT ASSOCIATION - PO BOX 928 - LAWRENCE, KS 66044	48-0547734	501(C)(3)	0.	10,230.			PROGRAM SUPPORT
KENT STATE UNIVERSITY AT TUSCARAWAS - 330 UNIVERSITY DRIVE NE - NEW PHILADELPHIA, OH 44663	31-6402079	115	0.	16,650.			SCHOLARSHIP SUPPORT
KENT STATE UNIVERSITY AT STARK 6000 FRANK AVENUE NW NORTH CANTON, OH 44720	31-6402079	115	0.	30,889.			SCHOLARSHIP SUPPORT
KENT STATE UNIVERSITY FOUNDATION, INC. - PO BOX 5190 - KENT, OH 44242	31-6402079	115	0.	80,150.			SCHOLARSHIP SUPPORT
KENT STATE UNIVERSITY FOUNDATION, INC. - PO BOX 5190 - KENT, OH 44242	46-5139074	501(C)(3)	0.	9,950.			GENERAL SUPPORT
KENYON COLLEGE 106 COLLEGE PARK DRIVE GAMBIER, OH 43022	65-1002109	501(C)(3)	0.	5,000.			PROGRAM SUPPORT

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LAKE COMMUNITY YMCA 428 KING CHURCH AVENUE UNIONTOWN, OH 44685	23-7303020	501(C)(3)	0.	26,200.			GENERAL SUPPORT
LAKESIDE CHAUTAUQUA FOUNDATION 236 WALNUT AVENUE LAKESIDE, OH 43440	34-6000522	501(C)(3)	0.	21,000.			GENERAL SUPPORT
LEADERSHIP STARK COUNTY 222 MARKET AVENUE N CANTON, OH 44702	34-1321317	501(C)(3)	0.	15,562.			GENERAL SUPPORT
LIFECARE FAMILY HEALTH & DENTAL CENTER - 2725 LINCOLN STREET E - CANTON, OH 44707	34-0909974	501(C)(3)	0.	99,115.			GENERAL SUPPORT
LOUISVILLE AREA YMCA 1421 S NICKELPLATE STREET LOUISVILLE, OH 44641	34-0714746	501(C)(3)	0.	5,000.			GENERAL SUPPORT
LOUISVILLE CITY SCHOOLS 407 EAST MAIN STREET LOUISVILLE, OH 44641	34-6001721	115	0.	27,601.			GENERAL SUPPORT
LOUISVILLE COMMUNITY FOUNDATION PO BOX 448 LOUISVILLE, OH 44641	34-1039414	501(C)(3)	0.	5,000.			PROGRAM SUPPORT
LOVE OUR COMMUNITY 2470 FINDLAY CIRCLE NW UNIONTOWN, OH 44685	34-0833502	501(C)(3)	0.	5,000.			PROGRAM SUPPORT
LUTHERAN WORLD RELIEF PO BOX 17061 700 LIGHT STREET BALTIMORE, MD 21297	34-1912799	501(C)(3)	0.	200,000.			GENERAL SUPPORT

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MAGIC HORSE THERAPEUTIC RIDING CENTER - 14512 WILLOW ROAD - LAKESIDE, CA 92040	34-0938702	501(C)(3)	0.	10,230.			GENERAL SUPPORT
MALONE UNIVERSITY 2600 CLEVELAND AVENUE NW CANTON, OH 44709	34-0714462	501(C)(3)	0.	49,586.			GENERAL SUPPORT
MARGARET B. SHIPLEY CHILD HEALTH CLINIC, INC. - 919 SECOND STREET NE - CANTON, OH 44704	34-1575839	501(C)(3)	0.	11,769.			GENERAL SUPPORT
MARIETTA COLLEGE 215 FIFTH STREET MARIETTA, OH 45750	34-1649795	501(C)(3)	0.	8,000.			SCHOLARSHIP SUPPORT
MASONIC CHARITY FOUNDATION OF OKLAHOMA - PO BOX 2406 - EDMOND, OK 73083	34-6533119	501(C)(3)	0.	10,243.			GENERAL SUPPORT
MASSILLON CITY SCHOOL DISTRICT 930 17TH STREET NE MASSILLON, OH 44646	34-6001832	115	0.	10,000.			PROGRAM SUPPORT
MASSILLON MUSEUM 121 LINCOLN WAY E MASSILLON, OH 44646	34-0757174	501(C)(3)	0.	127,502.			GENERAL SUPPORT
MERCY DEVELOPMENT FOUNDATION 1320 MERCY DRIVE NW CANTON, OH 44708	34-1264220	501(C)(3)	0.	114,297.			GENERAL SUPPORT
MEYERS LAKE YMCA 1333 N PARK AVENUE NW CANTON, OH 44708	38-6063848	501(C)(3)	0.	11,716.			GENERAL SUPPORT

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MIAMI UNIVERSITY 501 EAST HIGH STREET OXFORD, OH 45056	31-6026014	501(C)(3)	0.	5,700.			SCHOLARSHIP SUPPORT
MINERVA AREA YMCA 687 LYNNWOOD DRIVE MINERVA, OH 44657	20-5786126	501(C)(3)	0.	20,000.			GENERAL SUPPORT
MINERVA EDUCATION FOUNDATION AND ALUMNI ASSOCIATION - PO BOX 42 - MINERVA, OH 44657	34-1369388	501(C)(3)	0.	51,396.			GENERAL SUPPORT
MINERVA UNITED METHODIST CHURCH 204 N MAIN STREET MINERVA, OH 44657	36-2167731	501(C)(3)	0.	26,000.			PROGRAM SUPPORT
MOFFITT CANCER CENTER FOUNDATION 12902 MAGNOLIA DRIVE TAMPA, FL 33612	34-0714687	501(C)(3)	0.	50,000.			PROGRAM SUPPORT
MUSKINGUM UNIVERSITY 163 STORMONT STREET NEW CONCORD, OH 43762	51-0148544	501(C)(3)	0.	16,291.			SCHOLARSHIP SUPPORT
NATIONAL FOOTBALL MUSEUM INC. 2121 GEORGE HALAS DRIVE NW CANTON, OH 44708	34-0782263	501(C)(3)	0.	338,543.			GENERAL SUPPORT
NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE ROAD JENKINTOWN, PA 19046	34-1263226	501(C)(3)	0.	759,531.			GENERAL SUPPORT
NEBRASKA WRESTLING TRAINING CENTER 110 HENDRICKS TRAINING COMPLEX LINCOLN, NE 68588	83-1336518	501(C)(3)	0.	20,000.			GENERAL SUPPORT

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NEOMED FOUNDATION 4209 STATE ROUTE 44 PO BOX 95 ROOTSTOWN, OH 44272	34-0714655	501(C)(3)	0.	29,500.			GENERAL SUPPORT
NEW PHILADELPHIA CITY SCHOOLS, QUAKER FOUNDATION, INC. - PO BOX 627 - NEW PHILADELPHIA, OH 44663	13-5562351	501(C)(3)	0.	72,000.			GENERAL SUPPORT
NORTH CANTON CHAPEL 715 WHITTIER AVENUE NW NORTH CANTON, OH 44720	34-1489501	501(C)(3)	0.	31,520.			GENERAL SUPPORT
OCEAN REEF CHAPEL FOUNDATION, INC. 32 OCEAN REEF DRIVE KEY LARGO, FL 33037	34-6000519	501(C)(3)	0.	10,000.			PROGRAM SUPPORT
OESTERLEN-SERVICES FOR YOUTH, INC. 1918 MECHANICSBURG ROAD SPRINGFIELD, OH 45503	13-5562351	501(C)(3)	0.	25,914.			GENERAL SUPPORT
OHIO & ERIE CANALWAY COALITION 47 W EXCHANGE STREET AKRON, OH 44308	34-0726094	501(C)(3)	0.	8,000.			GENERAL SUPPORT
OHIO FOUNDATION OF INDEPENDENT COLLEGES, INC. - 250 E BROAD STREET SUITE 1700 - COLUMBUS, OH 43215	62-1191329	501(C)(3)	0.	8,300.			GENERAL SUPPORT
OHIO NORTHERN UNIVERSITY 525 S MAIN STREET ADA, OH 45810	23-7084946	501(C)(3)	0.	7,600.			SCHOLARSHIP SUPPORT
OHIO UNIVERSITY 020 CHUBB HALL ATHENS, OH 45701	31-6402113	501(C)(7)	0.	11,500.			SCHOLARSHIP SUPPORT

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OHIO WESLEYAN UNIVERSITY 61 S SANDUSKY STREET DELAWARE, OH 43015	34-0937167	501(C)(3)	0.	5,500.			PROGRAM SUPPORT
PASTORS UNITED 2205 NORTH 16TH STREET MILWAUKEE, WI 53205	20-3980976	501(C)(3)	0.	5,000.			PROGRAM SUPPORT
PATHWAY CARING FOR CHILDREN 4895 DRESSLER ROAD NW SUITE A CANTON, OH 44718	34-0714507	501(C)(3)	0.	168,131.			GENERAL SUPPORT
PEGASUS FARM 7490 EDISON STREET NE HARTVILLE, OH 44632	52-1067290	501(C)(3)	0.	13,364.			GENERAL SUPPORT
PHOENIX RISING BEHAVIORAL HEALTHCARE AND RECOVERY - 624 MARKET AVENUE N - CANTON, OH 44702	34-0726102	501(C)(3)	0.	18,000.			PROGRAM SUPPORT
PLAIN LOCAL SCHOOLS FOUNDATION 1801 SCHNEIDER STREET NE CANTON, OH 44721	34-1461765	501(C)(3)	0.	28,361.			GENERAL SUPPORT
PLANNED PARENTHOOD OF GREATER OHIO 444 W EXCHANGE STREET AKRON, OH 44302	34-0714392	501(C)(3)	0.	17,356.			GENERAL SUPPORT
PLAYERS GUILD OF CANTON, INC. 1001 MARKET AVENUE N CANTON, OH 44702	34-6002718	501(C)(3)	0.	30,000.			GENERAL SUPPORT
PONTIFICAL INSTITUTE FOR FOREIGN MISSIONS (PIME) - 17330 QUINCY STREET - DETROIT, MI 48221	38-6063848	501(C)(3)	0.	15,000.			PROGRAM SUPPORT

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PREGNANCY CHOICES 4500 22ND STREET NW CANTON, OH 44711	13-1623888	501(C)(3)	0.	10,451.			GENERAL SUPPORT
PROTESTANT FOUNDATION OF THE OCEAN REEF CHAPEL, INC. - 31 OCEAN REEF DRIVE C101 #248 - KEY LARGO, FL 33037	34-0839631	501(C)(3)	0.	5,000.			GENERAL SUPPORT
RANDOLPH COLLEGE 2500 RIVERMONT AVENUE LYNCHBURG, VA 24503	54-0505941	501(C)(3)	0.	25,000.			SCHOLARSHIP SUPPORT
REFUGE OF HOPE PO BOX 9361 CANTON, OH 44711	34-0714392	501(C)(3)	0.	24,000.			GENERAL SUPPORT
RHODA WISE SHRINE 2337 25TH STREET NE CANTON, OH 44705	34-6003244	501(C)(3)	0.	10,000.			PROGRAM SUPPORT
RIVERTREE CHRISTIAN CHURCH 7373 PORTAGE STREET NW MASSILLON, OH 44646	34-1033148	501(C)(3)	0.	25,000.			GENERAL SUPPORT
SALVATION ARMY - MINERVA/MALVERN 301 VALLEY STREET MINERVA, OH 44657	34-1489501	501(C)(3)	0.	5,000.			GENERAL SUPPORT
SAN DIEGO CHAPTER OF SWEET ADELINES INTERNATIONAL - PO BOX 33365 - SAN DIEGO, CA 92163	34-1595372	501(C)(3)	0.	10,230.			GENERAL SUPPORT
SAN JOSE STATE UNIVERSITY ONE WASHINGTON SQUARE SAN JOSE, CA 95192	34-6002127	501(C)(3)	0.	9,000.			SCHOLARSHIP SUPPORT

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SEACREST COUNTRY DAY SCHOOL 7100 DAVIS BOULEVARD NAPLES, FL 34104	59-2311341	501(C)(3)	0.	10,000.			PROGRAM SUPPORT
SHRINERS HOSPITALS FOR CHILDREN PO BOX 863765 ORLANDO, FL 32886	26-3854598	501(C)(3)	0.	10,585.			GENERAL SUPPORT
SIFFRIN INC. 3688 DRESSLER ROAD NW CANTON, OH 44718	34-6002924	501(C)(3)	0.	5,300.			GENERAL SUPPORT
ST. JOAN OF ARC PARISH 4940 TUSCARAWAS STREET W CANTON, OH 44708	34-6401483	501(C)(3)	0.	8,600.			PROGRAM SUPPORT
ST. JOHN'S VILLA 701 CREST STREET PO BOX 457 CARROLLTON, OH 44615	62-0646012	501(C)(3)	0.	39,260.			GENERAL SUPPORT
ST. JOSEPH CATHOLIC CHURCH OF DOVER - 613 N TUSCARAWAS AVENUE - DOVER, OH 44622	31-4379585	501(C)(3)	0.	13,692.			GENERAL SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	20-2854698	501(C)(3)	0.	10,900.			GENERAL SUPPORT
ST. MARY & ST. BENEDICT PARISH 1602 MARKET AVE S CANTON, OH 44707	34-0750355	501(C)(3)	0.	6,000.			PROGRAM SUPPORT
ST. MICHAEL SCHOOL 3431 SAINT MICHAEL BOULEVARD NW CANTON, OH 44735	53-0196605	501(C)(3)	0.	16,049.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. MICHAEL THE ARCHANGEL CATHOLIC CHURCH - 3430 ST MICHAEL DRIVE NW - CANTON, OH 44718	35-0869045	501(C)(3)	0.	17,500.			GENERAL SUPPORT
ST. PETER CATHOLIC CHURCH 726 CLEVELAND AVENUE NW CANTON, OH 44702	34-0714746	501(C)(3)	0.	5,608.			GENERAL SUPPORT
ST. THOMAS AQUINAS HIGH SCHOOL 2121 RENO DRIVE LOUISVILLE, OH 44641	34-0937167	115	0.	5,661.			GENERAL SUPPORT
ST. TIMOTHY'S EPISCOPAL CHURCH 226 THIRD STREET SE MASSILLON, OH 44646	59-2311341	501(C)(3)	0.	10,239.			GENERAL SUPPORT
STAR ACADEMY FOUNDATION PO BOX 100 BILLINGS, MO 65610	34-6000510	501(C)(3)	0.	6,000.			GENERAL SUPPORT
STARK COMMUNITY SUPPORT NETWORK 1221 HARRISBURG ROAD CANTON, OH 44705	13-2574963	501(C)(3)	0.	16,500.			PROGRAM SUPPORT
STARK COUNTY DIAPER BANK PO BOX 35452 CANTON, OH 44735	26-4312124	501(C)(3)	0.	8,350.			GENERAL SUPPORT
STARK COUNTY DISTRICT LIBRARY 715 MARKET AVENUE N CANTON, OH 44702	34-0714566	501(C)(3)	0.	12,439.			GENERAL SUPPORT
STARK COUNTY HISTORICAL SOCIETY 800 MCKINLEY MONUMENT DRIVE NW CANTON, OH 44708	33-0683961	501(C)(3)	0.	276,568.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STARK COUNTY HUMANE SOCIETY PO BOX 7077 STATION A CANTON, OH 44705	46-4707827	501(C)(3)	0.	380,918.			GENERAL SUPPORT
STARK COUNTY HUNGER TASK FORCE 408 9TH STREET SW SUITE 1637 CANTON, OH 44707	20-0797475	501(C)(3)	0.	45,000.			GENERAL SUPPORT
STARK COUNTY MENTAL HEALTH & ADDICTION RECOVERY - 121 CLEVELAND AVENUE SW - CANTON, OH 44702	34-6002718	115	0.	373,300.			GENERAL SUPPORT
STARK COUNTY RETIRED TEACHERS ASSOCIATION SCHOLARSHIP FUND - 1453 ELECTRIC BOULEVARD - ALLIANCE, OH 44601	34-1457861	501(C)(3)	0.	5,325.			SCHOLARSHIP SUPPORT
STARK ECONOMIC DEVELOPMENT BOARD 400 3RD STREET SE SUITE 310 CANTON, OH 44702	23-7042029	501(C)(3)	0.	635,140.			GENERAL SUPPORT
STARK EDUCATION PARTNERSHIP, INC. 400 MARKET AVENUE N SUITE B-PLAZA CANTON, OH 44702	34-1015976	501(C)(3)	0.	298,992.			GENERAL SUPPORT
STARK HOUSING NETWORK 408 NINTH STREET SW CANTON, OH 44707	34-0733194	501(C)(3)	0.	18,500.			PROGRAM SUPPORT
STARK STATE COLLEGE 6200 FRANK AVENUE NW NORTH CANTON, OH 44720	31-4379507	115	0.	7,500.			SCHOLARSHIP SUPPORT
STARK STATE COLLEGE FOUNDATION 6200 FRANK AVENUE NW NORTH CANTON, OH 44720	23-7430894	501(C)(3)	0.	38,065.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STARKFRESH 321 CHERRY AVENUE NE CANTON, OH 44702	59-3238636	501(C)(3)	0.	9,500.			GENERAL SUPPORT
TEMPLE ISRAEL 432 30TH STREET NW CANTON, OH 44709	81-1377612	501(C)(3)	0.	9,733.			GENERAL SUPPORT
TENNESSEE WALKING HORSE BREEDERS FOUNDATION - 250 N ELLINGTON PARKWAY - SHELBYVILLE, TN 37091	81-1377612	501(C)(3)	0.	5,000.			SCHOLARSHIP SUPPORT
THE ARC OF MASSACHUSETTS 217 SOUTH STREET WALTHAM, MA 02453	34-1476938	501(C)(3)	0.	6,000.			PROGRAM SUPPORT
THE AULTMAN FOUNDATION 2600 SIXTH STREET SW CANTON, OH 44710	34-1286663	501(C)(3)	0.	113,352.			GENERAL SUPPORT
THE BASILICA OF ST. JOHN THE BAPTIST CATHOLIC CHURCH - 627 MCKINLEY AVENUE NW - CANTON, OH 44703	36-2167731	501(C)(3)	0.	10,520.			GENERAL SUPPORT
THE CLEVELAND CLINIC PO BOX 931517 CLEVELAND, OH 44193	34-1675759	501(C)(3)	0.	5,648.			GENERAL SUPPORT
THE COLLEGE OF WOOSTER 1189 BEALL AVENUE WOOSTER, OH 44691	34-1652364	501(C)(3)	0.	22,100.			GENERAL SUPPORT
THE LEPIDOPTERISTS' SOCIETY 9417 CARVALHO COURT BAKERSFIELD, CA 93311	13-1788491	501(C)(3)	0.	10,230.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NEW GEORGIA PROJECT 830 GLENWOOD AVENUE SE ATLANTA, GA 30316	34-4429091	501(C)(3)	0.	5,000.			GENERAL SUPPORT
THE OHIO STATE UNIVERSITY PO BOX 183248 COLUMBUS, OH 43218	31-1145986	501(C)(3)	0.	97,758.			SCHOLARSHIP SUPPORT
THE OHIO STATE UNIVERSITY FOUNDATION - PO BOX 7108111 - COLUMBUS, OH 43271	31-1145986	501(C)(3)	0.	11,648.			SCHOLARSHIP SUPPORT
THE OSNABURG LOCAL SCHOOL DISTRICT 310 BROWNING STREET EAST CANTON, OH 44730	34-0868798	501(C)(3)	0.	60,913.			GENERAL SUPPORT
THE SALVATION ARMY OF ALLIANCE 57 W MAIN STREET ALLIANCE, OH 44601	56-2294127	501(C)(3)	0.	25,884.			GENERAL SUPPORT
THE SALVATION ARMY OF CANTON PO BOX 20249 CANTON, OH 44702	34-1028233	501(C)(3)	0.	146,679.			GENERAL SUPPORT
THE SALVATION ARMY OF MASSILLON 315 SIXTH STREET NE MASSILLON, OH 44646	34-0750355	501(C)(3)	0.	9,880.			GENERAL SUPPORT
THE UNIVERSITY OF TOLEDO 2801 W BANCROFT STREET TOLEDO, OH 43606	34-6401483	115	0.	7,000.			SCHOLARSHIP SUPPORT
THE WALKING HORSE TRAINERS AUXILIARY, INC - PO BOX 61 - SHELBYVILLE, TN 37162	62-1191329	501(C)(3)	0.	5,000.			SCHOLARSHIP SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE WILDERNESS CENTER PO BOX 202 WILMOT, OH 44689	34-0714781	501(C)(3)	0.	121,696.			GENERAL SUPPORT
THE WORKSHOPS, INC. 4065 BRADLEY CIRCLE NW CANTON, OH 44718	34-1782134	501(C)(3)	0.	15,000.			PROGRAM SUPPORT
TIQVAH HANDS OF HOPE PO BOX 80213 CANTON, OH 44708	27-0959574	501(C)(3)	0.	5,000.			PROGRAM SUPPORT
TOMTOD IDEAS 715 MARKET AVENUE N CANTON, OH 44702	34-0714629	501(C)(3)	0.	15,000.			GENERAL SUPPORT
TRINITY UNITED CHURCH OF CHRIST 3909 BLACKBURN ROAD NW CANTON, OH 44718	13-5613797	501(C)(3)	0.	175,274.			GENERAL SUPPORT
TUSCARAWAS COUNTY CENTER FOR THE ARTS - 461 ROBINSON DRIVE SE - NEW PHILADELPHIA, OH 44663	20-4072755	501(C)(3)	0.	10,000.			GENERAL SUPPORT
UNION INSTITUTE & UNIVERSITY 440 E MCMILLAN STREET CINCINNATI, OH 45206	34-0733127	501(C)(3)	0.	5,833.			SCHOLARSHIP SUPPORT
UNIQUE CLUB OF STARK COUNTY PO BOX 9481 CANTON, OH 44711	34-6528346	501(C)(7)	0.	10,000.			SCHOLARSHIP SUPPORT
UNITARIAN UNIVERSALIST CONGREGATION OF GREATER CANTON - 2585 EASTON STREET NE - CANTON, OH 44721	34-1300255	501(C)(3)	0.	9,792.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED SERVICE ORGANIZATIONS, INC. PO BOX 96860 WASHINGTON, DC 20077	31-1145986	501(C)(3)	0.	6,399.			GENERAL SUPPORT
UNITED WAY OF GREATER STARK COUNTY 401 MARKET AVENUE N SUITE 300 CANTON, OH 44702	73-6097262	501(C)(3)	0.	415,349.			GENERAL SUPPORT
UNITED WAY OF TUSCARAWAS COUNTY 1458 FIFTH STREET NW NEW PHILADELPHIA, OH 44663	31-0536715	501(C)(3)	0.	5,000.			GENERAL SUPPORT
UNIVERSITY OF AKRON PO BOX 2260 AKRON, OH 44309	34-6002924	501(C)(3)	0.	52,039.			SCHOLARSHIP SUPPORT
UNIVERSITY OF CINCINNATI PO BOX 210140 CINCINNATI, OH 45221	31-6000989	501(C)(3)	0.	20,535.			SCHOLARSHIP SUPPORT
UNIVERSITY OF DAYTON 300 COLLEGE PARK DAYTON, OH 45469	34-1577595	501(C)(3)	0.	5,400.			SCHOLARSHIP SUPPORT
UNIVERSITY OF FINDLAY 1000 N MAIN STREET FINDLAY, OH 45840	34-0737794	501(C)(3)	0.	6,800.			SCHOLARSHIP SUPPORT
UNIVERSITY OF MOUNT UNION 1972 CLARK AVENUE ALLIANCE, OH 44601	23-7244648	501(C)(3)	0.	81,450.			GENERAL SUPPORT
UNIVERSITY OF NOTRE DAME 1100 GRACE HALL NOTRE DAME, IN 46556	34-1015948	501(C)(3)	0.	17,750.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VANTAGE AGING 2279 ROMIG ROAD AKRON, OH 44320	34-0714392	501(C)(3)	0.	57,965.			GENERAL SUPPORT
W. R. BELL-WENDELL HERRON SCHOLARSHIP FOUNDATION, INC. - PO BOX 123 - CARROLLTON, OH 44615	34-6001721	501(C)(3)	0.	10,000.			SCHOLARSHIP SUPPORT
WALSH UNIVERSITY 2020 E MAPLE STREET NORTH CANTON, OH 44720	34-6000512	501(C)(3)	0.	113,785.			GENERAL SUPPORT
WASHINGTON HIGH SCHOOL ALUMNI ASSOCIATION - ONE PAUL BROWN DRIVE SE - MASSILLON, OH 44646	23-7825575	501(C)(3)	0.	14,100.			GENERAL SUPPORT
WESTMINSTER COMMUNITY CHURCH 4202 VALLEY DRIVE NW CANTON, OH 44708	04-2223502	501(C)(3)	0.	5,179.			GENERAL SUPPORT
WHISPERING GRACE HORSES 12882 KIMMENS ROAD SW MASSILLON, OH 44647	48-0547734	501(C)(3)	0.	11,100.			GENERAL SUPPORT
WITTENBERG UNIVERSITY PO BOX 720 SPRINGFIELD, OH 45501	65-0486471	501(C)(3)	0.	10,200.			GENERAL SUPPORT
WOUNDED WARRIOR PROJECT PO BOX 758517 TOPEKA, KS 66675	36-3490560	501(C)(3)	0.	10,600.			GENERAL SUPPORT
YMCA - CAMP TIPPECANOE 4700 DRESSLER ROAD NW CANTON, OH 44718	54-0505941	501(C)(3)	0.	9,000.			GENERAL SUPPORT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF CENTRAL STARK COUNTY 4700 DRESSLER ROAD NW CANTON, OH 44718	76-0846159	501(C)(3)	0.	110,381.			GENERAL SUPPORT
YMCA OF WESTERN STARK COUNTY 131 TREMONT AVENUE SE MASSILLON, OH 44646	20-0487822	501(C)(3)	0.	40,000.			GENERAL SUPPORT
YOUNG AMERICA'S FOUNDATION 11480 COMMERCE PARK DRIVE SUITE 600 RESTON, VA 20191	20-1359433	501(C)(3)	0.	15,100.			GENERAL SUPPORT
YOUNGSTOWN STATE UNIVERSITY ONE UNIVERSITY PLAZA YOUNGSTOWN, OH 44555	34-1011998	115	0.	5,212.			SCHOLARSHIP SUPPORT
YWCA - CANTON 231 SIXTH STREET NE CANTON, OH 44702	34-0714392	501(C)(3)	0.	116,466.			GENERAL SUPPORT
YWCA OF ALLIANCE 239 E MARKET STREET ALLIANCE, OH 44601	35-2408321	501(C)(3)	0.	5,769.			PROGRAM SUPPORT
ZION UNITED CHURCH OF CHRIST 415 S MAIN STREET NORTH CANTON, OH 44721	34-1191950	501(C)(3)	0.	19,192.			GENERAL SUPPORT
ZOAR COMMUNITY ASSOCIATION PO BOX 621 ZOAR, OH 44697	34-1961733	501(C)(3)	0.	5,750.			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	331	617,579.	0.	BOOK	
POLICE OFFICER BULLETPROOF VESTS	19	3,800.	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 input.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2020

**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)	228,262.	5,000.	2,286.	10,200.	23,495.	269,243.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRIDGETTE L. NEISEL V.P. OF ADVANCEMENT	(i)	142,637.	0.	270.	6,548.	38,290.	187,745.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CARRIE L. BAST V.P. OF FINANCE & CFO	(i)	153,172.	0.	414.	6,534.	3,222.	163,342.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

Multiple horizontal lines for supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

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](http://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	45	1,298,995.	EXCHANGE PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

- 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) 2020

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

STARK COMMUNITY FOUNDATION

Employer identification number

34-0943665

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

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

FORM 990, ITEM K:

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

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

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

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

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

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

FOUNDATION SUCH MEMBERS OF THE DISTRIBUTION COMMITTEE ARE DIRECTORS OF THE FOUNDATION.

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

DECISIONS SUBJECT TO APPROVAL OF MEMBERS,

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

- LIQUIDATION OR DISSOLUTION.

- MERGER, CONSOLIDATION, OR TRANSFER OF SUBSTANTIALLY ALL OF THE ASSETS.

- REPEAL, MODIFICATION, AMENDMENT IN WHOLE OR IN PART, OR ADDITION TO THE ARTICLES OF INCORPORATION OR REGULATIONS OR ADOPTION OF NEW ARTICLES OF INCORPORATION OR REGULATIONS.

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

REVIEW OF FORM 990,

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

FORM 990, PART VI, SECTION B, LINE 12C:

MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY,

THE FOUNDATION REQUIRES THAT ALL OFFICERS AND DIRECTORS ANNUALLY FILE A STATEMENT LISTING ANY BUSINESS OR PERSONAL FINANCIAL DEALINGS OR

AFFILIATIONS WITH CHARITABLE ORGANIZATIONS WHICH WOULD HAVE ANY IMPACT ON

THE ASSETS OR TRANSACTIONS OF THE FOUNDATION. THIS STATEMENT IS GIVEN TO

THE PRESIDENT OF THE FOUNDATION WHO IN TURN WOULD DISCLOSE SUCH INFORMATION

TO THE DISTRIBUTION COMMITTEE OR BOARD OF DIRECTORS IN THE NORMAL COURSE OF

REVIEWING POSSIBLE GIFTS OR GRANTS PRESENTED FOR APPROVAL. ANY PERSON WITH

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

A CONFLICT OF INTEREST ON THE GIFTS OR GRANTS PRESENTED FOR APPROVAL WOULD THEN ABSTAIN FROM VOTING.

FORM 990, PART VI, SECTION B, LINE 15:

REVIEW OF COMPENSATION,

THE FOUNDATION'S PERSONNEL COMMITTEE RECOMMENDS THE LEVEL OF COMPENSATION FOR EXECUTIVES, AND THEIR RECOMMENDATIONS ARE PRESENTED TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL. THE COMMITTEE CONSIDERS SALARY DATA ON COMPARABLE EXECUTIVES, BOTH WITHIN NORTHEAST OHIO AND STATEWIDE (FROM THE FORMS 990 OF FOUNDATIONS AND NOT-FOR-PROFIT ORGANIZATIONS) AND AT THE NATIONAL LEVEL (FROM THE COUNCIL ON FOUNDATIONS ANNUAL SALARY SURVEY).

INDIVIDUALS ON THE PERSONNEL COMMITTEE AND BOARD OF DIRECTORS ARE INDEPENDENT OF THE EMPLOYEES WHOSE COMPENSATION IS BEING DETERMINED. SALARY DELIBERATIONS OF THE PERSONNEL COMMITTEE AND THE BOARD OF DIRECTORS ARE DOCUMENTED IN THE MINUTES OF BOTH BODIES.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABILITY OF GOVERNING DOCUMENTS,

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

AGENCY ENDOWMENT REVENUE & EXPENSE -7,042,333.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

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	145,347.	1,249,010.	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) 2020



**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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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	5,999,988.	FMV
(2) NEWMARKET PROJECT, INC.	A	122,000.	FMV
(3)			
(4)			
(5)			
(6)			



**Part VII** Supplemental Information

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

Multiple horizontal lines for supplemental information.



**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2020**

For calendar year 2020 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**  
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S</p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>STARK COMMUNITY FOUNDATION</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>400 MARKET AVENUE NORTH, NO. 200</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>CANTON, OH 44702-1557</b></p>	<p><b>D</b> Employer identification number  <b>34-0943665</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
<p><b>C</b> Book value of all assets at end of year ..... ▶ <b>303,953,958.</b></p>			

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust  Applicable reinsurance entity

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶ **2**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**L** The books are in care of ▶ **CARRIE L. BAST** Telephone number ▶ **330-454-3426**

<b>Part I Total Unrelated Business Taxable Income</b>		
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	0.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	
4 Charitable contributions (see instructions for limitation rules) .....	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	
6 Deduction for net operating loss. See instructions .....	6	0.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	0.

<b>Part II Tax Computation</b>		
1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	0.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

<b>Part III Tax and Payments</b>			
<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>	
<b>b</b>	Other credits (see instructions)	<b>1b</b>	
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>	
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>	
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>	
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>	0.
<b>3</b>	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>	
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>	0.
<b>5</b>	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	<b>5</b>	0.
<b>6a</b>	Payments: A 2019 overpayment credited to 2020	<b>6a</b>	15,000.
<b>b</b>	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>	
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>	
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>6g</b>	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>	15,000.
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>	15,000.
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> 15,000. <b>Refunded</b>	<b>11</b>	0.

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)		Yes	No
<b>1</b>	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <b>JERSEY</b>	X	
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
<b>4a</b>	Did the organization change its method of accounting? (see instructions)		X
<b>b</b>	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	<b>PRESIDENT</b>	Title
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CHRISTOPHER B. ANDERSON</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	Firm's name <b>MALONEY + NOVOTNY, LLC</b>	Firm's EIN <b>34-0677006</b>		PTIN <b>P00226559</b>
	Firm's address <b>4774 MUNSON ST NW, STE 402 CANTON, OH 44718</b>	Phone no. <b>(330) 966-9400</b>		

May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 1

OMB No. 1545-0047

**2020**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>STARK COMMUNITY FOUNDATION</b>	<b>B</b> Employer identification number <b>34-0943665</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>531120</b>	<b>D</b> Sequence: <b>1</b> of <b>2</b>

**E** Describe the unrelated trade or business ▶ **SCF DEVELOPMENT LTD.**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		<b>4a</b> 0.		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Part IV)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)		<b>7</b> 145,347.	<b>292,954.</b>	<b>-147,607.</b>
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)		<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)		<b>10</b>		
<b>11</b> Advertising income (Part IX)		<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> 145,347.	<b>292,954.</b>	<b>-147,607.</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)							
<b>2</b> Salaries and wages				<b>2</b>			
<b>3</b> Repairs and maintenance				<b>3</b>			
<b>4</b> Bad debts				<b>4</b>			
<b>5</b> Interest (attach statement) (see instructions)				<b>5</b>			
<b>6</b> Taxes and licenses				<b>6</b>			
<b>7</b> Depreciation (attach Form 4562) (see instructions)		<b>7</b>					
<b>8</b> Less depreciation claimed in Part III and elsewhere on return		<b>8a</b>			<b>8b</b>		
<b>9</b> Depletion				<b>9</b>			
<b>10</b> Contributions to deferred compensation plans				<b>10</b>			
<b>11</b> Employee benefit programs				<b>11</b>			
<b>12</b> Excess exempt expenses (Part VIII)				<b>12</b>			
<b>13</b> Excess readership costs (Part IX)				<b>13</b>			
<b>14</b> Other deductions (attach statement)				<b>14</b>			
<b>15 Total deductions.</b> Add lines 1 through 14				<b>15</b>			0.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				<b>16</b>			-147,607.
<b>17</b> Deduction for net operating loss (see instructions)				<b>17</b>			0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16				<b>18</b>			-147,607.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

**Part III Cost of Goods Sold**

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	<b>Total.</b> Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A  **SCF DEVELOPMENT, LTD. 400 MARKET AVE N, CANTON, OH 44702**

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property	145,347.			
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) <b>STMT 1</b>	44,752.			
b Other deductions (attach statement) <b>STMT 2</b>	248,202.			
c Total deductions (add lines 3a and 3b, columns A through D)	292,954.			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) <b>STMT</b>	31,926,893.			
5 Average adjusted basis of or allocable to debt-financed property (attach statement) <b>STMT 4</b>	1,197,884.			
6 Divide line 4 by line 5	100.00%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6	145,347.			
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	145,347.			
9 Allocable deductions. Multiply line 3c by line 6	292,954.			
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	292,954.			
11 <b>Total dividends-received deductions</b> included in line 10	0.			

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
<b>Totals</b>			0.	0.	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	



FORM 990-T (A) PART V - DEPRECIATION DEDUCTION STATEMENT 1

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
STRAIGHT-LINE DEPRECIATION		44,752.	
- SUBTOTAL -	1		44,752.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(A)			44,752.

FORM 990-T (A) PART V - OTHER DEDUCTIONS STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
OTHER DEDUCTIONS		248,202.	
- SUBTOTAL -	1		248,202.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)			248,202.

FORM 990-T (A) AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITION DEBT ON DEBT-FINANCED PROPERTY		1,926,893.	
- SUBTOTAL -	1		1,926,893.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 4			1,926,893.

FORM 990-T (A) AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS ON DEBT-FINANCED PROPERTY		1,197,884.	
- SUBTOTAL -	1		1,197,884.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 5			1,197,884.

# 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](http://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](http://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.

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

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 TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2020** 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

<b>3a</b> 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.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	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.