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EXTENDED TO AUGUST 15, 2016

Return of Private Foundation

OMB No 1545-0052

Form **990-PF**

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

➤ Do 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.lirs.gov/form990pf.

For	calen	dar year 2015 or tax year beginn	ing		, and e	nding			
Nar	ne of	foundation					A Employ	yer identification	number
Η	EA.	LTH FOUNDATION	OF GREAT	ER					
M	AS	SILLON					31-	-1516370	
Nur	nber a	nd street (or P O box number if mail is n	not delivered to street	address)		Room/suite	B Telepho	one number	
1	23	7 LINCOLN WAY E.	AST				330	8376864	
City	or to	own, state or province, country, an	nd ZIP or foreign p	ostal code			C If exemp	tion application is p	ending, check here
M	AS.	SILLON, OH 446	46-6992						
G	heck	all that apply: Initial r	eturn	Initial return of a fo	rmer public c	harity	D 1. Fore	ign organizations	, check here
		Final re	eturn	Amended return			_		
		Addres	s change	Name change			2. Forei checl	gn organizations me k here and attach co	eting the 85% test, mputation
H C	heck	type of organization; X Se	ection 501(c)(3) ex	empt private foundation			F If Driva	te foundation stat	tus was terminated
] Se	ction 4947(a)(1) nonexempt charr	table trust	Other taxable private founda	tion			section 507(b)(1)	
I Fa	ır ma	arket value of all assets at end of ye	ear J Accounti	ng method: X Cash	Accr	ual	F If the fo	nundation is in a (60-month termination
(fi	om F	Part II, col (c), line 16)	Ot	her (specify)				section 507(b)(1)	_ 1 1
_				mn (d) must be on cash b	oasis)				
Pa	ırt l	Analysis of Revenue and Exper	nses	(a) Revenue and	(b) Net in	vestment	(c) A	djusted net	(d) Disbursements for charitable purposes
		(The total of amounts in columns (b), (conecessarily equal the amounts (conecessarily equal t	mn (a))	expenses per books	inco	ome		income	(cash basis only)
		Contributions, gifts, grants, etc., i		6,460.			1	A\1	
	2	Check X if the foundation is not requ	uired to attach Sch. B						
	3	Interest on savings and temporary cash investments							
	4	Dividends and interest from secur	rities	161,328.	16	1,328.			STATEMENT 1
	5a	Gross rents							
	Ь	Net rental income or (loss)							
ø	6a	Net gain or (loss) from sale of assets no	ot on line 10	222,280.					
Revenue	Ь	Gross sales price for all assets on line 6a	56,431.						
eve	7	Capital gain net income (from Part IV, III	ne 2)		22	2,280.			
Œ	8	Net short-term capital gain						BEC	EIVED
	9	Income modifications						171	
	10a	Gross sales less returns and allowances						5	S
	Ь	Less Cost of goods sold						80 .111	2 1 2016
	C	Gross profit or (loss)						7	RS S
	11	Other income						005	CNUT
	12	Total. Add lines 1 through 11		390,068.		3,608.		UGL	
	13	Compensation of officers, directors, tru	ıstees, etc	40,481.		4,048.			36,433.
	14	Other employee salaries and wag	es	44,019.		4,402.		 	39,617.
(A	15	Pension plans, employee benefits	3	7,320.		732.			6,588.
penses		Legal fees			<u>-</u>				
per	b		STMT 2	15,975.		2,798.			13,177.
ŵ			STMT 3	440.		145.			295.
tive		Interest	~						
tra			STMT 4	6,248.		0.		.	0.
inis	19	Depreciation and depletion		452.		452.			2 2 2 2
Ē		Occupancy		11,786.		3,536.			8,250.
Ă		Travel, conferences, and meeting	IS	3,602.		720.			2,882.
Operating and Administrative		Printing and publications	amer -	44.055		0 450			44 070
ing		•	STMT 5	44,251.	3	2,472.			11,979.
rat	24	Total operating and administrat		184 58.	_	0 205			110 001
odc		expenses. Add lines 13 through :	23	174,574.	4	9,305.			119,221.
_		Contributions, gifts, grants paid		272,647.					272,647.
	26	Total expenses and disburseme	ints.	,,,,, ,,,,		0 205			204 200
		Add lines 24 and 25		447,221.	4	9,305.			391,868.
		Subtract line 26 from line 12:							
		Excess of revenue over expenses and o		<57,153.		4 222		=	
	i .	Net investment income (if negative			33	4,303.	_	7/3	
	C	Adjusted net income (if negative e	enter -0-)	l			1	I/A	<u> </u>

523501 11-24-15 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2015)

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	Part II Balance Sheets Attached schedules and amounts in the description		Beginning of year	End of	year
Р	aπ	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	108,802.	74,587.	74,587.
	3	Accounts receivable			
	1	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		,	
3	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
₹	10a	Investments - U.S. and state government obligations			· ·
	t	Investments - corporate stock			
	0	: Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation \blacktriangleright 26,786.	842.	1,700.	1,700.
	12	Investments - mortgage loans			
	13	Investments - other STMT 6	6,061,481.	6,042,107.	7,670,300.
	14	Land, buildings, and equipment: basis ▶			
	1	Less accumulated depreciation			
	15	Other assets (describe ► DEPOSITS)	165.	0.	0.
	16	Total assets (to be completed by all filers - see the			_
		instructions. Also, see page 1, item i)	6,171,290.	6,118,394.	7,746,587.
	17	Accounts payable and accrued expenses	372.	4,629.	
	18	Grants payable			
S	19	Deferred revenue			
Ě	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	372.	4,629.	
		Foundations that follow SFAS 117, check here			
co.	İ	and complete lines 24 through 26 and lines 30 and 31.			
ances	24	Unrestricted	6,164,160.	6,106,926.	
	25	Temporarily restricted	1,758.	1,839.	
ĕ	26	· · · · · · · · · · · · · · · · · · ·	5,000.	5,000.	
Net Assets or Fund Ba		Foundations that do not follow SFAS 117, check here			
F		and complete lines 27 through 31.			
ţ	27	Capital stock, trust principal, or current funds			
SSe	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ë	29	Retained earnings, accumulated income, endowment, or other funds	6 4 7 0 0 4 0	C 112 FCF	
ž	30	Total net assets or fund balances	6,170,918.	6,113,765.	
	١		6 171 200	C 110 204	
_	31	Total liabilities and net assets/fund balances	6,171,290.	6,118,394.	· · · · · · · · · · · · · · · · · · ·
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Tota	il net assets or fund balances at beginning of year - Part II, column (a), line 3	30	1 1	
•		st agree with end-of-year figure reported on prior year's return)	,	1	6,170,918.
2		r amount from Part I, line 27a		2	6,170,918. <57,153.>
		er increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	6,113,765.
		reases not included in line 2 (itemize).		- <u></u> -	0

523511 11-24-15

6,113,765. Form **990-PF** (2015)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Part IV | Capital Gains and Losses for Tax on Investment Income

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(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.)				lΈ	How ac Purc - Don:	cquired hase	(c) Date ((mo., d		(d) Date sold (mo., day, yr.)	
18 CHARLES SCHWAB - SEE ATTACHMENT				۳	- 0011		VARI	ous		
b										
С										
d		. <u>-</u>				<u>-</u>				
е		 			<u> </u>					ļ
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss s (f) minus	
a 856,431.				634,15	1.					222,280.
b										
C										
d										
e										
Complete only for assets showing	g gain in	column (h) and owned by t	the foundation	on 12/31/69					ol (h) gain	
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any			col		not less tha (from col.	
a										222,280.
b										
C										
d										
e							·			
2 Capital gain net income or (net cap	oital loss) { If gain, also enter) If (loss), enter -0-	ın Part I, line ın Part I. line	7 7	}	2		,		222,280.
3 Net short-term capital gain or (loss	ah se (s	`								
If gain, also enter in Part I, line 8, o			u (U).		J					
If (loss), enter -0- in Part I, line 8	· - · - · · · · ·				ľ	3			N/A	1
Part V Qualification U	nder S	Section 4940(e) for	Reduced	Tax on Net	Inv	estr	nent Inc	ome		-
(For optional use by domestic private	foundat	ons subject to the section 4	1940(a) tax or	net investment in	come	e.)				
15 40 40 40 40 40 40 40 40 40 40 40 40 40						,				
If section 4940(d)(2) applies, leave th	is part b	lank.								
Was the foundation liable for the secti	on 4942	tax on the distributable am	ount of any y	ear in the base per	iod?					Yes X No
If "Yes," the foundation does not quali	fy under	section 4940(e) Do not co	mplete this pa	art						
1 Enter the appropriate amount in e	ach colu	mn for each year; see the ir	istructions be	fore makıng any e	ntries	5.				
(a) Base period years		(b)			(c)				Distri	(d) bution ratio
Calendar year (or tax year beginnin	g in)	Adjusted qualifying dis		Net value of no					(col. (b) di	vided by col. (c))
2014			7,028.				1,466			.043423
2013			8,799.				3,309			.046774
2012			9,947.	_			3,094			.047728
2011			1,248.				8,321			.046569
2010		34	4,602.		6	,69	2,923	•		051488
2 Total of line 1, column (d)								2		.235982
3 Average distribution ratio for the 5	-year ba	se period - divide the total o	on line 2 by 5,	or by the number	of ye	ears				
the foundation has been in existen	ce if less	s than 5 years						3		.047196
4 Enter the net value of noncharitable	e-use as	sets for 2015 from Part X,	lıne 5					4		7,774,371.
5 Multiply line 4 by line 3								5		366,919.
6 Enter 1% of net investment incom	e (1% o	f Part I, line 27b)						6		3,343.
7 Add lines 5 and 6								7		370,262.
.	0- 1-40	Los A								
8 Enter qualifying distributions from								8	l	391,868.
If line 8 is equal to or greater than See the Part VI instructions.	une 7, c	neck the box in Part VI, line	1b, and com	piete that part usin	g a 1	% tax	rate.			

3

HEALTH FOUNDATION OF GREATER MASSILLON

Part VI Excise Tax Based on Investment Income (Section 4940(6), 4940(6), or 4946 - see instructions)	Form 990-PF (2015) MASSILLO				.516370		Page 4
Date of ruling or determination letter. it is classified in accessary-see instructions) b Domests toundations that meet the section 4940(e) requirements in Part V, check here ▶ ▼	Part VI Excise Tax Based on	Investment Income (Section 4940	(a), 4940(b), 4940(e)	, or 4948 -	see instru	ictio	ns)
b Domestic Grundstones that meet the section 4947(e) requirements in Part V, check here ▶ 【X】 and enter 1% of Part I, line 12 20. c All other domestic foundations enter 2% of line 27th. Exempt foreign organizations enter 4% of Part I, line 12, cot (b). 2	1a Exempt operating foundations described	in section 4940(d)(2), check here 🕨 🔲 and en	ter "N/A" on line 1.				
of Part I, line 12, col. (b). 2 Tax under section 57th (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Add lines 1 and 2 3 Add lines 1 and 2 5 Subtitla (income) bx (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3.1 Br or or less, enter -0- 6 Credits-Payments: a 2015 estimated tax payments and 2014 overpayment creded to 2015 5 Exampt foreign organizations: Tax withheld at source 6 Tax paid with application for extension of time to the (Form 8868) 6 Better any penalty for underpayment of estimated tax. Check here [X] if Form 2220 is statched 7 Total credits and payments. Add lines 5 at through 6d 8 Enter any penalty for underpayment of estimated tax. Check here [X] if Form 2220 is statched 9 Total credits and payments. Add lines 5 at through 6d 8 Enter any penalty for underpayment of estimated tax. Check here [X] if Form 2220 is statched 9 Total credits and payments. Add lines 5 at forwing 6d 8 Enter any penalty for underpayment of estimated tax. Check here [X] if Form 2220 is statched 9 Total credits and payments. Add lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Payman the first very did the foundation attempt to influence asy national, state, or local legislation or did did participate or inference in any penticial campaign? 10 bit is spend more than 5100 during the year (either directly or indirectly) for political proposes (see instructions for the definition)? 11 the answer is "Yes" to far to 16, attach a detealed description of the activities 12 bit if it is pend more than 5100 during the year (either directly or indirectly) for political expenditure tax imposed on foundation for managers. S 10 c. (2) In condition of inference in a condition of the activities 11 bit is the foundation have unrelated incomes, not previously statement of the payment of any of the	Date of ruling or determination letter,	(attach copy of letter if nece	essary-see instructions)				
c All other domestic foundations enter 2% of the 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-) 3 3,343. 4 Substeb A (income) bix (domestic section 4947(a)(1) trusts and taxable foundations only, Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero riess, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero riess, enter -0- 6 Credist-Payments: 2 2015 estimated tax payments and 2014 overpayment credited to 2015 6 Explain the properties of the company organizations - tax withheld at source 6 Tax paid with application for extension of time to file (Form 8868) 6 Company organizations - tax withheld at source 6 Tax paid with application for extension of time to file (Form 8868) 7 Total credits and payments. Add lines 5 at more) filed 8 Enter any peantly for underpayment of estimated tax. Check here IX if Form 2220 is attached 9 Tax due. If the folial of lines 5 and 8 is more than line 7, enter amount over the amount overpaid 10 Overpayment. Illine 7 is more time in the folial of lines 5 and 8, enter the amount overpaid 11 Ester the amount of line 10 to bit; Credited to 2018 estimated tax. ► 3, 3, 377. Refunded 11 12 During the flax year, oil the foundation attempt to influence any national, state, or local legislation or did 4 participate or intervene in any political campagn? 11 Ester the amount of line 10 to bit; Credited to 2018 estimated tax. ► 3, 3, 377. Refunded 11 12 During the flax year, oil the foundation attempt to influence any national, state, or local legislation or did 4 participate or intervene in any political campagns 10 13 During the flax year, oil the foundation attempt to influence any national, state, or local legislation or did 4 participate or intervene in any political campagns 10 15 During the flax year, oil the foundation attempt to influence any national purposes (see instr	b Domestic foundations that meet the section	on 4940(e) requirements in Part V, check here	X and enter 1%	1		3,3	43.
2 Q . 3 Add lines 1 and 2 3 3 3,3 43. Subtitite A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 0. 1 Tax based on Investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on Investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 6 D Credits-Pyments: a 2015 estimated tax payments and 2014 overpayment credited to 2015 6 Examp for leng organizations - 14 withheld at source 6 b 6- 6 Examp for leng organizations - 14 withheld at source 6 b 6- 6 Examp for leng organizations - 14 withheld at source 6 b 6- 7 Total credits and payments. Add lines 8 through 6d 7 Total credits and payments. Add lines 8 through 6d 7 Total credits and payments. Add lines 8 through 8d 7 Total credits and payments. Add lines 8 through 8d 7 Total credits and payments. Add lines 8 through 8d 8 Total credits and payments. Add lines 8 through 8d 9 Total credits and payments. Add lines 8 through 8d 9 Total credits and payments. Add lines 8 through 8d 9 Total credits and payments. Add lines 8 through 8d 9 Total credits and payments. Add lines 8 through 8d 9 Total credits and 10 lines 5 and 8, enter the amount over 9 9 Total credits and 9 to the source 9 9 Total credits and 10 lines 5 and 8, enter the amount over 9 9 Total credits and 10 lines 5 and 8, enter the amount over 9 9 Total 10 lines 10 li	of Part I, line 27b						
3 3 3,343. 4 Subtite A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 5 Tax based on investment necess. Subtract line 4 from line 3. It zero or less, enter -0- 5 Tax based on investment necess. Subtract line 4 from line 3. It zero or less, enter -0- 6 Credist/Payments. 2 2015 estimated tax payments and 2014 overpayment credited to 2015 6 Exercity or organizations - tax withheld at source 6 Exercity organizations - tax withheld at source 7 Care and with application for certison of time to the (Form 8868) 8 Exercity organizations - tax withheld at source 8 B	c All other domestic foundations enter 2% of	of line 27b. Exempt foreign organizations enter 4%	of Part I, line 12, col. (b).	J			
4 Subtite 4 (income) bits (formestic section 4947(a)(1) irrusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. if zero or less, enter -0- 5 Cradita-Pymments: a 2015 setimated tax payments and 2014 overpayment credited to 2015 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here [X] if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8, enter the amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to loc Credited to 2015 estimated tax. 12 Statements Regarding Activities 13 During the tax year due for condition attempt to influence any national, state, or local legislation or did it participate or intervene in any potional campaign? b Ibd in spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the defination)? If the answer is "yea" to 1 acr 1p, attach a detailed description of the activities or distributed by the foundation in connection with the activities c Did the foundation his Form 112-POL for this year? (1) On the foundation his Form 112-POL to this year? (2) Has the foundation meaning of the xeritorial or the activities 3 Has the foundation meaning and any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities 3 Wes there a inquidation (tarny) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. Enter the reimburssment (if any) of tax on political expenditures (section managers. ▶ \$ 0. Enter the reimburssment of the construction To the activities Wes there a inquidation charged in any sativities this have not previously been rep	2 Tax under section 511 (domestic section	4947(a)(1) trusts and taxable foundations only. Oth	ers enter -0-)	2			
5 Tab based on investment meams. Subtract line 4 from line 3, lf zero or less, enter-0- 8 Credits/Payments: a 2015 setsmated tax payments and 2014 overpayment credited to 2015 b Exempt foreign organizations - tax withhelid at source 1 Tax paid with application for extension of time to file (Form 8868) 6 Backup withholding erroneously withheld 8 To loid incests and payments. Adult ines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here IX if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due. If the total of lines 5 and 8 is more than the colo of lines 5 and 8, enter the amount overpaid 10 Overpayment, filtine 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to bic Credited to 2016 estimated tax. Part VII-A Statements Regarding Activities 12 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? 15 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 16 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 Form 11-20-PUI, for this year? 16 Inter the amount (if any) to tax on political expenditures (section 4955) imposed during the year: 17 On the foundation his Form 11-20-PUI, for this year? 2 Inter the amount (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0. 2 2 It has the foundation his Form 11-20-PUI, for this year? 18 Has the foundation made any changes, not previously peer for political expenditure tax imposed on foundation made any changes, not previously reported to the IRS? 18 'Yes, "attach a detailed description of the activities 19 By laving poss	3 Add lines 1 and 2			3		3,3	43.
6 Credits/Payments: a 2015 estimated tax payments and 2014 overpayment credited to 2015 b Exempt foreign organizations - tax withhelid at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check there	4 Subtitle A (income) tax (domestic section	4947(a)(1) trusts and taxable foundations only. Other	hers enter -0-)	4			0.
a 2015 estimated tax payments and 2014 overpayment credited to 2015 b Exempl foreign organizations - Lax withheld all source c Tax paid with application for extension of time to file (Form 8889) d Backup withholding erroneously withheld 7 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment, If time 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Cher the amount of line 10 to be; Credited to 2016 estimated tax \(\) A statement 11 to 0 to 0 c. Credited to 2016 estimated tax \(\) A statement 12 to 0 c. Credited to 2016 estimated tax \(\) A statement 12 to 0 c. Credited to 2016 estimated tax \(\) A statement 12 to 0 c. Credited to 2016 estimated tax \(\) A statement 12 to 0 c. Credited to 2016 estimated tax \(\) A statement 12 to 0 c. Credited to 2016 estimated tax \(\) A statement 12 to 0 c. Credited to 2016 estimated tax \(\) A statement 12 to 0 c. Credited to 2016 estimated tax \(\) A statement 12 to 0 c. The state has detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities 10 but it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 11	5 Tax based on investment income. Subtra	act line 4 from line 3. If zero or less, enter -0-		5		3,3	43.
b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6 at through 6d 8 Enter any pensity for underpayment of estimated tax. Check here ☑ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Part VIII-A ☐ Statements Regarding Activities 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 optical campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? if the answers 's 'Yes' to 1 aor 10, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities 1 but the foundation in Erom 1120-POL for this year? 1 but the foundation in Erom 1120-POL for this year? 2 has the foundation made any changes, not previously reported to the IRS? 3 has the foundation made any changes, not previously reported to the IRS; in its governing instrument, articles of incorporation, or bytaws, or other similar instruments? If 'Yes, 'attach a detailed description of the activities 3 has the foundation have unrelated business gross income of \$1,000 or more during the year? b If 'Yes,' has if filed a tax return on Form 990-T for this year? If 'Yes,' attach the statement required by General Instruction 7 6 Are the requirements of section 508(8) (relating to sections 4941 through 4945) satisfied either: 9 by language in the governing instrument? 9 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? 9 by the transpar in Syes' to line 7, has the	6 Credits/Payments:			1 1			
c Tax pad with application for extension of time to file (Form 8668) d Backup withholding erroneously withheld 8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 5 is more than the total of lines 5 and 8, enter the amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owed 11 Tenter the amount of line 10 to be: Credited to 2016 estimated tax ► 3, 3, 3, 77. Refunded ■ 11 0.3, 3, 3, 77. 11 Enter the amount of line 10 to be: Credited to 2016 estimated tax ► 3, 3, 3, 77. Refunded ■ 11 0.3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3	a 2015 estimated tax payments and 2014 o	verpayment credited to 2015	6a 6,7	720.			
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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? 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 Enter the states to which the foundation reports or with which it is registered (see instructions) OH 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 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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses By X		• ,	her:				
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8a Enter the states to which the foundation reports or with which it is registered (see instructions) OH b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV 9 X 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	• •				<u> </u>		└
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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 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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses 10 X							
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of each state as required by General Instruction G? If "No," attach explanation 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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV 9 X 10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses 10 X					<u> </u>		
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year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X		•			8b	<u>X</u>	├
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses 10 X				tor calendar			
			•		<u> </u>	—	
	10 Did any persons become substantial conf	ributors during the tax year? If "Yes," attach a schedule	e listing their names and addresse	es .			

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Part VII-A Statements Regarding Activities (continued)			
		Yes	No
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	<u> </u>	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address WWW.HEALTHFOUNDATION-MASSILLON.ORG	0.00		
14 The books are in care of ► JUDITH G. MILLER Telephone no. ► 330			
·	<u> 4464</u>	<u> </u>	
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	,	A\N	ـــا
and enter the amount of tax-exempt interest received or accrued during the year 15. Above these during soles does not seen 2015, did the foundation being an above to account and a supplying a soles does not seen and the soles of the soles		Yes	No
At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,	16		X
securities, or other financial account in a foreign country?	16		
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country			
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required			<u> </u>
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):		103	140
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	No.		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
a disqualified person?	No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
(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)?	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)	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			l
section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	A 15		
Organizations relying on a current notice regarding disaster assistance check here			
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
before the first day of the tax year beginning in 2015?	<u>1c</u>	<u> </u>	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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
before 2015?	No	1	
If "Yes," list the years \blacktriangleright			
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.)	A 2b	1	
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		1	
during the year?	No.		
b If "Yes," did it have excess business holdings in 2015 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 2015)	А 3b	1	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48	1	Х
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		1	
had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		Lx
	Form 99	0-PF	(2015)

HEALTH FOUNDATION OF GREATER

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Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					T
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	es 🗶 No	ŀ	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				
any voter registration drive?			es 🗶 No	ļ	
(3) Provide a grant to an individual for travel, study, or other similar purposes	7	Y6	es 🗶 No	- 1	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			- 1	1
4945(d)(4)(A)? (see instructions)		Ye	es 🗶 No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo				
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	•	n Regulations	,_	ļ	1
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	ere		▶□		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					1
expenditure responsibility for the grant?		/A L Y	es L No		
If "Yes," attach the statement required by Regulations section 53 4945	' '		Ī		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		- T		1
a personal benefit contract?		Y	es 🗶 No		1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		_	6b	X
If "Yes" to 6b, file Form 8870			(TV)		1
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		nagers, riigni	y 		
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 deterred compensation	l accour	xpense nt, other vances
JOHN J MCGRATH	EXECUTIVE DIR	ECTOR			
1234 LINCOLN WAY EAST				ļ	
MASSILLON, OH 44646	25.00	40,481.	0.		0.
	BOARD MEMBERS				
1237 LINCOLN WAY EAST		_	_		
MASSILLON, OH 44646	0.00	0.	0.		0.
]	
2 Compensation of five highest-paid employees (other than those inc	hudad on line 1\ If name	onton INONE II	L	<u> </u>	
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter NONE.	(d) Contributions to	(a) F	xpense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	accour	nt, other vances
NONE					
				<u> </u>	·
			ļ .		
	L	<u> </u>	L	L	
Total number of other employees paid over \$50,000			▶		0

Form **990-PF** (2015)

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

Amount

All other program-related investments. See instructions

3

Form **990-PF** (2015)

Total. Add lines 1 through 3

MASSILLON

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 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 7,787,784. 16 104,978. b Average of monthly cash balances c Fair market value of all other assets 1c 7,892,762. 10 d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 7,892,762. 3 Subtract line 2 from line 1d 118,391. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 7,774,371. 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 388,719. Minimum investment return. Enter 5% of line 5 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.) Minimum investment return from Part X, line 6 388,719. 2a Tax on investment income for 2015 from Part VI, line 5 3,343 2a b Income tax for 2015. (This does not include the tax from Part VI.) 2b c Add lines 2a and 2b 2c Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 385,376. 5 Add lines 3 and 4 0. Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 385,376. Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes; 391,868. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b 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) За 3Ь **b** Cash distribution test (attach the required schedule) 4 391,868. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment <u>3,343.</u> income, Enter 1% of Part I, line 27b Adjusted qualifying distributions. Subtract line 5 from line 4 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.

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Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015 from Part XI,				
	line 7				385,376.
2	Undistributed income, if any, as of the end of 2015				
ŧ	a Enter amount for 2014 only			268,516.	
t	Total for prior years:		,		-
	,,		0.		
3	Excess distributions carryover, if any, to 2015:				
8	a From 2010				
ı	b From 2011				
(c From 2012				
	d From 2013				
	e From 2014				
	f Total of lines 3a through e	0.			
4	Qualifying distributions for 2015 from				
	Part XII, line 4: ►\$ 391,868.			060 516	
	a Applied to 2014, but not more than line 2a			268,516.	
I	b Applied to undistributed income of prior		•	:	
	years (Election required - see instructions)		0.		
(c Treated as distributions out of corpus	0	i		
	(Election required - see instructions)	0.			100 000
	d Applied to 2015 distributable amount				123,352.
	e Remaining amount distributed out of corpus	0.			0.
5	Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			
6	Enter the net total of each column as indicated below;				
	& Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
1	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 2014. Subtract line			_	
	4a from line 2a. Taxable amount - see instr.	<u> </u>		0.	
1	f Undistributed income for 2015. Subtract				
	lines 4d and 5 from line 1. This amount must				262 224
_	be distributed in 2016	_			262,024.
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
٥	may be required - see instructions) Excess distributions carryover from 2010			-	
0	·	0.			
^	not applied on line 5 or line 7				
J	Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	0.			
10	Analysis of line 9:	<u></u>			
	a Excess from 2011				
	b Excess from 2012				
	c Excess from 2013				
	d Excess from 2014				
	e Excess from 2015				
_				 -	5 000 DE (0045)

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Port VIV Drivets Operating		-44. D4.1/1	1 A O)		103/0 Fage 10
Part XIV Private Operating F			i-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for	· ·	•	· · · ▶ └──		2404145
b Check box to indicate whether the found		ng foundation described		4942(j)(3) or49	942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year	(b) 2014	Prior 3 years (c) 2013	(d) 2012	/a) Tatal
income from Part I or the minimum	(a) 2015	(0) 2014	(6)2013	(0) 2012	(e) Total
investment return from Part X for					
each year listed			_		
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly		ļ			
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					
alternative test relied upon;					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	on had \$5,000 or m	ore in assets
at any time during t		ructions.)			
1 Information Regarding Foundation				h	
a List any managers of the foundation wh year (but only if they have contributed n			tributions received by t	ne toundation before the cio	ise of any tax
NONE	40,000 /. (000 t	300 50. (2)(2)			
b List any managers of the foundation wh	o own 10% or more of th	ne stock of a corporation	(or an equally large por	rtion of the ownership of a p	partnership or
other entity) of which the foundation ha			· · · · · · · · · · · · · · · · · · ·		r
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan	, Scholarship, etc., P	rograms:		
				s not accept unsolicited requ	uests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indi	viduals or organizations i	under other conditions,	complete items 2a, b, c, an	d d.
a The name, address, and telephone num	ber or e-mail address of	the person to whom app	lications should be add	ressed:	
SEE STATEMENT 7					
b The form in which applications should b	pe submitted and informa	ition and materials they s	hould include;	<u>. </u>	
c Any submission deadlines:		<u>-</u>			
					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	, kınds of institutions, c	or other factors:	

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3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual,	
show any relationship to Foundation Purpose of grant or any foundation manager status of contribution	Amount
a Paid during the year	
MISCELLANEOUS GRANTS - MASSILLON OH NONE 501(C)(3) HEALTHCARE ACTIVITIES	
MISCELLANEOUS GRANTS - MASSILLON, OH NONE 501(C)(3) HEALTHCARE ACTIVITIES 44646	1,925.
SEE ATTACHMENT - LIST OF DONEES NONE 501(C)(3) HEALTHCARE ACTIVITES	
GRANTED > \$1,000	270,722.
	•
	272,647.
b Approved for future payment	
NONE	
Total ▶ 3b	0.

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Form **990-PF** (2015)

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	Unrelated business income		ded by section 512, 513, or 514	(e)	
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income	
•	Code		0000			
a	-		+			
	-		+			
d	-		+			
	-		+ -			
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	161,328.		
5 Net rental income or (loss) from real estate:		12 ⁸ 4 .	Ī			
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	222,280.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a			<u>.</u>			
b						
C						
d						
e						
12 Subtotal. Add columns (b), (d), and (e)		0 .		383,608.	0.	
13 Total. Add line 12, columns (b), (d), and (e)				13	383,608.	
(See worksheet in line 13 instructions to verify calculations.)						

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

▼	the foundation's exempt purposes (other than by providing funds for such purposes).
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_	
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Form **990-PF** (2015)

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MASSILLON

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

1 Did the	e organization directly or indi	rectly engage in any of the followin	g with any other organization	n described in sectio	n 501(c) of		Yes	No
the Co	de (other than section 501(c)(3) organizations) or in section 52	7, relating to political organi	zations?				
a Transf	fers from the reporting found	ation to a noncharitable exempt org	ganızatıon of:					1
(1) Ca	ash					1a(1)		Х
(2) 0	ther assets					1a(2)		X
	transactions:							
(1) S	ales of assets to a noncharita	ible exempt organization				16(1)		Х
		oncharitable exempt organization				1b(2)		Х
• •	ental of facilities, equipment,	· -				1b(3)		X
	eimbursement arrangements					1b(4)		X
	oans or loan guarantees					1b(5)		X
	=	embership or fundraising solicitatio	ine			1b(6)		X
, ,		ailing lists, other assets, or paid em				1c		X
		"Yes," complete the following sche	• •	ave chow the fair m	arket value of the goods, of	ــــــــــــــــــــــــــــــــــــــ	ote	
	•	oundation. If the foundation receive	• •	•	• •		tis,	
			eu iess man ian market valui	e ili aliy transaction	or snaming arrangement, sn	UW III		
		other assets, or services received.	a averant argenization	1 (4) = .	 			
(a)Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(u) Description	of transfers, transactions, and sh	naring arr	angeme	nts
		N/A						
	-							
		<u> </u>						
		1				_	-	
				1				
		· · · · · · · · · · · · · · · · · · ·						—
		+						
2a is the	foundation directly or indirec	the affiliated with or related to one	or more tay-evemat organiz	zatione described				
	•	tly affiliated with, or related to, one	. •	ations described	Γ.	Yes	T	□No
		er than section 501(c)(3)) or in sect	11011 527 7			_ res	LA	_ 1NO
b ii Yes	s," complete the following sch (a) Name of org		(b) Type of organization		a) Description of relationsh	ın.		
		Jamzanon	(b) Type of Organization		c) Description of relationsh	ιþ		
	N/A	· · · · · · · · · · · · · · · · · · ·						
				- 				
		that I have examined this return, including				the IRS c	liscuss	this
	La Contract, and con	mplete Declaration of preparer (other tha		EXECUT	TVE return	n with the	prepar (see ins	er str)?
Here) seem X	VW Bruch		DIRECT	OR X	Yes		□No
	Signature of officer or trustee	;	Date	Title				
	Print/Type preparer's na	ame Preparer's s	ignature /	Date	Check if PTIN			
		1.11	1/1/	JN 28 2016	self- employed			
Paid	JEFFERY WA	LTERS 2		26 2019	P00	709	595	
Prepare			77.		Firm's EIN ▶ 34-15			
Use On		- · /					-	
•	- 1	40 EMBASSY PARK	WAY SUITE 10	0				
		RON, OH 44333	II DOILD IO	•	Phone no. 330-66	8-6	500	
	An	TION, OH TTOO						(2015)
					FOI	III カス(,-rr	(2015)

523622 11-24-15

FORM 990-PF DIV	VIDENDS	AND INTER	EST FROM SECU	RITIES ST	'ATEMENT 1
	ROSS MOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE S PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
CHARLES SCHWAB 16 CHARLES SCHWAB-ACCRUED	63,504.	(163,504	163,504.	
	<2,176.>	· (· <2,176	<2,176.>	•
TO PART I, LINE 4	61,328.	(161,328	161,328.	
					
FORM 990-PF		ACCOUNTI	NG FEES	Si	ATEMENT 2
DESCRIPTION	-	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING AUDITING TAX PREPARATION		9,325. 5,400. 1,250.	2,798. 0. 0.		6,527. 5,400. 1,250.
TO FORM 990-PF, PG 1, LI	N 16B	15,975.	2,798.		13,177.
FORM 990-PF	ОТІ	HER PROFES	SIONAL FEES	Si	PATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
GROUP RATING FEE		440.	145.		295.
TO FORM 990-PF, PG 1, LI	N 16C	440.	145.		295.

FORM 990-PF	TAX	ES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
OHIO FILING FEE FEDERAL EXCISE TAX	200. 6,048.		0.			0.
TO FORM 990-PF, PG 1, LN 18	6,248.		0.			0.
FORM 990-PF	OTHER E	XPENSES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
ADVERTISING DUES & SUBSCRIPTIONS INSURANCE INVESTMENT ADVISORY FEES MARKETING OFFICE SUPPLIES & EXPENSE SEMINAR	883. 2,664. 6,997. 27,800. 530. 5,253. 124.	2,; 27,; 1,;	0. 533. 309. 800. 0. 799.		2,13 4,68 53 3,65	88. 0. 80.
TO FORM 990-PF, PG 1, LN 23	44,251.	32,	472.		11,97	9.
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	6
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FAIR MARKET VALUE	
CHARLES SCHWAB 3396-0036		COST	(5,042,107.	7,670,30	00.
TOTAL TO FORM 990-PF, PART I	I, LINE 13	-	(5,042,107.	7,670,30	00.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

7

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 Year Ending 12/31/2015

List of Donees Granted \$1,000 and Above

•	11	 2-

Paid during the year			
Majestic Voice			1,235
Prescription Assistance Network			50,000
Habitat for Humanity			7,000
Pregnancy Support Center			29,750
Pathway Caring for Children			15,000
Meals on Wheels			13,055
Children's Dyslexia Centers Inc.			10,000
Boy Scouts of America Buckeye Co	ouncil		5,000
Embracing Futures			5,297
Stark Community Foundation			5,935
Kent State University Foundation			5,000
YMCA of Western Stark County			10,000
The ARC			5,250
Boys & Girls Club of Massillon			55,000
Stark State College Foundation			5,000
Aultman College of Nursing & Heal	th Science		5,000
Walsh Universtiy			5,000
Faith in Action of Western Stark Co	•		25,000
Community Services of Stark Coun	ty		2,500
Massillon Museum			2,500
	Sub-Total		262,522
Community Giving High School S	Social Action	n Program	
Central Catholic High School			1,500
Jackson High School			1,000
Orrville High School			1,500
Massillon Washington High School			2,000
RG Drage Career Center			200
Perry High School			1,000
Tuslaw High School			1,000
	Sub-Total		8,200
	Total		270,722



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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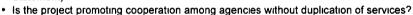


Grant Review Process

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)?



Are expenses reduced by sharing resources with other entities or groups?

ELIGIBILITY

Grants are made to entities recognized as tax-exempt charities under 50I (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

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Christopher Goff, Chairman CEO & General Counsel Employers Health

Robert Gessner, Past-Chairman President, Massillon Cable TV

Barb Schumacher, Chairman-Elect A A Hammersmith

Vicki Brown, Treasurer Human Resource Mgr , Quest Automotive Products

Linda Litman, Secretary
Vice President/Wealth Client Advisor First Merit Bank NA

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

Richard Fuller, D.O. Retired Ophthalmologist

Lynn Hamilton

Vice-President, Beese Fulmer Private Wealth Management

Susan Koosh

Vice-President Marketing/Community Relations, Affinity Medical Center

William Leffler DDS Dentist

Ted Miller Owner, Imaging 2000 Web Design

Judith Paquelet, Secretary Retired Medical Professional

James Snively Attorney at Law

Vanessa Stergios

990PF PART VIII

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HEALTH FOUNDATION OF GREATER Bchwab One® Account of MASSILLON

Account Number 3396-0036

January 1 - December 31, 2015 Report Period

2015 Year-End Schwab Gain/Loss Report Prepared on January 16, 2016

Wessage Center

gains/losses for 2015. You can also www.schwab.com/sa_reports to Your gain/loss report includes a summarlzed list of your realized view your documents securely log in to

Your Independent Investment Manager and/or Advisor

CONTRACTOR TO THE PROPERTY OF
220 MARKET AVE S STE 1150 BEESE FULMER PRIVATE **NEALTH MANAGEMENT** 1 (330) 454-8555 CANTON OH

For questions about this report, please contact your independent investment Manager The custodian of your brokerage account is: Charles Schwab & Co., Inc. and/or Advisor.

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Inderstanding Your Year-End Schwab Gain/Loss Report......8 Terms and Conditions......

Need heip reading this report? See the UNDERSTANDING YOUR YEAR-END SCHWAB GAIN/LOSS REPORT section.

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Private Wealth Management

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

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1237 LINCOLN WAY EAST

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Schweb One® Account of HEALTH FOUNDATION OF GREATER WASSILLON

Account Number 3396-0036

Report Period January 1 - December 31 2015

ierms and Conditions

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GENERAL INFORMATION

This report contains a gain or a loss summary of your account. This report has been provided at the request of hyour Advisor. This information is not a solicitation or a recommendation to buy or sell. It may, however, be helpful a for investment planning. The Gain/Loss sections(s) will not be provided to the IRS or any other tax authorities. The information provided may or may not have relevance in other jurisdictions. We recommend that all customers (non-U.S. and U.S.) consult their investment advisors prior to using this information.

Schwab has provided cost basis data wherever possible for most investments. This data may have been provided to

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Currency: All figures are in U.S. dollars.

Accounting Methods: The default accounting methods used in this report are compliant with IRS accounting methods for individual investors.

Holding Period Computation: In computing the holding period, the day of acquisition is disregarded but the day of sale is included. For example, in order to obtain horg-term capital gains treatment, property purchased on January 1, 2003, could not be sold until January 2, 2004. The trade date (not the settlement date) determines the date of purchase or sale. If no date is available, a blank will displayed.

Special Accounting Rules: Certain situations including gifts, inheritance, tax-free exchanges, option exercises, short sales, wash sales, straddles, constructive sales, etc., can affect the computation of cost basis and/or holding period. These situations may not be properly factored into the figures shown in this report, Please consult your advisor for more information.

IN CASE OF QUESTIONS: If you have questions about this report or about specific Schwab Account or Schwab Cne® transactions (other than wire transfers or check transactions), contact Schwab at 800-515-2157. If you have a complaint regarding your Schwab statement, products or services, please write to the Client Advocacy Team at Charles Schwab & Co., Inc., Attention: Client Advocacy Team, 211 Main St., San Francisco, CA 94105, or call Schwab Alliance at (800) 515-2157.

Schwab One® Account of HEALTH FOUNDATION OF GREATER MASSILLON

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Account Number 3396-0036

Report Period January 1 - December 31, 2015

2015 Year-End Schwab Gain/Loss Report

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Long-Term	Quantity/Par	Acquired/ Opened	Sold/ Closed	Total Proceeds	Cost Basis	Realized Gain or (Loss)
AT&TINC:T	0.4000	04/06/10	07/28/15	\$13.78	\$7,38	\$6.40
AT&TINC:T	1,700.0000	03/01/10	08/04/15	\$58,710.39	\$42,490.25	\$16,220.14
AT&TINC:T	570.0000	04/06/10	04/06/10 08/04/15	\$19,685.25	\$10,513.20	\$9,172.05
Security Subtotal				\$78,409.42	\$53,010.83	\$25,398.59
ABBVIE INC: ABBV	800.0000	02/17/10	08/04/15	\$56,137.62	\$22,757.85	\$33,379.77
Security Subtotal				\$56,137.82	\$22,757.85	\$33,379.77
APPLE INC: AAPL	307.0000	12/13/10	09/23/15	\$35,092.81	\$14,237.64	\$20,855.17
Security Subtotal				\$35,092.81	\$14,237,64	\$20,855.17
BRISTOL-MYERS SQUIBB CO: BMY	600.0000	01/03/14	03/05/15	\$39,719.02	\$31,745.87	\$7,973.15
Security Subtotal				\$39,719.02	\$31,745.87	\$7,973.15
CHEMOURS COMPANY: CC	200.0000	02/26/10	02/26/10 11/03/15	\$1,681.22	\$1,714.96	(\$33.74)
Security Subtotal				\$1,681.22	\$1,714.96	(\$33.74)
COVIDIEN PLC NEW XXXCASH/STOCK MERGER EFF 01/27/15: Q2554F113	850.0000	02/25/10	01/27/15	\$92,441.07	\$38,519,29	\$53,921.78

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

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Schwab Ono® Account of HEALTH FOUNDATION OF GREATER MASSILLON

Account Number 3396-0036

Report Period January 1 - December 31, 2015

2015 Year-End Schwab Gain/Loss Report

Realized Gain or (Loss) (continued)	en der er e		eriche (Trad) , man de de Cape en	Accounting Method; High Co	Accounting	Accounting Method; High Cost
Long-Term (continued)	Quantity/Par	Acquired/ Opened	Sold/ Closed	Total Proceeds	Cost Basis	Realized Gain or (Loss)
COVIDIEN PLC NEW XXXCASH/STOCK MERGER EFF 01/27/15: G2554F113	150.0000	12/01/10	01/27/15	\$16,313.13	\$5,892.63	\$10,420.50
Security Subtotal				\$108,754.20	\$44,411.92	\$64,342.28
DIRECTV XXXMANDATORY MERGER EFF: 07/27/1: 25490A309	1,200.0000	04/06/10	07/27/15	\$34,200.00	\$0.00	\$34,200.00
Security Subtotal				\$34,200.00	\$0.00	\$34,200.00
DUKE ENERGY CORP 3.35%15 DUE 04/01/15: 26441CAE5	50,000.0000	04/29/10 04/01/15	04/01/15	\$50,000.00	\$50,275.00 t	(\$275.00)
Security Subtotal				\$50,000.00	\$50,275.00	(\$275.00)
EBAY INC 1.625XXX**MATURED**; 278642AB9	50,000.0000	12/15/11	10/15/15	\$50,000.00	\$50,610.50	(\$610.50)
Security Subtotal	enderstatis este estatut estatu		delikerik a uppirinkajuma Priva pak	\$50,000.00	\$50,610.50	(\$610.50)
GOOGLE INC CLASS C: GOOG	0.4118	03/14/13	05/04/15	\$229.27	\$168.88	\$60.39
Security Subtotal				\$229.27	\$168.88	\$60.39
HERTZ GLOBAL HLDGS: HTZ	2,000.0000	09/11/13 08/04/15	08/04/15	\$33,692.43	\$52,637.15	(\$18,944.72)
Security Subtotal				\$33,692.43	\$52,637.15	(\$18,944.72)

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Behwab One® Account of HEALTH FOUNDATION OF GREATER WASSILL ON

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Account Number 3396-0036

Report Period January 1 - December 31, 2015

2015 Year-End Schwab Gain/Loss Report

Realized Gain or (Loss) (continued)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PROPERTY OF	1.00 (48/20) (3	Account of the second s	Account	Accounting Method: High Cost
Long-Term (continued)	Quantity/Par	Acquired/ Opened	Sold/ Closed	Total Proceeds	Cost Basis	Realized Gain or (Loss)
JOHN DEERE CAPIT 2.95%15 DUE 03/09/15: 24422EQY8	50,000.0000	03/04/10	03/09/15	\$50,000.00	\$50,350.00	(\$350.00)
Security Subtotal				\$50,000,00	\$50,350,00	(\$350.00)
JOHNSON & JOHNSON: JNJ	160.0000	02/18/10 03/05/15	03/05/15	\$16,372.33	\$10,147.33	\$6,225.00
JOHNSON & JOHNSON: JUJ	240,0000	02/22/10	03/05/15	\$24,558.49	\$15,254.37	\$9,304.12
Security Subtotal	o security and property control of the security of the securit	1 44 1		\$40,930,82	\$25,401.70	\$15,529.12
JPMORGAN CHASE & 3.7XXX**MATURED**: 48625HHP8	100,000.0000	02/24/10 01/20/15	01/20/15	\$100,000.00	\$100,997.00	(\$997.00)
Security Subtotal				\$100,000.00	\$100,997.00	(00.796\$)
KRAFT FOODS GROUP XXXMANDATORY MERGER EFF: 07/06/1: 50076Q106	1,000.0000	01/10/14 07/08/15	07/08/15	\$16,500.00	\$0.00	\$16,500.00
Security Subtotal	1			\$16,500.00	00'0\$	\$16,500.00
MC DONALDS CORP: MCD	200.0000	07/25/13	11/03/15	\$22,425.48	\$19,503.20	\$2,922.28
Security Subtotal				\$22,425.48	\$19,503.20	\$2,922.28
MEDTRONIC INC. 3%15 DUE 03/15/15: 585055AR7	50,000,0000	03/19/10	03/15/15	\$50,000.00	\$50,294.50	(\$294.50)
Security Subtotal				\$50,000.00	\$50,294,50	(\$294.50)

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Schwab One® Account of HEALTH FOUNDATION OF GREATER MASSILL ON

Account Number 3396-0036

Report Period January 1 - December 31, 2015

2015 Year-End Schwab Gain/Loss Report

Realized Gain or (Loss) (continued)	\$	Property and control of	Cite a Printer Brandenia		Accour	Accounting Method: High Cost
Long-Term (continued)	Quantity/Par	Acquired/ Opened	Sold/ Closed	Total Proceeds	Cost Basis	Realized Gain or (Loss)
O REILLY AUTOMOTIVE: ORLY	100.0000	09/06/13 11/03/15	11/03/15	\$27,075.45	\$12,314.15	\$14,761.30
Security Subtotal				\$27,075.45	\$12,314.15	\$14,761.30
PNC FUNDING COR 3.625XXX**MATURED**: 693476BH5	50,000.0000	03/03/10 02/08/15	02/08/15	\$50,000.00	\$50,615.15	(\$615.15)
Security Subtotal				\$50,000.00	\$50,615,15	(\$615,15)
SYNCHRONY FINANCIAL: SYF	0.6845	03/05/10 11/24/15	11/24/15	\$21.62	\$10.65	\$10.97
Security Subtotal				\$21.62	\$10.65	\$10.97
WALT DISNEY CO: DIS	100.0000	02/18/10 11/03/15	11/03/15	\$11,561.94	\$3,094.54	\$8,467.40
Security Subtotal				\$11,561.94	\$3,094,54	\$8,467.40
Total Long-Term				\$856,431.30	\$634,151.49	\$222,279.81

\$222,279.81 Schwab has provided realized gainfoss information wherever possible for most investments. Cost basis data may be incomplete or unavallable for some of your holdings. See Terms and Conditions.
Opton Customers Realized gainfoss of underlying securities is adjusted to reflect the premiums of assigned or exercised options. \$634,151,49 \$856,431,30 Total Realized Gain or (Loss)

Schwab One® Account of HEALTH FOUNDATION OF GREATER WASSILLON

Account Number 3396-0036

Report Perlod January 1 - December 31, 2015

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2015 Year-End Schwab Gain/Loss Report

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Symbol Endnote Legend

Data for this holding has been edited or provided by a third party.

Schwab One® Account of HEALTH FOUNDATION OF GREATER MASSILLON

Account Number 3396-0036

January 1 - December 31 Report Period

Understanding Your Year-End Schwab Galn/Loss Report

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This page provides an explanation of the terms used in the Year-End Schwab Gain/Loss Report in the order in which they appear.

Accounting Method: The accounting method noted on the report is the one in effect on the last day of the report standary year. If you change your accounting method in the middle of a report period, you actually may have a mixed accounting method; however, the accounting method of a report period, you actually may have a mixed accounting method of a report period, you actually may have a mixed accounting free definition below) is the depalayed. Floraccounting (see definition below) is the default method for the purpose of this report.

Single Cetegory Average Cost. The average cost of all shares hald in a mutual funds sand are owned. This method is a matual fund for the method accounting (see definition below) is the method read for open-end funds in this report. Etrit in extra the first investments acquired are the first investments sold. The last investments acquired are the first investments sold. The last investments acquired are the first investments sold. The last investments acquired are the first investments sold. His will maximize gains and maximize losses. Last Lots Cottinizer: A tax lot consists of one or more shares of a security purchased at the same price on the same day. Lots sold are selected in the following order. I short-ferm Losses: Lots that reflect a short-term loss are sold, beginning with lots that generate the greatest long-term loss are sold, beginning with lots that generate the search sold that reflect no gain or loss. Sold the least long-term gain up to the greatest long-term gain. Sold sold sold in the greatest short-term gain are sold, beginning with lost that generate the least long-term gain are sold. Sold such statement and he heast short-term gain up to the greatest short-term gain are sold. Sold such such selected in the account page of the land of trade up until sertlem

has used Specific Lot and matched a sale against a particular lot held at the time of trade.

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Closing Transaction: The fuffilment of a contract causing en existing investment to end. A sale could be closing transaction for a long position, and a purchase could be a closing position for a short position.

Short-Term/Long-Term: Gain or (loss) on the sale of a capital asset is labeled long-term if the property has been held for more than one year; it is labeled short-term if the property has been held for one year or less. Investors need to provide the appropriate purchase date on some investments for the system generating this report to properly determine the holding period. For instance, absent notification to the contrary, the report assumes the purchase date is the date of transfer for investments transferred from another brokerage account. All transactions are displayed at the lot level. A lot is a single unit of shares of an investment that was acquired or opened on a specific trade date and at a specific trade time.

Cuantity/Par: The number of shares for each lot within each investment position in the account. This is the number of shares for stocks and mutual funds; it is the number of contracts for options; and it is the face value bonds or notes. Fractional shares are rounded for display purposes on this report.

Acquired/Opened: The trade date, effective date or the date provided by the account holder for a particular lot. This date generally establishes the holding period of the lot. For short positions, the opening date is the date the short positions the opening date is the date the short position is established. If no date is available, the field will be left blank.

Sold/Closed: The trade date, effective date or the date provided by the account holder. For long positions, the closing date is the date on which the long position is elisopeace. For short positions, the closing date is the date on which the short position is covered.

fotal Proceeds: The amount received upon disposition of the holding less commissions and applicable fees.

cost Basis: The amount paid for the lot including applicable commissions, fees and adjustments for coprorate actions and return of capital payments. For Short Sales, while the position remains open, the proceeds appear in the Cost Basis column with a negative value, in the Realized Gain or (Loss) section, the Cost Basis is the amount paid to close the transaction and appears in the Cost Basis column. The proceeds will appear in the Total Proceeds column. For cash in your account, Cost Basis includes total cash less margin leant, Cost Basis includes total cash less margin leants) outstanding at the time this report is primed. Because it may include transactions which have not yet settled, please refer to your account statement for details

Adjusted Cost Basis: The amortized cost basis (for bonds bought at a premium) or the accreted cost basis (for bonds bought at a discount).

Realized Gain or (Lose): A realized gain or (loss) is shown when a closing transaction occurs in your account that requires recognifican of a gain or loss. To determine the Realized Gain or (Loss) for a lot, the Cost Basis is subtracted from the Total Proceeds.

Adjusted Realized Gain or (Loss): The realized gain or (loss) that is calculated based on the Adjusted Cost Basis

Endnotes: Lettered footnotes are placed next to items that required additional explanation. Footnotes are explained on the last page of the report.

e. Data for this holding has been edited or provided by the account holder.

I. Value includes incomplete cost basis. If cost basis is required for an investment, you may be able to provide

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updates. m - A sale was matched against a particular lot held at the Iffine of trade. S - Short sale.

Disclaimer at bottom of each page of report
Schwab has provided accurate realized gain and loss
information wherever bossible for most investments. Cost
basic data may be incomplete or unavailable for some of
your holdings. If all data for a given investment is not
available, the investment will not be listed here.

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

HEALTH FOUNDATION OF GREATER MASSILLON (fka COMMUNITY HEALTH FOUNDATION) EIN 31-1516370 FIXED ASSETS 12/31/15

DATE		MONTHLY	DEPR @	DEPR @	DATE ASSET
ACQUIRED DESCRIPTION	COST	DEPRECIATION	12/31/2014	12/31/2015	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	647 00	647 00	4/9/2014
8/17/2012 HP COMPUTER (BEST BUY)	632 10	10 54	305 66	432 14	8/17/2017
1/14/2014 DELL COMPUTER (JOHN)	644 41	10 74	128 88	257 76	1/14/2019
4/14/2015 COMPUTER	1,309 97	21 83	0 00	196 47	4/14/2020

TOTALS	23,945 61	103 08	21,793 67	22,245 50	
			L	451 83 2	015 DEPRECIATION
DATE		MONTHLY	DEPR @	DEPR @	DATE ASSET
DATE ACQUIRED DESCRIPTION	COST	MONTHLY DEPRECIATION	DEPR @ 12/31/2014	DEPR @ 12/31/2015	DATE ASSET FULLY DEPR
	<u>COST</u> 2,200 00				
ACQUIRED DESCRIPTION		DEPRECIATION	12/31/2014	12/31/2015	FULLY DEPR
ACQUIRED DESCRIPTION 11/15/1999 OUTSIDE SIGN	2,200 00	DEPRECIATION 26 2	12/31/2014 2,200 00	12/31/2015 2,200 00	FULLY DEPR 11/5/2006
ACQUIRED DESCRIPTION 11/15/1999 OUTSIDE SIGN 12/1/2006 OUTSIDE SIGN	2,200 00 1,768 00	<u>DEPRECIATION</u> 26 2 21 05	12/31/2014 2,200 00 1,768 00	12/31/2015 2,200 00 1,768 00	FULLY DEPR 11/5/2006 12/1/2013
ACQUIRED DESCRIPTION 11/15/1999 OUTSIDE SIGN 12/1/2006 OUTSIDE SIGN	2,200 00 1,768 00	<u>DEPRECIATION</u> 26 2 21 05	12/31/2014 2,200 00 1,768 00	12/31/2015 2,200 00 1,768 00	FULLY DEPR 11/5/2006 12/1/2013
ACQUIRED DESCRIPTION 11/15/1999 OUTSIDE SIGN 12/1/2006 OUTSIDE SIGN 12/1/2006 INTERIOR SIGN	2,200 00 1,768 00 572 4,540 00	<u>DEPRECIATION</u> 26 2 21 05 6 81	12/31/2014 2,200 00 1,768 00 572	12/31/2015 2,200 00 1,768 00 572 4,540 00	FULLY DEPR 11/5/2006 12/1/2013 12/1/2013
ACQUIRED DESCRIPTION 11/15/1999 OUTSIDE SIGN 12/1/2006 OUTSIDE SIGN 12/1/2006 INTERIOR SIGN	2,200 00 1,768 00 572	<u>DEPRECIATION</u> 26 2 21 05 6 81	12/31/2014 2,200 00 1,768 00 572	12/31/2015 2,200 00 1,768 00 572 4,540 00	FULLY DEPR 11/5/2006 12/1/2013
ACQUIRED DESCRIPTION 11/15/1999 OUTSIDE SIGN 12/1/2006 OUTSIDE SIGN 12/1/2006 INTERIOR SIGN	2,200 00 1,768 00 572 4,540 00	<u>DEPRECIATION</u> 26 2 21 05 6 81	12/31/2014 2,200 00 1,768 00 572	12/31/2015 2,200 00 1,768 00 572 4,540 00 0 00] 2	FULLY DEPR 11/5/2006 12/1/2013 12/1/2013