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EXTENDED TO AUGUST 17, 2015

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

2014

Open to Public Inspection

Form 990-PF

Department of the Treasury
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.
Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2014 or tax year beginning

, and ending

Name of foundation HEALTH FOUNDATION OF GREATER MASSILLON		A Employer identification number 31-1516370
Number and street (or P.O. box number if mail is not delivered to street address) 1237 LINCOLN WAY EAST	Room/suite	B Telephone number 3308376864
City or town, state or province, country, and ZIP or foreign postal code MASSILLON, OH 44646-6992		C If exemption application is pending, check here ☐
G Check all that apply: ☐ Initial return ☐ Final return ☐ Address change ☐ Initial return of a former public charity ☐ Amended return ☐ Name change		D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐
H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ☐
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 8,055,906.	J Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

Part I Analysis of Revenue and Expenses

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	15,603.		N/A	
2 Check ☐ if the foundation is not required to attach Sch. B				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities	189,622.	189,622.		STATEMENT 1
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	142,778.			
b Gross sales price for all assets on line 6a	1,228,561.			
7 Capital gain net income (from Part IV, line 2)		142,778.		
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss)				
11 Other income				
12 Total. Add lines 1 through 11	348,003.	332,400.		
13 Compensation of officers, directors, trustees, etc	39,000.	3,900.		35,100.
14 Other employee salaries and wages	42,500.	4,250.		38,250.
15 Pension plans, employee benefits	6,968.	697.		6,271.
16a Legal fees				
b Accounting fees	STMT 2 15,750.	2,730.		13,020.
c Other professional fees	STMT 3 206.	68.		138.
17 Interest				
18 Taxes	STMT 4 10,242.	0.		0.
19 Depreciation and depletion	288.	288.		
20 Occupancy	11,823.	3,547.		8,276.
21 Travel, conferences, and meetings	3,928.	786.		3,142.
22 Printing and publications				
23 Other expenses	STMT 5 51,027.	31,740.		9,665.
24 Total operating and administrative expenses. Add lines 13 through 23	181,732.	48,006.		113,862.
25 Contributions, gifts, grants paid	223,166.			223,166.
26 Total expenses and disbursements. Add lines 24 and 25	404,898.	48,006.		337,028.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	<56,895.>			
b Net investment income (if negative, enter -0-)		284,394.		
c Adjusted net income (if negative, enter -0-)			N/A	

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LHA For Paperwork Reduction Act Notice, see instructions.

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing				
	2	Savings and temporary cash investments		125,255.	108,802.	108,802.
	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons				
	7	Other notes and loans receivable ▶				
		Less: allowance for doubtful accounts ▶				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments - U.S. and state government obligations				
	b	Investments - corporate stock				
	c	Investments - corporate bonds				
	11	Investments - land, buildings, and equipment basis ▶	27,176.			
	Less accumulated depreciation ▶	26,334.	485.	842.	842.	
12	Investments - mortgage loans					
13	Investments - other	STMT 6	6,101,908.	6,061,481.	7,946,097.	
14	Land, buildings, and equipment: basis ▶					
	Less accumulated depreciation ▶					
15	Other assets (describe ▶ DEPOSITS)		165.	165.	165.	
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		6,227,813.	6,171,290.	8,055,906.	
Liabilities	17	Accounts payable and accrued expenses			372.	
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable				
	22	Other liabilities (describe ▶)				
	23	Total liabilities (add lines 17 through 22)		0.	372.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ ☒ and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted		6,212,376.	6,164,160.	
	25	Temporarily restricted		4,332.	1,758.	
	26	Permanently restricted		11,105.	5,000.	
	Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds				
	30	Total net assets or fund balances		6,227,813.	6,170,918.	
	31	Total liabilities and net assets/fund balances		6,227,813.	6,171,290.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	6,227,813.
2	Enter amount from Part I, line 27a	2	<56,895.>
3	Other increases not included in line 2 (itemize) ▶	3	0.
4	Add lines 1, 2, and 3	4	6,170,918.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	6,170,918.

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Part IV Capital Gains and Losses for Tax on Investment Income

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 231,163.		217,394.	13,769.
b 997,398.		868,389.	129,009.
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			13,769.
b			129,009.
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	142,778.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		3	N/A

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2013	338,799.	7,243,309.	.046774
2012	329,947.	6,913,094.	.047728
2011	321,248.	6,898,321.	.046569
2010	344,602.	6,692,923.	.051488
2009	384,180.	6,066,773.	.063325

2 Total of line 1, column (d)	2	.255884
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.051177
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	7,761,466.
5 Multiply line 4 by line 3	5	397,209.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	2,844.
7 Add lines 5 and 6	7	400,053.
8 Enter qualifying distributions from Part XII, line 4	8	337,028.

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

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

1a Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ and enter 1% of Part-I, line 27b		1	5,688.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	5,688.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	5,688.
6 Credits/Payments:			
a 2014 estimated tax payments and 2013 overpayment credited to 2014	6a	6,360.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	6,360.	
8 Enter any penalty for underpayment of estimated tax. Check here ☒ if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	672.	
11 Enter the amount of line 10 to be: Credited to 2015 estimated tax	11	0.	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <u>OH</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► WWW.HEALTHFOUNDATION-MASSILLON.ORG	13	X	
14	The books are in care of ► JUDITH G. MILLER Telephone no. ► 330-837-6864 Located at ► 1237 LINCOLN WAY EAST, MASSILLON, OH ZIP+4 ► 44646			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	15	N/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the foreign country ►	16	Yes	No X

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

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

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	☐ Yes ☒ No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes ☒ No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes ☒ No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☐ Yes ☒ No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	☐ Yes ☒ No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	☐ Yes ☒ No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A	1b
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?		1c X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? If "Yes," list the years ►	☐ Yes ☒ No	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	N/A	2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	☐ Yes ☒ No	
b If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.)	N/A	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?		4b X

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

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

X

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

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

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JOHN J MCGRATH 1234 LINCOLN WAY EAST MASSILLON, OH 44646 SEE ATTACHED	EXECUTIVE DIRECTOR 25.00	39,000.	0.	0.
1237 LINCOLN WAY EAST MASSILLON, OH 44646	BOARD MEMBERS 0.00	0.	0.	0.

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

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

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

0

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

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

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

Total number of others receiving over \$50,000 for professional services

0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 GRANTS TO 501(C)(3) ENTITIES ENGAGED IN HEALTHCARE ACTIVITIES (SEE ATTACHMENT -- LIST OF DONEES GRANTED \$1,000 AND ABOVE)	0.
2	
3	
4	

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	

Total. Add lines 1 through 3

0.

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Part X**Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	7,756,878.
b	Average of monthly cash balances	1b	122,783.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	7,879,661.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	7,879,661.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	118,195.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	7,761,466.
6	Minimum investment return. Enter 5% of line 5	6	388,073.

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

1	Minimum investment return from Part X, line 6	1	388,073.
2a	Tax on investment income for 2014 from Part VI, line 5	2a	5,688.
b	Income tax for 2014. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	5,688.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	382,385.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	382,385.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	382,385.

Part XII**Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	337,028.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	337,028.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	337,028.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				382,385.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			223,159.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
b From 2010				
c From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from Part XII, line 4: ▶ \$ 337,028.				
a Applied to 2013, but not more than line 2a			223,159.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2014 distributable amount				113,869.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015				268,516.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014				

**HEALTH FOUNDATION OF GREATER
MASSILLON**

Form 990-PF (2014)

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Part XV **Supplementary Information** (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
MISCELLANEOUS GRANTS - MASSILLON, OH 44646	NONE	501(C)(3)	HEALTHCARE ACTIVITIES	1,464.
SEE ATTACHMENT - LIST OF DONEES GRANTED > \$1,000	NONE	501(C)(3)	HEALTHCARE ACTIVITES	221,702.
Total				223,166.
b Approved for future payment				
NONE				
Total				0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e)
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount		Related or exempt function income
1 Program service revenue:						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities			14	189,622.		
5 Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory			18	142,778.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a _____						
b _____						
c _____						
d _____						
e _____						
12 Subtotal. Add columns (b), (d), and (e)		0.		332,400.		0.
13 Total. Add line 12, columns (b), (d), and (e)						332,400.

(See worksheet in line 13 instructions to verify calculations.)

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

[illegible]

**HEALTH FOUNDATION OF GREATER
MASSILLON**

Form 990-PF (2014)

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

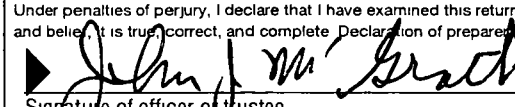
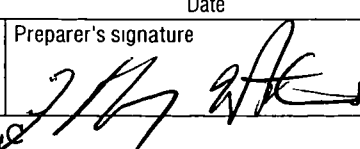
		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
(1)	Cash		X
(2)	Other assets		X
b	Other transactions:		
(1)	Sales of assets to a noncharitable exempt organization		X
(2)	Purchases of assets from a noncharitable exempt organization		X
(3)	Rental of facilities, equipment, or other assets		X
(4)	Reimbursement arrangements		X
(5)	Loans or loan guarantees		X
(6)	Performance of services or membership or fundraising solicitations		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

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

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

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below (see instr.)? ☒ Yes ☐ No	
	Signature of officer or trustee 	Date 7-21-2015	Title EXECUTIVE DIRECTOR		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	JEFFERY WALTERS		JUN 23 2015		P00709595
	Firm's name ▶ CBIZ MHM, LLC	Firm's EIN ▶ 34-1513062			
	Firm's address ▶ 4040 EMBASSY PARKWAY SUITE 100 AKRON, OH 44333			Phone no. 330-668-6500	

Form 990-PF (2014)

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

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Name of the organization

HEALTH FOUNDATION OF GREATER
MASSILLON

Employer identification number

31-1516370

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

HEALTH FOUNDATION OF GREATER
MASSILLON

Employer identification number

31-1516370

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	CITY OF MASSILLON ONE JAMES DUNCAN PLAZA SE MASSILLON, OH 44646-6652	\$ 7,439.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
<u>2</u>	ROBERT GESSNER 5331 KONEN AVENUE NE CANTON, OH 44718	\$ 6,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
<u>3</u>	MASSILLON CABLE TV 814 CABLE CT NW MASSILLON, OH 44647	\$ 313.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
<u>4</u>	THE MASSILLON CLUB 170 LINCOLNWAY E MASSILLON, OH 44646	\$ 1,851.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Name of organization

**HEALTH FOUNDATION OF GREATER
MASSILLON**

Employer identification number

31-1516370**Part II Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

HEALTH FOUNDATION OF GREATER
MASSILLON

Employer identification number

31-1516370

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) ▶ \$

Use duplicate copies of Part III if additional space is needed

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

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES				STATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
CHARLES SCHWAB	192,341.	0.	192,341.	192,341.		
CHARLES SCHWAB-ACCRUED INTEREST PAID	<1,061.>	0.	<1,061.>	<1,061.>		
CHARLES SCHWAB-ACCRUED INTEREST PAID	<1,658.>	0.	<1,658.>	<1,658.>		
TO PART I, LINE 4	189,622.	0.	189,622.	189,622.		

FORM 990-PF	ACCOUNTING FEES			STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING	9,100.	2,730.		6,370.	
AUDITING	5,400.	0.		5,400.	
TAX PREPARATION	1,250.	0.		1,250.	
TO FORM 990-PF, PG 1, LN 16B	15,750.	2,730.		13,020.	

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
GROUP RATING FEE	206.	68.		138.	
TO FORM 990-PF, PG 1, LN 16C	206.	68.		138.	

FORM 990-PF	TAXES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
OHIO FILING FEE	200.	0.		0.	
FEDERAL EXCISE TAX	10,042.	0.		0.	
TO FORM 990-PF, PG 1, LN 18	10,242.	0.		0.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ADVERTISING	439.	0.		439.	
DUES & SUBSCRIPTIONS	969.	194.		775.	
INSURANCE	6,192.	2,043.		4,149.	
INVESTMENT ADVISORY FEES	27,804.	27,804.		0.	
MARKETING	848.	0.		848.	
OFFICE SUPPLIES & EXPENSE	5,132.	1,694.		3,438.	
SEMINAR	21.	5.		16.	
WESTERN STARK REFUND	9,622.	0.		0.	
TO FORM 990-PF, PG 1, LN 23	51,027.	31,740.		9,665.	

FORM 990-PF	OTHER INVESTMENTS		STATEMENT	6
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
CHARLES SCHWAB 3396-0036	COST	6,061,481.	7,946,097.	
TOTAL TO FORM 990-PF, PART II, LINE 13		6,061,481.	7,946,097.	

FORM 990-PF	GRANT APPLICATION SUBMISSION INFORMATION	STATEMENT	7
	PART XV, LINES 2A THROUGH 2D		

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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

TELEPHONE NUMBER

330 837-6864

FORM AND CONTENT OF APPLICATIONS

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

ANY SUBMISSION DEADLINES

FEBRUARY 28TH & AUGUST 31ST.

RESTRICTIONS AND LIMITATIONS ON AWARDS

SEE ATTACHMENT

HEALTH FOUNDATION OF GREATER MASSILLON
(fka COMMUNITY HEALTH FOUNDATION)
EIN 31-1516370
FIXED ASSETS 12/31/14

DATE ACQUIRED	DESCRIPTION	COST	MONTHLY DEPRECIATION	DEPR @ 12/31/2013	DEPR @ 12/31/2014	DATE ASSET FULLY DEPR
6/15/1999	COMPUTER	2,447 59	0	2,447 59	2,447 59	6/15/2004
6/23/1999	MICROWAVE & REFRIGERATOR	299 9	0	299 9	299 9	6/23/2004
6/15/1999	PHONE SYSTEM	3,965 62	0	3,965 62	3,965 62	6/15/2004
12/30/1999	COMPUTER SOFTWARE	5,750 00	0	5,750 00	5,750 00	1/1/2003
12/1/2000	IMAGE PROJECTOR	1,610 51	0	1,610 51	1,610 51	12/1/2005
3/23/2001	FIRE PROOF FILE CABINET	1,856 43	0	1,856 43	1,856 43	3/23/2008
7/18/2001	LAPTOP COMPUTER	1,830 94	0	1,830 94	1,830 94	7/18/2006
6/16/2006	2 DELL COMPUTERS	1,946 20	32 44	1946 2	1,946 20	6/16/2011
9/1/2008	DELL COMPUTER	1,004 94	16 75	1,004 94	1,004 94	8/22/2013
4/9/2009	DELL COMPUTER	647 00	10 78	614 46	647 00	4/9/2014
8/17/2012	HP COMPUTER (BEST BUY)	632 10	10 54	179 18	305 66	8/17/2017
1/14/2014	DELL COMPUTER (JOHN)	644 41	10 74	0 00	128 88	
TOTALS		22,635 64	81 25	21,505 77	21,793 67	
					287 90	2014 DEPRECIATION

DATE ACQUIRED	DESCRIPTION	COST	MONTHLY DEPRECIATION	DEPR @ 12/31/2013	DEPR @ 12/31/2014	DATE ASSET FULLY DEPR
11/15/1999	OUTSIDE SIGN	2,200 00	26 2	2,200 00	2,200 00	11/5/2006
12/1/2006	OUTSIDE SIGN	1,768 00	21 05	1,768 00	1,768 00	12/1/2013
12/1/2006	INTERIOR SIGN	572	6 81	572	572	12/1/2013
TOTALS		4,540 00	54 06	4,540 00	4,540 00	
27,175 64					0 00	2014 DEPRECIATION
					287 90	TOTAL 2014 DEPRECIATION



Schwab One® Account of
**HEALTH FOUNDATION OF GREATER
MASSILLON**

Account Number
3396-0036

Report Period
**January 1 - December 31,
2014**

2014 Year-End Schwab Gain/Loss Report

Realized Gain or (Loss)

Accounting Method: High Cost

Short-Term	Quantity/Par	Acquired/ Opened	Sold/ Closed	Total Proceeds	Cost Basis	Realized Gain or (Loss)
CHEVRON CORPORATION: CVX	157.0000	07/25/13	01/03/14	\$19,537.08	\$20,019.06	(\$481.98)
CHEVRON CORPORATION: CVX	153.0000	08/07/13	01/03/14	\$19,039.32	\$18,880.20	\$159.12
Security Subtotal				\$38,576.40	\$38,899.26	(\$322.86)
GOOGLE INC CLASS A: GOOG	17.0000	03/14/13	01/10/14	\$19,125.41	\$14,003.52	\$5,121.89
Security Subtotal				\$19,125.41	\$14,003.52	\$5,121.89
KIMBERLY-CLARK CORP: KMB	406.0000	07/25/13	06/19/14	\$45,645.96	\$40,112.39	\$5,533.57
Security Subtotal				\$45,645.96	\$40,112.39	\$5,533.57
MASTERCARD INC SHARES: MA	30.0000	09/06/13	01/10/14	\$25,078.14	\$19,179.04	\$5,899.10
Security Subtotal				\$25,078.14	\$19,179.04	\$5,899.10
PFIZER INCORPORATED: PFE	1,715.0000	07/25/13	01/03/14	\$52,405.69	\$50,146.43	\$2,259.26
Security Subtotal				\$52,405.69	\$50,146.43	\$2,259.26
SOUTHWESTERN ENERGY CO: SWN	1,000.0000	01/03/14	11/04/14	\$31,944.53	\$38,872.95	(\$6,928.42)
Security Subtotal				\$31,944.53	\$38,872.95	(\$6,928.42)

Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this report.

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G000153060205



Schwab One® Account of
HEALTH FOUNDATION OF GREATER
MASSILLON

Report Period
January 1 - December 31,
2014
Account Number
3396-0036

2014 Year-End Schwab Gain/Loss Report

Realized Gain or (Loss) (continued)

Realized Gain or (Loss) (continued)						Accounting Method: High Cost
Short-Term (continued)	Quantity/Par	Acquired/ Opened	Sold/ Closed	Total Proceeds	Cost Basis	Realized Gain or (Loss)
U S BANCORP DEL NEW USB	430.0000	09/19/13	07/29/14	\$18,386.36	\$16,179.96	\$2,206.40
Security Subtotal				\$18,386.36	\$16,179.96	\$2,206.40
VERIZON COMMUNICATIONS: VZ	0.0020	02/24/14	02/24/14	\$0.09	\$0.10	(\$0.01)
Security Subtotal				\$0.09	\$0.10	(\$0.01)
Total Short-Term				\$231,162.68	\$217,393.65	\$13,768.93

Long-Term	Quantity/Par	Acquired/ Opened	Sold/ Closed	Total Proceeds	Cost Basis	Realized Gain or (Loss)
APPLE INC: AAPL	300.0000	12/13/10	09/03/14	\$29,889.89	\$13,913.01	\$15,976.88
Security Subtotal				\$29,889.89	\$13,913.01	\$15,976.88
AUTO DATA PROCESSING: ADP	555.0000	07/25/13	11/04/14	\$45,990.10	\$35,003.75	\$10,986.35
Security Subtotal				\$45,990.10	\$35,003.75	\$10,986.35
CAPITAL ONE FC 1%15 DUE 11/08/15: 14040HBA2	50,000.0000	05/06/13	05/19/14	\$50,089.50	\$49,995.00 ¹	\$94.50
Security Subtotal				\$50,089.50	\$49,995.00	\$94.50



Schwab One® Account of
HEALTH FOUNDATION OF GREATER
MASSILLON

Account Number
3396-0036

Report Period
January 1 - December 31,
2014

2014 Year-End Schwab Gain/Loss Report

Realized Gain or (Loss) (continued)

Accounting Method: High Cost

Long-Term (continued)	Quantity/Par	Acquired/ Opened	Sold/ Closed	Total Proceeds	Cost Basis	Realized Gain or (Loss)
CDK GLOBAL INC: CDK	185.0000	07/25/13	11/04/14	\$6,162.51	\$5,064.64	\$1,097.87
Security Subtotal				\$6,162.51	\$5,064.64	\$1,097.87
CHEVRON CORPORATION: CVX	130.0000	03/02/10	01/03/14	\$16,177.20	\$9,604.91	\$8,572.29
CHEVRON CORPORATION: CVX	70.0000	08/26/11	01/03/14	\$8,710.80	\$6,696.61	\$2,014.19
Security Subtotal				\$24,888.00	\$16,301.52	\$8,586.48
DELL INC. 2.3%15 DUE 09/10/15: 24702RAL5	50,000.0000	12/15/11	03/12/14	\$50,200.50	\$51,296.00	(\$1,095.50)
Security Subtotal				\$50,200.50	\$51,296.00	(\$1,095.50)
DISH NETWORK CORP CL A: DISH	300.0000	02/17/10	12/03/14	\$22,400.85	\$5,791.04	\$16,609.81
Security Subtotal				\$22,400.85	\$5,791.04	\$16,609.81
DOW CHEMICAL CO. 3.85%18 DUE 05/15/18: 26054LLN1	50,000.0000	05/03/11	05/19/14	\$50,325.00	\$50,000.00 [†]	\$325.00
Security Subtotal				\$50,325.00	\$50,000.00	\$325.00
FFCB 2.125XXX**MATURED**: 31331JGC1	50,000.0000	03/05/10	03/05/14	\$50,000.00	\$49,950.00 ^a	\$50.00
Security Subtotal				\$50,000.00	\$49,950.00	\$50.00



G000153060305

Schwab One® Account of
**HEALTH FOUNDATION OF GREATER
MASSILLON**Report Period
**January 1 - December 31,
2014**

Account Number
3396-0036**2014 Year-End Schwab Gain/Loss Report****Realized Gain or (Loss) (continued)**

Accounting Method: High Cost

Long-Term (continued)	Quantity/Par	Acquired/ Opened	Sold/ Closed	Total Proceeds	Cost Basis	Realized Gain or (Loss)
FRESENIUS MED CARE ADR FSPONSORED ADR 1 ADR REP 0.: FMS	1,200.0000	03/13/12	07/29/14	\$40,248.47	\$41,097.07	(\$848.60)
FRESENIUS MED CARE ADR FSPONSORED ADR 1 ADR REP 0.: FMS	500.0000	12/18/12	07/29/14	\$16,770.20	\$17,277.95	(\$507.75)
Security Subtotal				\$57,018.67	\$58,376.02	(\$1,356.35)
HEWLETT-PACKARD 4.75%14 DUE 06/02/14: 428236AV5	100,000.0000	02/24/10	06/02/14	\$100,000.00	\$108,373.00	(\$8,373.00)
Security Subtotal				\$100,000.00	\$108,373.00	(\$8,373.00)
ISHARES TR BOND 1-3 YEAR TREAS BOND ETF. SHY	600.0000	09/06/13	11/24/14	\$50,801.23	\$50,498.96	\$302.27
Security Subtotal				\$50,801.23	\$50,498.96	\$302.27
KEMPER CORPORATION: KMPR	1,800.0000	02/18/10	07/29/14	\$63,694.16	\$43,375.27	\$20,318.89
Security Subtotal				\$63,694.16	\$43,375.27	\$20,318.89
LOWES COMPANIES INC: LOW	500.0000	02/16/10	01/03/14	\$24,547.12	\$11,256.74	\$13,290.38
Security Subtotal				\$24,547.12	\$11,256.74	\$13,290.38
NEWS CORP NEW CL A: NWSA	500.0000	02/17/10	11/04/14	\$7,679.37	\$3,087.60	\$4,591.77



Schwab One® Account of
HEALTH FOUNDATION OF GREATER
MASSILLON

Account Number
3396-0036

Report Period
January 1 - December 31,
2014

2014 Year-End Schwab Gain/Loss Report

Realized Gain or (Loss) (continued)

						Accounting Method: High Cost	
Long-Term (continued)	Quantity/Par	Acquired/ Opened	Sold/ Closed	Total Proceeds	Cost Basis	Realized Gain or (Loss)	
NEWS CORP NEW CL A: NWSA	250.0000	07/26/10	11/04/14	\$3,839.88	\$1,529.60	\$2,310.08	
Security Subtotal				\$11,519.05	\$4,617.20	\$6,901.85	
ORACLE CORPORATION: ORCL	1,045.0000	12/09/10	11/04/14	\$40,705.72	\$30,600.21 ¹	\$10,105.51	
ORACLE CORPORATION: ORCL	180.0000	02/23/11	11/04/14	\$7,011.51	\$5,824.58	\$1,186.93	
Security Subtotal				\$47,717.23	\$36,424.79	\$11,292.44	
QUALCOMM INC: QCOM	334.0000	10/03/12	11/04/14	\$25,622.99	\$20,775.57	\$4,847.42	
QUALCOMM INC: QCOM	273.0000	12/05/12	11/04/14	\$20,943.35	\$17,407.14	\$3,536.21	
Security Subtotal				\$46,566.34	\$38,182.71	\$8,383.63	
SOUTHWESTERN ENERGY CO: SWN	500.0000	10/28/11	11/04/14	\$15,972.26	\$21,857.95	(\$5,885.69)	
Security Subtotal				\$15,972.26	\$21,857.95	(\$5,885.69)	
U S BANCORP DEL NEW: USB	790.0000	02/03/11	07/29/14	\$33,779.60	\$21,651.34	\$12,128.26	
U S BANCORP DEL NEW: USB	280.0000	07/25/13	07/29/14	\$11,972.52	\$10,494.34	\$1,478.18	
Security Subtotal				\$45,752.12	\$32,145.68	\$13,606.44	
UNITED TECHNOLOGIES CORP: UTX	250.0000	02/22/10	07/29/14	\$26,912.93	\$17,117.47 ¹	\$9,795.46	



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Schwab One® Account of
HEALTH FOUNDATION OF GREATER
MASSILLON

Report Period
January 1 - December 31,
2014
Account Number
3396-0036

2014 Year-End Schwab Gain/Loss Report

Realized Gain or (Loss) (continued)

Accounting Method: High Cost

Long-Term (continued)	Quantity/Par	Acquired/ Opened	Sold/ Closed	Total Proceeds	Cost Basis	Realized Gain or (Loss)
UNITED TECHNOLOGIES CORP: UTX	250.0000	11/14/11	07/29/14	\$26,912.93	\$19,784.95	\$7,127.98
Security Subtotal				\$53,825.86	\$36,902.42	\$16,923.44
US TREASU NT 2.125%11XXX**MATURED**: 912828LZ1	150,000.0000	02/18/10	11/30/14	\$150,000.00	\$149,027.34	\$972.66
Security Subtotal				\$150,000.00	\$149,027.34	\$972.66
VODAFONE GROUP NEW ADR FSPONSORED ADR 1 ADR REP 10: VOD	0.9091	02/18/10	02/25/14	\$37.13	\$36.91	\$0.22
Security Subtotal				\$37.13	\$36.91	\$0.22
Total Long-Term				\$997,397.52	\$868,388.95	\$129,008.57
Total Realized Gain or (Loss)				\$1,238,560.10	\$1,085,782.60	\$142,777.50

Schwab has provided realized gains/loss information wherever possible for most investments. Cost basis data may be incomplete or unavailable for some of your holdings. See Terms and Conditions.

Option Customers: Realized gain/loss of underlying securities is adjusted to reflect the premiums of assigned or exercised options.

CG161805-015308-592537

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Board Members 2014 - 2015

Robert Gessner, Chairman ✓
President, Massillon Cable TV

Ted Miller, Past Chairman ✓
Owner, Imaging 2000 Web Design

Judith Paquelet, Secretary ✓
Retired Medical Professional

Mark Christine DVM, Treasurer ✓
Zoetis

Victoria Brown ✓
Human Resource Mgr, Quest Automotive Products

H. Barry Carter ✓
Senior Pastor City Bible Church

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

Christopher Goff, Chairman-Elect ✓
CEO & General Counsel Employers Health

Lynn Hamilton ✓
Senior Vice-President, Investment Management & Trust, Key Bank

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

William Leffler DDS ✓
Dentist

Linda Litman ✓
Vice President/Wealth Client Advisor First Ment Bank NA

Barb Schumacher ✓
A. A Hammersmith

James Snively ✓
Attorney at Law

Vanessa Stergios ✓

Marion Stewart ✓
Retired

Dr. James Violet ✓

Retired Orthopaedic Doctor

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Service Areas

STARK COUNTY (WESTERN STARK) TUSCARAWAS COUNTY WAYNE COUNTY

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

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Grant Review Process

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

As a grant seeker the following questions should be considered

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



ELIGIBILITY

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

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

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

GRANT MAKING DECISION PERIOD

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

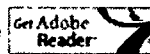
DEADLINE DATES FOR SUBMISSION	DECISION MONTHS
February 28th or 29th	May
August 31st	November

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



Preparing Your Grant Application

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



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HEALTH FOUNDATION OF GREATER MASSILLON
(fka COMMUNITY HEALTH FOUNDATION)
EIN 31-1516370
Year Ending 12/31/2014

List of Donees Granted \$1,000 and Above

LINE 3a

Paid during the year

Majestic Voice	3,470
Prescription Assistance Network	35,000
Kent State University	1,693
Mercy Medical Center	14,100
Western Stark Free Clinic	70,000
YMCA of Western Stark County	12,780
The ARC	5,250
Boys & Girls Club of Massillon	5,000
Faith in Action of Western Stark County	20,000
Stark Community Foundation	7,659
Walsh University	10,000
Canal Fulton Fire Department	24,750
Massillon Police Department	5,000
Sub-Total	<u>214,702</u>

Community Giving High School Social Action Program

Central Catholic High School	2,000
Jackson High School	1,000
Orrville High School	1,500
Perry High School	1,000
Tuslaw High School	1,500
Sub-Total	<u>7,000</u>

Total	<u><u>221,702</u></u>
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Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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

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

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

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

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

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. HEALTH FOUNDATION OF GREATER MASSILLON	Employer identification number (EIN) or 31-1516370
	Number, street, and room or suite no. If a P.O. box, see instructions. 1237 LINCOLN WAY EAST	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MASSILLON, OH 44646-6992	

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

04

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

JUDITH G. MILLER

- The books are in the care of ► **1237 LINCOLN WAY EAST - MASSILLON, OH 44646**
Telephone No. ► **330-837-6864** Fax No. ►

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► ☒ calendar year **2014** or
 ► ☐ tax year beginning , and ending .

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	5,721.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	6,360.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

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