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A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
STARK COMMUNITY FOUNDATION INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
400 MARKET AVENUE NORTH No 200

City or town, state or province, country, and ZIP or foreign postal code
CANTON, OH 447022107

F Name and address of principal officer
MARK J SAMOLCZYK
400 MARKET AVE N STE 200
CANTON, OH 44702

D Employer identification number

34-0943665

E Telephone number

(330) 454-3426

G Gross receipts \$ 101,358,765

H(a) Is this a group return for subordinates?
No ☐ Yes ☒
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.STARKCF.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1963

M State of legal domicile OH

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO SUPPORT PROGRAMS & SERVICES THAT ENRICH OUR COMMUNITY, CONNECTING PEOPLE & CHARITABLE CAUSES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	14
	6 Total number of volunteers (estimate if necessary)	6	154
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-4,179
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-4,179
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	11,048,260	8,490,638
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,436,983	7,255,403
Expenses	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,814	88,037
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	21,491,057	15,834,078
	14 Benefits paid to or for members (Part IX, column (A), line 4)	7,561,960	7,982,609
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	999,939	1,120,192
	b Total fundraising expenses (Part IX, column (D), line 25) ▶575,294	0	0
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,314,809	1,347,673
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,876,708	10,450,474
	19 Revenue less expenses Subtract line 18 from line 12	11,614,349	5,383,604
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	209,108,250	207,057,723
	22 Net assets or fund balances Subtract line 21 from line 20	65,650,951	68,772,812
		143,457,299	138,284,911

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer
MARK J SAMOLCZYK PRESIDENT
Type or print name and title

2016-11-01
Date

Paid Preparer Use Only

Print/Type preparer's name
Christopher B Anderson

Preparer's signature
Christopher B Anderson

Date

Check ☐ if self-employed

PTIN
P00226559

Firm's name ▶ MALONEY NOVOTNY LLC

Firm's EIN ▶ 34-0677006

Firm's address ▶ 4774 MUNSON ST NW STE 402
CANTON, OH 44718

Phone no (330) 966-9401

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2015)

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission
THE MISSION OF STARK COMMUNITY FOUNDATION IS TO SUPPORT PROGRAMS & SERVICES THAT ENRICH OUR COMMUNITY, WHILE CONNECTING PEOPLE & THE CHARITABLE CAUSES WHICH ARE IMPORTANT TO THEM

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ **Yes** ☒ **No**
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ **Yes** ☒ **No**
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$ 8,424,537 including grants of \$ 7,982,609) (Revenue \$ 206,471)
DURING 2015 THE FOUNDATION FOCUSED ON PROGRAMS AND ACTIVITIES THAT STRENGTHEN ORGANIZATIONS AND THE COMMUNITY THAT THEY SERVE IN AREAS INCLUDING ECONOMIC DEVELOPMENT, EDUCATION, AND NEIGHBORHOOD REVITALIZATION	

4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
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4e	Total program service expenses ▶ 8,424,537
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.			
	Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	
b	If "Yes," enter the name of the foreign country: OC See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		No
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a 9		
b Enter the number of voting members included in line 1a, above, who are independent	1b 9		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed **OH**

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶PATRICIA C QUICK 400 MARKET AVE N STE 200 CANTON, OH 44702 (330) 454-3426

Part VII

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) E LANG D'ATRI CHAIRMAN	1 00	X		X				0	0	0
(2) G CHARLES DIX II VICE CHAIRMAN	1 00	X		X				0	0	0
(3) GREGORY LUNTZ DIRECTOR	1 00	X						0	0	0
(4) NANCY A VARIAN DIRECTOR	1 00	X						0	0	0
(5) NANCY GESSNER DIRECTOR	1 00	X						0	0	0
(6) STEVE PERRY DIRECTOR	1 00	X						0	0	0
(7) GARY SIRAK DIRECTOR	1 00	X						0	0	0
(8) KAREN SOEHNLEN MCQUEEN DIRECTOR	1 00	X						0	0	0
(9) WILLIAM COOK DIRECTOR	1 00	X						0	0	0
(10) BRIDGETTE L NEISEL V P OF ADVANCEMENT	40 00			X				127,155	0	18,333
(11) MARK J SAMOLCZYK PRESIDENT	40 00			X				187,133	0	22,599
(12) PATRICIA C QUICK V P OF FINANCE & CFO	40 00			X				106,604	0	10,329

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 3

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
COLONIAL CONSULTING 750 THIRD AVENUE 20TH FLOOR NEW YORK, NY 10017	INVESTMENT CONSULTANT	167,026

Form **990** (2015)

Part VIII **Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a _____	8,490,638				
	b	Membership dues 1b _____					
	c	Fundraising events 1c _____ 89,674					
	d	Related organizations 1d _____					
	e	Government grants (contributions) 1e _____					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f _____ 8,400,964					
	g	Noncash contributions included in lines 1a-1f \$ _____ 1,526,511					
	h	Total. Add lines 1a-1f ▶					
Program Service Revenue	2a	_____ Business Code _____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue _____					
	g	Total. Add lines 2a-2f ▶					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶	5,147,621		113,699	5,033,922
4		Income from investment of tax-exempt bond proceeds . . . ▶					
5		Royalties ▶					
6a		Gross rents (i) Real (ii) Personal					
			133,125				
			251,003				
			-117,878				
d		Net rental income or (loss) ▶	-117,878		-117,878		
7a		Gross amount from sales of assets other than inventory (i) Securities (ii) Other					
			87,360,503				
			85,252,721				
			2,107,782				
d		Net gain or (loss) ▶	2,107,782			2,107,782	
8a		Gross income from fundraising events (not including \$ <u>89,674</u> of contributions reported on line 1c) See Part IV, line 18 a _____ 20,407	-556			-556	
b		Less direct expenses b _____ 20,963					
c		Net income or (loss) from fundraising events . . . ▶					
9a		Gross income from gaming activities See Part IV, line 19 a _____					
b		Less direct expenses b _____					
c		Net income or (loss) from gaming activities ▶					
10a		Gross sales of inventory, less returns and allowances a _____					
b	Less cost of goods sold b _____						
c	Net income or (loss) from sales of inventory . . . ▶						
Miscellaneous Revenue		Business Code					
11a	PROVISION - UNCOLLECTIBLE LOANS _____ 900099	206,471	206,471				
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d ▶	206,471					
12	Total revenue. See Instructions ▶	15,834,078	206,471	-4,179	7,141,148		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,407,149	7,407,149		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	575,460	575,460		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	472,153	152,317	165,395	154,441
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	514,720	166,019	180,338	168,363
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,883	7,382	8,016	7,485
9	Other employee benefits	48,347	15,597	16,936	15,814
10	Payroll taxes	62,089	20,030	21,750	20,309
11	Fees for services (non-employees)				
a	Management				
b	Legal	14,678		3,923	10,755
c	Accounting	31,760		31,760	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	901,970		901,970	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,311	1,391	1,510	1,410
12	Advertising and promotion	140,627			140,627
13	Office expenses	45,122	14,556	15,806	14,760
14	Information technology	39,320	12,685	13,774	12,861
15	Royalties				
16	Occupancy	7,133	2,301	2,499	2,333
17	Travel	10,907	3,519	3,820	3,568
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,541	4,046	4,393	4,102
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,938	5,787	6,284	5,867
23	Insurance	11,898	3,838	4,168	3,892
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	LIFE INSURANCE PREMIUMS	50,923		50,923	
b	SCF INITIATIVE EXPENSE	20,264	20,264		
c	DUES AND SUBSCRIPTIONS	17,378		17,378	
d	FUND EXPENSES-INC/TRUST	11,149	11,149		
e	All other expenses	9,754	1,047		8,707
25	Total functional expenses. Add lines 1 through 24e	10,450,474	8,424,537	1,450,643	575,294
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing			1		
	2	Savings and temporary cash investments		7,762,689	2	9,005,379	
	3	Pledges and grants receivable, net		1,804,560	3	1,097,294	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net		1,841,338	7	1,675,787	
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges			9		
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	1,736,942			
	b	Less: accumulated depreciation	10b	386,941	1,404,011	10c	1,350,001
	11	Investments—publicly traded securities		146,973,096	11	148,659,016	
	12	Investments—other securities. See Part IV, line 11		48,038,826	12	42,793,072	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		1,283,730	15	2,477,174	
16	Total assets. Add lines 1 through 15 (must equal line 34)		209,108,250	16	207,057,723		
Liabilities	17	Accounts payable and accrued expenses		281,900	17	3,065,776	
	18	Grants payable		1,435,275	18	1,522,580	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties		2,396,614	23	2,320,343	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		61,537,162	25	61,864,113	
	26	Total liabilities. Add lines 17 through 25		65,650,951	26	68,772,812	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		143,457,299	27	138,284,911	
	28	Temporarily restricted net assets			28		
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
	33	Total net assets or fund balances		143,457,299	33	138,284,911	
	34	Total liabilities and net assets/fund balances		209,108,250	34	207,057,723	

Part XI

Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,834,078
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,450,474
3	Revenue less expenses Subtract line 2 from line 1	3	5,383,604
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	143,457,299
5	Net unrealized gains (losses) on investments	5	-10,215,345
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-340,647
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	138,284,911

Part XII

Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

☐

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Part I

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

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

1

☐

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

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☒

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10

☐

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

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	2,970,765	17,643,637	11,954,976	11,048,260	8,490,638	52,108,276
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,970,765	17,643,637	11,954,976	11,048,260	8,490,638	52,108,276
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,689,906
6 Public support. Subtract line 5 from line 4						48,418,370

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	2,970,765	17,643,637	11,954,976	11,048,260	8,490,638	52,108,276
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,588,783	3,306,218	3,654,231	4,052,675	5,033,922	19,635,829
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	84,828	69,577	114,594	105,049	226,878	600,926
11 Total support. Add lines 7 through 10						72,345,031

12 Gross receipts from related activities, etc (see instructions)	12	249,733
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>		

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	66.930%
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	67.300%
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

- 1

Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year?
*If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2

Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?
*If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?
*If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1

Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2

Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?
*If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3

By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?
*If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1

Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)

a

☐ The organization satisfied the Activities Test. Complete **line 2** below.

b

☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.

c

☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2

Activities Test. **Answer (a) and (b) below.**

- a

Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?
*If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b

Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?
*If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3

Parent of Supported Organizations. **Answer (a) and (b) below.**
- a

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b

Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970: **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E. ☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part II, Line 10, Explanation of Other Income	FEE INCOME - 2011 Amount \$ 58,075 2012 Amount \$ 59,737 2013 Amount \$ 64,548 2014 Amount \$ 67,373 2015 Amount \$ 0 FUNDRAISING REVENUE - 2011 Amount \$ 1,195 2012 Amount \$ 9,840 2013 Amount \$ 50,046 2014 Amount \$ 32,425 2015 Amount \$ 20,407 PROVISION - UNCOLLECTIBLE LOAN - 2011 Amount \$ 25,558 2012 Amount \$ 0 2013 Amount \$ 0 2014 Amount \$ 5,251 2015 Amount \$ 206,471

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
STARK COMMUNITY FOUNDATION INC

Employer identification number
34-0943665

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	170	485
2 Aggregate value of contributions to (during year)	3,294,809	5,195,829
3 Aggregate value of grants from (during year)	2,039,091	5,943,518
4 Aggregate value at end of year	39,162,904	99,122,007
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
(i) Revenue included on Form 990, Part VIII, line 1 ► \$
(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
a Revenue included on Form 990, Part VIII, line 1 ► \$
b Assets included in Form 990, Part X ► \$

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other

c ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	146,813,993	144,361,546	126,228,012	118,104,102	125,094,743
b Contributions	4,062,606	4,646,742	3,718,576	1,969,386	1,784,318
c Net investment earnings, gains, and losses	-1,944,755	5,221,343	20,692,406	12,707,290	-1,793,702
d Grants or scholarships	5,664,426	5,841,247	4,611,740	5,053,260	5,668,080
e Other expenditures for facilities and programs	440,910	461,398	605,255	579,115	516,533
f Administrative expenses	1,006,146	1,112,993	1,060,453	920,391	796,644
g End of year balance	141,820,362	146,813,993	144,361,546	126,228,012	118,104,102

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 100 000 %

b Permanent endowment ▶

c Temporarily restricted endowment ▶
The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i)** unrelated organizations

(ii) related organizations
- | | | |
|---------------|-----|----|
| | Yes | No |
| 3a(i) | | No |
| 3a(ii) | | No |
| 3b | | |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? ☐
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land	25,100	60,573		85,673
b Buildings		1,489,427	255,330	1,234,097
c Leasehold improvements		14,247	2,051	13,228
d Equipment		147,595	129,560	17,003
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				1,350,001

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other (A) COMMON TRUST FUNDS	9,199,998	F
(B) ALTERNATIVE INVESTMENTS	33,593,074	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	42,793,072	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
Federal income taxes		
DUE TO/FROM SUPPORTING ORGANIZATIONS	1,850	
FUNDS HELD AS AGENCY ENDOWMENT	61,799,806	
INTEREST RATE SWAP LIABILITY	62,457	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	61,864,113	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	2,382,374
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-10,215,345
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	271,966
e	Add lines 2a through 2d	2e	-9,943,379
3	Subtract line 2e from line 1	3	12,325,753
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	901,970
b	Other (Describe in Part XIII)	4b	2,606,355
c	Add lines 4a and 4b	4c	3,508,325
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5	15,834,078

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	7,502,287
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	271,966
e	Add lines 2a through 2d	2e	271,966
3	Subtract line 2e from line 1	3	7,230,321
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	901,970
b	Other (Describe in Part XIII)	4b	2,318,183
c	Add lines 4a and 4b	4c	3,220,153
5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18)	5	10,450,474

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
Part V, Line 4	USE OF ENDOWMENT FUNDS, THE FOUNDATION USES ITS ENDOWMENT FUNDS TO PROMOTE THE BETTERMENT OF STARK COUNTY AND TO ENHANCE THE QUALITY OF LIFE OF ALL OF ITS CITIZENS. ENDOWMENT FUNDS ARE APPROPRIATED BASED ON AN APPROVAL PROCESS THROUGH THE FOUNDATION'S BOARD OF DIRECTORS.

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation
Part XI, Line 2d - Other Adjustments	FUNDRAISING EXPENSES 20,963 RENTAL EXPENSES 251,003
Part XI, Line 4b - Other Adjustments	AGENCY ENDOWMENTS' CONTRIBUTIONS 4,428,032 AGENCY ENDOWMENTS' INCOME 451,221 AGENCY ENDOWMENTS' APPRECIATION/DEPRECIATION -2,272,898
Part XII, Line 2d - Other Adjustments	FUNDRAISING EXPENSES 20,963 RENTAL EXPENSES 251,003
Part XII, Line 4b - Other Adjustments	AGENCY ENDOWMENTS' GRANTS AND EXPENSES 2,318,183

**SCHEDULE F
(Form 990)****Statement of Activities Outside the United States**

OMB No 1545-0047

2015**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

- **Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.**
- **Attach to Form 990.**

► **Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.**Name of the organization
STARK COMMUNITY FOUNDATION INC**Employer identification number**

34-0943665

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA & CARIBBEAN			INVESTMENTS		2,539,233
(2) EUROPE			INVESTMENTS		473,252
(3)					
(4)					
(5)					
3a Sub-total	0	0			3,012,485
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			3,012,485

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

3

Enter total number of other organizations or entities ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒

Yes

☐

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☒

Yes

☐

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☒

Yes

☐

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☐

Yes

☒

No

Additional Data

Software ID:

Software Version:

EIN: 34-0943665

Name: STARK COMMUNITY FOUNDATION INC

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
STARK COMMUNITY FOUNDATION INC

Employer identification number
34-0943665

Part I Fundraising Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		GOLF OUTING (event type)	GOLF OUTING (event type)	1 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	15,296	65,150	29,635	110,081
	2 Less Contributions	9,469	51,730	28,475	89,674
	3 Gross income (line 1 minus line 2)	5,827	13,420	1,160	20,407
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	54	592		646
	6 Rent/facility costs	3,509	8,100		11,609
	7 Food and beverages	1,784	4,742	1,050	7,576
	8 Entertainment				
	9 Other direct expenses	296	836		1,132
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				20,963
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-556

Part III Gaming.

Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d)
					Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d). ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in

a	The organization's facility		%
b	An outside facility		%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$

c

If "Yes," enter name and address of the third party

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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OMB No 1545-0047

Open to Public Inspection

34-0943665

☒ Yes ☐ No

3 Enter total number of other organizations listed in the line 1 table **4**

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	260	575,460		BOOK	

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABCD Inc 1225 Gross Avenue NE Canton,OH 44705	23-7362595	501(C)(3)	56,846		BOOK		Programs
Akron Children's Hospital One Perkins Square Akron,OH 44308	34-0714357	501(C)(3)	10,719		BOOK		General
Akron Civic Theatre 182 South Main Street Akron,OH 44308	34-1015948	501(C)(3)	5,157		BOOK		General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Akron-Canton Regional Foodbank 350 Opportunity Parkway Akron, OH 44307	34-1369388	501(C)(3)	22,637		BOOK		General
Alliance City Schools 200 Glamorgan St Alliance, OH 44601	34-6000040	115	75,000		BOOK		General
Alliance Community Pantry PO Box 2581 Alliance, OH 44601	27-0890332	501(C)(3)	18,337		BOOK		General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alliance High School Foundation of Alliance Ohio PO Box 3123 Alliance, OH 44601	34-1589810	501(C)(3)	10,000		BOOK		General
Alzheimer's Association 408 9th Street SW Ste 1610 Canton, OH 44707	13-3039601	501(C)(3)	5,860		BOOK		Income Distribution
American Cancer Society Probate & Trust Mgt Shared Service Ctr PO Box 720366 Oklahoma City, OK 73162	13-1788491	501(C)(3)	13,667		BOOK		Income Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Diabetes Association 4500 Rockside Road Ste 440 Independence, OH 44131	13-1623888	501(C)(3)	13,667		BOOK		Income Distribution
American Guild of Organists Canton Chapter 1425 Channonbrook Street SW Canton, OH 44710	13-0431730	501(C)(3)	5,134		BOOK		Income Distribution
American Heart Association 4682 Douglas Circle NW Canton, OH 44718	13-5613797	501(C)(3)	13,767		BOOK		Income Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Red Cross of Stark and Muskingum Lakes 408 - 9th Street SW Canton, OH 44707	53-0196605	501(C)(3)	21,211		BOOK		General
American Rescue Workers 1311 Market Avenue North Canton, OH 44714	34-0971872	501(c)(3)	5,660		BOOK		Income Distribution
Archbishop Hoban High School Inc 1 Holy Cross Blvd Akron, OH 44306	34-0770684	501(c)(3)	30,000		BOOK		Scholarships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ArtsInStark 900 Cleveland Ave NW Canton, OH 44702	34-6609771	501(C)(3)	840,996		BOOK		Income Distribution
Ashland County Community Foundation 300 College Avenue Ashland, OH 44805	34-1812908	501(C)(3)	7,061		BOOK		Scholarships
Aultman Health Foundation 2600 6th Street SW Canton, OH 44710	20-8090459	501(C)(3)	6,406		BOOK		Income Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Aultman Hospital 2600 Sixth Street SW Canton, OH 44710	34-0714538	501(C)(3)	7,461		BOOK		Income Distribution
Basilica of St John the Baptist Catholic Church 627 McKinley Ave NW Canton, OH 44703	34-0714655	501(C)(3)	10,410		BOOK		General
Big Brothers Big Sisters of Summit Medina & Stark Counties 50 S Main Street Suite LL 110 Akron, OH 44308	34-1104356	501(C)(3)	10,000		BOOK		General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Blessings in a Backpack PO Box 950291 Louisville, KY 40295	26-1964620	501(C)(3)	10,000		BOOK		Programs
Boys and Girls Club of Massillon 730 Duncan Street SW Massillon, OH 44647	34-0726102	501(C)(3)	77,315		BOOK		Income Distribution
Brookside Scholarship Fund Inc 1800 Canton Avenue NW Canton, OH 44708	20-3980976	501(c)(3)	28,400		BOOK		Income Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Buckeye Career Center Foundation Inc PO Box 355 New Philadelphia, OH 44663	34-1882865	501(C)(3)	8,750		BOOK		Scholarships
Buckeye Council Boy Scouts of America 2301 13th Street NW Canton, OH 44708	34-0714546	501(C)(3)	52,889		BOOK		General
Camp Tuscazoar Foundation Inc P O Box 308 Zoarville, OH 44656	34-1545370	501(C)(3)	27,450		BOOK		General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Canton Calvary Mission 1345 Gibbs Ave NE Canton, OH 44705	34-1971706	501(C)(3)	9,000		BOOK		Income Distribution
Canton Christian Home 2550 Cleveland Avenue NW Canton, OH 44709	34-1039414	501(C)(3)	67,314		BOOK		Income Distribution
Canton City Schools Treasurer's Office 1312 Fifth Street SW Canton, OH 44707	34-6000503	115	50,313		BOOK		Scholarships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Canton Classic Car Museum 612 Market Avenue S Canton, OH 44702	34-1782134	501(C)(3)	566,596		BOOK		Income Distribution
Canton Jewish Community Federation 432 30th Street NW Canton, OH 44709	23-7084946	501(C)(3)	37,101		BOOK		General
Canton Local School District 4526 Ridge Ave SE Canton, OH 44707	34-6000512	115	20,084		BOOK		Programs

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Canton Montessori School 125 - 15th St NW Canton, OH 44703	34-1028233	501(C)(3)	8,790		BOOK		Scholarships
Canton Museum of Art 1001 Market Avenue North Canton, OH 44702	34-0733127	501(C)(3)	22,739		BOOK		General
Canton Preservation Society 131 Wertz Avenue NW Canton, OH 44708	34-1243699	501(C)(3)	23,726		BOOK		General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Canton Regional Chamber of Commerce Foundation 222 Market Avenue North Canton, OH 44702	34-1536585	501(C)(3)	58,981		BOOK		General
Canton Regional SCORE - Chapter 580 6000 Frank Avenue NW North Canton, OH 44720	52-1962712	501(C)(3)	11,000		BOOK		Programs
Canton Student Loan Foundation 4974 Higbee Avenue NW Suite 204 Canton, OH 44718	34-0906580	501(C)(3)	147,203		BOOK		Programs

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Canton Symphony Orchestra 2331 17th Street NW Canton, OH 44708	34-6533119	501(C)(3)	29,479		BOOK		General
Carroll County Animal Protection League PO Box 353 Carrollton, OH 44615	76-0846159	501(C)(3)	10,313		BOOK		General
Carroll County Humane Society PO Box 61 Carrollton, OH 44615	34-1542087	501(C)(3)	15,000		BOOK		General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Carroll County Parks Commission 190 Alamo Road SE Carrollton, OH 44615	34-6000519	501(C)(3)	94,225		BOOK		Income Distribution
Carrollton Board of Education 252 Third Street NE Carrollton, OH 44615	34-6000522	115	30,939		BOOK		Scholarships
Central Catholic High School 4824 Tuscarawas Street West Canton, OH 44708	34-0714566	501(C)(3)	32,966		BOOK		General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Child and Adolescent Behavioral Health 4641 Fulton Road NW Canton, OH 44718	34-1191950	501(C)(3)	74,102		BOOK		General
Children's Dyslexia Center of Canton 836 Market Ave N Canton, OH 44702	04-3169620	501(C)(3)	7,000		BOOK		General
Christ Presbyterian Church 530 Tuscarawas Street West Canton, OH 44702	34-0714409	501(c)(3)	71,367		BOOK		General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
City of Canton Ohio 218 Cleveland Avenue SW Canton, OH 44702	34-6000504	115	25,000		BOOK		General
Cleveland Clinic PO Box 931517 Cleveland, OH 44193	34-0714585	501(C)(3)	25,571		BOOK		General
College of Wooster 1189 Beall Avenue Wooster, OH 44691	34-0714654	501(C)(3)	7,500		BOOK		General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Coming Together Stark County Inc 408 9th Street SW Canton, OH 44707	34-1972496	501(C)(3)	9,840		BOOK		Programs
Community Building Partnership of Stark County 601 Cleveland Avenue N Ste F Canton, OH 44702	45-1560552	501(C)(3)	51,000		BOOK		Programs
Community Christian Church 210 North Main Street North Canton, OH 44720	34-6004073	501(C)(3)	18,500		BOOK		General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Life Church of God in Christ 1104 Walnut Avenue NE Canton, OH 44704	62-1242019	501(C)(3)	47,000		BOOK		General
Community Services of Stark County Inc 625 Cleveland Avenue NW Canton, OH 44702	34-0737793	501(C)(3)	11,000		BOOK		General
Concerned Citizens of the Fourth Ward 2000 Third Street NE Canton, OH 44704	34-1883114	501(C)(3)	11,000		BOOK		Programs

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Dennison Railroad Depot Museum PO Box 11 400 Center Street Dennison, OH 44621	34-1440913	501(C)(3)	10,000		BOOK		General
Diocese of Venice in Florida PO Box 60759 Fort Myers, FL 33906	59-2434603	501(C)(3)	6,000		BOOK		General
Diocese of Youngstown PO Box 659 Youngstown, OH 44501	34-0714655	501(C)(3)	9,594		BOOK		General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Disabled American Veterans' National Service Foundation PO Box 14301 Cincinnati, OH 45250	52-1516071	501(c)(4)	9,056		BOOK		Programs
Domestic Violence Project Inc PO Box 9459 Canton, OH 44711	34-1263226	501(C)(3)	45,162		BOOK		Income Distribution
Early Childhood Resource Center 1718 Cleveland Avenue NW Canton, OH 44703	34-0714462	501(C)(3)	203,000		BOOK		General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Eleventh Street Church of God 3026 11th Street SW Canton, OH 44710	34-0796431	501(C)(3)	6,000		BOOK		Programs
Elves and More of Northeast Ohio PO Box 95 Cuyahoga Falls, OH 44222	20-8645169	501(C)(3)	7,500		BOOK		Programs
Entrepreneurs Edge Inc 6801 Brecksville Road Suite 160 Independence, OH 44131	56-2485594	501(C)(3)	6,000		BOOK		General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
First Baptist Church of Canton 4110 - 38th Street NW Canton, OH 44718	34-0833502	501(c)(3)	80,706		BOOK		Income Distribution
First Tee of Canton Inc PO Box 7555 2525 25th St NE Canton, OH 44705	34-1912799	501(C)(3)	5,650		BOOK		General
First United Methodist Church 253 South Lisbon Street Carrollton, OH 44615	34-6001095	501(c)(3)	50,000		BOOK		General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Fisher-Nightingale Houses PO Box 33871 Wright Pat, OH 45433	31-1313382	501(C)(3)	7,061		BOOK		Income Distribution
Friends of Massillon Public Library 208 Lincoln Way East Massillon, OH 44646	34-1422072	501(C)(3)	5,820		BOOK		Programs
Girl Scouts of North East Ohio One Girl Scout Way Macedonia, OH 44056	34-0726094	501(C)(3)	11,370		BOOK		Programs

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Good Shepherd Lutheran Church 4120 Cleveland Avenue NW Canton, OH 44709	34-1043978	501(c)(3)	25,000		BOOK		General
Greater East Canton Community Devel Assoc 224 N Wood St East Canton, OH 44730	34-1675759	501(C)(3)	23,338		BOOK		Income Distribution
Guardian Support Services Inc 408 Ninth Street SW Suite 2200 Canton, OH 44707	20-5786126	501(C)(3)	6,500		BOOK		General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Habitat For Humanity East Central Ohio 1400 Raff Road SW Canton, OH 44710	34-1595372	501(C)(3)	10,800		BOOK		General
Hammer & Nails Inc PO Box 8224 Canton, OH 44711	34-1919568	501(C)(3)	27,000		BOOK		General
Harrison Hills Neighborhood Association 2831 Harrison Ave NW Canton, OH 44709	26-4712021	501(C)(3)	6,000		BOOK		Programs

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Hartville Migrant Council Inc PO Box 682 Hartville, OH 44632	34-0899100	501(C)(3)	11,197		BOOK		Programs
Hills and Dales Tree Consortium 2200 Dunkeith Dr NW Village Hall Canton, OH 44708	47-2140501	501(C)(3)	9,265		BOOK		General
Holy Trinity Lutheran Church 2551 55th Street NE Canton, OH 44721	23-7430894	501(c)(3)	5,918		BOOK		Income Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Hope Whispers Community Organization Inc 1116 3rd St NE Canton, OH 44704	80-0422149	501(c)(3)	9,000		BOOK		Programs
Hospice of Tuscarawas County Inc 716 Commercial Avenue SW New Philadelphia, OH 44663	34-1522329	501(C)(3)	26,500		BOOK		General
House of Loreto 2812 Harvard Ave NW Canton, OH 44709	34-0757174	501(C)(3)	5,721		BOOK		General

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John H and Evelyn L Ashton Preservation Assn Inc co Elaine J Paintin 60 W Main Street Carrollton, OH 44615	20-2854698	501(c)(3)	415,000		BOOK		General
JRC Community Renovation Corporation 1731 Grace Avenue NE Canton, OH 44705	34-1430426	501(C)(3)	33,621		BOOK		General
JRC Learning Center 1731 Grace Avenue NE Canton, OH 44705	34-1321317	501(C)(3)	12,750		BOOK		Programs

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Junetities Club Inc 874 OJays Parkway NE Canton, OH 44705	34-1414801	501(C)(3)	7,040		BOOK		Programs
Kansas University Endowment Assn Gift Processing Dept PO Box 928 Lawrence, KS 66044	48-0547734	501(C)(3)	10,313		BOOK		Programs
Kappa Kappa Gamma Foundation PO Box 38 Columbus, OH 43216	31-6049792	501(C)(3)	38,939		BOOK		Scholarships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Kent State University PO Box 5190 Kent, OH 44242	31-6402079	501(C)(3)	44,330		BOOK		Scholarships
Lepidopterists' Society 9417 Carvalho Court Bakersfield, CA 93311	23-7303020	501(C)(3)	10,313		BOOK		General
Lifecare Family Health & Dental Center 2725 Lincoln Street East Canton, OH 44707	34-1708901	501(c)(3)	64,793		BOOK		General

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MAGNET (Manufacturing Advocacy & Growth Network) 1768 East 25th Street Cleveland, OH 44114	34-1455043	501(C)(3)	30,000		BOOK		General
Malone University 2600 Cleveland Avenue NW Canton, OH 44709	34-0737794	501(C)(3)	47,761		BOOK		Scholarships
Market Heights Neighborhood Assn 123 34th Street NW Canton, OH 44709	34-1796511	501(C)(4)	5,502		BOOK		Programs

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Masonic Charity Foundation of Oklahoma PO Box 2406 Edmond, OK 73083	73-6097262	501(C)(3)	9,056		BOOK		Income Distribution
Massillon Museum 121 Lincoln Way East Massillon, OH 44646	34-6001833	501(C)(3)	165,500		BOOK		General
Mercy Medical Center 1320 Mercy Drive NW Canton, OH 44708	34-1893439	501(C)(3)	14,662		BOOK		General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Minerva United Methodist Church 204 N Main Street Minerva, OH 44657	34-0924844	501(c)(3)	31,875		BOOK		General
Mount Aloysius Corp PO Box 598 New Lexington, OH 43764	31-1432284	501(C)(3)	25,000		BOOK		General
Muskingum Watershed Conservancy Foundation Inc 1319 Third St NW PO Box 349 New Philadelphia, OH 44663	34-1953261	501(C)(3)	6,534		BOOK		General

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National First Ladies Library 205 Market Avenue South Canton, OH 44702	31-1576332	501(C)(3)	85,091		BOOK		Income Distribution
National Football Museum Inc 2121 George Halas Drive NW Canton, OH 44708	34-0898576	501(C)(3)	6,000		BOOK		General
North Canton City Schools 525 7th Street NE North Canton, OH 44720	34-6002035	115	9,720		BOOK		Programs

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O esterlen-Services for Youth Inc 1918 Mechanicsburg Road Springfield, OH 45503	31-0536998	501(c)(3)	5,918		BOOK		Income Distribution
Ohio FFA Camp Muskingum 3266 Dyewood Road SW Carrollton, OH 44615	31-6035993	501(C)(3)	13,000		BOOK		General
Ohio Historical Society 800 East 17th Avenue Columbus, OH 43211	31-4389673	501(C)(3)	5,100		BOOK		General

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Osnaburg Local Schools 310 Browning Street East Canton, OH 44730	34-6002127	115	20,626		BOOK		Scholarships
Pathway Caring for Children 4895 Dressler Road NW Suite A Canton, OH 44718	23-7244648	501(C)(3)	18,482		BOOK		Income Distribution
Pegasus Farm 7490 Edison Street NE Hartville, OH 44632	34-1472997	501(C)(3)	8,395		BOOK		Income Distribution

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Philomatheon Society of the Blind of Canton Ohio Inc 2701 Tuscarawas St West Canton, OH 44708	34-0733176	501(C)(3)	7,500		BOOK		General
Plain Local Schools Foundation 1801 Schneider Street NE Canton, OH 44721	20-0487822	501(C)(3)	30,058		BOOK		Income Distribution
Planned Parenthood of Greater Ohio 444 West Exchange Street Akron, OH 44302	34-1015976	501(C)(3)	17,726		BOOK		Income Distribution

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Players Guild of Canton Inc 1001 Market Avenue North Canton, OH 44702	34-0790867	501(C)(3)	7,070		BOOK		Income Distribution
Pregnancy Choices 4500 22nd Street NW Canton, OH 44711	34-1461765	501(C)(3)	7,249		BOOK		General
Prescription Assistance Network of Stark County Inc 408 Ninth Street SW Suite 1450 Canton, OH 44707	20-0797475	501(C)(3)	9,000		BOOK		General

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Refuge of Hope Ministries PO Box 9361 Canton, OH 44711	34-1965221	501(C)(3)	12,250		BOOK		General
RiverTree Christian Church 7373 Portage Street NW Massillon, OH 44646	34-1003958	501(C)(3)	5,100		BOOK		General
Saint Martha School 4380 Fruitville Road Sarasota, FL 34232	59-1510711	501(C)(3)	25,000		BOOK		General

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Salvation Army - Alliance 57 W Main Street Alliance, OH 44601	13-5562351	501(C)(3)	24,618		BOOK		Income Distribution
Salvation Army - Canton 420 Market Ave South Canton, OH 44702	13-5562351	501(C)(3)	39,678		BOOK		Income Distribution
Salvation Army - Massillon 315 Sixth Street NE Massillon, OH 44646	13-5562351	501(C)(3)	18,025		BOOK		Programs

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San Diego Chapter of Sweet Adelines International PO Box 33365 San Diego, CA 92163	33-0683961	501(C)(3)	10,313		BOOK		General
Siffrin Inc 2912 Whipple Ave NW Canton, OH 44708	34-1193822	501(C)(3)	50,000		BOOK		General
Spay Neuter Assistance Program - SNAP OF NE OHIO 3124 Ninth Street SW Canton, OH 44710	34-1375151	501(C)(3)	26,069		BOOK		General

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St Joan of Arc Parish 4940 W Tuscarawas St Canton, OH 44708	34-0792939	501(c)(3)	20,000		BOOK		General
St John's Villa 701 Crest St PO Box 457 Carrollton, OH 44615	34-1671908	501(C)(3)	5,960		BOOK		Income Distribution
St Jude Children's Research Hospital PO Box 50 Memphis, TN 38101	62-0646012	501(C)(3)	10,000		BOOK		General

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St Mary Star of the Sea Catholic Church 4280 Gulf of Mexico Drive Longboat Key, FL 34228	59-1805998	501(C)(3)	15,000		BOOK		General
St Michael the Archangel Catholic Church 3430 St Michaels Blvd NW Canton, OH 44718	34-0782263	501(C)(3)	34,703		BOOK		General
St Paul's Catholic Church 241 South Main Street North Canton, OH 44720	34-0783732	501(c)(3)	28,000		BOOK		General

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St Peter's Church and School 726 Cleveland Avenue NW Canton, OH 44702	34-0714746	501(c)(3)	5,750		BOOK		General
St Timothy's Episcopal Church 226 Third Street SE Massillon, OH 44646	34-0742706	501(c)(3)	6,920		BOOK		General
Stark County District Library 715 Market Ave North Canton, OH 44702	34-6000510	501(C)(3)	151,434		BOOK		General

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Stark County Historical Society 800 McKinley Monument Drive NW Canton, OH 44708	34-0733194	501(C)(3)	182,733		BOOK		Income Distribution
Stark County Humane Society Inc PO Box 7077 Station A Canton, OH 44705	34-6003244	501(C)(3)	220,231		BOOK		Income Distribution
Stark County Hunger Task Force 408 - 9th Street SW Suite 1637 Canton, OH 44707	34-1374549	501(C)(3)	30,037		BOOK		General

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Stark County Retired Teachers Association Scholarship Fund 11036 Kent Ave NE Hartville, OH 44632	34-1457861	501(C)(3)	5,120		BOOK		Income Distribution
Stark Development Board Inc 116 Cleveland Ave NW Canton, OH 44702	34-1476938	501(C)(3)	151,000		BOOK		General
Stark Education Partnership Inc 400 Market Ave N Suite B-Plaza Canton, OH 44702	34-1625250	501(C)(3)	256,376		BOOK		Income Distribution

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Stark State College Foundation 6200 Frank Avenue NW North Canton, OH 44720	34-1577595	501(C)(3)	9,717		BOOK		Scholarships
Trinity United Church of Christ 3909 Blackburn Road NW Canton, OH 44718	34-0718411	501(C)(3)	99,767		BOOK		Income Distribution
United Way of Greater Stark County 401 Market Avenue N Suite 300 Canton, OH 44702	13-4254191	501(C)(3)	98,662		BOOK		Income Distribution

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University of Arizona Foundation PO Box 210004 Music Room 113 - 1017 N Olive Road Tuscon, AZ 85721	86-6050388	501(C)(3)	28,337		BOOK		Scholarships
University of Mount Union 1972 Clark Ave Alliance, OH 44601	34-0714687	501(C)(3)	32,884		BOOK		General
University of Notre Dame PO Box 519 Notre Dame, IN 46556	35-0868188	501(C)(3)	9,450		BOOK		General

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USO World Headquarters PO Box 96860 Washington, DC 20077	13-1610451	501(C)(3)	6,660		BOOK		Income Distribution
Walnut Hills Residents Association 1705 Mohican St SE Massillon, OH 44646	34-1895517	501(C)(4)	6,580		BOOK		Programs
Walsh University 2020 East Maple Street North Canton, OH 44720	34-0868798	501(C)(3)	69,989		BOOK		General

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West Park Neighborhood Association 1467 15th Street NW Canton, OH 44703	20-1301071	501(C)(4)	6,000		BOOK		Programs
Westminster Presbyterian Church 171 Aultman Avenue NW Canton, OH 44708	34-6004434	501(C)(3)	6,000		BOOK		Programs
Whispering Grace Horses 2870 Olympia Dr NW Canton, OH 44708	45-4318097	501(C)(3)	6,000		BOOK		General

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Wilderness Center PO Box 202 Wilmot, OH 44689	34-0943581	501(C)(3)	173,504		BOOK		Income Distribution
YMCA of Central Stark County 1201 38th St NW Ste 200A Canton, OH 44709	34-0714392	501(C)(3)	106,458		BOOK		General
Young America's Foundation 11480 Commerce Park Drive Ste 600 Reston, VA 20191	23-7042029	501(C)(3)	11,000		BOOK		General

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YWCA - Canton 231 Sixth Street NE Canton, OH 44702	34-0714799	501(C)(3)	71,387		BOOK		Income Distribution
Zion United Church of Christ 415 South Main Street North Canton, OH 44721	23-7422147	501(C)(3)	13,667		BOOK		Income Distribution
Zoar Community Association PO Box 621 Zoar, OH 44697	23-7422147	501(C)(3)	8,250		BOOK		General

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

STARK COMMUNITY FOUNDATION INC

Employer identification number

34-0943665

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div> <div> <div> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use </div> <div> <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence </div> <div> <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees </div> <div> <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </div> </div>		
<div>b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</div>	1b	
<div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div>	2	
<div>3</div> <div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div> <div> <div> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract </div> <div> <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study </div> <div> <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </div> </div>		
<div>4</div> <div>During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>	4a	No
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	No
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>	4c	No
<div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		
<div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div>		
<div>5</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div>		
<div>a</div> <div>The organization?</div>	5a	No
<div>b</div> <div>Any related organization?</div>	5b	No
<div>If "Yes," on line 5a or 5b, describe in Part III.</div>		
<div>6</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div>		
<div>a</div> <div>The organization?</div>	6a	No
<div>b</div> <div>Any related organization?</div>	6b	No
<div>If "Yes," on line 6a or 6b, describe in Part III.</div>		
<div>7</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div>	7	No
<div>8</div> <div>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div>	8	No
<div>9</div> <div>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARK J SAMOLCZYK PRESIDENT	(i)	187,133 ----- 0	0 ----- 0	0 ----- 0	8,181 ----- 0	14,418 ----- 0	209,732 ----- 0	0 ----- 0
	(ii)							

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE M

(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

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

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	24	1,526,511	EXCHANGE PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	
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30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Yes	No
b	If "Yes," describe the arrangement in Part II		No
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 32b	THIRD PARTY TRANSACTIONS, SECURITIES ARE SOLD THROUGH INVESTMENT BROKERAGE FIRMS THESE FIRMS ARE INDEPENDENT OF THE DONORS AND THE FOUNDATION

SCHEDULE O (Form 990 or 990-EZ)

Department of the
Treasury
Internal Revenue
Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

2015

**Open to Public
Inspection**

Name of the organization
STARK COMMUNITY FOUNDATION INC

Employer identification number

34-0943665

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	MEMBERS OF THE ORGANIZATION, THE FOUNDATION'S MEMBERS ARE THE ACTIVE VOTING DIRECTORS OF THE FOUNDATION ALL LIVING PERSONS WHO WERE AT ANY TIME MEMBERS OF THE DISTRIBUTION COMMITTEE OF THE UNINCORPORATED STARK COMMUNITY FOUNDATION ARE HONORARY , NON-VOTING MEMBERS
Form 990, Part VI, Section A, line 7a	ELECTION OF MEMBERS OF THE GOVERNING BODY , THE DIRECTORS HAVE ESTABLISHED A NOMINATING COMMITTEE WHICH CONSISTS OF NOT LESS THAN 2 DIRECTORS AND 1 MEMBER WHO IS NOT A DIRECTOR THE COMMITTEE'S RESPONSIBILITY IS TO NOMINATE MEMBERS OF THE DISTRIBUTION COMMITTEE AS SET FORTH IN THE RESOLUTION AND DECLARATION OF TRUST CREATING THE STARK COMMUNITY FOUNDATION SUCH MEMBERS OF THE DISTRIBUTION COMMITTEE ARE DIRECTORS OF THE FOUNDATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	DECISIONS SUBJECT TO APPROVAL OF MEMBERS, AN AFFIRMATIVE VOTE BY THE MAJORITY OF THE FOUNDATION'S MEMBERS IS REQUIRED TO ADOPT OR APPROVE THE FOLLOWING - LIQUIDATION OR DISSOLUTION - MERGER, CONSOLIDATION, OR TRANSFER OF SUBSTANTIALLY ALL OF THE ASSETS - REPEAL, MODIFICATION, AMENDMENT IN WHOLE OR IN PART, OR ADDITION TO THE ARTICLES OF INCORPORATION OR REGULATIONS OR ADOPTION OF NEW ARTICLES OF INCORPORATION OR REGULATIONS
Form 990, Part VI, Section B, line 11	REVIEW OF FORM 990, THE FOUNDATION'S AUDIT COMMITTEE MEETS WITH THE INDEPENDENT AUDITOR TO DISCUSS THE FORM 990 PRIOR TO FILING ALSO, A COPY OF THE FORM 990 IS PROVIDED TO ALL DIRECTORS OF STARK COMMUNITY FOUNDATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY , THE FOUNDATION REQUIRES THAT ALL TRUSTEES, OFFICERS, AND DIRECTORS ANNUALLY FILE A STATEMENT LISTING ANY BUSINESS OR PERSONAL FINANCIAL DEALINGS OR AFFILIATIONS WITH CHARITABLE ORGANIZATIONS WHICH WOULD HAVE ANY IMPACT ON THE ASSETS OR TRANSACTIONS OF THE FOUNDATION THIS STATEMENT IS GIVEN TO THE PRESIDENT OF THE FOUNDATION WHO IN TURN WOULD DISCLOSE SUCH INFORMATION TO THE DISTRIBUTION COMMITTEE OR BOARD OF DIRECTORS IN THE NORMAL COURSE OF REVIEWING POSSIBLE GIFTS OR GRANTS PRESENTED FOR APPROVAL ANY PERSON WITH A CONFLICT OF INTEREST ON THE GIFTS OR GRANTS PRESENTED FOR APPROVAL WOULD THEN ABSTAIN FROM VOTING
Form 990, Part VI, Section B, line 15	REVIEW OF COMPENSATION, THE FOUNDATION'S PERSONNEL COMMITTEE RECOMMENDS THE LEVEL OF COMPENSATION FOR EXECUTIVES, AND THEIR RECOMMENDATIONS ARE PRESENTED TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL THE COMMITTEE CONSIDERS SALARY DATA ON COMPARABLE EXECUTIVES, BOTH WITHIN NORTHEAST OHIO AND STATEWIDE (FROM THE FORMS 990 OF FOUNDATIONS AND NOT-FOR-PROFIT ORGANIZATIONS) AND AT THE NATIONAL LEVEL (FROM THE COUNCIL ON FOUNDATIONS ANNUAL SALARY SURVEY) INDIVIDUALS ON THE PERSONNEL COMMITTEE AND BOARD OF DIRECTORS ARE INDEPENDENT OF THE EMPLOYEES WHOSE COMPENSATION IS BEING DETERMINED SALARY DELIBERATIONS OF THE PERSONNEL COMMITTEE AND THE BOARD OF DIRECTORS ARE DOCUMENTED IN THE MINUTES OF BOTH BODIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	AVAILABILITY OF GOVERNING DOCUMENTS, FINANCIAL STATEMENTS FOR THE FOUNDATION CAN BE FOUND AT THE FOUNDATION'S WEBSITE HTTP://WWW STARKCF ORG GOVERNING DOCUMENTS AND THE FOUNDATION'S CONFLICT OF INTEREST POLICY ARE AVAILABLE BY REQUEST AND ARE MAILED/E-MAILED TO INTERESTED PARTIES
Form 990, Part XI, line 9	AGENCY ENDOWMENT REVENUE & EXPENSE -288,172 CHANGE IN INTEREST RATE SWAP LIABILITY FOR SCF DEVELOPMENT, LTD -52,475

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
STARK COMMUNITY FOUNDATION INC

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

34-0943665

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SCF DEVELOPMENT LTD 400 MARKET AVENUE NORTH SUITE 200 CANTON, OH 44702 42-1581249	REAL ESTATE	OH	133,561	1,309,878	STARK COMMUNITY FOUNDATION INC

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WILLIAM & MINETTE GOLDSMITH FOUNDATION 400 MARKET AVENUE NORTH SUITE 200 CANTON, OH 44702	SUPPORT ORGANIZATION	OH	501(c)(3)	Line 11a, I	N/A	Yes	
(2) NEWMARKET PROJECT INC 400 MARKET AVENUE NORTH SUITE 200 CANTON, OH 44702	LAND HOLDING	OH	501(c)(2)	N/A	N/A	Yes	
(3) HENRY & LOUISE TIMKEN FOUNDATION 400 MARKET AVENUE NORTH SUITE 200 CANTON, OH 44702	SUPPORT ORGANIZATION	OH	501(c)(3)	Line 11a, I	N/A	Yes	
(4) UNITED WAY OF GREATER STARK COUNTY FOUNDATION 400 MARKET AVENUE NORTH SUITE 200 CANTON, OH 44702	SUPPORT ORGANIZATION	OH	501(c)(3)	Line 11d, III-O	N/A	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

1a

No

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

1b

No

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

1c

No

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

1d

No

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

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

1j

No

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

1k

No

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

1l

Yes

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

1m

No

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

1n

No

o Sharing of paid employees with related organization(s)

1o

No

p Reimbursement paid to related organization(s) for expenses

1p

No

q Reimbursement paid by related organization(s) for expenses

1q

No

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

1r

No

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

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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