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

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2010

For calendar year 2010, or tax year beginning , **2010, and ending** , **20**

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

Name of foundation
HEALTH FOUNDATION OF GREATER MASSILLON

A Employer identification number
31-1516370

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

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

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

C If exemption application is pending, check here ▶ ☐

D 1. Foreign organizations, check here ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

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

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

I Fair market value of all assets at end of year *(from Part II, col. (c), line 16)* ▶ $ 7,015,063.

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

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

Part I Analysis of Revenue and Expenses *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))*		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc, received (attach schedule)	25,105.			
	2 Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3 Interest on savings and temporary cash investments	35,256.	35,256.		ATCH 1
	4 Dividends and interest from securities	103,738.	103,738.		ATCH 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	-568,620.			
	b Gross sales price for all assets on line 6a 8,129,041.				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	637.	637.		ATCH 3
	12 Total. Add lines 1 through 11	-403,884.	139,631.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	38,394.	3,839.		34,555.
	14 Other employee salaries and wages	40,937.	4,094.		36,843.
	15 Pension plans, employee benefits	6,767.	677.		6,090.
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule) ATCH 4	13,990.	2,202.	0.	11,788.
	c Other professional fees (attach schedule) *	103.	34.		69.
	17 Interest ATTACHMENT 6	2.	1.		1.
	18 Taxes (attach schedule) (see page 14 of the instructions) **	200.			
	19 Depreciation (attach schedule) and depletion	1,054.	1,054.		
	20 Occupancy	11,654.	3,496.		8,158.
	21 Travel, conferences, and meetings	2,578.	516.		2,062.
	22 Printing and publications				
	23 Other expenses (attach schedule) ATCH 8	50,567.	38,607.		11,960.
	24 **Total operating and administrative expenses.** Add lines 13 through 23	166,246.	54,520.	0.	111,526.
	25 Contributions, gifts, grants paid	233,076.			233,076.
	26 Total expenses and disbursements Add lines 24 and 25	399,322.	54,520.	0.	344,602.
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-803,206.			
	b **Net investment income** (if negative, enter -0-)		85,111.		
	c **Adjusted net income** (if negative, enter -0-)				

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

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	33,547.	249,849.	249,849.
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U S and state government obligations (attach schedule)			
	b Investments - corporate stock (attach schedule)			
	c Investments - corporate bonds (attach schedule)			
	11 Investments - land, buildings, and equipment. basis ▶ 25,899. Less accumulated depreciation (attach schedule) ▶ 23,773.	3,180.	2,126.	2,126.
	12 Investments - mortgage loans			
	13 Investments - other (attach schedule) ATCH 9	7,327,620.	6,309,188.	6,762,923.
	14 Land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶ ATCH 10)	165.	165.	165.
	16 **Total assets** (to be completed by all filers - see the instructions Also, see page 1, item I)	7,364,512.	6,561,328.	7,015,063.
Liabilities	17 Accounts payable and accrued expenses	2,098.	2,120.	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities** (add lines 17 through 22)	2,098.	2,120.	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	7,354,355.	6,547,322.	
	25 Temporarily restricted	496.	962.	
	26 Permanently restricted	7,563.	10,924.	
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ [ ]			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see page 17 of the instructions)	7,362,414.	6,559,208.	
	31 **Total liabilities and net assets/fund balances** (see page 17 of the instructions)	7,364,512.	6,561,328.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	7,362,414.
2	Enter amount from Part I, line 27a	2	-803,206.
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	6,559,208.
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	6,559,208.

Part IV Capital Gains and Losses for Tax on Investment Income

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

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a				
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	-568,620.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions). If (loss), enter -0- in Part I, line 8	3	

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

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2009	384,180.	6,066,773.	0.063325
2008	451,442.	7,884,787.	0.057255
2007	408,586.	9,372,867.	0.043592
2006	369,122.	8,156,482.	0.045255
2005	334,391.	7,078,904.	0.047238

2	**Total** of line 1, column (d)	2	0.256665
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.051333
4	Enter the net value of noncharitable-use assets for 2010 from Part X, line 5	4	6,692,923.
5	Multiply line 4 by line 3	5	343,568.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	851.
7	Add lines 5 and 6	7	344,419.
8	Enter qualifying distributions from Part XII, line 4	8	344,602.

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ (attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ [X] and enter 1% of Part I, line 27b		1	851.
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2	
3	Add lines 1 and 2		3	851.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4	0.
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-		5	851.
6	Credits/Payments			
a	2010 estimated tax payments and 2009 overpayment credited to 2010	6a 4,409.		
b	Exempt foreign organizations-tax withheld at source	6b 0.		
c	Tax paid with application for extension of time to file (Form 8868)	6c 0.		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments Add lines 6a through 6d		7	4,409.
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached		8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶		9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶		10	3,558.
11	Enter the amount of line 10 to be **Credited to 2011 estimated tax** ▶ 3,558. **Refunded** ▶		11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?	1b		X
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶$ _____ (2) On foundation managers ▶$ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶$ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ OH,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G? If "No," attach explanation*	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? *If "Yes," complete Part XIV*	9		X
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		X

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

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

Website address ▶ WWW.HEALTHFOUNDATION-MASSILLON.ORG

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

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

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** - Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

			Yes	No
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign country ▶	16		X

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

			Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶ ☐	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? ☐ Yes ☒ No If "Yes," list the years ▶ _____, _____, _____, _____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see page 22 of the instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ _____, _____, _____, _____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2010 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		X

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

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

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATTACHMENT 11		38,394.	-0-	-0-

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

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

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

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

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

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶		NONE

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

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

Part IX-B **Summary of Program-Related Investments** (see page 24 of the instructions)

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	6,177,911.
b	Average of monthly cash balances	1b	616,935.
c	Fair market value of all other assets (see page 25 of the instructions)	1c	0.
d	**Total** (add lines 1a, b, and c)	1d	6,794,846.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	6,794,846.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions)	4	101,923.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,692,923.
6	**Minimum investment return.** Enter 5% of line 5	6	334,646.

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

1	Minimum investment return from Part X, line 6			1	334,646.
2a	Tax on investment income for 2010 from Part VI, line 5	2a	851.		
b	Income tax for 2010 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	851.
3	Distributable amount before adjustments Subtract line 2c from line 1			3	333,795.
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	333,795.
6	Deduction from distributable amount (see page 25 of the instructions)			6	
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	333,795.

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

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	344,602.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	344,602.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	851.
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	343,751.

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

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

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				333,795.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			183,193.	
b Total for prior years 20 08 ,20 07 ,20 06				
3 Excess distributions carryover, if any, to 2010				
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009 0.				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from Part XII, line 4 ▶ $ 344,602.				
a Applied to 2009, but not more than line 2a			183,193.	
b Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d Applied to 2010 distributable amount				161,409.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010 *(If an amount appears in column (d), the same amount must be shown in column (a).)*	0.			0.
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions				
e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions				
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011				172,386.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)				
9 **Excess distributions carryover to 2011.** Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010 0.				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2010	(b) 2009	(c) 2008	(d) 2007	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test- enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942 (j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

NONE

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

NONE

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

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

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

ATTACHMENT 12

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

ATTACHMENT 13

c Any submission deadlines.

FEBRUARY 28TH & AUGUST 31ST.

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

SEE ATTACHMENT

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATTACHMENT 14				
Total ▶ 3a				233,076.
b *Approved for future payment*				
Total ▶ 3b				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See page 28 of the instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	35,256.	
4 Dividends and interest from securities			14	103,738.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	-568,620.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b MORGAN STANLEY REFUND			14	637.	
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)				-428,989.	
13 **Total.** Add line 12, columns (b), (d), and (e)				13	-428,989.

(See worksheet in line 13 instructions on page 29 to verify calculations)

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See page 29 of the instructions.)

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

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

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

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

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

b If "Yes," complete the following schedule

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

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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge

John J McGrath — Signature of officer or trustee | 10-3-11 — Date | PRESIDENT — Title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Jeffery Walters	Jeffery Walters	OCT 03 2011		P00709595

Firm's name ▶ CBIZ MHM, LLC — Firm's EIN ▶ 34-1513062

Firm's address ▶ 4040 EMBASSY PARKWAY SUITE 100 AKRON, OH 44333-8354 — Phone no 330-668-6500

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

Schedule of Contributors

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

OMB No 1545-0047

2010

Name of the organization
HEALTH FOUNDATION OF GREATER MASSILLON

Employer identification number
31-1516370

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year . . . . . ▶ $ _____

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

Name of organization HEALTH FOUNDATION OF GREATER MASSILLON

Employer identification number 31-1516370

Part I Contributors (see instructions)

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

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		TOTAL CAPITAL GAIN DISTRIBUTIONS					512.	
		600 SHS BP PLC				P	02/18/2010	05/24/2010
		PROPERTY TYPE: SECURITIES						
25,281.		32,708.					-7,427.	
		900 SHS PHILIP MORRIS INTL				P	03/01/2010	07/26/2010
		PROPERTY TYPE: SECURITIES						
45,855.		44,018.					1,837.	
		100,000 SHS US TREAS NT				P	03/16/2010	07/26/2010
		PROPERTY TYPE: SECURITIES						
100,338.		100,676.					-338.	
		150,000 US TREAS NT				P	03/16/2010	11/30/2010
		PROPERTY TYPE: SECURITIES						
150,000.		151,014.					-1,014.	
		358.851 SHS DREYFUS NEWTON INTL				P	01/30/2009	01/20/2010
		PROPERTY TYPE: SECURITIES						
6,000.		4,579.					1,421.	
		22,203.58 SHS COLUMBIA ACORN A				P	VARIOUS	VARIOUS
		PROPERTY TYPE: SECURITIES						
514,901.		554,432.					-39,531.	
		40,565.79 SHS COLUMBIA MARSICO GROWTH A				P	VARIOUS	VARIOUS
		PROPERTY TYPE: SECURITIES						
671,363.		844,337.					-172,974.	
		241.14 SHS COLUMBIA MARSICO GROWTH A				P	VARIOUS	VARIOUS
		PROPERTY TYPE: SECURITIES						
3,991.		3,524.					467.	
		27,049.20 SHS DAVIS NEW YORK VENTURE A				P	VARIOUS	VARIOUS
		PROPERTY TYPE: SECURITIES						
820,162.		783,248.					36,914.	
		186.13 SHS DAVIS NEW YORK VENTURE A				P	VARIOUS	VARIOUS
		PROPERTY TYPE: SECURITIES						
5,644.		5,681.					-37.	
		21,976.57 SHS DREYFUS NEWTON INTL EQ A				P	VARIOUS	VARIOUS
		PROPERTY TYPE: SECURITIES						
353,164.		280,421.					72,743.	
		302.13 SHS DREYFUS NEWTON INTL EQ A				P	VARIOUS	VARIOUS

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		PROPERTY TYPE: SECURITIES						
4,855.		4,663.					192.	
		40,725.33 SHS EV LARGE CAP VALUE A				P	VARIOUS	VARIOUS
		PROPERTY TYPE: SECURITIES						
672,782.		851,899.					-179,117.	
		665.78 SHS EV LARGE CAP VALUE A				P	VARIOUS	VARIOUS
		PROPERTY TYPE: SECURITIES						
10,999.		9,125.					1,874.	
		2,970.53 SHS FIRST AMERICAN MID CAP VAL				P	VARIOUS	VARIOUS
		PROPERTY TYPE: SECURITIES						
57,807.		73,875.					-16,068.	
		29.44 SHS FIRST AMERICAN MID CAP VAL A				P	VARIOUS	VARIOUS
		PROPERTY TYPE: SECURITIES						
573.		594.					-21.	
		38,619.31 SHS HARTFORD FLOATING RATE BD				P	VARIOUS	VARIOUS
		PROPERTY TYPE: SECURITIES						
330,967.		250,259.					80,708.	
		2,158.44 SHS HARTFORD FLOATING RATE BD A				P	VARIOUS	VARIOUS
		PROPERTY TYPE: SECURITIES						
18,488.		17,023.					1,465.	
		27,156.87 SHS HENDERSON INTL OPPORTUNITI				P	VARIOUS	VARIOUS
		PROPERTY TYPE: SECURITIES						
525,214.		629,926.					-104,712.	
		99.75 SHS HENDERSON INTL OPPORTUNITIES A				P	VARIOUS	VARIOUS
		PROPERTY TYPE: SECURITIES						
1,929.		2,008.					-79.	
		22,350.09 SHS ING GLOBAL REAL ESTATE A				P	VARIOUS	VARIOUS
		PROPERTY TYPE: SECURITIES						
310,443.		429,411.					-118,968.	
		1,423.37 SHS ING GLOBAL REAL ESTATE A				P	VARIOUS	VARIOUS
		PROPERTY TYPE: SECURITIES						
19,771.		19,002.					769.	
		35,380.01 SHS JP MORGAN CORE BOND A				P	VARIOUS	VARIOUS
		PROPERTY TYPE: SECURITIES						
396,610.		381,380.					15,230.	

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		26,870.47 SHS JP MORGAN MID CAP VALUE A PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
506,508.		543,779.					-37,271.	
		546.36 SHS JP MORGAN MID CAP VALUE A PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
10,299.		8,026.					2,273.	
		38,887.50 SHS LOOMIS SAYLES STRAT INC A PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
539,369.		529,406.					9,963.	
		2,631.67 SHS LOOMIS SAYLES STRAT INC A PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
36,502.		32,295.					4,207.	
		9,569.48 SHS OPPENHEIMER DEV MKTS A PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
263,065.		306,827.					-43,762.	
		38.98 SHS OPPENHEIMER DEV MKTS A PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
1,072.		1,112.					-40.	
		36,292.91 SHS PIONEER HIGH YIELD A PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
330,626.		386,868.					-56,242.	
		3,099.48 SHS PIONEER HIGH YIELD A PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
28,209.		23,326.					4,883.	
		2,492.24 SHS TOUCHSTONE MID CAP GROWTH A PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
46,106.		56,241.					-10,135.	
		870 SHS DISNEY PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
28,966.		27,142.					1,824.	
		610 SHS VERIZON COMM PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
18,107.		17,756.					351.	
		200 SHS GOLDMAN SACHS GROUP PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
31,745.		31,366.					379.	

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		50,000 SHS GOLDMAN SACHS PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
46,276.		50,000.					-3,724.	
		470 SHS BAXTER PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
20,383.		27,160.					-6,777.	
		360 SHS THE VANGUARD GROUP INC PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
27,448.		29,714.					-2,266.	
		242 SHS ISHARES BARCLAYS PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
25,007.		25,303.					-296.	
		50,000 FFCB PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
50,000.		50,000.						
		105 SHS APPLE INC PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
28,683.		21,045.					7,638.	
		590 SHS GILEAD SCIENCE PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
21,281.		27,451.					-6,170.	
		360 SHS JOHNSON & JOHNSON PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
21,267.		22,882.					-1,615.	
		710 SHS QUALCOM INC PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
25,365.		27,551.					-2,186.	
		265 SHS PRAXAIR INC PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
20,318.		20,391.					-73.	
		65 SHS GOOGLE INC - CL A PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
28,506.		35,288.					-6,782.	
		290 SHS UNITED TECHNOLOGIES CORP PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
18,611.		19,856.					-1,245.	

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		460 SHS COVIDIEN PLC PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
18,228.		22,872.					-4,644.	
		320 SHS CHEVRON CORP PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
23,166.		23,384.					-218.	
		340 SHS ECOLAB INC PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
16,327.		14,351.					1,976.	
		50,000 FNMA PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
100,000.		100,000.						
		660 SHS NUCOR CORP PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
24,482.		28,810.					-4,328.	
		2,545 SHS ISHARES MSCI PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
137,496.		134,048.					3,448.	
		750 SHS AUTOMATIC DATA PROCESSING PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
31,593.		31,268.					325.	
		700 SHS MEDTRONIC INC PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
25,156.		30,820.					-5,664.	
		1,010 SHS JP MORGAN PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
39,682.		41,386.					-1,704.	
		1,260 SHS WELLS FARGO PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
34,032.		35,488.					-1,456.	
		175 SHS NIKE PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
15,322.		11,259.					4,063.	
		595 SHS RAYTHEON COMPANY PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
27,293.		35,013.					-7,720.	

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		299 UNITS ISHARES BARCLAYS PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
25,015.		24,948.					67.	
		50,000 FHLB PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
50,000.		50,000.						
		5,234.657 MSSB CHARTER GRAHAM PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
138,143.		107,991.					30,152.	
		5,930.47 MSSB CHARTER ASPECT PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
109,832.		97,438.					12,394.	
		5,234.657 SHS MSSB CHARTER GRAHAM PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
91,758.		113,997.					-22,239.	
		SEC SETTLEMENT PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
148.							148.	
TOTAL GAIN(LOSS)		.....					-568,620.	

HEALTH FOUNDATION OF GREATER MASSILLON
(fka COMMUNITY HEALTH FOUNDATION)
EIN 31-1516370
FIXED ASSETS 12/31/10

DATE ACQUIRED	DESCRIPTION	COST	MONTHLY DEPRECIATION	DEPR @ 12/31/2009	DEPR @ 12/31/2010	DATE ASSET FULLY DEPR
6/15/1999	COMPUTER	2,447 59	0	2,447 59	2,447 59	6/15/2004
6/23/1999	MICROWAVE & REFRIGERATOR	299 9	0	299 9	299 9	6/23/2004
6/15/1999	PHONE SYSTEM	3,965 62	0	3,965 62	3,965 62	6/15/2004
12/1/2000	IMAGE PROJECTOR	1,610 51	0	1,610 51	1,610 51	12/1/2005
3/23/2001	FIRE PROOF FILE CABINET	1,856 43	0	1,856 43	1,856 43	3/23/2008
7/18/2001	LAPTOP COMPUTER	1,830 94	0	1,830 94	1,830 94	7/18/2006
6/16/2006	2 DELL COMPUTERS	1,946 20	32 44	1362 48	1751 76	6/16/2011
9/1/2008	DELL COMPUTER	1,004 94	16 75	268 00	469	9/30/2013
4/9/2009	DELL COMPUTER	647 00	10 78	97 02	226 38	
	TOTALS	15,609 13	59 97	13,738 49	14,458 13	
					719 64	2010 DEPRECIATION

DATE ACQUIRED	DESCRIPTION	COST	MONTHLY DEPRECIATION	DEPR @ 12/31/2009	DEPR @ 12/31/2010	DATE ASSET FULLY DEPR
11/15/1999	OUTSIDE SIGN	2,200 00	26 2	2,200 00	2,200 00	11/5/2006
12/1/2006	OUTSIDE SIGN	1,768 00	21 05	778 82	1031 42	12/1/2013
12/1/2006	INTERIOR SIGN	572	6 81	251 96	333 68	12/1/2013
	TOTALS	4,540 00	54 06	3,230 78	3,565 10	
		20,149 13			334 32	2010 DEPRECIATION
					1,053 96	TOTAL 2010 DEPRECIATION

ATTACHMENT 1

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

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
FIRSTMERIT	11,688.	11,688.
MORGAN STANLEY 737015227	23.	23.
OHIO LEGACY BANK	985.	985.
CHARLES SCHWAB	31,411.	31,411.
CHARLES SCHWAB-ACCRUED INTEREST PAID	-8,851.	-8,851.
TOTAL	35,256.	35,256.

ATTACHMENT 2

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

DESCRIPTION		REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
FIRSTMERIT		43,877.	43,877.
MORGAN STANLEY 737015227		25,539.	25,539.
CHARLES SCHWAB		34,322.	34,322.
	TOTAL	103,738.	103,738.

ATTACHMENT 3

FORM 990PF, PART I - OTHER INCOME

DESCRIPTION		REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
MORGAN STANLEY REFUNDS		637.	637.
	TOTALS	637.	637.

ATTACHMENT 4

FORM 990PF, PART I - ACCOUNTING FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
ACCOUNTING	7,340.	2,202.		5,138.
AUDITING	5,400.			5,400.
TAX PREPARATION	1,250.			1,250.
TOTALS	13,990.	2,202.	0.	11,788.

ATTACHMENT 5

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	CHARITABLE PURPOSES
GROUP RATING FEE	103.	34.	69.
TOTALS	103.	34.	69.

ATTACHMENT 6

FORM 990PF, PART I - INTEREST EXPENSE

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	CHARITABLE PURPOSES
BANK OF AMERICA	2.	1.	1.
TOTALS	2.	1.	1.

FORM 990PF, PART I - TAXES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS
OHIO FILING FEE	200.
TOTALS	200.

ATTACHMENT 8

FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	CHARITABLE PURPOSES
ADVERTISING	1,286.		1,286.
DUES & SUBSCRIPTIONS	1,165.	233.	932.
INSURANCE	6,402.	2,113.	4,289.
INVESTMENT ADVISORY FEES	34,277.	34,277.	
MARKETING	334.		334.
OFFICE SUPPLIES & EXPENSE	6,013.	1,984.	4,029.
NEIGHBORHOOD PROGRAM EXPENSE	1,090.		1,090.
TOTALS	50,567.	38,607.	11,960.

ATTACHMENT 9

FORM 990PF, PART II - OTHER INVESTMENTS

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
MORGAN STANLEY 737 015227	0.	0.
MORGAN STANLEY 737 017668	0.	0.
CHARLES SCHWAB 3396-0036	3,244,121.	3,443,240.
FIRSTMERIT 203530-00	3,065,067.	3,319,683.
TOTALS	6,309,188.	6,762,923.

ATTACHMENT 10

FORM 990PF, PART II - OTHER ASSETS

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

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES ATTACHMENT 11

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION
JOHN J MCGRATH 1234 LINCOLN WAY EAST MASSILLON, OH 44646	EXECUTIVE DIRECTOR 25.00	38,394.
SEE ATTACHED	BOARD MEMBERS	
	GRAND TOTALS	38,394.

ATTACHMENT 12

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

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

ATTACHMENT 13

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

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

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

ATTACHMENT 14

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
MISCELLANEOUS GRANTS - MASSILLON, OH 44646	NONE 501(C)(3)	HEALTHCARE ACTIVITIES	1,910.
SEE ATTACHMENT - LIST OF DONEES GRANTED > $1,000	NONE 501(C)(3)	HEALTHCARE ACTIVITIES	231,166.
		TOTAL CONTRIBUTIONS PAID	233,076.

Supporting Healthy Communities

Health Foundation of Greater Massillon

Board Members

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

Ted Miller, *Chairman-elect*
Owner, Imaging 2000 Web Design

Robert Gessner, *Secretary*
President, Massillon Cable TV

Mark Christine DVM, *Treasurer*
Massillon Animal Hospital

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

Christopher Goff
CEO & General Counsel Employers Health

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

William Leffler DDS
Dentist

Judith Paquelet
Retired Medical Professional

Catherine M Catazaro-Perry, R.N.
Executive Director, The Golden Key Center for Exceptional Childrebn

Melissa Shearer
Vice President of Communications, Shearer Foods

Vanessa Stergios

James Snively
Attorney at Law

Marion "Stu" Stewart
Retired Medical Services

990PF, PART VIII

Health Foundation
of Greater Massillon

Grant Review Process

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

As a grant seeker the following questions should be considered

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

ELIGIBILITY

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

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

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

GRANT MAKING DECISION PERIOD

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

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

990PF, PART XV, LINE 2D

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

Preparing Your Grant Application

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

About Us | Grants | Programs | Donor Services | News Releases | Contact Us | Home

Service Areas

STARK COUNTY (WESTERN STARK)

- Beach City
- Bethlehem Township
- Brewster
- Canal Fulton
- East Greenville
- Jackson Township
- Lawrence Township
- Massillon
- Navarre
- North Lawrence
- Perry Township
- Richville
- Sugarcreek Township
- Tuscarawas Township
- Wilmot

TUSCARAWAS COUNTY

- Bolivar
- Strasburg

WAYNE COUNTY

- Dalton
- Orrville

HEALTH FOUNDATION OF GREATER MASSILLON
(fka COMMUNITY HEALTH FOUNDATION)
EIN 31-1516370
Year Ending 12/31/2010

List of Donees Granted $1,000 and Above

LINE 3a

Paid during the year	
The Arc of Stark County	7,500
Boys & Girls Club of Massillon	20,000
Faith in Action of Western Stark County	19,000
Massillon Fire Department	2,178
Pregnancy Support Center	8,000
Prescription Assistance Program	31,500
Western Stark Free Clinic	99,500
Sub-Total	187,678

Community Giving High School Social Action Program	
Central Catholic High School	3,000
Jackson High School	3,000
Massillon Washington High School	3,000
Orrville High School	2,000
Perry High School	2,000
Sub-Total	13,000

Neighborhood Partnership Grant Program	
Westbrook Estate Residents Assoc	2,833
Walnut Hills Residents Association	12,000
Franklin Village Neighborhood Assoc	4,000
CHARM Neighborhood Association	4,000
Witmer Arms Residents Association	2,655
Southeast Improvements Association	4,000
Wellman Neighborhood Association	1,000
Sub-Total	30,488
Total	**231,166**

Form **8868**
(Rev January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

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

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

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

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

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

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

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

Enter the Return code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

Telephone No ▶ 330 837-6864 FAX No ▶

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 11, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [X] calendar year 20 10 or

▶ [ ] tax year beginning _____, 20____, and ending _____, 20____

2 If the tax year entered in line 1 is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$ 4,420.
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$

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

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

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

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

Enter the Return code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ JUDITH G. MILLER
  Telephone No ▶ 330 837-6864 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . . . . ▶ [ ] If it is for part of the group, check this box . . . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15, 20 11

5 For calendar year 2010, or other tax year beginning _____, 20 ____, and ending _____, 20 ____

6 If the tax year entered in line 5 is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	$ 851.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$ 4,420.
c	**Balance Due.** Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Naomi J Gamel Title ▶ CPA Date ▶ 8/2/11