

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization STARK COMMUNITY FOUNDATION		D Employer identification number ** - *** 3665
	Doing business as		E Telephone number (330) 454-3426
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	400 MARKET AVENUE NORTH		G Gross receipts \$ 64,140,488.
	City or town, state or province, country, and ZIP or foreign postal code CANTON, OH 44702-1557		
F Name and address of principal officer: MARK J. SAMOLCZYK 400 MARKET AVE N, STE 200, CANTON, OH 44702		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	

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

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

K Form of organization: Corporation Trust Association Other **SCH.O** **L** Year of formation: **1963** **M** State of legal domicile: **OH**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	16
	6 Total number of volunteers (estimate if necessary)	6	85
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	205,326.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	12,229.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 34,996,194.	Current Year 13,508,794.
	9 Program service revenue (Part VIII, line 2g)	174,349.	167,100.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,456,876.	12,519,531.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	117,201.	101,938.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	68,744,620.	26,297,363.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,712,366.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,660,133.	1,753,617.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		506,642.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,391,081.	3,718,135.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,763,580.	24,128,718.	
19 Revenue less expenses. Subtract line 18 from line 12	52,981,040.	2,168,645.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 373,666,840.	End of Year 324,932,259.
	21 Total liabilities (Part X, line 26)	107,863,449.	94,289,235.
	22 Net assets or fund balances. Subtract line 21 from line 20	265,803,391.	230,643,024.

Part II Signature Block

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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 \$ 19,676,886. including grants of \$ 18,656,966.) (Revenue \$ 167,100.) STARK COMMUNITY FOUNDATION AND OUR GROWING FAMILY OF DONORS SUPPORT A WIDE ARRAY OF LOCAL PROJECTS AND ORGANIZATIONS EACH YEAR, AWARDING OVER \$18.6 MILLION IN GRANTS FOR 2022. 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 19,676,886.

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> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 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> See instructions		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, tax-exempt bonds, and excess benefit transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	11	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	11	
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	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?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	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?		
16b			

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 Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
CARRIE L. BAST - 330-454-3426
400 MARKET AVE N. STE 200, CANTON, OH 44702

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK J. SAMOLCZYK PRESIDENT	40.00			X			273,107.	0.	28,789.	
(2) BRIDGETTE L. NEISEL V.P. OF ADVANCEMENT	40.00			X			158,744.	0.	45,007.	
(3) CARRIE L. BAST V.P. OF FINANCE & CFO	40.00			X			169,742.	0.	8,377.	
(4) AMY B. KREBS V.P. OF GRANTS/COMMUNITY INITIATIVES	40.00			X			127,524.	0.	5,412.	
(5) NANCY A. VARIAN CHAIR	1.00	X		X			0.	0.	0.	
(6) WILLIAM R. COOK VICE CHAIR	1.00	X		X			0.	0.	0.	
(7) BRIAN S. BELDEN DIRECTOR	1.00	X					0.	0.	0.	
(8) NANCY S. GESSNER DIRECTOR	1.00	X					0.	0.	0.	
(9) GREGORY W. LUNTZ DIRECTOR	1.00	X					0.	0.	0.	
(10) TONJA J. MARSHALL DIRECTOR	1.00	X					0.	0.	0.	
(11) KAREN SOEHNLEN MCQUEEN DIRECTOR	1.00	X					0.	0.	0.	
(12) ANDREA M. PERRY DIRECTOR	1.00	X					0.	0.	0.	
(13) TODD E. PUGH DIRECTOR	1.00	X					0.	0.	0.	
(14) GARY D. SIRAK DIRECTOR	1.00	X					0.	0.	0.	
(15) JEFFREY W. ZELLERS DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							729,117.	0.	87,585.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							729,117.	0.	87,585.	

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 **4**

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	90,747.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	13,418,047.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,884,369.				
	h Total. Add lines 1a-1f		13,508,794.				
Program Service Revenue	2 a SUPPORTING ORGANIZATION FEES	Business Code					
		900099	167,100.	167,100.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		167,100.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,713,745.		139,369.	5574376.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
				99,562.			
	b Less: rental expenses ...	6b	54,208.				
	c Rental income or (loss)	6c	45,354.				
	d Net rental income or (loss)		45,354.		45,354.		
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				43,378,192.	1200000.		
	b Less: cost or other basis and sales expenses	7b	36,593,069.	1179337.			
	c Gain or (loss)	7c	6,785,123.	20,663.			
	d Net gain or (loss)		6,805,786.		20,603.	6785183.	
8 a Gross income from fundraising events (not including \$ 90,747. of contributions reported on line 1c). See Part IV, line 18	8a		9,760.				
		8b	16,511.				
c Net income or (loss) from fundraising events		-6,751.			-6,751.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		9b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
		10b					
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a MISCELLANEOUS INCOME	Business Code					
		900099	63,335.			63,335.	
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d		63,335.					
12 Total revenue. See instructions		26,297,363.	167,100.	205,326.	12416143.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	18,055,543.	18,055,543.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	601,423.	601,423.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	816,701.	340,646.	307,978.	168,077.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	725,355.	302,545.	273,532.	149,278.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,820.	12,021.	10,868.	5,931.
9 Other employee benefits	87,008.	36,291.	32,811.	17,906.
10 Payroll taxes	95,733.	39,930.	36,101.	19,702.
11 Fees for services (nonemployees):				
a Management				
b Legal	4,653.	1,941.	1,754.	958.
c Accounting	40,910.	17,064.	15,427.	8,419.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,862,706.		1,862,706.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	167,520.	159,043.	5,485.	2,992.
12 Advertising and promotion	97,678.			97,678.
13 Office expenses	41,973.	17,507.	15,828.	8,638.
14 Information technology	98,453.	41,064.	37,127.	20,262.
15 Royalties				
16 Occupancy	31,189.	13,009.	11,761.	6,419.
17 Travel	5,835.	2,434.	2,200.	1,201.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,280.	2,619.	2,369.	1,292.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,042.	4,606.	4,164.	2,272.
23 Insurance	17,800.	7,425.	6,712.	3,663.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROVISION - UNCOLLECTIBLE	1,272,549.		1,272,549.	
b LIFE INSURANCE PREMIUMS	30,314.		30,314.	
c DUES AND SUBSCRIPTIONS	20,340.	8,484.	7,670.	4,186.
d SCF INITIATIVE EXPENSE	4,620.	4,620.		
e All other expenses	4,273.	8,671.	7,834.	-12,232.
25 Total functional expenses. Add lines 1 through 24e	24,128,718.	19,676,886.	3,945,190.	506,642.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	412,097.	2	782,279.
	3 Pledges and grants receivable, net	421,805.	3	1,249,334.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	6,844,770.	7	10,367,545.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	42,447.	9	44,931.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 67,830.		
	b Less: accumulated depreciation	10b 29,107.	10c	38,723.
	11 Investments - publicly traded securities	268,481,028.	11	219,734,514.
	12 Investments - other securities. See Part IV, line 11	88,990,934.	12	85,644,072.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	7,223,682.	15	7,070,861.
16 Total assets. Add lines 1 through 15 (must equal line 33)	373,666,840.	16	324,932,259.	
Liabilities	17 Accounts payable and accrued expenses	174,876.	17	130,491.
	18 Grants payable	1,282,086.	18	2,018,519.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,776,211.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	104,630,276.	25	92,140,225.
	26 Total liabilities. Add lines 17 through 25	107,863,449.	26	94,289,235.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	265,803,391.	27	230,643,024.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	265,803,391.	32	230,643,024.
	33 Total liabilities and net assets/fund balances	373,666,840.	33	324,932,259.

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	26,297,363.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,128,718.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,168,645.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	265,803,391.
5	Net unrealized gains (losses) on investments	5	-50,270,902.
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	12,941,890.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	230,643,024.

Part XII Financial Statements and Reporting

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

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

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

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

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

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4149766.	11610703.	15407953.	34996194.	13508794.	79673410.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4149766.	11610703.	15407953.	34996194.	13508794.	79673410.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						19489671.
6 Public support. Subtract line 5 from line 4.						60183739.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	4149766.	11610703.	15407953.	34996194.	13508794.	79673410.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4809087.	4286423.	3324230.	3693713.	5574376.	21687829.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	1,101.	0.	0.	184,723.	185,824.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	200,395.	210,635.	258,662.	320,442.	230,435.	1220569.
11 Total support. Add lines 7 through 10						102767632
12 Gross receipts from related activities, etc. (see instructions)					12	769,934.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	58.56	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	55.32	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No	
b Did the activities described on 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>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

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

2018 AMOUNT: \$ 133,137.

2019 AMOUNT: \$ 149,800.

2020 AMOUNT: \$ 145,548.

2021 AMOUNT: \$ 174,349.

2022 AMOUNT: \$ 167,100.

PROVISION - UNCOLLECTIBLE LOAN

2018 AMOUNT: \$ 67,258.

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 0.

2021 AMOUNT: \$ 0.

2022 AMOUNT: \$ 0.

MISCELLANEOUS INCOME

2018 AMOUNT: \$ 0.

2019 AMOUNT: \$ 60,835.

2020 AMOUNT: \$ 113,114.

2021 AMOUNT: \$ 146,093.

2022 AMOUNT: \$ 63,335.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

STARK COMMUNITY FOUNDATION

Employer identification number

-*3665

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

[] 527 political organization

Form 990-PF

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

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

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

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>285,757.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>1,305,296.</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>705,190.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>529,751.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>460,720.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>317,339.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>285,757.</u>	<u>08/23/22</u>
2	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>1,305,296.</u>	<u>11/18/22</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization STARK COMMUNITY FOUNDATION	Employer identification number ** - *** 3665
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	259	139
2 Aggregate value of contributions to (during year)	4,762,725.	4,491,723.
3 Aggregate value of grants from (during year)	8,395,453.	1,684,267.
4 Aggregate value at end of year	67,025,187.	43,504,764.
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 July 25,2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

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

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

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

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

1a If the organization elected, as permitted under 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) 2022

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	269,619,918.	211,638,696.	190,586,102.	160,425,929.	180,269,584.
b Contributions	11,384,170.	32,807,301.	12,104,087.	10,000,140.	3,217,730.
c Net investment earnings, gains, and losses	-28,215,281.	35,622,915.	20,390,868.	31,089,922.	-12,534,892.
d Grants or scholarships	14,774,236.	7,932,042.	8,902,894.	8,703,864.	8,521,361.
e Other expenditures for facilities and programs	922,143.	882,050.	794,515.	730,701.	737,063.
f Administrative expenses	6,493,590.	1,634,902.	1,744,952.	1,495,324.	1,268,069.
g End of year balance	230,598,838.	269,619,918.	211,638,696.	190,586,102.	160,425,929.

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		67,830.	29,107.	38,723.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				38,723.

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	358,981.	END-OF-YEAR MARKET VALUE
(B) ALTERNATIVE INVESTMENTS	85,285,091.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	85,644,072.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO/FROM AFFILIATED	
(3) ORGANIZATIONS	-10,716.
(4) FUNDS HELD AS AGENCY ENDOWMENTS	89,209,356.
(5) LIABILITY TO ANNUITANTS	2,343,676.
(6) OPERATING LEASE LIABILITY	597,909.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	92,140,225.

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	-16,710,916.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-50,270,902.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	70,719.
e	Add lines 2a through 2d	2e	-50,200,183.
3	Subtract line 2e from line 1	3	33,489,267.
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	1,862,706.
b	Other (Describe in Part XIII.)	4b	-9,054,610.
c	Add lines 4a and 4b	4c	-7,191,904.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	26,297,363.

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	18,449,451.
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	70,719.
e	Add lines 2a through 2d	2e	70,719.
3	Subtract line 2e from line 1	3	18,378,732.
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	1,862,706.
b	Other (Describe in Part XIII.)	4b	3,887,280.
c	Add lines 4a and 4b	4c	5,749,986.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	24,128,718.

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	16,511.
RENTAL EXPENSES	54,208.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	70,719.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENTS' CONTRIBUTIONS	2,124,624.
AGENCY ENDOWMENTS' INCOME	111,349.
AGENCY ENDOWMENTS' APPRECIATION/DEPRECIATION	-11,290,583.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-9,054,610.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	16,511.
RENTAL EXPENSES	54,208.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	70,719.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENTS' GRANTS AND EXPENSES	3,882,730.
AGENCY ENDOWMENTS' CONSULTING EXPENSES	4,550.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	3,887,280.

**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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

STARK COMMUNITY FOUNDATION

Employer identification number

**** - *** 3665**

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		50,291,256.
EUROPE			INVESTMENTS		94,280.
3 a Subtotal	0	0			50,385,536.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			50,385,536.

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

Schedule F (Form 990) 2022

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))
		ANNUAL GATHERING (event type)	GOLF OUTING (event type)	NONE (total number)	
Revenue	1	Gross receipts	35,030.	65,477.	100,507.
	2	Less: Contributions	32,550.	58,197.	90,747.
	3	Gross income (line 1 minus line 2)	2,480.	7,280.	9,760.
Direct Expenses	4	Cash prizes		450.	450.
	5	Noncash prizes		1,736.	1,736.
	6	Rent/facility costs		5,053.	5,053.
	7	Food and beverages	4,032.	4,613.	8,645.
	8	Entertainment			
	9	Other direct expenses	627.		627.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-6,751.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A COMMUNITY CHRISTMAS PO BOX 20050 CANTON, OH 44701	**_***8894	501(C)(3)	6,500.	0.			HUMAN SERVICE
ACCESS HEALTH STARK COUNTY 408 NINTH STREET SW CANTON, OH 44707	**_***9527	501(C)(3)	287,601.	0.			HEALTH
AHEAD INC. PO BOX 1568 MASSILLON, OH 44648	**_***0520	501(C)(3)	15,500.	0.			HUMAN SERVICE
AKRON CIVIC THEATRE 182 S MAIN STREET AKRON, OH 44308	**_***5948	501(C)(3)	5,350.	0.			ARTS, CULTURE, HUMANITIES
AKRON ZOOLOGICAL PARK 500 EDGEWOOD AVENUE AKRON, OH 44307	**_***3866	501(C)(3)	25,173.	0.			ENVIRONMENT
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307	**_***9388	501(C)(3)	61,083.	0.			HUMAN SERVICE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 234.
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE AREA PRESERVATION SOCIETY PO BOX 2738 ALLIANCE, OH 44601	**-***8501	501(C)(3)	20,000.	0.			ARTS, CULTURE, HUMANITIES
ALZHEIMER'S ASSOCIATION GREATER EAST OHIO AREA CANTON, OH 44707	**-***9601	501(C)(3)	6,648.	0.			HEALTH
AMERICAN CANCER SOCIETY, PROBATE & TRUST MGT. SHARED SERVICE CTR. - PO BOX 720366 - OKLAHOMA CITY, OK 73162	**-***8491	501(C)(3)	14,659.	0.			HUMAN SERVICE
AMERICAN DIABETES ASSOCIATION PO BOX 7023 MERRIFIELD, VA 22116-7023	**-***3888	501(C)(3)	14,659.	0.			HEALTH
AMERICAN GUILD OF ORGANISTS, CANTON CHAPTER - 4970 BLAKEMORE TRAIL NW - CANTON, OH 44718	**-***1730	501(C)(3)	5,900.	0.			ARTS, CULTURE, HUMANITIES
AMERICAN HEART ASSOCIATION PO BOX 22249 ST. PETERSBURG, FL 33742	**-***3797	501(C)(3)	32,212.	0.			HEALTH
AMERICAN RED CROSS OF HEARTLAND, STARK AND MUSKINGUM LAKES - GOODWILL CAMPUS - CANTON, OH 44707	**-***6605	501(C)(3)	18,481.	0.			HUMAN SERVICE
ARCHBISHOP HOBAN HIGH SCHOOL, INC. 1 HOLY CROSS BOULEVARD AKRON, OH 44306	**-***0684	501(C)(3)	15,000.	0.			EDUCATION
ARTSINSTARK 1001 MARKET AVENUE N CANTON, OH 44702	**-***9771	501(C)(3)	960,693.	0.			ARTS, CULTURE, HUMANITIES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASHLAND COUNTY COMMUNITY FOUNDATION - 300 COLLEGE AVENUE - ASHLAND, OH 44805	**-***2908	501(C)(3)	7,062.	0.			CIVIC
AULTMAN COLLEGE 2600 6TH STREET SW CANTON, OH 44710	**-***9433	501(C)(3)	12,996.	0.			EDUCATION
AULTMAN COLLEGE OF NURSING AND HEALTH SCIENCES - 2600 SIXTH STREET SW - CANTON, OH 44710	**-***9433	501(C)(3)	14,373.	0.			EDUCATION
BEACON CHARITABLE PHARMACY 408 NINTH STREET SW, SUITE 1450 CANTON, OH 44707	**-***7475	501(C)(3)	49,950.	0.			HEALTH
BOYS & GIRLS CLUB OF MASSILLON 730 DUNCAN STREET SW MASSILLON, OH 44647-7960	**-***6102	501(C)(3)	3,805,065.	0.			HUMAN SERVICE
BROOKSIDE SCHOLARSHIP FUND, INC. 1800 CANTON AVENUE NW CANTON, OH 44708	**-***0976	501(C)(3)	55,234.	0.			EDUCATION
BUCKEYE CAREER CENTER ADULT EDUCATION - 545 UNIVERSITY DRIVE NE - NEW PHILADELPHIA, OH 44663	**-***8179	501(C)(3)	46,629.	0.			EDUCATION
BUCKEYE CAREER CENTER FOUNDATION, INC. - PO BOX 355 - NEW PHILADELPHIA, OH 44663	**-***2865	501(C)(3)	11,200.	0.			CIVIC
BUCKEYE COUNCIL, BOY SCOUTS OF AMERICA - 2301 13TH STREET NW - CANTON, OH 44708-3157	**-***4546	501(C)(3)	401,898.	0.			HUMAN SERVICE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALVARY WOMEN'S SERVICES 1217 GOOD HOPE ROAD SE WASHINGTON, DC 20020	**_***7706	501(C)(3)	6,250.	0.			HUMAN SERVICE
CANTON BALLET 1001 MARKET AVENUE N CANTON, OH 44702	**_***8636	501(C)(3)	5,600.	0.			ARTS, CULTURE, HUMANITIES
CANTON CHRISTIAN HOME 2550 CLEVELAND AVENUE NW CANTON, OH 44709	**_***9414	501(C)(3)	93,579.	0.			HEALTH
CANTON CITY SCHOOL DISTRICT 1312 5TH STREET SW CANTON, OH 44707	**_***0503	115	43,308.	0.			EDUCATION
CANTON CITY SCHOOLS TREASURER'S OFFICE CANTON, OH 44707	**_***0503	115	7,062.	0.			EDUCATION
CANTON CLASSIC CAR MUSEUM 612 MARKET AVENUE S CANTON, OH 44702-2112	**_***2134	501(C)(3)	391,031.	0.			ARTS, CULTURE, HUMANITIES
CANTON COUNTRY DAY SCHOOL 3000 DEMINGTON AVENUE NW CANTON, OH 44718-3311	**_***8702	501(C)(3)	20,098.	0.			EDUCATION
CANTON FOR ALL PEOPLE, INC. 120 CLEVELAND AVENUE SW CANTON, OH 44702	**_***6691	501(C)(3)	265,000.	0.			HUMAN SERVICE
CANTON GARDEN CENTER 1615 STADIUM PARK DRIVE NW CANTON, OH 44718	**_***3669	501(C)(3)	5,813.	0.			ENVIRONMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANTON JEWISH COMMUNITY FEDERATION 432 30TH STREET NW CANTON, OH 44709	**_***4946	501(C)(3)	64,668.	0.			RELIGION
CANTON LOCAL SCHOOL DISTRICT 600 FAIRCREST STREET SE CANTON, OH 44707	**_***0512	501(C)(3)	11,411.	0.			EDUCATION
CANTON MONTESSORI SCHOOL 125 15TH STREET NW CANTON, OH 44703	**_***8233	501(C)(3)	13,520.	0.			EDUCATION
CANTON MUSEUM OF ART 1001 MARKET AVENUE N CANTON, OH 44702-1024	**_***3127	501(C)(3)	62,545.	0.			ARTS, CULTURE, HUMANITIES
CANTON PALACE THEATRE ASSOCIATION 605 MARKET AVENUE N CANTON, OH 44702-1016	**_***6663	501(C)(3)	7,017.	0.			ARTS, CULTURE, HUMANITIES
CANTON PRESERVATION SOCIETY 131 WERTZ AVENUE NW CANTON, OH 44708	**_***3699	501(C)(3)	12,907.	0.			ARTS, CULTURE, HUMANITIES
CANTON REGIONAL CHAMBER OF COMMERCE FOUNDATION - 222 MARKET AVENUE N - CANTON, OH 44702	**_***6585	501(C)(3)	8,625.	0.			CIVIC
CANTON REGIONAL SCORE - CHAPTER 580 - 5735 WALES AVENUE NW - MASSILLON, OH 44646	**_***7290	501(C)(3)	21,500.	0.			CIVIC
CANTON STUDENT LOAN FOUNDATION 4974 HIGBEE AVENUE NW, SUITE 204 CANTON, OH 44718	**_***6580	501(C)(3)	221,831.	0.			EDUCATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANTON SYMPHONY ORCHESTRA 2331 17TH STREET NW CANTON, OH 44708	**-***3119	501(C)(3)	40,576.	0.			ARTS, CULTURE, HUMANITIES
CARROLL COUNTY ANIMAL PROTECTION LEAGUE - PO BOX 353 - CARROLLTON, OH 44615	**-***6159	501(C)(3)	11,200.	0.			ENVIRONMENT
CARROLL COUNTY CARING HANDS INC. PO BOX 322 CARROLLTON, OH 44615	**-***2823	501(C)(3)	7,000.	0.			HEALTH
CARROLL COUNTY PARKS COMMISSION 190 ALAMO ROAD SE CARROLLTON, OH 44615	**-***0519	501(C)(3)	88,670.	0.			ENVIRONMENT
CARROLLTON EXEMPTED VILLAGE SCHOOLS - 205 SCIO ROAD - CARROLLTON, OH 44615	**-***0522	501(C)(3)	28,151.	0.			EDUCATION
CATHOLIC DIOCESE OF YOUNGSTOWN 144 W WOOD STREET YOUNGSTOWN, OH 44503	**-***4655	501(C)(3)	33,245.	0.			RELIGION
CENTRAL AMERICAN MEDICAL OUTREACH, INC. - 322 WESTWOOD AVENUE - ORRVILLE, OH 44667-1762	**-***0695	501(C)(3)	5,950.	0.			INTERNATIONAL/FOREIGN AFFAIRS
CENTRAL CATHOLIC HIGH SCHOOL 4824 TUSCARAWAS STREET W CANTON, OH 44708	**-***4566	501(C)(3)	18,915.	0.			EDUCATION
CHARITIES AID FOUNDATION OF AMERICA - 225 REINEKERS LANE, SUITE 375 - ALEXANDRIA, VA 22314-2840	**-***4280	501(C)(3)	10,000.	0.			INTERNATIONAL/FOREIGN AFFAIRS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD & ADOLESCENT BEHAVIORAL HEALTH - 4641 FULTON ROAD NW - CANTON, OH 44718	**-***1950	501(C)(3)	7,475.	0.			HUMAN SERVICE
CHRIST PRESBYTERIAN CHURCH 530 TUSCARAWAS STREET W CANTON, OH 44702	**-***4409	501(C)(3)	117,812.	0.			RELIGION
CHURCH OF THE LAKES UNITED METHODIST CHURCH - 5944 FULTON DRIVE NW - CANTON, OH 44718	**-***6809	501(C)(3)	23,380.	0.			RELIGION
CITY OF CANTON C/O CANTON PARKS AND RECREATION CANTON, OH 44718	**-***0504	115	5,500.	0.			CIVIC
CLAYMONT CITY SCHOOLS, CLAYMONT FOUNDATION, INC. - PO BOX 222 - UHRICHSVILLE, OH 44683	**-***7226	501(C)(3)	16,994.	0.			EDUCATION
CLEARVIEW LEGACY FOUNDATION PO BOX 30196 EAST CANTON, OH 44730	**-***1114	501(C)(3)	5,250.	0.			EDUCATION
CLEVELAND CLINIC MERCY HOSPITAL 1320 MERCY DRIVE NW CANTON, OH 44708	**-***3439	501(C)(3)	22,546.	0.			HEALTH
CLEVELAND ROVERS RFC INC. 4020 WEST 161 STREET CLEVELAND, OH 44135	**-***2388	501(C)(3)	20,000.	0.			HUMAN SERVICE
COBALT FOUNDATION PO BOX 22485 DENVER, CO 80222	**-***0191	501(C)(3)	7,500.	0.			CIVIC

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLEMAN FOUNDATION, INC. 5982 RHODES ROAD KENT, OH 44240	**-***8261	501(C)(3)	41,675.	0.			CIVIC
COMMQUEST SERVICES, INC. 601 CLEVELAND AVENUE NW CANTON, OH 44702	**-***7793	501(C)(3)	17,182.	0.			HUMAN SERVICE
COMMUNITY LEGAL AID SERVICES, INC. 401 MARKET AVENUE N, SUITE 103 CANTON, OH 44702	**-***3560	501(C)(3)	22,800.	0.			HUMAN SERVICE
COMPASSION DELIVERED 1320 BEL AIR DRIVE NW NORTH CANTON, OH 44720	**-***4934	501(C)(3)	10,450.	0.			HUMAN SERVICE
CROSSROADS UNITED METHODIST CHURCH 120 CLEVELAND AVENUE SW CANTON, OH 44702-1904	**-***8375	501(C)(3)	7,669.	0.			RELIGION
CRU / CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DRIVE ORLANDO, FL 32832	**-***6173	501(C)(3)	9,600.	0.			RELIGION
CULVER EDUCATIONAL FOUNDATION 1300 ACADEMY ROAD, NO. 159 CULVER, IN 46511	**-***8071	501(C)(3)	204,500.	0.			EDUCATION
CUYAHOGA FALLS SCHOOLS FOUNDATION AND ALUMNI ASSOCIATION - 431 STOW AVENUE - CUYAHOGA FALLS, OH 44221	**-***9474	501(C)(3)	42,800.	0.			EDUCATION
DIOCESE OF OWENSBORO 600 LOCUST STREET OWENSBORO, KY 42301	**-***8513	501(C)(3)	10,000.	0.			RELIGION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DISABLED AMERICAN VETERANS' NATIONAL SERVICE FOUNDATION - 860 DOLWICK DRIVE - ERLANGER, KY 41018	**-***6071	501(C)(3)	20,851.	0.			CIVIC
DOMESTIC VIOLENCE PROJECT, INC. PO BOX 9459 CANTON, OH 44711-9459	**-***3226	501(C)(3)	27,518.	0.			HUMAN SERVICE
DOWNTOWN CANTON SPECIAL IMPROVEMENT DISTRICT - 400 MARKET AVENUE N, SUITE 400 - CANTON, OH 44702	**-***9179	501(C)(3)	24,925.	0.			CIVIC
EARLY CHILDHOOD RESOURCE CENTER 1718 CLEVELAND AVENUE NW CANTON, OH 44703	**-***4462	501(C)(3)	11,937.	0.			HUMAN SERVICE
ECHOING HILLS VILLAGE, INC. 36272 COUNTY ROAD 79 WARSAW, OH 43844	**-***5747	501(C)(3)	73,000.	0.			HUMAN SERVICE
EL HOGAR MINISTRIES, INC. 29 CUMMINGS PARK WOBURN, MA 01801	**-***0644	501(C)(3)	8,000.	0.			EDUCATION
EMBRACING FUTURES, INC. 50 S MAIN STREET, SUITE LL 100 AKRON, OH 44308	**-***3299	501(C)(3)	6,000.	0.			HUMAN SERVICE
EN-RICH-MENT 4110 MEADOWVIEW DRIVE NW CANTON, OH 44718	**-***1021	501(C)(3)	11,500.	0.			ARTS, CULTURE, HUMANITIES
EVANGELICAL LUTHERAN CHURCH IN AMERICA - PO BOX 1809 - MERRIFIELD, VA 22116-8009	**-***8278	501(C)(3)	300,000.	0.			RELIGION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVERY ORPHAN'S HOPE 3245 W MAIN STREET FRISCO, TX 75034	**_***9952	501(C)(3)	8,250.	0.			HUMAN SERVICE
FAITH UNITED METHODIST CHURCH 300 9TH STREET NW NORTH CANTON, OH 44720	**_***4659	501(C)(3)	15,663.	0.			RELIGION
FIRST BAPTIST CHURCH OF CANTON 4110 38TH STREET NW CANTON, OH 44718	**_***3502	501(C)(3)	116,883.	0.			RELIGION
FIRST CHRISTIAN CHURCH 6900 MARKET AVENUE N CANTON, OH 44721	**_***0553	501(C)(3)	11,473.	0.			RELIGION
FIRST CHRISTIAN CHURCH OF CANTON 6900 MARKET AVENUE N CANTON, OH 44721	**_***0553	501(C)(3)	7,920.	0.			RELIGION
FIRST TEE OF CANTON, INC. 2525 25TH STREET NE CANTON, OH 44705	**_***2799	501(C)(3)	14,545.	0.			HUMAN SERVICE
FISHER-NIGHTINGALE HOUSES PO BOX 33871 WRIGHT-PATTERSON AFB, OH 45433	**_***3382	501(C)(3)	7,062.	0.			HUMAN SERVICE
FRIENDS OF THE PARKS, INC. 2930 SOUTH UNION AVENUE ALLIANCE, OH 44601	**_***1052	501(C)(3)	10,368.	0.			CIVIC
FUND FOR OUR ECONOMIC FUTURE OF NORTHEAST OHIO - 4415 EUCLID AVENUE, SUITE 203 - CLEVELAND, OH 44103	**_***6927	501(C)(3)	240,000.	0.			CIVIC

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF NORTH EAST OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 44056-2156	**-***6094	501(C)(3)	20,642.	0.			HUMAN SERVICE
GIRLS GARAGE 1380 10TH STREET BERKELEY, CA 94710	**-***3034	501(C)(3)	6,500.	0.			HUMAN SERVICE
GIRLS ON THE RUN EAST CENTRAL OHIO 237 TUSCARAWAS STREET W, SUITE B CANTON, OH 44702	**-***8018	501(C)(3)	5,439.	0.			HUMAN SERVICE
GOFARM 1301 ARAPAHOE STREET GOLDEN, CO 80401	**-***3438	501(C)(3)	12,500.	0.			HUMAN SERVICE
GOLDEN AGE IMPROVEMENT COMMITTEE FUND - 2202 KENSINGTON ROAD NE - CARROLLTON, OH 44615	**-***1903	501(C)(3)	5,250.	0.			CIVIC
GOLDEN KEY CENTER FOR EXCEPTIONAL CHILDREN - 1431 30TH STREET NW - CANTON, OH 44709	**-***1272	501(C)(3)	125,000.	0.			GENERAL SUPPORT
GOOD SHEPHERD LUTHERAN CHURCH 4120 CLEVELAND AVENUE NW CANTON, OH 44709	**-***3978	501(C)(3)	5,212.	0.			RELIGION
GOODWILL INDUSTRIES OF GREATER CLEVELAND AND EAST CENTRAL OHIO - 408 9TH STREET SW - CANTON, OH 44707-4714	**-***9974	501(C)(3)	7,946.	0.			HUMAN SERVICE
GREATER EAST CANTON COMMUNITY DEVELOPMENT ASSOCIATION - 224 WOOD STREET N - EAST CANTON, OH 44730	**-***5759	501(C)(3)	19,548.	0.			CIVIC

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GUARDIAN SUPPORT SERVICES, INC. 408 NINTH STREET SW, SUITE 2200 CANTON, OH 44707	**-***6126	501(C)(3)	5,500.	0.			HUMAN SERVICE
HABITAT FOR HUMANITY EAST CENTRAL OHIO - 1400 RAFF ROAD SW, SUITE A - CANTON, OH 44710-2320	**-***5372	501(C)(3)	114,050.	0.			HUMAN SERVICE
HAMMER & NAILS, INC. 1404 7TH STREET NW CANTON, OH 44703	**-***9568	501(C)(3)	8,600.	0.			HUMAN SERVICE
HEALTH FOUNDATION OF GREATER MASSILLON - 400 MARKET AVENUE N, SUITE 200 - CANTON, OH 44702	**-***6370	501(C)(3)	183,477.	0.			GENERAL SUPPORT
HOLY FAMILY PARISH 216 WOOSTER STREET NE NAVARRE, OH 44662	**-***6565	501(C)(3)	11,388.	0.			RELIGION
HOLY TRINITY LUTHERAN CHURCH 2551 55TH STREET NE CANTON, OH 44721	**-***0894	501(C)(3)	28,878.	0.			RELIGION
HOPE OUTREACH MINISTRY OF STARK COUNTY - 1530 SUPERIOR AVENUE NE - CANTON, OH 44705	**-***2158	501(C)(3)	9,500.	0.			RELIGION
HOUSE OF LORETO 2812 HARVARD AVENUE NW CANTON, OH 44709	**-***7174	501(C)(3)	79,059.	0.			HUMAN SERVICE
ICAN INC. 1214 MARKET AVENUE N CANTON, OH 44714-2604	**-***5839	501(C)(3)	175,000.	0.			HUMAN SERVICE

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INTERNATIONAL JUSTICE MISSION PO BOX 96961 WASHINGTON, DC 20090-6961	**-***2887	501(C)(3)	6,250.	0.			INTERNATIONAL/FOREIGN AFFAIRS
INTERNATIONAL MISSION BOARD 3806 MONUMENT AVENUE RICHMOND, VA 23230	**-***3930	501(C)(3)	6,250.	0.			RELIGION
J. BABE STEARN COMMUNITY CENTER 2628 13TH STREET SW CANTON, OH 44710-2169	**-***8418	501(C)(3)	6,000.	0.			HUMAN SERVICE
JOHN H. AND EVELYN L. ASHTON PRESERVATION ASSOCIATION, INC. - 60 W MAIN STREET - CARROLLTON, OH 44615	**-***4698	501(C)(3)	400,000.	0.			ARTS, CULTURE, HUMANITIES
JRC LEARNING CENTER MYRNA A. PASTORE JRC CAMPUS CANTON, OH 44708	**-***1317	501(C)(3)	44,924.	0.			HUMAN SERVICE
JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO - 4353 EXECUTIVE CIRCLE NW - CANTON, OH 44718	**-***0986	501(C)(3)	59,682.	0.			EDUCATION
JUNIOR LEAGUE OF STARK COUNTY, OHIO, INC. - 408 9TH STREET SW, SUITE 3330 - CANTON, OH 44707	**-***8219	501(C)(3)	6,721.	0.			EDUCATION
KAITLYN ECKELBERRY MEMORIAL FUND 5484 FLEETWOOD AVENUE NW CANTON, OH 44718	**-***4593	501(C)(3)	7,850.	0.			HUMAN SERVICE
KANSAS UNIVERSITY ENDOWMENT ASSOCIATION - GIFT PROCESSING DEPARTMENT - LAWRENCE, KS 66044-0928	**-***7734	501(C)(3)	10,700.	0.			EDUCATION

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KENT STATE UNIVERSITY PO BOX 5190 KENT, OH 44242-0001	**-***2079	115	30,470.	0.			EDUCATION
KENT STATE UNIVERSITY AT STARK 6000 FRANK AVENUE NW NORTH CANTON, OH 44720	**-***2079	115	19,398.	0.			EDUCATION
KENT STATE UNIVERSITY FOUNDATION, INC. - PO BOX 5190 - KENT, OH 44242-0001	**-***6307	501(C)(3)	22,200.	0.			EDUCATION
LAKE ACADEMIC BOOSTER CLUB PO BOX 63 UNIONTOWN, OH 44685	**-***1621	501(C)(3)	26,933.	0.			EDUCATION
LAKE CENTER CHRISTIAN SCHOOL BLUE AND GOLD ATHLETIC BOOSTER CLUB - 12893 KAUFMAN AVENUE NW - HARTVILLE, OH 44632	**-***7883	501(C)(3)	250,000.	0.			EDUCATION
LAKE COMMUNITY YMCA 428 KING CHURCH AVENUE UNIONTOWN, OH 44685	**-***4392	501(C)(3)	12,000.	0.			HUMAN SERVICE
LAKE LOCAL SCHOOL DISTRICT 436 KING CHURCH AVENUE SW UNIONTOWN, OH 44685	**-***1623	501(C)(3)	198,125.	0.			EDUCATION
LAKESIDE CHAUTAUQUA FOUNDATION 236 WALNUT AVENUE LAKESIDE, OH 43440	**-***2755	501(C)(3)	12,600.	0.			ARTS, CULTURE, HUMANITIES
LEADERSHIP STARK COUNTY 222 MARKET AVENUE N CANTON, OH 44702	**-***6585	501(C)(3)	7,378.	0.			CIVIC

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LOUISVILLE CITY SCHOOLS 407 EAST MAIN STREET LOUISVILLE, OH 44641	**_***1721	115	20,000.	0.			EDUCATION
LUTHERAN WORLD RELIEF PO BOX 17061 BALTIMORE, MD 21297-1061	**_***4963	501(C)(3)	212,750.	0.			INTERNATIONAL/FOREIGN AFFAIRS
MAGIC HORSE THERAPEUTIC RIDING CENTER - 14512 WILLOW ROAD - LAKESIDE, CA 92040	**_***7827	501(C)(3)	10,700.	0.			ENVIRONMENT
MALALA FUND LOCKBOX 11114 PHILADELPHIA, PA 19176-0280	**_***7590	501(C)(3)	6,250.	0.			EDUCATION
MALONE UNIVERSITY 2600 CLEVELAND AVENUE NW CANTON, OH 44709-3823	**_***7794	501(C)(3)	74,501.	0.			EDUCATION
MAPS AIR MUSEUM 2260 INTERNATIONAL PARKWAY NORTH CANTON, OH 44720	**_***1715	501(C)(3)	6,385.	0.			ARTS, CULTURE, HUMANITIES
MARGARET B. SHIPLEY CHILD HEALTH CLINIC, INC. - 919 SECOND STREET NE - CANTON, OH 44704-1132	**_***4781	501(C)(3)	17,629.	0.			HEALTH
MASONIC CHARITY FOUNDATION OF OKLAHOMA - PO BOX 2406 - EDMOND, OK 73083-2406	**_***7262	501(C)(3)	10,642.	0.			CIVIC
MASSILLON MUSEUM 121 LINCOLN WAY E MASSILLON, OH 44646-6633	**_***1833	501(C)(3)	30,100.	0.			ARTS, CULTURE, HUMANITIES

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MASSILLON PUBLIC LIBRARY 208 LINCOLN WAY E MASSILLON, OH 44646-8416	**_***1834	115	202,592.	0.			EDUCATION
MASSILLON TIGER FOOTBALL BOOSTER CLUB, INC. - ATTN:VINCE PEDRO - MASSILLON, OH 44648	**_***3688	501(C)(3)	87,000.	0.			HUMAN SERVICE
MERCY DEVELOPMENT FOUNDATION 1320 MERCY DRIVE NW CANTON, OH 44708	**_***8321	501(C)(3)	104,902.	0.			HEALTH
MERCY SERVICE LEAGUE 1320 MERCY DRIVE NW CANTON, OH 44708	**_***9538	501(C)(3)	5,500.	0.			HEALTH
MEYERS LAKE PRESERVE, INC. 220 MARKET AVENUE S, SUITE 600 CANTON, OH 44702	**_***5744	501(C)(3)	35,000.	0.			GENERAL SUPPORT
MINERVA AREA COMMUNITY CHARITABLE TRUST ASSOCIATION - PO BOX 322 - MINERVA, OH 44657	**_***7464	501(C)(3)	41,771.	0.			CIVIC
MINERVA AREA YMCA 687 LYNNWOOD DRIVE MINERVA, OH 44657	**_***4392	501(C)(3)	20,000.	0.			HUMAN SERVICE
MINERVA EDUCATION FOUNDATION AND ALUMNI ASSOCIATION - PO BOX 42 - MINERVA, OH 44657	**_***9795	501(C)(3)	62,420.	0.			EDUCATION
NATIONAL CENTER FOR URBAN SOLUTIONS - 899 BROAD STREET #125 - COLUMBUS, OH 43205	**_***9509	501(C)(3)	5,500.	0.			EDUCATION

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NATIONAL FOOTBALL MUSEUM INC. 2121 GEORGE HALAS DRIVE NW CANTON, OH 44708	**-***8576	501(C)(3)	118,441.	0.			ARTS, CULTURE, HUMANITIES
NEOMED FOUNDATION 4209 STATE ROUTE 44 ROOTSTOWN, OH 44272	**-***4220	501(C)(3)	24,000.	0.			EDUCATION
NEW PHILADELPHIA CITY SCHOOLS, QUAKER FOUNDATION, INC. - PO BOX 627 - NEW PHILADELPHIA, OH 44663	**-***2289	501(C)(3)	74,000.	0.			EDUCATION
NORTH CANTON CHAPEL 715 WHITTIER AVENUE NW NORTH CANTON, OH 44720	**-***9501	501(C)(3)	28,500.	0.			RELIGION
NORTH CANTON CITY SCHOOLS 525 7TH STREET NE NORTH CANTON, OH 44720	**-***2035	115	36,630.	0.			EDUCATION
NORTH CANTON PLAYHOUSE 525 7TH STREET NE NORTH CANTON, OH 44720-2012	**-***4850	501(C)(3)	26,000.	0.			ARTS, CULTURE, HUMANITIES
OESTERLEN-SERVICES FOR YOUTH, INC. 1918 MECHANICSBURG ROAD SPRINGFIELD, OH 45503	**-***6998	501(C)(3)	28,011.	0.			HUMAN SERVICE
OHIO & ERIE CANALWAY COALITION 47 W EXCHANGE STREET AKRON, OH 44308	**-***6766	501(C)(3)	16,303.	0.			ARTS, CULTURE, HUMANITIES
OHIO FOUNDATION OF INDEPENDENT COLLEGES, INC. - 250 E BROAD STREET, SUITE 1700 - COLUMBUS, OH 43215-4202	**-***1082	501(C)(3)	8,300.	0.			EDUCATION

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OHIO HISTORICAL SOCIETY 800 EAST 17TH AVENUE COLUMBUS, OH 43211	**-***9673	501(C)(3)	11,000.	0.			ARTS, CULTURE, HUMANITIES
OSNABURG LOCAL SCHOOLS 310 BROWNING STREET EAST CANTON, OH 44730	**-***2127	501(C)(3)	120,705.	0.			EDUCATION
PATHWAY CARING FOR CHILDREN 4895 DRESSLER ROAD NW, SUITE A CANTON, OH 44718	**-***4648	501(C)(3)	25,550.	0.			HUMAN SERVICE
PATRIOT PROJECT 525 N MAIN ST. NORTH CANTON, OH 44720	**-***4327	501(C)(3)	9,500.	0.			CIVIC
PEGASUS FARM 7490 EDISON STREET NE HARTVILLE, OH 44632-9328	**-***2997	501(C)(3)	29,219.	0.			HUMAN SERVICE
PERRY LOCAL SCHOOL DISTRICT 4201 13TH STREET SW MASSILLON, OH 44646	**-***2188	501(C)(3)	5,998.	0.			EDUCATION
PHILMONT SCOUT RANCH 17 DEER RUN ROAD CIMARRON, NM 87714	**-***6300	501(C)(3)	8,500.	0.			HUMAN SERVICE
PHOENIX RISING BEHAVIORAL HEALTHCARE AND RECOVER INC. - 624 MARKET AVENUE N - CANTON, OH 44702	**-***3479	501(C)(3)	7,200.	0.			HEALTH
PLAIN LOCAL SCHOOLS FOUNDATION 1801 SCHNEIDER STREET NE CANTON, OH 44721	**-***7822	501(C)(3)	41,725.	0.			EDUCATION

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PLANNED PARENTHOOD OF GREATER OHIO 206 E STATE STREET COLUMBUS, OH 43215	**-***5976	501(C)(3)	30,357.	0.			HEALTH
PROJECT ANGEL HEART 4950 WASHINGTON STREET DENVER, CO 80216	**-***9481	501(C)(3)	15,000.	0.			HEALTH
RANDOLPH COLLEGE 2500 RIVERMONT AVENUE LYNCHBURG, VA 24503	**-***5941	501(C)(3)	25,000.	0.			EDUCATION
REFUGE OF HOPE PO BOX 9361 CANTON, OH 44711	**-***5221	501(C)(3)	63,450.	0.			HUMAN SERVICE
RIVERTREE CHRISTIAN CHURCH 7373 PORTAGE STREET NW MASSILLON, OH 44646	**-***3958	501(C)(3)	55,000.	0.			RELIGION
SALVATION ARMY - MINERVA/MALVERN 301 VALLEY STREET MINERVA, OH 44657	**-***2351	501(C)(3)	7,000.	0.			HUMAN SERVICE
SAN DIEGO CHAPTER OF SWEET ADELINES INTERNATIONAL - PO BOX 33365 - SAN DIEGO, CA 92163	**-***3961	501(C)(3)	10,700.	0.			ARTS, CULTURE, HUMANITIES
SANDY VALLEY LOCAL SCHOOLS 5362 STATE ROUTE 183 NE MAGNOLIA, OH 44643	**-***3356	501(C)(3)	15,235.	0.			EDUCATION
SERVING AREA MILITARY AND VETERANS 413 LINCOLN WAY E MASSILLON, OH 44646	**-***7411	501(C)(3)	13,150.	0.			HUMAN SERVICE

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SHOW HOPE PO BOX 647 FRANKLIN, TN 37065	**-***1220	501(C)(3)	8,500.	0.			HUMAN SERVICE
ST. JAMES ROMAN CATHOLIC CHURCH 400 WEST LISBON STREET WAYNESBURG, OH 44688	**-***2412	501(C)(3)	109,145.	0.			RELIGION
ST. JOHN LUTHERAN CHURCH PO BOX 311 CANAL FULTON, OH 44614	**-***0173	501(C)(3)	26,400.	0.			RELIGION
ST. JOHN'S VILLA 701 CREST STREET CARROLLTON, OH 44615	**-***1908	501(C)(3)	58,722.	0.			HUMAN SERVICE
ST. JOSEPH CATHOLIC CHURCH OF DOVER - 613 N TUSCARAWAS AVENUE - DOVER, OH 44622	**-***4507	501(C)(3)	11,815.	0.			RELIGION
ST. JOSEPH'S CHURCH OF CANTON 2427 TUSCARAWAS STREET W CANTON, OH 44708	**-***4371	501(C)(3)	5,064.	0.			RELIGION
ST. LUKE FOUNDATION 220 APPLGROVE STREET NE NORTH CANTON, OH 44720	**-***3120	501(C)(3)	13,392.	0.			GENERAL SUPPORT
ST. MARK'S EPISCOPAL CHURCH 515 48TH STREET NW CANTON, OH 44709	**-***2879	501(C)(3)	6,200.	0.			RELIGION
ST. MICHAEL THE ARCHANGEL CATHOLIC CHURCH - 3430 ST. MICHAEL DRIVE NW - CANTON, OH 44718	**-***2263	501(C)(3)	44,320.	0.			RELIGION

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ST. PETER CATHOLIC CHURCH 726 CLEVELAND AVENUE NW CANTON, OH 44702	**_***4746	501(C)(3)	15,957.	0.			RELIGION
ST. TIMOTHY'S EPISCOPAL CHURCH 226 THIRD STREET SE MASSILLON, OH 44646-6702	**_***2706	501(C)(3)	225,600.	0.			RELIGION
STARK COUNTY CATHOLIC SCHOOLS 4824 TUSCARAWAS STREET W CANTON, OH 44708	**_***4566	501(C)(3)	17,479.	0.			EDUCATION
STARK COUNTY DISTRICT LIBRARY 715 MARKET AVENUE N CANTON, OH 44702-1018	**_***0510	501(C)(3)	6,481.	0.			EDUCATION
STARK COUNTY EDUCATIONAL SERVICE CENTER - 6057 STRIP AVENUE NW - NORTH CANTON, OH 44720-9207	**_***1718	501(C)(3)	59,150.	0.			EDUCATION
STARK COUNTY HISTORICAL SOCIETY 800 MCKINLEY MONUMENT DRIVE NW CANTON, OH 44708-4832	**_***3194	501(C)(3)	241,551.	0.			ARTS, CULTURE, HUMANITIES
STARK COUNTY HUMANE SOCIETY PO BOX 7077, STATION A CANTON, OH 44705-0077	**_***3244	501(C)(3)	290,239.	0.			ENVIRONMENT
STARK COUNTY HUNGER TASK FORCE 408 9TH STREET SW, SUITE 1637 CANTON, OH 44707	**_***4549	501(C)(3)	27,400.	0.			HUMAN SERVICE
STARK COUNTY ITALIAN AMERICAN FESTIVAL FOUNDATION, INC. - PO BOX 9345 - CANTON, OH 44711-9345	**_***4253	501(C)(3)	5,398.	0.			ARTS, CULTURE, HUMANITIES

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STARK COUNTY RETIRED TEACHERS ASSOCIATION SCHOLARSHIP FUND - 1453 ELECTRIC BOULEVARD - ALLIANCE, OH 44601	**-***7861	501(C)(3)	5,494.	0.			ARTS, CULTURE, HUMANITIES
STARK ECONOMIC DEVELOPMENT BOARD 400 3RD STREET SE, SUITE 310 CANTON, OH 44702	**-***6938	501(C)(3)	412,500.	0.			CIVIC
STARK EDUCATION PARTNERSHIP, INC. 400 MARKET AVENUE N, SUITE B-PLAZA CANTON, OH 44702	**-***5250	501(C)(3)	313,306.	0.			EDUCATION
STARK STATE COLLEGE FOUNDATION 6200 FRANK AVENUE NW NORTH CANTON, OH 44720	**-***7595	501(C)(3)	157,157.	0.			EDUCATION
STARKFRESH 321 CHERRY AVENUE NE CANTON, OH 44702	**-***0426	501(C)(3)	5,650.	0.			HUMAN SERVICE
TEAM NEO FOUNDATION 1111 SUPERIOR AVENUE CLEVELAND, OH 44114	**-***5407	501(C)(3)	20,000.	0.			CIVIC
TEMPLE ISRAEL 432 30TH STREET NW CANTON, OH 44709	**-***3128	501(C)(3)	12,641.	0.			RELIGION
THANKSGIVING BASKETS DOWNTOWN, INC. - PO BOX 8032 - CANTON, OH 44711	**-***3340	501(C)(3)	6,100.	0.			HUMAN SERVICE
THE AULTMAN FOUNDATION 2600 SIXTH STREET SW CANTON, OH 44710-1702	**-***0459	501(C)(3)	216,583.	0.			HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BASILICA OF ST. JOHN THE BAPTIST CATHOLIC CHURCH - 627 MCKINLEY AVENUE NW - CANTON, OH 44703	**-***4655	501(C)(3)	36,849.	0.			RELIGION
THE GOLDEN KEY CENTER FOR EXCEPTIONAL CHILDREN, INC. - 1431 30TH STREET NW - CANTON, OH 44709	**-***1272	501(C)(3)	135,000.	0.			HUMAN SERVICE
THE LEGACY PROJECT OF STARK 708 TREMONT AVENUE SW MASSILLON, OH 44647	**-***7887	501(C)(3)	9,832.	0.			EDUCATION
THE OHIO STATE UNIVERSITY FOUNDATION - PO BOX 710811 - COLUMBUS, OH 43271	**-***5986	501(C)(3)	11,669.	0.			EDUCATION
THE PREGNANCY AND PARENTING CENTER 4500 22ND STREET NW CANTON, OH 44708	**-***1765	501(C)(3)	22,283.	0.			HUMAN SERVICE
THE SALVATION ARMY OF ALLIANCE 57 W MAIN STREET ALLIANCE, OH 44601	**-***2351	501(C)(3)	26,594.	0.			HUMAN SERVICE
THE SALVATION ARMY OF CANTON PO BOX 20249 CANTON, OH 44702-2110	**-***2351	501(C)(3)	137,982.	0.			HUMAN SERVICE
THE SALVATION ARMY OF MASSILLON 315 6TH STREET NE MASSILLON, OH 44646	**-***2351	501(C)(3)	5,862.	0.			HUMAN SERVICE
THE WILDERNESS CENTER PO BOX 202 WILMOT, OH 44689-0202	**-***3581	501(C)(3)	496,676.	0.			ENVIRONMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIQVAH HANDS OF HOPE PO BOX 80213 CANTON, OH 44708	**_***9574	501(C)(3)	8,100.	0.			HUMAN SERVICE
TOMTOD IDEAS 439 MARKET AVENUE N CANTON, OH 44702	**_***2616	501(C)(3)	12,000.	0.			HUMAN SERVICE
TOWPATH TRAIL YMCA 1226 MARKET STREET NE NAVARRE, OH 44662	**_***9180	501(C)(3)	12,000.	0.			HUMAN SERVICE
TRI COUNTY JOBS FOR OHIO'S GRADUATES - 5888 FULTON DRIVE NW - CANTON, OH 44718	**_***4720	501(C)(3)	99,998.	0.			HUMAN SERVICE
TRINITY UNITED CHURCH OF CHRIST 3909 BLACKBURN ROAD NW CANTON, OH 44718-3213	**_***8411	501(C)(3)	187,041.	0.			RELIGION
TUNNEL TO TOWERS FOUNDATION 2361 HYLAN BOULEVARD STATEN ISLAND, NY 10306	**_***4654	501(C)(3)	6,450.	0.			HUMAN SERVICE
TUSCARAWAS COUNTY ECONOMIC DEVELOPMENT CORPORATION - 339 OXFORD STREET - DOVER, OH 44622	**_***5277	501(C)(3)	10,000.	0.			CIVIC
TUSCARAWAS COUNTY UNIVERSITY FOUNDATION - 330 UNIVERSITY DRIVE NE - NEW PHILADELPHIA, OH 44663-9403	**_***0712	501(C)(3)	38,250.	0.			EDUCATION
UNITARIAN UNIVERSALIST CONGREGATION OF GREATER CANTON - 2585 EASTON STREET NE - CANTON, OH 44721-2663	**_***4127	501(C)(3)	6,600.	0.			RELIGION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED SERVICE ORGANIZATIONS, INC. PO BOX 96860 WASHINGTON, DC 20077-7677	**-***0451	501(C)(3)	6,648.	0.			CIVIC
UNITED WAY OF GREATER STARK COUNTY 401 MARKET AVENUE N, SUITE 300 CANTON, OH 44702	**-***4191	501(C)(3)	413,080.	0.			HUMAN SERVICE
UNIVERSITY OF MOUNT UNION 1972 CLARK AVENUE ALLIANCE, OH 44601-3929	**-***4687	501(C)(3)	167,048.	0.			EDUCATION
UNIVERSITY OF NOTRE DAME 115 MAIN BUILDING, ATTN: FINANCIAL AID DEPARTMENT - NOTRE DAME, IN 46556-56	**-***8188	501(C)(3)	13,760.	0.			EDUCATION
USA CARES 11760 COMMONWEALTH DRIVE LOUISVILLE, KY 40299	**-***8761	501(C)(3)	5,250.	0.			HUMAN SERVICE
VANTAGE AGING 388 S MAIN STREET, SUITE 325 AKRON, OH 44311	**-***8544	501(C)(3)	17,900.	0.			HUMAN SERVICE
W. R. BELL-WENDELL HERRON SCHOLARSHIP FOUNDATION, INC. - PO BOX 123 - CARROLLTON, OH 44615	**-***0255	501(C)(3)	10,000.	0.			EDUCATION
WALSH UNIVERSITY 2020 E MAPLE STREET NORTH CANTON, OH 44720-3396	**-***8798	501(C)(3)	73,569.	0.			EDUCATION
WASHINGTON HIGH SCHOOL ALUMNI ASSOCIATION - ONE PAUL BROWN DRIVE SE - MASSILLON, OH 44646	**-***4302	501(C)(3)	13,200.	0.			EDUCATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTARK FAMILY SERVICES, INC. 42 FIRST STREET NE MASSILLON, OH 44646	**-***5604	501(C)(3)	129,910.	0.			HUMAN SERVICE
WESTSIDE CARES 2808 WEST COLORADO AVENUE COLORADO SPRINGS, CO 80904	**-***4492	501(C)(3)	6,000.	0.			HUMAN SERVICE
WHISPERING GRACE HORSES 12882 KIMMENS ROAD SW MASSILLON, OH 44647	**-***8097	501(C)(3)	8,500.	0.			ENVIRONMENT
WISHES CAN HAPPEN PO BOX 9428 CANTON, OH 44711-9428	**-***5201	501(C)(3)	5,909.	0.			HUMAN SERVICE
WORLD CENTRAL KITCHEN 200 MASSACHUSETTS AVENUE NW, 7TH FL WASHINGTON, DC 20001	**-***1132	501(C)(3)	7,500.	0.			HUMAN SERVICE
YMCA OF CENTRAL STARK COUNTY 4700 DRESSLER ROAD NW CANTON, OH 44718	**-***4392	501(C)(3)	42,239.	0.			HUMAN SERVICE
YOUNG AMERICA'S FOUNDATION 11480 COMMERCE PARK DRIVE, 6TH FLOOR RESTON, VA 20191	**-***2029	501(C)(3)	15,600.	0.			CIVIC
YWCA - CANTON 231 SIXTH STREET NE, JOSHUA THOMAS WHITE CENTER BLDG. - CANTON, OH 44702-103	**-***4799	501(C)(3)	88,359.	0.			HUMAN SERVICE
YWCA OF ALLIANCE 239 E MARKET STREET ALLIANCE, OH 44601	**-***4731	501(C)(3)	19,162.	0.			HUMAN SERVICE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZION UNITED CHURCH OF CHRIST 415 S MAIN STREET NORTH CANTON, OH 44721	** - ***9631	501(C)(3)	20,659.	0.			RELIGION
ZOAR COMMUNITY ASSOCIATION PO BOX 621 ZOAR, OH 44697	** - ***2147	501(C)(3)	44,800.	0.			CIVIC
ZOE'S HOUSE ADOPTION AGENCY 13200 METCALF AVENUE, SUITE 100 OVERLAND PARK, KS 66213	** - ***2561	501(C)(3)	8,250.	0.			HUMAN SERVICE

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	310	600,223.	0.	BOOK	
POLICE OFFICER BULLETPROOF VESTS	8	1,200.	0.	BOOK	

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

PART I, LINE 2:

MONITORING THE USE OF GRANT FUNDS,

NONPROFIT GRANT APPLICANTS MUST SUPPLY A COPY OF THEIR 501(C)(3)

DETERMINATION LETTER AND AUDITED FINANCIAL STATEMENTS. SITE VISITS TO

ORGANIZATIONS AND/OR IN-PERSON OR PHONE CONFERENCES MAY OCCUR. THE

FOUNDATION MONITORS GRANT AWARDS IN SEVERAL WAYS, INCLUDING:

- GRANT AGREEMENTS THAT OUTLINE THE DATES AND FREQUENCY OF EVALUATIVE

REPORTS DUE TO THE FOUNDATION.

- GRANTEE FINAL REPORTS WITH SPECIFIC QUESTIONS TO ANSWER FOR REPORTING

Part IV Supplemental Information

PROGRESS AT THE END OF A GRANT PERIOD, USED FOR A SINGLE-YEAR REQUEST.

- GRANTEES AWARDED MULTIPLE-YEAR GRANTS MUST SUBMIT INTERIM REPORTS TO RECEIVE TOTAL FUNDS.

- COMPLETING GOALS, OBJECTIVES, AND STRATEGIES TO BETTER ILLUSTRATE THE OUTCOMES OF THEIR PROJECT PURPOSE IN THE SPECIFIC IMPACT AREA. IMPACT AREA MEETINGS OF COLLABORATIVE ORGANIZATIONS AND SITE VISITS OFTEN OCCUR TO CELEBRATE PROGRESS AND COMPLETE EVALUATIVE DATA.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

STARK COMMUNITY FOUNDATION

Employer identification number

**** - *** 3665**

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARK J. SAMOLCZYK PRESIDENT	(i)	255,821.	15,000.	2,286.	11,688.	16,636.	301,431.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRIDGETTE L. NEISEL V.P. OF ADVANCEMENT	(i)	153,330.	5,000.	414.	7,227.	39,139.	205,110.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CARRIE L. BAST V.P. OF FINANCE & CFO	(i)	164,328.	5,000.	414.	7,212.	2,523.	179,477.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

STARK COMMUNITY FOUNDATION

Employer identification number

**** - *** 3665**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	36	2,774,369.	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	X	1	110,000.	FAIR MARKET VALUE
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** **1**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
 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?
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 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	
33		

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

Schedule M (Form 990) 2022

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)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

STARK COMMUNITY FOUNDATION

Employer identification number

-*3665

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

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

FORM 990, ITEM K:

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

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

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

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

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

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

Schedule O (Form 990) 2022

Name of the organization

STARK COMMUNITY FOUNDATION

Employer identification number

-*3665

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

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

DECISIONS SUBJECT TO APPROVAL OF MEMBERS,

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

- LIQUIDATION OR DISSOLUTION.

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

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

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

REVIEW OF FORM 990,

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

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

FORM 990 PROVIDED TO GOVERNING BODY,

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

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

DIRECTORS.

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

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

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

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

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

Name of the organization STARK COMMUNITY FOUNDATION	Employer identification number ** - ***3665
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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 12,941,890.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SCF DEVELOPMENT, LTD. - 42-1581249 400 MARKET AVENUE NORTH, SUITE 200 CANTON, OH 44702	REAL ESTATE	OHIO	146,687.	44,500.	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)	LINE 12A, I	N/A	X	

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

Schedule R (Form 990) 2022

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NEWMARKET PROJECT, INC.	D	5,999,988.	FMV
(2) NEWMARKET PROJECT, INC.	A	395,416.	FMV
(3) HEALTH FOUNDATION OF GREATER MASSILLON	B	183,477.	FMV
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

Multiple horizontal lines for providing supplemental information.