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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

1

Briefly describe the organization's mission

STARK COMMUNITY FOUNDATION IS DEDICATED TO PROMOTING THE BETTERMENT OF STARK COUNTY AND ENHANCING THE QUALITY OF LIFE OF ALL ITS CITIZENS THE FOUNDATION WILL ENDEAVOR TO BE EXEMPLARY IN ITS LEADERSHIP IN ADDRESSING COMMUNITY NEEDS AND CHALLENGES, IN ITS INTEGRITY AND IMAGINATION IN SERVING THE CHARITABLE INTERESTS OF ITS DONORS, IN ITS ABILITY TO CREATE INTEREST AMONG OTHERS IN BECOMING DONORS, AND IN ITS STEWARDSHIP OF ITS CHARITABLE ASSETS

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

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured 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

4a

(Code) (Expenses \$ 8,434,337 including grants of \$ 7,763,660) (Revenue \$ 83,633)

DURING 2011 THE FOUNDATION FOCUSED ON PROGRAMS AND PROJECTS THAT BUILD THE CAPACITY OF THE ORGANIZATIONS AND COMMUNITY THAT THEY SERVE IN FOUR INDIVIDUAL AREAS 1) TO IMPROVE THE QUALITY AND ACCESSIBILITY OF AFTER-SCHOOL PROGRAMS IN STARK COUNTY 2) TO ENABLE THE GROWTH OF LEADERSHIP TRAINING FOR NEIGHBORHOOD ASSOCIATIONS IN THE CITIES OF CANTON, MASSILLON, AND ALLIANCE 3) TO INVEST IN CAPITAL PROJECTS THAT WILL BUILD A STRONG ECONOMIC BASE FOR NON-PROFIT ORGANIZATIONS AND A STRONG HEALTH BASE FOR AREA RESIDENTS 4) TO CONTINUE INVESTMENT IN AFFORDABLE HOUSING PROJECTS THAT WILL ENCOURAGE THE GROWTH OF STARK COUNTY CITIES ALSO, TO PARTNER WITH CITY HOMEOWNERS TO HELP THEM REPAIR AND FIX UP THEIR HOMES TO ADD VALUE TO THEIR NEIGHBORHOODS

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 8,434,337

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.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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.		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	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.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		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.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.		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 and IV.		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 and IV.		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.		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.		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.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

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 (or a family member thereof) 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	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			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	18		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
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, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. .	2a	12		
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 (see instructions).	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 or securities account)?	4a			No
b	If "Yes," enter the name of the foreign country: _____ See instructions for 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?	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a			
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
c	Enter the aggregate amount of reserves on hand.	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			

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.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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 governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	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	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	Other officers or key employees of the organization	15b	Yes
	If "Yes," to line 15a or 15b, 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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

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 made 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 made 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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFFREY A FISHER DIRECTOR	1 0	X						0	0	0
(2) CANDY WALLACE CHAIRMAN	1 0	X						0	0	0
(3) THOMAS W SCHERVISH VICE CHAIR	1 0	X						0	0	0
(4) E LANG D'ATRI DIRECTOR	1 0	X						0	0	0
(5) NAZAMOVIA ADAMS-PHILLIPS DIRECTOR	1 0	X						0	0	0
(6) ROBERT DEHOFF DIRECTOR	1 0	X						0	0	0
(7) THOMAS V FERRERO DIRECTOR	1 0	X						0	0	0
(8) G CHARLES DIX DIRECTOR	1 0	X						0	0	0
(9) NANCY A VARIAN DIRECTOR	1 0	X						0	0	0
(10) PATRICIA C QUICK VICE PRESIDENT & CFO	40 0			X				81,974	0	6,612
(11) MARK J SAMOLCZYK PRESIDENT	40 0			X				162,903	0	15,107

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	244,877	0	21,719

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. **1**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
COLONIAL CONSULTING 750 THIRD AVENUE 20TH FLOOR NEW YORK, NY 10017	INVESTMENT CONSULT	136,848

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

Part VIII

Statement of Revenue

				(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	258,541				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,712,224				
	g	Noncash contributions included in lines 1a-1f \$ 562,686						
	h	Total. Add lines 1a-1f		2,970,765				
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)		3,587,362		-1,421	3,588,783
4		Income from investment of tax-exempt bond proceeds . . .		0				
5		Royalties		0				
6a		Gross rents	(i) Real	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)			2,386,054		2,386,054
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
		a	1,195					
		b	Less direct expenses	b	919			
c		Net income or (loss) from fundraising events . . .			276			276
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	900099		58,075	58,075			
b	PROVISION FOR UNCOLLECTIBLE LOANS	900099		25,558	25,558			
c								
d	All other revenue							
e	Total. Add lines 11a-11d			83,633				
12	Total revenue. See Instructions			9,028,090	83,633	-1,421	5,975,113	

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)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	7,345,704	7,345,704		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	417,956	417,956		
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	266,596	104,719	120,635	41,242
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	373,629	146,761	169,067	57,801
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	19,684	7,732	8,907	3,045
9	Other employee benefits	26,517	10,416	11,999	4,102
10	Payroll taxes	43,164	16,955	19,532	6,677
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	22,743		8,769	13,974
c	Accounting	26,000		26,000	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	765,136		765,136	
g	Other	10,289	1,596	8,064	629
12	Advertising and promotion	75,523			75,523
13	Office expenses	30,299		30,299	
14	Information technology	23,249		23,249	
15	Royalties	0			
16	Occupancy	73,336	2,619	69,686	1,031
17	Travel	11,739	3,706	4,327	3,706
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	7,052			7,052
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	8,217		8,217	
23	Insurance	7,555		7,555	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SCF INITIATIVE EXPENSES	216,468	216,468		
b	WEED & SEED INITIATIVE EXP	154,144	154,144		
c	LIFE INSURANCE PREMIUMS PAID	45,430		45,430	
d	TRUST EXPENSES - FUND EVENTS	32,762	5,561	27,201	
e					
f	All other expenses	17,564		16,896	668
25	Total functional expenses. Add lines 1 through 24f	10,020,756	8,434,337	1,370,969	215,450
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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			0	1	0
	2	Savings and temporary cash investments			6,642,348	2	7,048,749
	3	Pledges and grants receivable, net			2,546,906	3	1,717,530
	4	Accounts receivable, net			0	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			0	5	0
	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			484	6	0
	7	Notes and loans receivable, net			5,269,960	7	5,219,754
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	401,007			
	b	Less: accumulated depreciation	10b	42,099	273,389	10c	358,908
	11	Investments—publicly traded securities			113,926,217	11	109,064,395
	12	Investments—other securities. See Part IV, line 11			26,085,697	12	21,597,896
	13	Investments—program-related. See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			1,011,399	15	1,108,433
16	Total assets. Add lines 1 through 15 (must equal line 34)			155,756,400	16	146,115,665	
Liabilities	17	Accounts payable and accrued expenses			482,556	17	448,910
	18	Grants payable			2,188,262	18	1,119,057
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			1,529,066	23	1,491,886
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			26,461,773	25	24,951,710
	26	Total liabilities. Add lines 17 through 25			30,661,657	26	28,011,563
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			125,094,743	27	118,104,102
	28	Temporarily restricted net assets			0	28	0
	29	Permanently restricted net assets			0	29	0
	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			125,094,743	33	118,104,102
34	Total liabilities and net assets/fund balances			155,756,400	34	146,115,665	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,028,090
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,020,756
3	Revenue less expenses Subtract line 2 from line 1	3	-992,666
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	125,094,743
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-5,997,975
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	118,104,102

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain 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 separate basis, consolidated 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

2011

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	9,147,368	3,398,841	5,677,020	4,368,938	2,970,765	25,562,932
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	9,147,368	3,398,841	5,677,020	4,368,938	2,970,765	25,562,932
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)						2,953,104
6 Public Support. Subtract line 5 from line 4						22,609,828

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	9,147,368	3,398,841	5,677,020	4,368,938	2,970,765	25,562,932
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,166,134	4,243,204	3,413,418	3,278,587	3,588,783	18,690,126
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,097	21	64,758	49,463		115,339
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	79,722	78,248	232,165	221,324	84,828	696,287
11 Total support (Add lines 7 through 10)						45,064,684

12 Gross receipts from related activities, etc (See instructions)

12332,475

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 2011 (line 6 column (f) divided by line 11 column (f))

1450172%

15 Public Support Percentage for 2010 Schedule A, Part II, line 14

1545688%

16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 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		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV **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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE D
(Form 990)

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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	106	514
2 Aggregate contributions to (during year)	726,928	2,243,837
3 Aggregate grants from (during year)	1,716,563	6,047,097
4 Aggregate value at end of year	31,721,430	86,382,672
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

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06

	Held at the End of the Year
2a	
2b	
2c	
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

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

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

	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	125,094,743	115,476,342	98,301,027	128,973,205
b	Contributions	1,784,318	2,268,690	4,819,571	2,726,397
c	Investment earnings or losses	-1,793,702	13,015,866	17,507,437	-27,556,185
d	Grants or scholarships	5,668,080	4,523,493	3,878,610	4,360,850
e	Other expenditures for facilities and programs	516,533	473,272	508,136	402,159
f	Administrative expenses	796,644	669,390	764,947	1,079,381
g	End of year balance	118,104,102	125,094,743	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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	324,900			324,900
b Buildings				
c Leasehold improvements		14,247	615	13,632
d Equipment	0	61,860	41,484	20,376
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				358,908

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,028,090
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,020,756
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-992,666
4	Net unrealized gains (losses) on investments	4	-7,536,284
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1,538,309
9	Total adjustments (net) Add lines 4 - 8	9	-5,997,975
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-6,990,641

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	-9,384
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-7,536,284
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	919
e	Add lines 2a through 2d	2e	-7,535,365
3	Subtract line 2e from line 1	3	7,525,981
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	707,061
b	Other (Describe in Part XIV)	4b	795,048
c	Add lines 4a and 4b	4c	1,502,109
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	9,028,090

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	6,981,257
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	919
e	Add lines 2a through 2d	2e	919
3	Subtract line 2e from line 1	3	6,980,338
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	707,061
b	Other (Describe in Part XIV)	4b	2,333,357
c	Add lines 4a and 4b	4c	3,040,418
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	10,020,756

Part XIV

Supplemental 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	AGENCY ENDOWMENTS REVENUE & EXPENSE (\$1,538,309)
OTHER CHANGES IN REVENUE,	PART XII, LINE 2D	FUNDRAISING EXPENSES \$919
OTHER CHANGES IN REVENUE,	PART XII, LINE 4B	SUPPORTING ORGANIZATIONS' MANAGEMENT FEES, PROVISION FOR UNCOLLECTIBLE LOANS, AGENCY ENDOWMENTS' CONTRIBUTIONS, INCOME, AND APPRECIATION/DEPRECIATION \$795,048
OTHER CHANGES IN EXPENSES,	PART XIII, LINE 2D	FUNDRAISING EXPENSES \$919
OTHER CHANGES IN EXPENSES,	PART XIII, LINE 4B	SUPPORTING ORGANIZATIONS' MANAGEMENT FEES, AGENCY ENDOWMENTS' GRANTS & EXPENSES, AND PROVISION FOR UNCOLLECTIBLE LOANS \$2,333,357
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.
FIN 48 (ASC 740) FOOTNOTE,	PART X, LINE 2	THE FOLLOWING FOOTNOTE IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS AND REFERS TO THE FOUNDATION AND OTHER RELATED ENTITIES: THE FOUNDATIONS, CORPORATION AND PARTNERSHIP DO NOT HAVE ANY SIGNIFICANT UNRECOGNIZED TAX BENEFITS AS OF DECEMBER 31, 2011. THE TAX YEARS FOR THE FOUNDATIONS, CORPORATION AND PARTNERSHIP FROM 2008 AND THEREAFTER REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, AS WELL AS, APPLICABLE STATE AND LOCAL TAXING AUTHORITIES.

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

2011

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 listed in the line 1 table ▶

135

3

Enter total number of other organizations listed in the line 1 table ▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	304	417,956		BOOK	

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
MONITORING THE USE OF GRANT FUNDS,	PART I, LINE 2	GRANT APPLICANTS MUST SUPPLY A COPY OF THEIR 501(C)(3) DETERMINATION LETTER AND AUDITED FINANCIAL STATEMENTS SITE VISITS TO NONPROFIT ORGANIZATIONS AND/OR IN-PERSON CONFERENCES ARE REQUIRED THE FOUNDATION MONITORS GRANT AWARDS IN SEVERAL WAYS, INCLUDING - GRANT AGREEMENTS THAT OUTLINE THE DATES AND FREQUENCY OF EVALUATIVE REPORTS DUE TO THE FOUNDATION - GRANTEE FINAL REPORTS WITH SPECIFIC QUESTIONS TO ANSWER FOR REPORTING PROGRESS AT YEAR-END, USED FOR A SINGLE-YEAR REQUEST - GRANTEES AWARDED MULTIPLE-YEAR GRANTS ARE REQUESTED TO WORK IN A SPECIFIC IMPACT AREA CHOSEN BY THE BOARD OF DIRECTORS THESE AWARDEES RECEIVE SPECIAL DIRECTION - COMPLETING GOALS, OBJECTIVES, AND STRATEGIES TO BETTER ILLUSTRATE THE OUTCOMES OF THEIR PROJECT PURPOSE IN THE SPECIFIC IMPACT AREA IMPACT AREA MEETINGS OF COLLABORATIVE ORGANIZATIONS AND SITE VISITS OFTEN OCCUR TO CELEBRATE PROGRESS AND COMPLETE EVALUATIVE DATA

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
ABCD INC1225 GROSS AVE NE Canton,OH 44705	23-7362592	501(c)(3)	14,959		BOOK		GENERAL
ABLEINC1000 12TH ST NW Canton,OH 44703	11-3691636	501(c)(3)	5,999		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
Alliance Neighborhood Center405 S Linden Ave Alliance, OH 44601	31-1566678	501(c)(3)	15,000		BOOK		PROGRAMS
American Cancer Society Probate & Trust Mgt SharPO Box 720366 Oklahoma City, OK 73162	13-1788491	501(c)(3)	17,738		BOOK		INCOME DISTRIBUTION

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
American Diabetes Association4500 Rockside Road Independence, OH 44131	13-1623888	501(c)(3)	13,988		BOOK		INCOME DISTRIBUTION
American Health Assistance Foundation22512 Gateway Center Dr Clarksburg, MD 20871	23-7337229	501(c)(3)	10,000		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
American Heart Association4682 Douglas Circle NW Canton, OH 44718	13-5613797	501(c)(3)	16,538		BOOK		Income Distribution
American Red Cross of Stark CountyGoodwill Campus Canton, OH 44707	34-0714325	501(c)(3)	20,126		BOOK		Income Distribution

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
American Rescue Workers1311 Market Avenue North Canton, OH 44714	34-0971872	501(c)(3)	6,154		BOOK		Income Distribution
Ananda Center for the ArtsPO Box 1265 Massillon, OH 44648	81-0670965	501(c)(3)	10,000		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
ArtsinStark900 Cleveland Avenue NW Canton, OH 447021024	34- 6609771	501(c)(3)	110,235		BOOK		GENERAL
Aultman Health Foundation2600 Sixth Street SW Canton, OH 44710	20- 8090459	501(c)(3)	7,763		BOOK		Income Distribution

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
Aultman Hospital 2600 Sixth Street SW Canton, OH 44710	34-0714538	501(c)(3)	20,000		BOOK		COMPASSIONATE CARE CENTER
Beach City Community Improvement Corporation 331 South Church Ave Beach City, OH 44608	26-2786068	501(c)(3)	10,000		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
Bell Herron Scholarship FoundationPO Box 123 Carrollton, OH 44615	34-1300255	501(c)(3)	10,000		BOOK		SCHOLARSHIPS
Blessings in a Backpack1839 Brownsboro Rd Louisville, KY 40206	26-1964620	501(c)(3)	6,000		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
Boys and Girls Club of Massillon730 Duncan St SW Massillon, OH 446477960	34-0726102	501(c)(3)	85,392		BOOK		Income Distribution
Brookside Scholarship Fund Inc1800 Canton Avenue NW Canton, OH 44708	20-3980976	501(c)(3)	17,000		BOOK		Income Distribution

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
Buckeye Career Center Foundation IncPO Box 355 New Philadelphia, OH 44663	34-1882865	501(c)(3)	7,000		BOOK		SCHOLARSHIPS
Buckeye Council Boy Scouts of America2301 13th St NW Canton,OH 447083157	34-0714546	501(c)(3)	18,000		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
Calvary Presbyterian Church1525 Shorb Avenue NW Canton,OH 44703	34-0714324	501(c)(3)	6,000		BOOK		Income Distribution
Canton Christian Home2550 Cleveland Avenue NW Canton,OH 44709	34-1039414	501(c)(3)	53,869		BOOK		INCOME DISTRIBUTION

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 City Schools Fdn Scholarship Committee617 McKinley Avenue SW Canton, OH 44707	34-6000503	501(c)(3)	5,323		BOOK		PROGRAMS
Canton Country Day School3000 Demington Ave NW Canton, OH 447183311	34-0938702	501(c)(3)	21,105		BOOK		SCHOLARSHIPS

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 Garden Center1615 Stadium Park Dr NW Canton,OH 44718	34-0793669	501(c)(3)	7,959		BOOK		GENERAL
Canton Jewish Community Federation432 30th Street NW Canton,OH 44709	23-7084946	501(c)(3)	9,000		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
Canton Local Schools4526 Ridge Ave SE Canton, OH 44707	34-6000512	501(c)(3)	6,050		BOOK		GENERAL
Canton Museum of Art1001 Market Ave North Canton, OH 447021024	34-0733127	501(c)(3)	204,918		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 Preservation Society131 Wertz Avenue NW Canton, OH 44708	34-1243699	501(c)(3)	64,975		BOOK		GENERAL
Canton Regional Chamber of Commerce Foundation FBO 222 Market Ave North Canton, OH 44702	34-0129930	501(c)(3)	13,500		BOOK		SCHOLARSHIPS

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 Regional SCORE - Chapter 5806000 Frank avenue NW North Canton, OH 44720	52-1891952	501(c)(3)	12,000		BOOK		PROGRAMS
Canton Student Loan Foundation 4974 Higbee Avenue NW Canton, OH 44718	34-0906580	501(c)(3)	56,204		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 Symphony Orchestra1001 Market Avenue North Canton, OH 44702	34-6533119	501(c)(3)	56,679		BOOK		INCOME DISTRIBUTION
Carroll County Parks District190 Alamo Road Carrollton, OH 44615	34-6000519	501(c)(3)	84,632		BOOK		INCOME DISTRIBUTION

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
Central Catholic High School4824 Tuscarawas Street West Canton,OH 44708	34-0714566	501(c)(3)	81,068		BOOK		GENERAL
Child and Adolescent Behavioral Health919 2nd St NE Canton,OH 447041132	34-1191950	501(c)(3)	39,566		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
Christ Church Vero Beach925 14th Lane Vero Beach, FL 32960	59-2166431	501(c)(3)	178,687		BOOK		Income Distribution
Christ Presbyterian Church530 Tuscarawas Street West Canton, OH 44702	34-0714409	501(c)(3)	43,607		BOOK		INCOME DISTRIBUTION

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
CLEVELAND CLININC FOUNDATIONPO BOX 931517 CLEVELAND, OH 44193	34-0714585	501(c)(3)	50,715		BOOK		Income Distribution
Cleveland Restoration Society 3751 Prospect Ave Cleveland, OH 44115	23-7218767	501(c)(3)	38,000		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
Community Building Partnership of Stark County In601 Cleveland Ave NW Suite F Canton, OH 44702	45-1560552	501(c)(3)	16,794		BOOK		PROGRAMS
Community Christian Church 210 North Main Street North Canton, OH 44720	34-6004073	501(c)(3)	12,500		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
Community Drop-In Center1492 Cherry Avenue SE Canton, OH 44707	31-1633131	501(c)(3)	7,500		BOOK		GENERAL
Community Services of Stark County Inc625 Cleveland Ave NW Canton, OH 447021805	34-0737793	501(c)(3)	76,686		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
Concerned Citizens of the Fourth Ward221 - 3rd St SW Canton, OH 44702	34-1883114	501(c)(3)	6,810		BOOK		PROGRAMS
Delta Gamma Foundation3250 Riverside Dr Columbus, OH 43221	31-6034001	501(c)(3)	20,000		BOOK		SCHOLARSHIPS

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
DePauw University PO Box 37 Greencastle, IN 461350037	35-0869045	501(c)(3)	6,500		BOOK		GENERAL
Disabled American Veterans' National Service Fdn PO Box 14301 Cincinnati, OH 45250	52-1521276	501(c)(3)	7,926		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
Early Childhood Resource Center 1718 Cleveland Avenue NW Canton, OH 44703	34-0714462	501(c)(3)	26,000		BOOK		GENERAL
First Baptist Church of Canton 4110 - 38th Street NW Canton, OH 44718	34-0833502	501(c)(3)	71,586		BOOK		INCOME DISTRIBUTIONS

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
Freed Housing Corporation400 E Tuscarawas Street Canton, OH 447021131	34-1871908	501(c)(3)	10,000		BOOK		GENERAL
Fund For Our Economic Future1360 East 9th Street Suite 210 Cleveland, OH 44114	27-0606927	501(c)(3)	50,000		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
Girl Scouts of North East OhioOne Girl Scout Way Macedonia, OH 440562156	34-0714414	501(c)(3)	7,134		BOOK		Income Distribution
Good Shepherd Lutheran Church 4120 Cleveland Avenue NW Canton,OH 44709	34-1043978	501(c)(3)	20,000		BOOK		Income Distribution

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
Goodwill Industries of Greater Cleveland & East Ce408 9th St SW Canton,OH 447074714	34-0909974	501(c)(3)	32,600		BOOK		GENERAL
Greater East Canton Community Devel Assoc224 N Wood St East Canton,OH 44730	34-1675759	501(c)(3)	5,302		BOOK		Income Distribution

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
Guardian Support Services Inc408 9th Street SW Canton, OH 44707	20-5786126	501(c)(3)	5,100		BOOK		GENERAL
Habitat for Humanity of Greater Stark & Carroll Co2800 Leemont Avenue NW Canton, OH 44709	34-1595372	501(c)(3)	14,200		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
Hammer & Nails Inc PO Box 8224 Canton, OH 447118224	34-1919568	501(c)(3)	20,125		BOOK		GENERAL
Health Foundation of Greater Massillon 1237 Lincoln Way East Massillon, OH 44646	31-1516370	501(c)(3)	12,000		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
Holy Trinity Lutheran Church 2551 55th Street NE Canton,OH 44721	23-7430894	501(c)(3)	9,420		BOOK		Income Distribution
Hope Whispers Community Organization IncPO Box 8463 Canton,OH 44711	80-0422149	501(c)(3)	10,000		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
Invent Now Inc 3701 Highland Park NW North Canton, OH 44720	34-1580038	501(c)(3)	23,100		BOOK		PROGRAMS
J Babe Stearn Community Center 2628 13th St SW Canton, OH 447102169	34-0828418	501(c)(3)	11,300		BOOK		INCOME DISTRIBUTION

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
JR Coleman Community Renovation Corporation Inc 1731 Grace Avenue NE Canton, OH 44705	34-1430426	501(c)(3)	70,883		BOOK		GENERAL
JR Coleman Family Services Corporation 1731 Grace Ave NE Canton, OH 44705 2261	34-1321317	501(c)(3)	6,913		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
John H and Evelyn L Ashton Preservation Association 60 W Main Street Carrollton, OH 44615	20-2854698	501(c)(3)	385,000		BOOK		Income Distribution
Juneites Club Inc 874 Mahoning Rd NE canton, OH 44705	34-1414801	501(c)(3)	8,000		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
Lighthouse Ministries of Canton Inc1939 Third Street SE Canton,OH 44707	56-2512695	501(c)(3)	20,000		BOOK		PROGRAMS
Living Hope Christian Fellowship1620 Clark Ave SW Canton,OH 44706	34-1755631	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
Malone University 2600 Cleveland Avenue NW Canton, OH 447093823	34-0737794	501(c)(3)	37,168		BOOK		Income Distribution
MAPS Air Museum 2260 International Parkway North Canton, OH 44720	34-1651715	501(c)(3)	25,000		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
Market Heights Neighborhood Association142 - 35th St NW Canton,OH 44709	34-1796511	501(c)(3)	8,770		BOOK		PROGRAMS
Masonic Charity Foundation of OklahomaPO Box 2406 Edmond,OK 73083	73-6097262	501(c)(3)	7,926		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
Meyers Lake Preserve Inc2800 Carrington Street NW North Canton, OH 44720	34-1765744	501(c)(3)	90,000		BOOK		Income Distribution
Minerva United Methodist Church 204 N Main St Minerva, OH 44657	34-0924844	501(c)(3)	19,000		BOOK		Income Distribution

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
Mount Olive Baptist Church1403 13th St SE Canton, OH 44707	34-1736553	501(c)(3)	6,000		BOOK		PROGRAMS
Mount Vernon Neighborhood Association2029 Franklin Pl NW Canton, OH 44709	37-1448898	501(c)(3)	24,776		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
Multi-Development Services of Stark County424 Fulton Road NW Canton, OH 44703	34-1878831	501(c)(3)	6,900		BOOK		GENERAL
Muskingum Watershed Conservancy Foundation Inc1319 3rd Street NW New Philadelphia, OH 44663	34-1953261	501(c)(3)	20,971		BOOK		Income Distribution

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
National First Ladies Library205 Market Avenue South Canton, OH 44702	31-1576332	501(c)(3)	29,932		BOOK		Income Distribution
National Football Museum Inc2121 George Halas Drive NW Canton, OH 44708	34-0898576	501(c)(3)	1,289,392		BOOK		Income Distribution & HOF MUSEUM PROJECT

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
New Netherland InstituteBox 2536 Empire State Plaza Statio Albany, NY 122200536	14-1672400	501(c)(3)	20,000		BOOK		PROGRAMS
New Philadelphia Business and Community Associatio126 East High Avenue New Philadelphia, OH 44663	34-1878520	501(c)(3)	9,000		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
Newberry College 2100 College Street Newberry, SC 29108	57-0314404	501(c)(3)	6,000		BOOK		SCHOLARSHIPS
North Coast Community Homes 14221 Broadway Avenue Cleveland, OH 441251953	34-1455487	501(c)(3)	12,500		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
Northeast Ohio Medical University FoundationRoute 44 PO Box 95 Rootstown, OH 44272	34-1264220	501(c)(3)	151,000		BOOK		GENERAL
The Ocean Research & Conservation Association Inc 1420 Seaway Drive Ft Pierce, FL 34949	20-0901011	501(c)(3)	178,687		BOOK		Income Distribution

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

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Oesterlen-Services for Youth Inc1918 Mechanicsburg Road Springfield, OH 45503	31-0536998	501(c)(3)	9,420		BOOK		Income Distribution
Ohio Genealogical Society611 State Route 97 West Bellville, OH 44813	34-1382141	501(c)(3)	30,000		BOOK		GENERAL

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

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Pathway Caring for Children4895 Dressler Road NW Suite A Canton,OH 44718	23-7244648	501(c)(3)	10,850		BOOK		GENERAL
Plain Local Schools Foundation1801 Schneider Street NE Canton,OH 44721	20-0487822	501(c)(3)	24,954		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
Planned Parenthood of Northeast Ohio 2663 Cleveland Ave N W Canton, OH 447093393	34-1015976	501(c)(3)	17,792		BOOK		GENERAL
Players Guild of Canton Inc1001 Market Avenue North Canton, OH 44702	34-0790867	501(c)(3)	6,963		BOOK		GENERAL

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

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Project REBUILD Inc406 Shorb Ave NW Canton,OH 44703	34- 1912951	501(c)(3)	19,160		BOOK		GENERAL
Ridgewood Preservation Inc DBA Historic Ridgewood345 - 22nd St NW Canton,OH 44709	27- 1321726	501(c)(3)	6,000		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
RiverTree Christian Church7373 Portage Street NW Massillon, OH 44646	34-1003958	501(c)(3)	25,000		BOOK		GENERAL
Salvation Army - AlliancePO Box 2780 Alliance, OH 44601	13-5562351	501(c)(3)	23,376		BOOK		GENERAL

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

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Salvation Army - Canton420 Market Ave South Canton, OH 447022110	13-5562351	501(c)(3)	63,490		BOOK		GENERAL
Salvation Army - Massillon315 Sixth Street NE Massillon, OH 446466616	13-5562351	501(c)(3)	75,800		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
Salvation Army - MinervaMalvern620 East Line St Minerva,OH 44657	13-5562351	501(c)(3)	10,000		BOOK		GENERAL
St John's Roman Catholic Church627 McKinley Ave NW Canton,OH 44703	34-0714655	501(c)(3)	8,763		BOOK		GENERAL

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

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St John's Villa701 Crest St PO Box 457 Carrollton, OH 44615	34-1671908	501(c)(3)	5,112		BOOK		Income Distribution
St Michael's Church3430 St Michaels Blvd NW Canton, OH 44718	34-0782263	501(c)(3)	17,000		BOOK		GENERAL

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

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St Paul's United Methodist Church 2705 6th St SW Canton, OH 44710	34-0814171	501(c)(3)	8,000		BOOK		PROGRAMS
St Philip Neri 11328 Gavers Road Hanoverton, OH 44423	34-0975149	501(c)(3)	6,200		BOOK		GENERAL

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

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St Timothy's Episcopal Church 226 Third Street SE Massillon, OH 446466702	34-0742706	501(c)(3)	8,072		BOOK		GENERAL
Stark County District Library Foundation 715 Market Ave North Canton, OH 447021018	65-1278788	501(c)(3)	11,800		BOOK		GENERAL

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

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Stark County Historical Society 800 McKinley Monument Dr NW Canton, OH 447084800	34-0733194	501(c)(3)	182,444		BOOK		Income Distribution
Stark County Humane Society IncPO Box 7077 Station A Canton, OH 447050077	34-6003244	501(c)(3)	184,441		BOOK		INCOME DISTRIBUTION

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

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Stark County Retired Teachers Association Scholars11036 Kent Ave NE Hartville, OH 446329759	34-1457861	501(c)(3)	5,248		BOOK		Income Distribution
Stark Education Partnership Inc400 Market Ave N Ste B-Plaza Canton, OH 44702	34-1625250	501(c)(3)	542,492		BOOK		Income Distribution

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

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Stark Social Workers Network PO Box 8223 Canton, OH 44711	34-1652871	501(c)(3)	47,598		BOOK		PROGRAMS
Stark State College Foundation 6200 Frank Avenue NW North Canton, OH 44720	34-1577595	501(c)(3)	8,970		BOOK		SCHOLARSHIPS

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

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Strasburg Tiger Foundation Inc122 S Wooster Ave Strasburg, OH 44680	20-4468023	501(c)(3)	200,219		BOOK		Income Distribution
The Student Loan Foundation of North CantonPO Box 2224 North Canton, OH 44720	34-1039308	501(c)(3)	25,000		BOOK		GENERAL

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

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Trillium Family Solutions624 Market Avenue N Canton, OH 44702	34-0714399	501(c)(3)	36,684		BOOK		INCOME DISTRIBUTION
Trinity United Church of Christ 3909 Blackburn Road NW Canton, OH 447183213	34-0718411	501(c)(3)	90,578		BOOK		INCOME DISTRIBUTION

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
Trinity University One Trinity Place San Antonio, TX 78212	74-1109633	501(c)(3)	10,000		BOOK		GENERAL
United Way of Greater Stark County 4825 Higbee Avenue NW Ste 101 Canton, OH 44718	13-4254191	501(c)(3)	96,146		BOOK		GENERAL

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

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University of Michigan Law School300 Hutchins Hall Ann Arbor, MI 481091215	38-6006309	501(c)(3)	50,000		BOOK		GENERAL
University of Mount Union1972 Clark Ave Alliance, OH 446013929	34-0714687	501(c)(3)	15,027		BOOK		GENERAL

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

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University of Notre DamePO Box 519 Notre Dame, IN 465569988	35-0868188	501(c)(3)	6,200		BOOK		GENERAL
USO World Headquarters2111 Wilson Blvd Suite 1200 Arlington, VA 22201	13-1610451	501(c)(3)	6,954		BOOK		Income Distribution

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

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Walsh University 2020 East Maple St North Canton, OH 447203396	34-0868798	501(c)(3)	19,850		BOOK		GENERAL
West Park Neighborhood Association1467 - 15th St NW Canton, OH 44703	20-1301071	501(c)(3)	5,975		BOOK		GENERAL

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

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Westbrook Park UNITED METHODIST CHURCH2514 - 11th St NW Canton, OH 44708	34-0714405	501(c)(3)	6,000		BOOK		GENERAL
Western Stark Free Clinic Inc820 Amherst Rd NE Massillon, OH 44646	34-1887206	501(c)(3)	11,770		BOOK		GENERAL

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

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Westminster Presbyterian Church171 Aultman Ave NW Canton,OH 44708	34-6004434	501(c)(3)	8,000		BOOK		PROGRAMS
The Wilderness CenterPO Box 202 Wilmot, OH 446890202	34-0943581	501(c)(3)	304,544		BOOK		Income Distribution

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

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YMCA - Alliance 205 South Union Ave Alliance, OH 44601	34-0714792	501(c)(3)	50,000		BOOK		GENERAL
YMCA of Central Stark County1201 30th Street NW Ste 200 Canton, OH 44709	34-0714392	501(c)(3)	145,498		BOOK		GENERAL

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

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YMCA of Western Stark County131 Tremont Ave SE Massillon, OH 44646	34-0719180	501(c)(3)	76,980		BOOK		GENERAL
YWCA - Canton Joshua Thomas White Center Bldg Canton, OH 447021035	34-0714799	501(c)(3)	148,252		BOOK		GENERAL

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

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Zion United Church of Christ415 South Main Street North Canton, OH 44721	34-0839631	501(c)(3)	13,988		BOOK		Income Distribution

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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.

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"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	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	1b	
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?	2	
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"/> Written employment contract</div></div> <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input checked="" type="checkbox"/> Form 990 of other organizations</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		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	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		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
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		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
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	7	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	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

[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
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SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

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 or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	9	382,686	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	X	1	180,000	FMV
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?	Yes	No
b	If "Yes," describe the arrangement in Part II		No
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	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 III

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	Explanation
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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

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 11B	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 15	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 STATEMENTS 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
OTHER CHANGE IN NET ASSETS,	FORM 990, PART XI, LINE 5	NET UNREALIZED (LOSS) ON INVESTMENTS \$(7,536,284) AGENCY ENDOWMENT REVENUE & EXPENSE \$1,538,309 = \$(5,997,975) -

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

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

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) WILLIAM & MINETTE GOLDSMITH FOUNDATION 400 MARKET AVENUE NORTH SUITE 200 CANTON, OH 44702 34-6542631	SUPPORT ORG	OH	501(C)(3)	11-TYPE I	NA	Yes	
(2) NEWMARKET PROJECT INC 400 MARKET AVENUE NORTH SUITE 200 CANTON, OH 44702 34-1282839	LAND HOLDING	OH	501(C)(2)	N/A	NA	Yes	
(3) HENRY & LOUISE TIMKEN FOUNDATION 400 MARKET AVENUE NORTH SUITE 200 CANTON, OH 44702 34-6596671	SUPPORT ORG	OH	501(C)(3)	11-TYPE I	NA	Yes	
(4) UNITED WAY OF GREATER STARK COUNTY FDN 400 MARKET AVENUE NORTH SUITE 200 CANTON, OH 44702 34-1828490	SUPPORT ORG	OH	501(C)(3)	11-TYPE II	NA	Yes	

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SCF DEVELOPMENT LTD 400 MARKET AVE N 200 CANTON, OH 44718 42-1581249	REAL ESTATE	OH	STARK CF	RELATED	-140,066	1,561,754	Yes		0	Yes		100 000 %

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

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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 related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

Yes

1b

Yes

1c

No

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	(d) Method of determining amount involved
(1) SCF DEVELOPMENT LTD	A	75,509	BOOK
(2) SCF DEVELOPMENT LTD	D	4,115,827	BOOK
(3) SCF DEVELOPMENT LTD	J	66,669	BOOK
(4)			
(5)			
(6)			

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]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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