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Form **990-PF**
Department of the Treasury
Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052
2009

For calendar year 2009, or tax year beginning , 2009, and ending , 20

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.

Name of foundation
HEALTH FOUNDATION OF GREATER MASSILLON

A Employer identification number
31-1516370

Number and street (or P O box number if mail is not delivered to street address) | Room/suite
1237 LINCOLN WAY EAST

B Telephone number (see page 10 of the instructions)
(330) 837-6864

City or town, state, and ZIP code
MASSILLON, OH 44646-6992

C If exemption application is pending check here ▶ ☐
D 1 Foreign organizations check here ▶ ☐
2 Foreign organizations meeting the 85% test check here and attach computation ▶ ☐

H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ $ 6,985,075.

J Accounting method ☒ Cash ☐ Accrual ☐ Other (specify) _____ (Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I Analysis of Revenue and Expenses *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))*

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants etc, received (attach schedule)	25,000.			
	2 Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3 Interest on savings and temporary cash investments	203.	203.		ATCH 1
	4 Dividends and interest from securities	138,891.	138,891.		ATCH 2
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	-529,545.			
	b Gross sales price for all assets on line 6a 1,276,817.				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 **Total.** Add lines 1 through 11	-365,451.	139,094.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	36,750.	3,675.		33,075.
	14 Other employee salaries and wages	39,492.	3,949.		35,543.
	15 Pension plans, employee benefits	6,644.	664.		5,980.
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule) ATCH 3	13,700.	2,115.	0.	11,585.
	c Other professional fees (attach schedule) *	100.	33.		67.
	17 Interest				
	18 Taxes (attach schedule) (see page 14 of the instructions)				
	19 Depreciation (attach schedule) and depletion	1,022.	1,022.		
	20 Occupancy	11,997.	3,599.		8,398.
	21 Travel, conferences, and meetings	4,639.	929.		3,710.
	22 Printing and publications				
	23 Other expenses (attach schedule) ATCH 5	39,082.	22,614.		16,468.
	24 **Total operating and administrative expenses.** Add lines 13 through 23	153,426.	38,600.	0.	114,826.
	25 Contributions, gifts, grants paid	270,359.			270,359.
	26 **Total expenses and disbursements** Add lines 24 and 25	423,785.	38,600.	0.	385,185.
	27 Subtract line 26 from line 12				
	a **Excess of revenue over expenses and disbursements**	-789,236.			
	b **Net investment income** (if negative, enter -0-)		100,494.		
	c **Adjusted net income** (if negative, enter -0-)			-0-	

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	49,930.	33,547.	33,547.
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U S and state government obligations (attach schedule)			
	b Investments - corporate stock (attach schedule)			
	c Investments - corporate bonds (attach schedule)			
	11 Investments - land, buildings, and equipment basis ▶ 25,899. Less accumulated depreciation (attach schedule) ▶ 22,719.	3,554.	3,180.	3,180.
	12 Investments - mortgage loans			
	13 Investments - other (attach schedule) ATCH 6	8,100,638.	7,327,620.	6,948,183.
	14 Land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶ ATCH 7)	165.	165.	165.
	16 **Total assets** (to be completed by all filers - see the instructions Also, see page 1, item I)	8,154,287.	7,364,512.	6,985,075.
Liabilities	17 Accounts payable and accrued expenses	2,637.	2,098.	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities** (add lines 17 through 22)	2,637.	2,098.	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	8,148,107.	7,354,355.	
	25 Temporarily restricted		496.	
	26 Permanently restricted	3,543.	7,563.	
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ [ ]			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see page 17 of the instructions)	8,151,650.	7,362,414.	
	31 **Total liabilities and net assets/fund balances** (see page 17 of the instructions)	8,154,287.	7,364,512.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	8,151,650.
2	Enter amount from Part I, line 27a	2	-789,236.
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	7,362,414.
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	7,362,414.

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	SEE PART IV SCHEDULE			
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	-529,545.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? . . . . ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2008	451,442.	7,884,787.	0.057255
2007	408,586.	9,372,867.	0.043592
2006	369,122.	8,156,482.	0.045255
2005	334,391.	7,078,904.	0.047238
2004	276,356.	6,676,593.	0.041392

2	**Total** of line 1, column (d)	2	0.234732
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.046946
4	Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	6,066,773.
5	Multiply line 4 by line 3	5	284,811.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	1,005.
7	Add lines 5 and 6	7	285,816.
8	Enter qualifying distributions from Part XII, line 4	8	385,185.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions on page 18

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ (attach copy of ruling letter if necessary - see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☒ and enter 1% of Part I, line 27b	1	1,005.
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	
3	Add lines 1 and 2	3	1,005.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0.
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	1,005.
6	Credits/Payments		
a	2009 estimated tax payments and 2008 overpayment credited to 2009 — 6a: 5,425.		
b	Exempt foreign organizations-tax withheld at source — 6b: 0.		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 0.		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments Add lines 6a through 6d	7	5,425.
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	4,420.
11	Enter the amount of line 10 to be **Credited to 2010 estimated tax** ▶ 4,420. **Refunded** ▶	11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ $ _____ (2) On foundation managers ▶ $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ OH,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G? If "No," attach explanation*	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? *If "Yes," complete Part XIV*	9		X
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		X

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Part VII-A Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ WWW.HEALTHFOUNDATION-MASSILLON.ORG

14 The books are in care of ▶ JUDITH G. MILLER Telephone no ▶ 330-837-6864

Located at ▶ 1237 LINCOLN WAY EAST MASSILLON, OH ZIP + 4 ▶ 44646

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? ☐ Yes ☒ No			
	If "Yes," list the years ▶ _____, _____, _____, _____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see page 20 of the instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ _____, _____, _____, _____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2009 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

5a	During the year did the foundation pay or incur any amount to				
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes	☒ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes	☒ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes	☒ No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions)	☐ Yes	☒ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes	☒ No		
b	If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?			5b	
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐				
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes	☒ No		
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☒ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			6b	X
	If "Yes" to 6b, file Form 8870				
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes	☒ No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			7b	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATTACHMENT 8		36,750.	-0-	-0-

2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over $50,000 ▶

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Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over $50,000 for professional services ▶ NONE

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 GRANTS TO 501(C)(3) ENTITIES ENGAGED IN HEALTHCARE ACTVITIES (SEE ATTACHMENT -- LIST OF DONEES GRANTED $1,000 AND ABOVE)	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see page 23 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments See page 24 of the instructions	
3 NONE	
Total. Add lines 1 through 3 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations, see page 24 of the instructions)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1a	6,102,771.
b	Average of monthly cash balances	1b	56,389.
c	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d	**Total** (add lines 1a, b, and c)	1d	6,159,160.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	6,159,160.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions)	4	92,387.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	6,066,773.
6	**Minimum investment return.** Enter 5% of line 5	6	303,339.

Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part)

1	Minimum investment return from Part X, line 6			1	303,339.
2a	*Tax on investment income for 2009 from Part VI, line 5*	2a	1,005.		
b	Income tax for 2009 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	1,005.
3	Distributable amount before adjustments Subtract line 2c from line 1			3	302,334.
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	302,334.
6	Deduction from distributable amount (see page 25 of the instructions)			6	
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII line 1			7	302,334.

Part XII Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	385,185.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	385,185.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	1,005.
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	384,180.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				302,334.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			266,044.	
b Total for prior years 20 07 ,20 06 ,20 05				
3 Excess distributions carryover, if any, to 2009				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008 0.				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ $ 385,185.				
a Applied to 2008, but not more than line 2a			266,044.	
b Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d Applied to 2009 distributable amount				119,141.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 *(If an amount appears in column (d), the same amount must be shown in column (a).)*	0.			0.
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions				
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions				
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				183,193.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)				
9 **Excess distributions carryover to 2010.** Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009 0.				

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Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9) NOT APPLICABLE

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test - enter (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test- enter 2/3 of minimum investment return shown in Part X line 6 for each year listed					
c "Support" alternative test - enter (1) Total support other than gross investment income (interest, dividends rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942 (j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year - see page 28 of the instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed

ATTACHMENT 9

b The form in which applications should be submitted and information and materials they should include

ATTACHMENT 10

c Any submission deadlines

FEBRUARY 28TH & AUGUST 31ST.

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

SEE ATTACHMENT

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATTACHMENT 11				
Total ▶ **3a**				270,359.
b *Approved for future payment*				
Total ▶ **3b**				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income (a) Business code	Unrelated business income (b) Amount	Excluded by section 512, 513, or 514 (c) Exclusion code	Excluded by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income (See page 28 of the instructions)
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	203.	
4 Dividends and interest from securities			14	138,891.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	-529,545.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)				-390,451.	
13 **Total.** Add line 12, columns (b), (d), and (e)				13	-390,451.

(See worksheet in line 13 instructions on page 28 to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See page 29 of the instructions)
	NOT APPLICABLE

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of			
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is "Yes," complete the following schedule Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
	N/A		N/A

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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

Sign Here

John J McGrath — Signature of officer or trustee — 8-6-10 Date — PRESIDENT Title

Paid Preparer's Use Only

Preparer's signature — Date JUL 14 2010 — Check if self-employed ☐ — Preparer's identifying number (See Signature on page 30 of the instructions) P00709595

Firm's name (or yours if self-employed), address, and ZIP code: CBIZ MHM, LLC, 4040 EMBASSY PARKWAY SUITE 100, AKRON, OH 44333-8354 — EIN 34-1513062 — Phone no 330-668-6500

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of the organization
HEALTH FOUNDATION OF GREATER MASSILLON

Employer identification number
31-1516370

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (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, $5,000 or more (in money or property) from any one contributor Complete Parts I and II

Special Rules

☐ For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to 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 Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc , contributions of $5,000 or more during the year . . . . . ▶ $ _____

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

Name of organization	Employer identification number
HEALTH FOUNDATION OF GREATER MASSILLON	31-1516370

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	STARK COMMUNITY FOUNDATION 400 MARKET AVENUE NORTH SUITE 200 CANTON, OH 44702-2107	$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
2	CITY OF MASSILLON ONE JAMES DUNCAN PLAZA SE MASSILLON, OH 44646-6652	$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2009

Name of estate or trust: HEALTH FOUNDATION OF GREATER MASSILLON

Employer identification number: 31-1516370

Note: *Form 5227 filers need to complete **only** Parts I and II*

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b	Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	11,433.
2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4	Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2008 Capital Loss Carryover Worksheet	4	( )
5	**Net short-term gain or (loss).** Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back ▶	5	11,433.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					

b	Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	-540,978.
7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9	Capital gain distributions	9	
10	Gain from Form 4797, Part I	10	
11	Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2008 Capital Loss Carryover Worksheet	11	( )
12	**Net long-term gain or (loss).** Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back ▶	12	-540,978.

Part III Summary of Parts I and II
Caution: *Read the instructions* ***before*** *completing this part*

		(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
13 **Net short-term gain or (loss)**	13			11,433.
14 **Net long-term gain or (loss):**				
a Total for year	14a			-540,978.
b Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b			
c 28% rate gain	14c			
15 **Total net gain or (loss).** Combine lines 13 and 14a ▶	15			-529,545.

Note: *If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a) If lines 14a and 15, column (2), are net gains, go to Part V, and* ***do not*** *complete Part IV If line 15, column (3), is a net loss, complete Part IV and the* ***Capital Loss Carryover Worksheet,*** *as necessary*

Part IV Capital Loss Limitation

16 Enter here and enter as a (loss) on Form 1041 line 4 (or Form 990-T, Part I, line 4c, if a trust), the **smaller** of
a The loss on line 15, column (3) **or** b $3,000 . . . . . 16 (3,000)

Note: *If the loss on line 15, column (3), is more than $3,000,* ***or*** *if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the* ***Capital Loss Carryover Worksheet*** *on page 7 of the instructions to figure your capital loss carryover*

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 22, is more than zero

Caution: *Skip this part and complete the worksheet on page 8 of the instructions if*

- *Either line 14b, col (2) or line 14c, col (2) is more than zero, or*
- *Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero*

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, **and** Form 990-T, line 34, is more than zero Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)			17		
18	Enter the **smaller** of line 14a or 15 in column (2) but not less than zero	18				
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19				
20	Add lines 18 and 19	20				
21	If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- ▶	21				
22	Subtract line 21 from line 20 If zero or less, enter -0-			22		
23	Subtract line 22 from line 17 If zero or less, enter -0-			23		
24	Enter the **smaller** of the amount on line 17 or $2,300			24		
25	Is the amount on line 23 equal to or more than the amount on line 24? ☐ **Yes.** Skip lines 25 and 26, go to line 27 and check the "No" box ☐ **No.** Enter the amount from line 23			25		
26	Subtract line 25 from line 24			26		
27	Are the amounts on lines 22 and 26 the same? ☐ **Yes.** Skip lines 27 thru 30, go to line 31 ☐ **No.** Enter the **smaller** of line 17 or line 22			27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)			28		
29	Subtract line 28 from line 27			29		
30	Multiply line 29 by 15% (15)				30	
31	Figure the tax on the amount on line 23 Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)				31	
32	Add lines 30 and 31				32	
33	Figure the tax on the amount on line 17 Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)				33	
34	**Tax on all taxable income.** Enter the **smaller** of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)				34	

SCHEDULE D-1 (Form 1041)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule D (Form 1041)

▶ See instructions for Schedule D (Form 1041).
▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No 1545-0092

2009

Name of estate or trust: HEALTH FOUNDATION OF GREATER

Employer identification number: 31-1516370

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

	(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1a	MORGAN STANLEY - SEE ATTACHED	VARIOUS	VARIOUS	332,248.	320,815.	11,433.
1b	Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b					11,433.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2009

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Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side	Employer identification number

Part II **Long-Term Capital Gains and Losses - Assets Held More Than One Year**

(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a MORGAN STANLEY - SEE ATTACHED	VARIOUS	VARIOUS	944,569.	1,485,547.	-540,978.

6b **Total.** Combine the amounts in column (f) Enter here and on Schedule D, line 6b . . . . -540,978.

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ATTACHMENT 1

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
INTEREST	203.	203.
TOTAL	203.	203.

ATTACHMENT 2

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

DESCRIPTION		REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
MORGAN STANLEY 737015227		138,891.	138,891.
	TOTAL	138,891.	138,891.

ATTACHMENT 3

FORM 990PF, PART I - ACCOUNTING FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
ACCOUNTING	7,050.	2,115.		4,935.
AUDITING	5,400.			5,400.
TAX PREPARATION	1,250.			1,250.
TOTALS	13,700.	2,115.	0.	11,585.

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	CHARITABLE PURPOSES
GROUP RATING FEE	100.	33.	67.
TOTALS	100.	33.	67.

FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	CHARITABLE PURPOSES
ADVERTISING	901.		901.
DUES & SUBSCRIPTIONS	1,535.	307.	1,228.
INSURANCE	10,999.	3,630.	7,369.
INVESTMENT ADVISORY FEES	16,610.	16,610.	
MARKETING	1,574.		1,574.
OFFICE SUPPLIES & EXPENSE	6,263.	2,067.	4,196.
NEIGHBORHOOD PROGRAM EXPENSE	1,200.		1,200.
TOTALS	39,082.	22,614.	16,468.

FORM 990PF, PART II - OTHER INVESTMENTS

ATTACHMENT 6

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
MORGAN STANLEY 737 015227	7,008,195.	6,587,539.
MORGAN STANLEY 737 017668	319,425.	360,644.
TOTALS	7,327,620.	6,948,183.

FORM 990PF, PART II - OTHER ASSETS ATTACHMENT 7

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
DEPOSITS	165.	165.
TOTALS	165.	165.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES ATTACHMENT 8

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION
JOHN J MCGRATH 1234 LINCOLN WAY EAST MASSILLON, OH 44646	EXECUTIVE DIRECTOR 25.00	36,750.
SEE ATTACHED	BOARD MEMBERS	
	GRAND TOTALS	36,750.

ATTACHMENT 9

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

JUDITH G. MILLER
1237 LINCOLN WAY E
MASSILLON, OH 44646-6992
330 837-6864

ATTACHMENT 10

990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

GRANT APPLICATION PACKAGE: AUTHORIZED COVER LETTER, SUMMARY, FULL PROPOSAL, ITS TAX EXEMPTION LETTER, ANNUAL REPORT, BOARD MEMBERS, FINANCIAL STATEMENTS, AFFIRMATIVE ACTION POLICY, EMPLOYEES/CONSULTANTS , COLLABORATORS, REFERENCES.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 11

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
MISCELLANEOUS GRANTS - MASSILLON, OH 44646	NONE 501(C)(3)	HEALTHCARE ACTIVITIES	1,809
SEE ATTACHMENT - LIST OF DONEES GRANTED > $1,000	NONE 501(C)(3)	HEALTHCARE ACTIVITIES	268,550
		TOTAL CONTRIBUTIONS PAID	270,359

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

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

Electronic Filing *(e-file)*. Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	**Employer identification number**
File by the due date for filing your return See instructions	HEALTH FOUNDATION OF GREATER MASSILLON	31-1516370
	Number, street, and room or suite no If a P O box, see instructions 1237 LINCOLN WAY EAST	
	City, town or post office, state, and ZIP code For a foreign address, see instructions MASSILLON, OH 44646-6992	

Check type of return to be filed (file a separate application for each return)

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[X] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ JUDITH G. MILLER

Telephone No ▶ 330 837-6864 FAX No ▶

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2010, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [X] calendar year 2009 or
▶ [ ] tax year beginning _____, _____, and ending _____, _____

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$ 1,392.
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$ 5,425.
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev 4-2009)

JSA
9F8054 2 000
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FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		MORGAN STANLEY - SEE ATTACHED PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
332,248.		320,815.					11,433.	
		MORGAN STANLEY - SEE ATTACHED PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
944,569.		1,485,547.					-540,978.	
TOTAL GAIN(LOSS)		.....					-529,545.	

REALIZED GAIN/(LOSS) DETAIL

Security Description	Date Acquired	Date Sold	Quantity	Sales Proceeds	Orig / Adj Total Cost	Realized Gain/(Loss)	Comments
ALLIANCEBER INTL VALUE A	06/28/06	01/30/09	4,006 580	$35,979 09	$77,407 09	$(41,428 00)	
	10/27/06	01/30/09	21,461 296	192,722 44	476,870 00	(284,147 56)	
	12/14/06	01/30/09	1,116.412	10,025 38	24,784 35	(14,758 97)	
	12/14/06	01/30/09	472.736	4,245 17	10,494 75	(6,249 58)	
	12/14/06	01/30/09	238 136	2,138 46	5,286 63	(3,148 17)	
	12/21/07	01/30/09	1,223 109	10,983 52	26,822 77	(15,839 25)	
	12/21/07	01/30/09	444 303	3,989 84	9,743 56	(5,753 72)	
	12/21/07	01/30/09	111 076	997 46	2,435 89	(1,438 43)	
	02/12/08	01/30/09	2,047 325	18,384 98	39,800 00	(21,415 02)	
COLUMBIA ACORN A	03/17/04	08/18/09	530 888	10,999 99	12,364 38	(1,364 39)	
	03/17/04	11/19/09	1,758 242	40,000 01	40,949 44	(949 43)	

CONTINUED

Activity

HEALTH FDN OF GREATER MASSILLON
ATTENTION: JOHN J MCGRATH

REALIZED GAIN/(LOSS) DETAIL (CONTINUED)

Security Description	Date Acquired	Date Sold	Quantity	Sales Proceeds	Orig / Adj Total Cost	Realized Gain/(Loss)	Comments
	03/17/04	12/21/09	421.763	9,999.99	9,822 86	177.13	
COLUMBIA MARSICO GROWTH A	06/28/06	12/15/09	1,187.648	20,000 00	21,508 31	(1,508 31)	
DAVIS NEW YORK VENTURE A	03/17/04	10/19/09	327 654	10,000 01	9,400 39	599 62	
	03/17/04	11/19/09	1,637 164	49,999 00	46,970 24	3,028 76	
DREYFUS LTD TRM HI YLD A	12/15/08	01/20/09	53,648 069	284,871 25	249,999 47	34,871.78	
	12/31/08	01/20/09	224 526	1,192.23	1,136 10	56 13	
ING INTERMEDIATE BOND A	04/08/04	02/17/09	23,874.347	202,931 95	251,874 12	(48,942 17)	
	04/30/04	02/17/09	124 000	1,054 00	1,288.36	(234 36)	
	04/30/04	02/17/09	0 240	2 04	2.49	(0 45)	
	05/28/04	02/17/09	152 910	1,299 74	1,576 50	(276 76)	
	06/30/04	02/17/09	153 062	1,301 03	1,582 66	(281 63)	
	07/30/04	02/17/09	159.315	1,354 18	1,660 06	(305.88)	
	08/11/04	02/17/09	719 151	6,112 78	7,464 79	(1,352 01)	
	08/11/04	02/17/09	51 703	439.48	536 68	(97 20)	
	08/31/04	02/17/09	160.598	1,365.08	1,679 86	(314 78)	
	09/30/04	02/17/09	163.288	1,387.95	1,706 36	(318.41)	
	10/29/04	02/17/09	172.310	1,464 64	1,809 25	(344 61)	
	11/18/04	02/17/09	152.653	1,297 55	1,593 70	(296.15)	
	11/18/04	02/17/09	92 427	785.63	964.94	(179 31)	
	11/30/04	02/17/09	169 602	1,441 62	1,757 08	(315 46)	
	12/31/04	02/17/09	157 877	1,341 95	1,648 24	(306 29)	
	01/31/05	02/17/09	144 453	1,227 85	1,513 87	(286 02)	
	02/28/05	02/17/09	88 295	750 51	918 27	(167 76)	
	03/31/05	02/17/09	93 559	795 25	965 53	(170 28)	
	04/29/05	02/17/09	95 177	809 00	992 70	(183 70)	
	05/31/05	02/17/09	99 996	849 97	1,049 96	(199 99)	
	06/30/05	02/17/09	98.557	837 73	1,036 82	(199.09)	
	07/29/05	02/17/09	102 260	869.21	1,065.55	(196.34)	
	08/31/05	02/17/09	114 665	974.65	1,206.28	(231.63)	
	09/30/05	02/17/09	114 038	969 32	1,182 57	(213 25)	
	10/31/05	02/17/09	118 268	1,005 28	1,214 61	(209 33)	
	11/30/05	02/17/09	116.910	993 74	1,200 67	(206.93)	
	12/16/05	02/17/09	77 059	655 00	792 17	(137 17)	
	12/16/05	02/17/09	39 194	333 15	402 91	(69 76)	
	12/30/05	02/17/09	118 879	1,010 47	1,224 45	(213 98)	
	01/31/06	02/17/09	126 069	1,071 59	1,294 73	(223.14)	
	02/28/06	02/17/09	131 316	1,116 19	1,347 30	(231 11)	
	03/31/06	02/17/09	130.833	1,112 08	1,325 34	(213 26)	

CONTINUED

Activity

HEALTH FDN OF GREATER MASSILLON
ATTENTION: JOHN J MCGRATH

REALIZED GAIN/(LOSS) DETAIL (CONTINUED)

Security Description	Date Acquired	Date Sold	Quantity	Sales Proceeds	Orig / Adj Total Cost	Realized Gain/(Loss)	Comments
	04/28/06	02/17/09	138 031	1,173 26	1,389 97	(216.71)	
	05/31/06	02/17/09	147 781	1,256 14	1,479 29	(223 15)	
	06/28/06	02/17/09	7,645 875	64,989 94	76,000 00	(11,010 06)	
	06/30/06	02/17/09	145 431	1,236 16	1,452 86	(216 70)	
	07/31/06	02/17/09	173 401	1,473 91	1,746 15	(272 24)	
	08/31/06	02/17/09	178 257	1,515 18	1,811 09	(295 91)	
	09/29/06	02/17/09	181.012	1,538 60	1,844.51	(305.91)	
	10/31/06	02/17/09	177.585	1,509 47	1,813 14	(303 67)	
	11/30/06	02/17/09	153 756	1,306 93	1,580 61	(273.68)	
	12/29/06	02/17/09	191 070	1,624 10	1,947 00	(322 90)	
	01/31/07	02/17/09	177.595	1,509 56	1,804.37	(294 81)	
	02/28/07	02/17/09	184.966	1,572.21	1,897 75	(325 54)	
	03/30/07	02/17/09	166 935	1,418 95	1,707 74	(288 79)	
	04/30/07	02/17/09	190 260	1,617 21	1,948 26	(331 05)	
	05/31/07	02/17/09	197 280	1,676 88	1,996 47	(319.59)	
	06/29/07	02/17/09	165 875	1,409.94	1,667 04	(257 10)	
	07/31/07	02/17/09	191.749	1,629.87	1,942 42	(312.55)	
	08/31/07	02/17/09	223 995	1,903 96	2,269.07	(365 11)	
	09/28/07	02/17/09	159 442	1,355 26	1,621.53	(266.27)	
	10/31/07	02/17/09	168 924	1,435.85	1,719 65	(283 80)	
	11/30/07	02/17/09	192.749	1,638 37	1,989 17	(350.80)	
	12/31/07	02/17/09	140.097	1,190 82	1,438 80	(247 98)	
	01/31/08	02/17/09	175 937	1,495 46	1,838 54	(343 08)	
	02/29/08	02/17/09	181 628	1,543 84	1,888 93	(345 09)	
	03/31/08	02/17/09	71.924	611 35	728 59	(117 24)	
	04/30/08	02/17/09	104 782	890 65	1,055 15	(164 50)	
	05/30/08	02/17/09	194.130	1,650.11	1,939.36	(289 25)	
	06/30/08	02/17/09	178.177	1,514.50	1,771 08	(256.58)	
	07/31/08	02/17/09	165 009	1,402 58	1,602 24	(199 66)	
	08/29/08	02/17/09	265 147	2,253 75	2,561 32	(307 57)	
	09/30/08	02/17/09	178 695	1,518 91	1,663 65	(144 74)	
	10/31/08	02/17/09	310 752	2,641.39	2,784 34	(142.95)	
	11/28/08	02/17/09	161 961	1,376 67	1,418 78	(42 11)	
	12/29/08	02/17/09	1,310 060	11,135 51	11,201 00	(65 49)	
	12/31/08	02/17/09	74.453	632.85	638 06	(5 21)	
	01/30/09	02/17/09	73 724	626 68	626 65	0 03	
JP MORGAN MID CAP VALUE A	03/17/04	11/19/09	2,206 288	40,000 00	42,934 34	(2,934 34)	
LOOMIS SAYLES STRAT INC A	04/08/04	06/22/09	835.422	10,000 00	11,253.13	(1,253 13)	

CONTINUED

Activity

HEALTH FDN OF GREATER MASSILLON
ATTENTION: JOHN J MCGRATH

REALIZED GAIN/(LOSS) DETAIL (CONTINUED)

Security Description	Date Acquired	Date Sold	Quantity	Sales Proceeds	Orig / Adj Total Cost	Realized Gain/(Loss)	Comments
	04/08/04	06/23/09	4 215	50 29	56 78	(6 49)	
	04/08/04	07/15/09	990 098	11,999 99	13,336 61	(1,336 62)	
	04/08/04	09/18/09	1,358 491	18,000 00	18,298 86	(298 86)	
PIONEER HIGH YIELD A	04/08/04	05/21/09	17,746 479	126,000 00	214,022 54	(88,022 54)	
Net Realized Gain/(Loss) This Period				**$29,999.99**	**$31,331.17**	**$(1,331.18)**	
Net Realized Gain/(Loss) Year to Date				**$1,276,816.53**	**$1,806,361.89**	**$(529,545.36)**	

Gain / loss information is provided for informational purposes only and should not be used for tax preparation Please refer to the gain / loss section of the disclosures for important information about gain / loss reporting

HEALTH FOUNDATION OF GREATER MASSILLON
(fka COMMUNITY HEALTH FOUNDATION)
EIN 31-1516370
Year Ending 12/31/2009

List of Donees Granted $1,000 and Above

LINE 3a

Paid during the year

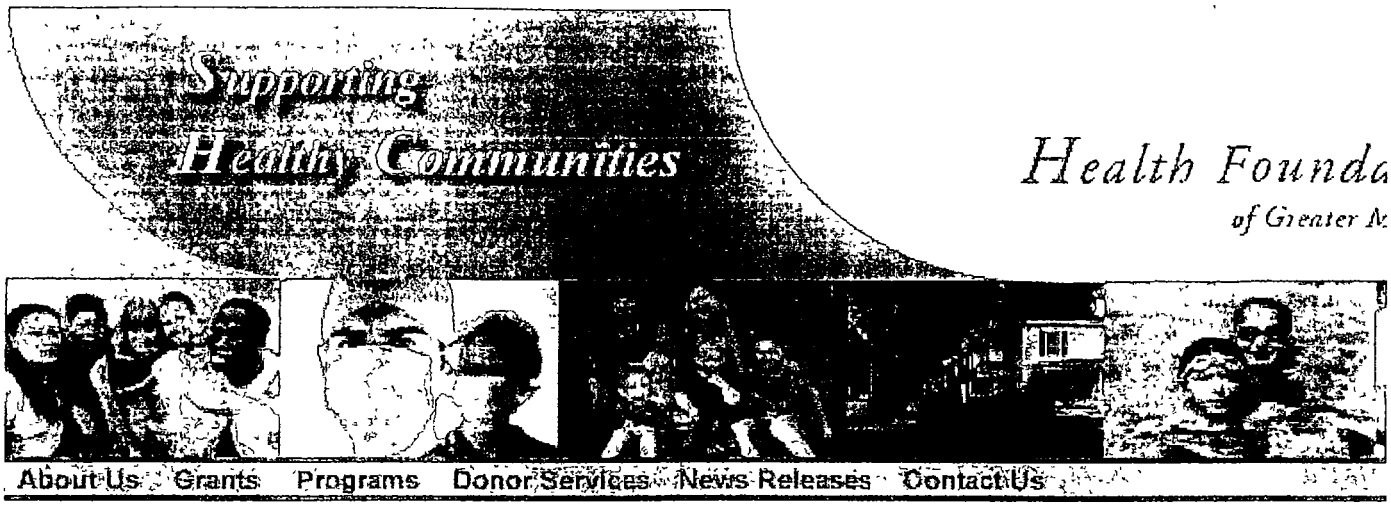
The Arc of Stark County	7,500
Boys & Girls Club of Massillon	15,000
Faith in Action of Western Stark County	10,000
Friends of Massillon	3,750
Lawrence Township Fire	20,000
Meals on Wheels	1,000
Prescription Assistance Program	25,000
Stark State College Foundation	12,000
Viola Startzman Free Clinic	12,000
Western Stark Free Clinic	110,000
Wilmot Fire & Rescue	2,600
YMCA of Western Stark County	10,000
Sub-Total	228,850

Community Giving High School Social Action Program

Central Catholic High School	2,000
Jackson High School	3,000
Massillon Washington High School	2,000
Orrville High School	3,000
Perry High School	3,000
Tuslaw High School	2,000
Sub-Total	15,000

Neighborhood Partnership Grant Program

Witmer Arms Residents	4,500
Walnut Hills Residents Association	11,000
CHARM Neighborhood Association	4,000
Southeast Improvements Association	4,000
Wellman Neighborhood Association	1,200
Sub-Total	24,700
Total	**268,550**



Grant Review Process

Our grant review process is intended to encourage ideas and proposals from the health and wellness sector

As a grant seeker the following questions should be considered

- Is the proposed project likely to continue and expand after the grant period?
- Is the ***Health Foundation of Greater Massillon*** support vital or catalytic to the project's success?
- Is the use of funds innovative and efficient?
- Is the project a well-planned approach promoting physical, emotional and mental health (being mindful of our Mission Statement)?
- Is the project promoting cooperation among agencies without duplication of services?
- Are expenses reduced by sharing resources with other entities or groups?

ELIGIBILITY

Grants are made to entities recognized as tax-exempt charities under 501 (C) (3) of the Internal Revenue Code

The ***Health Foundation of Greater Massillon*** normally does not approve grants to support the following.

- Ongoing operating expenses
- Annual appeals or membership drives
- Fundraising projects
- Religious organizations for religious purposes
- Travel for individuals or groups(if that were the primary focus)
- Capital campaigns
- Endowment funds
- Individuals or groups
- Lobbying activities

GRANT MAKING DECISION PERIOD

Grants are awarded semi-annually An eleven member volunteer Distribution Committee, supported by our professional staff, reviews and discusses each proposal submitted

DEADLINE DATES FOR SUBMISSION	DECISION MONTHS
February 28th or 29th	May
August 31st	November

Decisions may be extended beyond the decision month. All grantees will be notified by letter of the Boards decision

Preparing Your Grant Application

This file requires Adobe Reader To download a FREE copy click here Get Adobe Reader

FORM 990-PF, PART XV, LINE 2d

Service Areas

STARK COUNTY (WESTERN STARK)	TUSCARAWAS COUNTY	WAYNE COUNTY
• Beach City	• Bolivar	• Dalton
• Bethlehem Township	• Strasburg	• Orrville
• Brewster		
• Canal Fulton		
• East Greenville		
• Jackson Township		
• Lawrence Township		
• Massillon		
• Navarre		
• North Lawrence		
• Perry Township		
• Richville		
• Sugarcreek Township		
• Tuscarawas Township		
• Wilmot		

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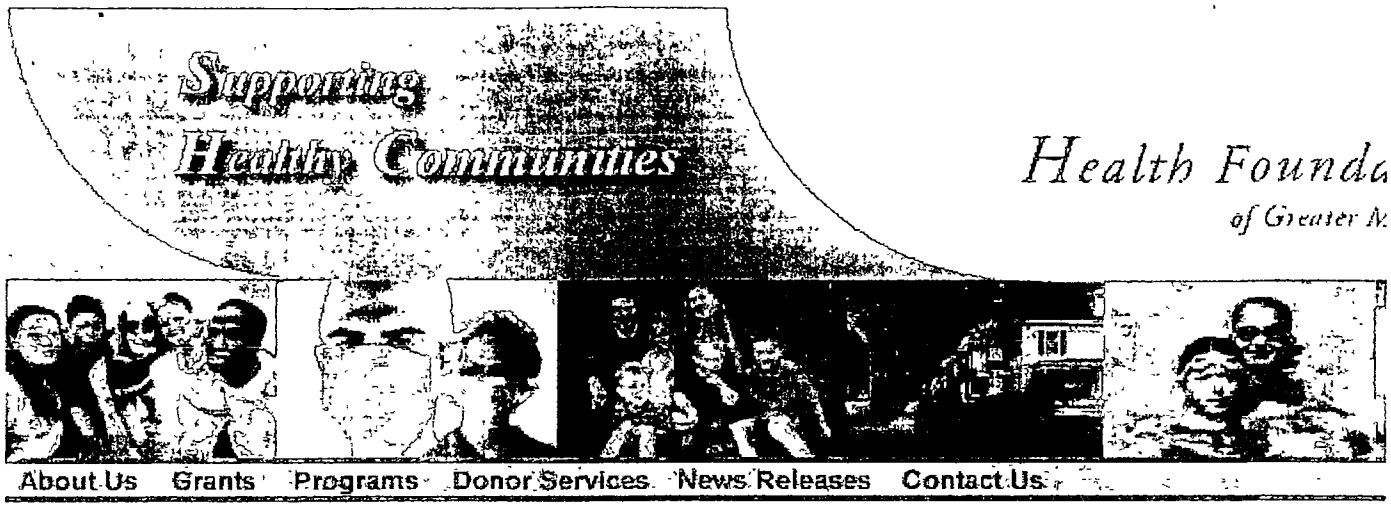

Board Members

Marion "Stu" Stewart, *Chairman*
Retired Medical Services

Lynn Hamilton, *Chairman-Elect*
Senior Vice-President, Investement Managment & Trust, Key Bank

Katherine M Catazaro-Perry, R.N., *Past -Chairperson*
Self-Employed

Robert Gessner, *Secretary*
President, Massillon Cable TV

Ted Miller, *Treasurer*
Owner, Imaging 2000 Web Design

John D. Ferrero, Jr.
Stark County Prosecutor & Attorney-at-Law

Fred Blosser
Retired Educator

Christopher Goff
CEO & General Counsel Employers Health

Susan Koosh
Vice-President Marketing/Community Relations, Affinity Medical Center

William Leffler DDS
Dentist

Judith Paquelet
Retired Medical Professional

Melissa Shearer
Vice President of Communications, Shearer Foods

Vanessa Stergios
Executive Director, AHEAD

James Snively
Attorney at Law

HEALTH FOUNDATION OF GREATER MASSILLON
(fka COMMUNITY HEALTH FOUNDATION)
EIN 31-1516370
FIXED ASSETS 12/31/09

DATE ACQUIRED	DESCRIPTION	COST	MONTHLY DEPRECIATION	DEPR @ 12/31/2008	DEPR @ 12/31/2009	DATE ASSET FULLY DEPR
6/15/1999	COMPUTER	2,447 59	0	2,447 59	2,447 59	6/15/2004
6/23/1999	MICROWAVE & REFRIGERATOR	299 9	0	299 9	299 9	6/23/2004
6/15/1999	PHONE SYSTEM	3,965 62	0	3,965 62	3,965 62	6/15/2004
12/1/2000	IMAGE PROJECTOR	1,610 51	26 84	1,610 51	1,610 51	12/1/2005
3/23/2001	FIRE PROOF FILE CABINET	1,856 43	22 1	1,856 43	1,856 43	3/23/2008
7/18/2001	LAPTOP COMPUTER	1,830 94	30 52	1 830 94	1,830 94	7/18/2006
6/16/2006	2 DELL COMPUTERS	1,946 20	32 44	973 2	1362 48	6/16/2011
9/1/2008	DELL COMPUTER	1,004 94	16 75	67 00	268	9/30/2013
4/9/2009	DELL COMPUTER	647 00	10 78	0 00	97 02	
	TOTALS	15,609 13	111 9	13,051 19	13,738 49	
					687 30	2009 DEPRECIATION

DATE ACQUIRED	DESCRIPTION	COST	MONTHLY DEPRECIATION	DEPR @ 12/31/2008	DEPR @ 12/31/2009	DATE ASSET FULLY DEPR
11/15/1999	OUTSIDE SIGN	2,200 00	26 2	2,200 00	2,200 00	11/5/2006
12/1/2006	OUTSIDE SIGN	1,768 00	21 05	526 22	778 82	12/1/2013
12/1/2006	INTERIOR SIGN	572	6 81	170 24	251 96	12/1/2013
	TOTALS	4,540 00	54 06	2,896 46	3,230 78	
		20,149 13			334 32	2009 DEPRECIATION
					1,021 62	TOTAL 2009 DEPRECIATION