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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009 B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization STARK COMMUNITY FOUNDATION INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 400 MARKET AVENUE NORTH City or town, state or country, and ZIP + 4 CANTON, OH 44702		D Employer identification number 34-0943665 E Telephone number (330) 454-3426 G Gross receipts \$ 35,899,452	
		F Name and address of principal officer MARK J SAMOLCZYK 400 MARKET AVENUE N 200 CANTON, OH 44702		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates 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 <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ WWW.STARKCF.ORG					
K Form of organization <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		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 THE FOUNDATION IS DEDICATED TO PROMOTING THE BETTERMENT OF STARK COUNTY AND ENHANCING THE QUALITY OF LIFE OF ALL ITS CITIZENS		
	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	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5	Total number of employees (Part V, line 2a)	5	
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
14		Benefits paid to or for members (Part IX, column (A), line 4)		
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
16a		Professional fundraising fees (Part IX, column (A), line 11e)		
b		Total fundraising expenses (Part IX, column (D), line 25)		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		
19		Revenue less expenses Subtract line 18 from line 12		
Net Assets or Fund Balances		20	Total assets (Part X, line 16)	Beginning of Current Year
	21	Total liabilities (Part X, line 26)		
	22	Net assets or fund balances Subtract line 21 from line 20		

Part II Signature Block	
Sign Here	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
	<div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>2010-11-05</div> <div>Date</div> </div>
	<div> <div>MARK J SAMOLCZYK PRESIDENT DESIGNATE</div> <div>Type or print name and title</div> </div>
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div>Date</div> <div> <div>Check if self-employed</div> <div><input type="checkbox"/></div> </div> <div>Preparer's identifying number (see instructions)</div> </div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div>MALONEY NOVOTNY LLC</div> <div>4774 MUNSON STREET NW SUITE 402</div> <div>CANTON, OH 44718</div> </div> </div>
	<div> <div>EIN</div> <div>Phone no (330) 966-9400</div> </div>

1 Briefly describe the organization's mission

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.










[illegible]

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

Form **990** (2009)

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)? If "Yes," complete Schedule A 	1	Yes		
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5			
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	Yes		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes		
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes		
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.				
	• 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? If "Yes," complete Schedule D, Part VII.				
	• 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? If "Yes," complete Schedule D, Part VIII.				
	• 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? If "Yes," complete Schedule D, Part IX.				
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.				
	• 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? If "Yes," complete Schedule D, Part X.				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12		No	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No	
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? If "Yes," complete Schedule G, Part I	17		No	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No	

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a9		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a14		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

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

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in 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?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ PATRICIA C QUICK 400 MARKET AVE N STE 200 CANTON, OH 44702 (330) 454-3426

Part VII

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

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. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFFREY A FISHER CHAIRMAN	1 0	X						0	0	0
CANDY WALLACE VICE CHAIR	1 0	X						0	0	0
THOMAS W SCHERVISH DIRECTOR	1 0	X						0	0	0
E LANG D'ATRI DIRECTOR	1 0	X						0	0	0
NAZAMOVIA ADAMS-PHILLIPS DIRECTOR	1 0	X						0	0	0
ROBERT DEHOFF DIRECTOR	1 0	X						0	0	0
THOMAS V FERRERO DIRECTOR	1 0	X						0	0	0
G CHARLES DIX DIRECTOR	1 0	X						0	0	0
NANCY A VARIAN DIRECTOR	1 0	X						0	0	0
JAMES A BOWER JR PRESIDENT	40 0			X				165,733	0	3,630
PATRICIA C QUICK VICE PRESIDENT FOR FINANCE	40 0			X				74,531	0	15,078
CYNTHIA M LAZOR VICE PRESIDENT FOR PROGRAM	40 0			X				75,530	0	25,823
HOWARD S RUBIN JR VICE PRESIDENT FOR DEVELOPMENT	40 0			X				71,323	0	13,970
MARK J SAMOLCZYK PRESIDENT DESIGNATE	40 0			X				28,076	0	0

1b	Total	415,193	0	58,501
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 2

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
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? If "Yes," complete Schedule J for such individual	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		No

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

(A) Name and business address	(B) Description of services	(C) Compensation
COLONIAL CONSULTING 750 THIRD AVENUE 2ND FLOOR NEW YORK, NY 10017	INVESTMENT CONSULT	121,972

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 1

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	151,476			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,525,544			
	g	Noncash contributions included in lines 1a-1f \$ 1,770,757					
	h	Total. Add lines 1a-1f		5,677,020			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		3,473,256		71,953
4		Income from investment of tax-exempt bond proceeds . .		0			
5		Royalties		0			
6a		Gross Rents	(i) Real	(ii) Personal			
b		Less rental expenses	4,920				
c		Rental income or (loss)	583				
d		Net rental income or (loss)	4,337				4,337
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses	26,442,389	69,702			
c		Gain or (loss)	28,823,162	77,270			
d		Net gain or (loss)	-2,380,773	-7,568	-2,388,341		-2,388,341
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	6,123			
b		Less direct expenses	b	981			
c		Net income or (loss) from fundraising events . .		5,142			5,142
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities . .		0			
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold	b				
c		Net income or (loss) from sales of inventory . .		0			
Miscellaneous Revenue		Business Code					
11a	SUPPORT ORGANIZATIONS FEE REVENUE	900,099	51,469	51,469			
b	PROVISION FOR UNCOLLECTIBLE LOANS	900,099	174,573	174,573			
c							
d	All other revenue						
e	Total. Add lines 11a-11d		226,042				
12	Total revenue. See Instructions		6,997,456	226,042	71,953	1,022,441	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	4,329,822	4,329,822		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	535,141	535,141		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	473,694	137,256	156,180	180,258
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	293,637	123,483	155,436	14,718
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	48,354	28,241	13,922	6,191
9	Other employee benefits	16,633	9,714	4,789	2,130
10	Payroll taxes	48,918	16,184	19,433	13,301
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	16,435		16,435	
c	Accounting	29,825		29,825	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	629,548		629,548	
g	Other	4,041		4,041	
12	Advertising and promotion	62,177			62,177
13	Office expenses	29,695		29,695	
14	Information technology	16,314		16,314	
15	Royalties	0			
16	Occupancy	72,345		72,345	
17	Travel	9,561		9,561	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	3,901		3,901	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	9,415		9,415	
23	Insurance	3,710		3,710	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	WEED & SEED INITIATIVE EXP	146,846	146,846		
b	SCF INITIATIVE EXPENSES	213,090	213,090		
c	LIFE INSURANCE PREMIUMS PAID	44,328		44,328	
d	DUES & SUBSCRIPTIONS	18,763		17,763	1,000
e	OTHER EXPENSES	54,251	3,163	51,088	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	7,110,444	5,542,940	1,287,729	279,775
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			13,294,588	2	9,511,108
	3	Pledges and grants receivable, net			2,446,269	3	2,253,583
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			4,820,855	7	4,924,454
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	275,924			
	b	Less accumulated depreciation	10b	46,311	315,619	10c	229,613
	11	Investments—publicly traded securities			86,935,744	11	102,035,678
	12	Investments—other securities See Part IV, line 11			13,470,994	12	22,138,354
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			903,990	15	938,530
16	Total assets. Add lines 1 through 15 (must equal line 34)			122,188,059	16	142,031,320	
Liabilities	17	Accounts payable and accrued expenses			609,706	17	574,692
	18	Grants payable			2,390,779	18	2,087,100
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			20,886,547	25	23,893,186
	26	Total liabilities. Add lines 17 through 25			23,887,032	26	26,554,978
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			98,301,027	27	115,476,342
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			98,301,027	33	115,476,342
34	Total liabilities and net assets/fund balances			122,188,059	34	142,031,320	

Part XI Financial Statements and Reporting

	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 in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A
(Form 990 or 990EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
STARK COMMUNITY FOUNDATION INC

Employer identification number
34-0943665

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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 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)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

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 that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5,431,013	11,616,811	9,147,368	3,398,841	5,677,020	35,271,053
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	5,431,013	11,616,811	9,147,368	3,398,841	5,677,020	35,271,053
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)						9,289,653
6 Public Support. Subtract line 5 from line 4						25,981,400

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	5,431,013	3,659,424	9,147,368	3,398,841	5,677,020	35,271,053
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,261,907	3,659,424	4,166,134	4,243,204	3,478,176	18,808,845
9 Net income from unrelated business activities, whether or not the business is regularly carried on			1,097	21		1,118
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	116,135	188,617	79,722	78,248	57,592	520,314
11 Total support (Add lines 7 through 10)						54,601,330
12 Gross receipts from related activities, etc (See instructions)					12	331,454

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	47 584 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	53 090 %

- 16a 33 1/3% support test—2009. 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
- ☒
- b 33 1/3% support test—2008. If the organization did not check the 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
- ☒
- 17a 10%-facts-and-circumstances test—2009. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- ☒
- b 10%-facts-and-circumstances test—2008. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- ☒
- 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
- ☒

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 34-0943665
Name: STARK COMMUNITY FOUNDATION INC

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
WEED & SEED INITIATIVE EXP	146,846	146,846		
SCF INITIATIVE EXPENSES	213,090	213,090		
LIFE INSURANCE PREMIUMS PAID	44,328		44,328	
DUES & SUBSCRIPTIONS	18,763		17,763	1,000
OTHER EXPENSES	54,251	3,163	51,088	

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	126	526
2 Aggregate contributions to (during year)	834,998	4,842,022
3 Aggregate grants from (during year)	1,302,037	3,562,926
4 Aggregate value at end of year	32,173,525	83,302,817
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 may 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" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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" to 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 XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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	98,301,027	128,973,205			
b Contributions	4,819,571	2,726,397			
c Investment earnings or losses	17,507,437	-27,556,185			
d Grants or scholarships	3,878,610	4,360,850			
e Other expenditures for facilities and programs	508,136	402,159			
f Administrative expenses	764,947	1,079,381			
g End of year balance	115,476,342	98,301,027			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 100 000 % %

b

Permanent endowment ▶ 0 % %

c

Term endowment ▶ 0 % %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b

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

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

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	141,000	79,000		220,000
b Buildings				
c Leasehold improvements				
d Equipment		55,924	46,311	9,613
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				229,613

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,997,456
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,110,444
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-112,988
4	Net unrealized gains (losses) on investments	4	20,297,900
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-3,009,597
9	Total adjustments (net) Add lines 4 - 8	9	17,288,303
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	17,175,315

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	22,327,008
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	20,297,900
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	1,564
e	Add lines 2a through 2d	2e	20,299,464
3	Subtract line 2e from line 1	3	2,027,544
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	578,079
b	Other (Describe in Part XIV)	4b	4,391,833
c	Add lines 4a and 4b	4c	4,969,912
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	6,997,456

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	5,151,693
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 XIV)	2d	1,564
e	Add lines 2a through 2d	2e	1,564
3	Subtract line 2e from line 1	3	5,150,129
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	578,079
b	Other (Describe in Part XIV)	4b	1,382,236
c	Add lines 4a and 4b	4c	1,960,315
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	7,110,444

Part XIVSupplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
OTHER CHANGES TO NET ASSETS,	PART XI, LINE 8	SUPPORTING ORGANIZATIONS' MANAGEMENT FEES, AGENCY ENDOWMENT REVENUE & EXPENSE (\$3,009,597)
OTHER CHANGES IN REVENUE,	PART XII, LINE 2D	RENTAL AND FUNDRAISING EXPENSES \$1,564
OTHER CHANGES IN REVENUE,	PART XII, LINE 4B	SUPPORTING ORGANIZATIONS' MANAGEMENT FEES, PROVISION FOR UNCOLLECTIBLE LOANS, AGENCY ENDOWMENTS' CONTRIBUTIONS, INCOME, AND DEPRECIATION \$4,391,833
OTHER CHANGES IN EXPENSES,	PART XIII, LINE 2D	RENTAL AND FUNDRAISING EXPENSES \$1,564
OTHER CHANGES IN EXPENSES,	PART XIII, LINE 4B	SUPPORTING ORGANIZATIONS' MANAGEMENT FEES, AGENCY ENDOWMENTS' GRANTS & EXPENSES, AND PROVISION FOR UNCOLLECTIBLE LOANS \$1,382,236
USE OF ENDOWMENT FUNDS,	PART V, LINE 4	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.
LIABILITY FOR UNCERTAIN TAX POSITIONS,	PART X, LINE 2	THE FOLLOWING FOOTNOTE APPEARS IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS AND REFERENCES ALL ENTITIES INCLUDED IN THOSE STATEMENTS: IN JANUARY 2009, THE FOUNDATIONS, CORPORATION AND PARTNERSHIP IMPLEMENTED NEW PROVISIONS OF "ACCOUNTING FOR INCOME TAXES" WHICH CLARIFY THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THE PROVISIONS PRESCRIBE CERTAIN CRITERIA FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THESE PROVISIONS ALSO PROVIDE GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. THE IMPLEMENTATION DID NOT HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS. THERE WERE NO UNRECOGNIZED TAX BENEFITS AS OF THE DATE OF ADOPTION. AS OF DECEMBER 31, 2009, THE TAX YEARS FOR THE FOUNDATIONS, CORPORATION AND PARTNERSHIP FROM 2006 AND THEREAFTER REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.

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," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
STARK COMMUNITY FOUNDATION INC

Employer identification number
34-0943665

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

125

3

Enter total number of other organizations

0

Software ID:
Software Version:
EIN: 34-0943665
Name: STARK COMMUNITY FOUNDATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A Community ChristmasPO Box 20050 Canton,OH 44701	34-1718894	501(C)(3)	5,200		Book		Programs
ABCD Inc1225 Gross Avenue NE Canton,OH 447051605	23-7362592	501(C)(3)	40,147		Book		General
Alliance Neighborhood Center405 S Linden Ave Alliance,OH 44601	31-1566678	501(C)(3)	27,546		Book		Programs
American Cancer Society Probate & Trust Mgt SharPO Box 720366 Oklahoma City,OK 73162	13-1788491	501(C)(3)	14,475		Book		Inc Dist
American Diabetes Association1815 West Market Street Akron,OH 44313	13-1623888	501(C)(3)	14,475		Book		Income Distribution
American Heart Association 4682 Douglas Circle NW Canton,OH 44718	13-5613797	501(C)(3)	14,475		Book		Income Distribution
American Rescue Workers 1311 Market Avenue North Canton,OH 44714	34-0971872	501(C)(3)	5,700		Book		General
Arts in Stark900 Cleveland Avenue NW Canton,OH 447021024	34-6609771	501(C)(3)	134,820		Book		General
Aultman Home of Aged Women Inc2550 Cleveland Avenue NW Canton,OH 447093371	34-0714628	501(C)(3)	31,934		Book		General
Boys and Girls Club of Massillon730 Duncan St SW Massillon,OH 446477960	34-0726102	501(C)(3)	75,014		Book		General

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Brookside Scholarship Fund Inc1800 Canton Avenue NW Canton, OH 44708	20-3980976	501(C)(3)	22,600		Book		Sch'ships
Buckeye Council Boy Scouts2301 13th St NW Canton, OH 447083157	34-0714546	501(C)(3)	41,553		Book		General
Canal Fulton Public Library154 Market Street NE Canal Fulton, OH 44614	34-6003283	501(C)(3)	9,439		Book		General
Canines Helping Independent People Inc2322 - 44th Street NW Canton, OH 44709	31-1562931	501(C)(3)	20,000		Book		General
Canton Christian Home2550 Cleveland Avenue NW Canton, OH 44709	34-1039414	501(C)(3)	12,938		Book		Inc Dist
Canton City Schools617 McKinley Ave S W Canton, OH 447074727	34-6000503	501(C)(3)	23,654		Book		General
Canton City Schools Fdn Scholarship Committee617 McKinley Avenue SW Canton, OH 44707	34-6000503	501(C)(3)	5,021		Book		Programs
Canton Country Day School3000 Demington Ave NW Canton, OH 447183311	34-0938702	501(C)(3)	31,511		Book		Sch'ships
Canton Jewish Community Center2631 Harvard Ave N W Canton, OH 447093147	34-0714555	501(C)(3)	6,172		Book		Summer Camp and Summercare
Canton Montessori School125 - 15th St NW Canton, OH 44703	34-1028233	501(C)(3)	18,180		Book		General

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Canton Museum of Art1001 Market Ave North Canton, OH 447021024	34-0733127	501(C)(3)	6,050		Book		General
Canton Regional SCORE - Chapter 5806000 Frank Avenue NW North Canton, OH 44720	52-1891952	501(C)(3)	10,150		Book		General
Canton Rotary Charitable Fund217 Second Street NW Canton, OH 44702	23-7353867	501(C)(3)	6,500		Book		Inc Dist
Canton Student Loan Foundation4974 Higbee Avenue NW Canton, OH 44718	34-0906580	501(C)(3)	16,585		Book		General
Carroll County Commissioners119 South Lisbon Street Carrollton, OH 44615	34-1752136	501(C)(3)	64,000		Book		Inc Dist
Central Catholic High School4824 Tuscarawas Street West Canton, OH 44708	34-0714566	501(C)(3)	32,260		Book		General
Central Park Conservancy Inc14 East 60th Street New York, NY 10022	13-3022855	501(C)(3)	7,500		Book		Programs
Christ Presbyterian Church530 Tuscarawas Street West Canton, OH 44702	34-0714409	501(C)(3)	23,980		Book		General
Community Drop-In Center1492 Cherry Avenue SE Canton, OH 44707	31-1633131	501(C)(3)	6,300		Book		General
Community HarvestPO Box 9814 Canton, OH 447110814	34-1758120	501(C)(3)	6,950		Book		Programs

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Concerned Citizens of the Fourth Ward2000 3rd Street NE Canton,OH 44704	34-1883114	501(C)(3)	8,769		Book		Programs
Domestic Violence Project IncPO Box 9459 Canton,OH 447119432	34-1263226	501(C)(3)	11,350		Book		General
Early Childhood Resource Center3114 Cleveland Avenue NW Canton,OH 44709	34-0714462	501(C)(3)	26,500		Book		General
Faith In Action of Central Stark County Inc806 Crosswyck Circle Louisville,OH 44641	34-1912757	501(C)(3)	10,000		Book		Programs
First Baptist Church of Canton4110 - 38th Street NW Canton,OH 44718	34-0833502	501(C)(3)	9,818		Book		Inc Dist
Freed Housing Corporation400 E Tuscarawas Street Canton,OH 447021131	34-1871908	501(C)(3)	15,000		Book		General
Girl Scouts of North East OhioOne Girl Scout Way Macedonia,OH 440562156	34-0714414	501(C)(3)	7,522		Book		General
Goodwill Industries of Greater Cleveland & East Ce408 9th St SW Canton,OH 447074714	34-0909974	501(C)(3)	33,900		Book		General
Greater East Canton Community Devel Assoc224 N Wood St East Canton,OH 44730	34-1675759	501(C)(3)	6,174		Book		Inc Dist
Guardian Support Services Inc4200 Munson Street NW Canton,OH 44718	20-5786126	501(C)(3)	20,000		Book		General

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Habitat for Humanity of Greater Stark & Carroll Co 2800 Leemont Avenue NW Canton, OH 44709	34-1595372	501(C)(3)	10,200		Book		General
Hammer & Nails IncPO Box 8224 Canton, OH 447118224	34-1919568	501(C)(3)	23,750		Book		General
Hartville Volunteer Fire Department Inc411 East Maple Street Hartville, OH 44632	34-6548833	501(C)(3)	8,000		Book		General
Health Foundation of Greater Massillon1237 Lincoln Way East Massillon, OH 44646	31-1516370	501(C)(3)	12,000		Book		General
Holy Trinity Lutheran Church 2551 55th Street NE Canton, OH 44721	23-7430894	501(C)(3)	12,066		Book		Inc Dist
Howland Little Tigers Football Team Inc115 Westwind Dr Warren, OH 44484	34-1183036	501(C)(3)	10,000		Book		Inc Dist
JR Coleman Community Renovation Corporation Inc 1731 Grace Avenue NE Canton, OH 44705	34-1430426	501(C)(3)	175,370		Book		General
JR Coleman Family Services Corporation1731 Grace Ave NE Canton, OH 447052261	34-1321317	501(C)(3)	16,500		Book		Programs
John H and Evelyn L Ashton Preservation Associatc/o Elaine J Painting Carrolllton, OH 44615	20-2854698	501(C)(3)	399,724		Book		Inc Dist
KIDS (Kids in Distressed Situations) Inc112 West 34th Street New York, NY 10120	13-3300271	501(C)(3)	15,000		Book		Programs

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Leadership Stark County222 Market Avenue North Canton, OH 44702	34-1536585	501(C)(3)	7,100		Book		General
Lighthouse Ministries of Canton Inc1939 Third Street SE Canton, OH 44707	56-2512695	501(C)(3)	19,400		Book		Programs
Living Hope Christian Fellowship1620 Clark Avenue SW Canton, OH 44706	34-1755631	501(C)(3)	6,192		Book		Programs
Main Street New Philadelphia Inc126 East High Avenue New Philadelphia, OH 44663	34-1878520	501(C)(3)	9,000		Book		General
Malone University2600 Cleveland Avenue NW Canton, OH 447093823	34-0737794	501(C)(3)	53,474		Book		General
Market Heights Neighborhood AssociationPO Box 9052 Canton, OH 447119052	34-1796511	501(C)(3)	5,750		Book		General
Massillon Lions Club156 Lincoln Way East Massillon, OH 44646	34-1640868	501(C)(3)	8,000		Book		General
Massillon Little LeaguePO Box 69 Massillon, OH 44648	23-7393092	501(C)(3)	7,000		Book		General
Meals on Wheels CantonWestbrook Park2521 12th St NW Canton, OH 44708	34-0714405	501(C)(3)	8,700		Book		Programs
Mercy Medical Center1320 Mercy Drive NW Canton, OH 44708	34-1893439	501(C)(3)	7,770		Book		General

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Minerva United Methodist Church204 N Main St Minerva,OH 44657	34-0924844	501(C)(3)	15,000		Book		General
Mount Vernon Neighborhood AssociationPO Box 8284 Canton,OH 44711	37-1448898	501(C)(3)	21,384		Book		General
Multi-Development Services of Stark County424 Fulton Road NW Canton,OH 44703	34-1878831	501(C)(3)	58,000		Book		General
National Football Museum Inc2121 George Halas Drive NW Canton,OH 44708	34-0898576	501(C)(3)	50,000		Book		General
NEOUCOM4209 State Route 44 Rootstown,OH 44272	34-1264220	501(C)(3)	125,000		Book		General
New Philadelphia Chapter 1077 of the Experimental 1808 East High Ave New Philadelphia,OH 44663	34-1972299	501(C)(3)	7,500		Book		General
North Canton Medical Foundation6046 Whipple Ave N W North Canton,OH 447207616	34-1088530	501(C)(3)	34,344		Book		General
North Canton Playhouse525 7th St NE North Canton,OH 447202012	34-1274850	501(C)(3)	10,000		Book		General
Northeast Area Renaissance PO Box 7358 Canton,OH 44705	31-1493749	501(C)(3)	6,192		Book		Programs
Northeast Community Center 2600 25th Street NE Canton,OH 447053422	34-1140343	501(C)(3)	40,750		Book		General

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Oesterlen-Services for Youth Inc1918 Mechanicsburg Road Springfield, OH 45503	31-0536998	501(C)(3)	12,066		Book		Inc Dist
Ohio CDC Association33 North Third Street 2nd Floor Columbus, OH 43215	31-1109984	501(C)(3)	10,000		Book		General
Ohio Environmental Council 1207 Grandview Avenue Columbus, OH 43212	31-0805578	501(C)(3)	12,208		Book		Programs
Ohio State University Extension Service - Stark Co 165 Township Line Road Massillon, OH 44646	31-1145986	501(C)(3)	13,000		Book		General
Pathway Caring for Children c/o USDA Center North Canton, OH 44720	23-7244648	501(C)(3)	9,349		Book		General
Plain Local Schools FoundationPhilharmonic Ctr for the Arts Canton, OH 44721	20-0487822	501(C)(3)	26,085		Book		General
Players Guild of Canton Inc 1801 Schneider Street NE Canton, OH 44702	34-0790867	501(C)(3)	42,184		Book		General
Prescription Assistance Network of Stark County I 1001 Market Avenue North Canton, OH 44707	20-0797475	501(C)(3)	5,700		Book		Programs
Principio United Methodist Church408 - 9th Street SW Perryville, MD 21903	52-1333109	501(C)(3)	25,000		Book		General
Project REBUILD Inc55 Gilley Road Canton, OH 44711	34-1912951	501(C)(3)	62,750		Book		General

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RiverTree Christian Church PO Box 8361 Massillon,OH 44646	34-1003958	501(C)(3)	106,500		Book		General
Salvation Army - Alliance 7373 Portage Street NW Alliance,OH 44601	13-5562351	501(C)(3)	6,393		Book		General
Salvation Army - CantonPO Box 2780 Canton,OH 447022110	13-5562351	501(C)(3)	74,978		Book		General
Sisters of Charity Foundation of Canton 420 Market Ave South Canton,OH 44702	34-1832697	501(C)(3)	15,000		Book		Programs
St Mary's School of Massillon 400 Market Ave North Ste 300 Massillon,OH 44646	34-0726112	501(C)(3)	14,500		Book		Sch'ships
St Michael's Church 640 - 1st Street NE Canton,OH 44718	34-0782263	501(C)(3)	27,320		Book		General
St Paul's United Methodist Church 3430 St Michaels Blvd NW Canton,OH 44710	34-0814171	501(C)(3)	6,192		Book		Programs
Stark Community Foundation 2705 Sixth Street SW Canton,OH 44702	34-0943665	501(C)(3)	14,000		Book		General
Stark County Board of MRDD 400 Market Avenue North Canton,OH 44708	34-6002718	501(C)(3)	36,000		Book		Programs
Stark County District Library Foundation 2950 Whipple Avenue NW Canton,OH 447021018	65-1278788	501(C)(3)	5,500		Book		General

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Stark County Family Court 2100 - 38th Street NW Canton, OH 44702	34-6002718	501(C)(3)	9,646		Book		Programs
Stark County Historical Society 110 Central Plaza South Canton, OH 447084800	34-0733194	501(C)(3)	114,644		Book		Inc Dist
Stark County Humane Society Inc 800 McKinley Monument Dr NW Canton, OH 447050077	34-6003244	501(C)(3)	186,233		Book		Inc Dist
Stark County Hunger Task Force PO Box 7077 Station A Canton, OH 44707	34-1374549	501(C)(3)	10,250		Book		Programs
Stark County Out of Poverty Partnership Inc 408 - 9th Street SW Canton, OH 447010468	34-1706993	501(C)(3)	22,000		Book		General
Stark County Retired Teachers Association Scholars PO Box 20974 Hartsville, OH 446329759	34-1457861	501(C)(3)	5,468		Book		Inc Dist
Stark Development Board Inc 11036 Kent Ave NE Canton, OH 447021744	34-1476938	501(C)(3)	69,000		Book		Programs
Stark Education Partnership Inc 116 Cleveland Ave NW Canton, OH 44702	34-1625250	501(C)(3)	289,512		Book		Inc Dist
Stark Social Workers Network 400 Market Ave N Ste B-Plaza Canton, OH 44711	34-1652871	501(C)(3)	33,342		Book		Programs
Stark State College Foundation PO Box 8223 North Canton, OH 44720	34-1577595	501(C)(3)	8,407		Book		Sch'ships

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Summit United Neighbors Inc 6200 Frank Avenue NW Canton,OH 44703	34-1951245	501(C)(3)	6,192		Book		General
The ARC of Stark County Inc 1107 11th Street NW Canton,OH 447182564	23-7087879	501(C)(3)	15,500		Book		Inc Dist
The Cleveland Clinic333 South Main St Cleveland,OH 441931655	34-0714585	501(C)(3)	52,137		Book		General
The Wilderness CenterPO Box 931517 Wilmot,OH 446890202	34-0943581	501(C)(3)	80,130		Book		General
Trillium Family SolutionsPO Box 202 Canton,OH 44702	34-0714399	501(C)(3)	95,668		Book		Inc Dist
Trinity United Church of Christ624 Market Avenue N Canton,OH 447183213	34-0718411	501(C)(3)	96,066		Book		Inc Dist
Turning Point of Stark County 3909 Blackburn Road NW Canton,OH 44711	31-1925792	501(C)(3)	11,016		Book		Programs
Tuscarawas County Public LibraryPO Box 8003 New Philadelphia,OH 44663	34-6002005	501(C)(3)	9,000		Book		General
United Way of Greater Stark County121 Fair Ave NW Canton,OH 44718	13-4254191	501(C)(3)	260,209		Book		General
University of Mount Union 4825 Higbee Avenue NW Ste 101 Alliance,OH 446013929	34-0714687	501(C)(3)	6,848		Book		General

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Notre Dame 1972 Clark Ave Notre Dame, IN 465569988	35-0868188	501(C)(3)	5,200		Book		General
Walsh UniversityPO Box 519 North Canton, OH 447203396	34-0868798	501(C)(3)	12,100		Book		General
West Park Neighborhood Association2020 East Maple St Canton, OH 44703	20-1301071	501(C)(3)	5,248		Book		General
Westbrook Park United Methodist Church1467 - 15th Street NW Canton, OH 447083914	34-0714405	501(C)(3)	6,192		Book		General
Western Reserve Public Media2521 - 12th Street N W Kent, OH 44240	34-1123819	501(C)(3)	5,100		Book		General
Western Stark Free Clinic Inc PO Box 5191 Massillon, OH 44646	34-1887206	501(C)(3)	40,200		Book		General
YMCA of Central Stark County820 Amherst Rd NE Canton, OH 44709	34-0714392	501(C)(3)	35,948		Book		General
YWCA - Canton1201 30th Street NW Ste 200 Canton, OH 447021035	34-0714799	501(C)(3)	51,682		Book		General
Zion United Church of Christ 231 Sixth Street NE North Canton, OH 44721	34-0839631	501(C)(3)	14,475		Book		Inc Dist

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" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
STARK COMMUNITY FOUNDATION INC

Employer identification number
34-0943665

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
1b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>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</div></div>		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of <div><div>a The organization?</div><div>b Any related organization? If "Yes," to line 5a or 5b, describe in Part III</div></div>		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of <div><div>a The organization?</div><div>b Any related organization? If "Yes," to line 6a or 6b, describe in Part III</div></div>		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
PARTICIPATION IN NONQUALIFIED RETIREMENT PLAN,	PART I, LINE 4B	JAMES A. BOWER, JR. PARTICIPATED IN A NONQUALIFIED DEFERRED COMPENSATION PLAN UNDER SECTION 457(F). THERE WAS NO CONTRIBUTION IN 2009.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
STARK COMMUNITY FOUNDATION INC

Employer identification number
34-0943665

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	12	1,770,757	EXCHANGE PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29			0
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a			No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes		
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes		
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanat ion
THIRD PARTY TRANSACTIONS,	PART I, LINE 32B	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

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization STARK COMMUNITY FOUNDATION INC	Employer identification number 34-0943665
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Identifier	Return Reference	Explanation
MEMBERS OF THE ORGANIZATION,	FORM 990, PART VI, LINE 6	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
ELECTION OF MEMBERS OF THE GOVERNING BODY ,	FORM 990, PART VI, LINE 7A	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 THE STARK COMMUNITY FOUNDATION SUCH MEMBERS OF THE DISTRIBUTION COMMITTEE ARE DIRECTORS OF THE FOUNDATION
DECISIONS SUBJECT TO APPROVAL OF MEMBERS,	FORM 990, PART VI, LINE 7B	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
REVIEW OF FORM 990,	FORM 990, PART VI, LINE 11A	THE FOUNDATION'S AUDIT COMMITTEE MEETS WITH THE INDEPENDENT AUDITOR TO DISCUSS THE FORM 990 PRIOR TO FILING
MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY ,	FORM 990, PART VI, LINE 12C	THE FOUNDATION REQUIRES THAT ALL TRUSTEES, 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
REVIEW OF COMPENSATION,	FORM 990, PART VI, QUESTION 15B	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
AVAILABILITY OF GOVERNING DOCUMENTS,	FORM 990, PART VI, LINE 19	FINANCIAL STAMENTS FOR THE FOUNDATION CAN BE FOUND AT THE FOUNDATION'S WEBSITE 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
PARTICIPATION IN JOINT VENTURES,	FORM 990, PART VI, LINE 16B	WHILE THE FOUNDATION HAS NO FORMAL WRITTEN POLICY REGARDING ITS PARTICIPATION IN JOINT VENTURES WITH FOR-PROFIT ENTITIES, THE BOARD CAREFULLY CONSIDERS SUCH ARRANGEMENTS THE BOARD ENSURES THAT SUCH PARTICIPATION FURTHERS THE EXEMPT PURPOSES OF THE FOUNDATION AND CONSIDERS THE IMPLICATIONS OF THESE ARRANGEMENTS ON ITS TAX-EXEMPT STATUS

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) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
SCF DEVELOPMENT LTD 400 MARKET AVE N 200 CANTON, OH44718 42-1581249	REAL ESTATE	OH	STARK CF	UNRELATED	-80,063	1,706,804	Yes		0	Yes	

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
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Part V

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

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

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?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b No

1c Yes

1d Yes

1e No

1f No

1g No

1h No

1i No

1j Yes

1k Yes

1l No

1m Yes

1n Yes

1o No

1p Yes

1q No

1r No

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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	SCF DEVELOPMENT LTD	A	82,890
(2)	SCF DEVELOPMENT LTD	D	4,222,923
(3)	SCF DEVELOPMENT LTD	J	66,669
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

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

[illegible]