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Form 990-PF

Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

		lendar year 2016 or tax year beginning		/19 , 2016 ,	and endir			12/31, 20 16
		of foundation STAN R ARNER AND NAM	CY A ARNER CHAR	LABLE		^		ntification number
		NDATION	to stood address)		Room/suite		81-41086	umber (see instructions)
r	umbe	er and street (or P O box number if mail is not delivered	to street address)		Room/suite	"	relephone nu	imber (see instructions)
1422 BREMEN CIRCLE NW							(330)	495-9703
_	ity or	town, state or province, country, and ZIP or foreign pos	tal code					
	C 7 3 1 C	10N OU 44700				C	if exemption ap pending, check	plication is here
		FON, OH 44708	The Management	f - f	والمارين			. \Box
G	Cne	ck all that apply. X Initial return Final return	Initial return of Amended ret	•	oublic chari	ם עי		nizations, check here >
		X Address change	Name change			1	85% test, che	anizations meeting the eck here and attach
н	Che	ck type of organization X Section 501(_	computation	▶∟
ï		ection 4947(a)(1) nonexempt charitable trust	Other taxable pri		tion	E		dation status was terminated 607(b)(1)(A), check here
Ť			unting method. X Ca		rual	٦,		on is in a 60-month termination
Ť		1,—7	ther (specify)			- '		07(b)(1)(B), check here
		1	olumn (d) must be on cas					
G	<u> </u>	Analysis of Revenue and Expenses (The	(a) Revenue and	(h) Nat :=	atm and	,.,	A almost and the second	(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	expenses per	(b) Net inve		(C)	Adjusted net income	for charitable purposes
_		column (a) (see instructions))	books					(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	727,466.					
	2	Check ► if the foundation is not required to attach Sch B						
	3	Interest on savings and temporary cash investments.	7.0					DECCT 1
	4	Dividends and interest from securities	743.					ATCH 1
	5a	Gross rents						
_		Net rental income or (loss)						
ž	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales not for all 505, 754.						
Revenue		assets on line 6a						-
Re	7	Capital gain net income (from Part IV, line 2) .						
	8	Net short-term capital gain						
		Gross sales less returns						
	h	Less Cost of goods sold .						
		Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)						
_	12_	Total. Add lines 1 through 11	728,209.		0.			
48	13	Compensation of officers, directors, trustees, etc	0.					
nses	14	Other employee salaries and wages						
ĕ	15	Pension plans, employee benefits			<u> </u>	17.1	VED	-
Xp	16 a	Legal fees (attach schedule)			TIL	اعر	<u>vtu </u>	
ē	b	Accounting fees (attach schedule)			;}		;	àll
ž	C	Other professional fees (attach schedule)		192	\ NO\	15	2017 Č	
šť	17	Interest	 	—— 	 		- la	
Ë	10	Pension plans, employee benefits Legal fees (attach schedule)	 		OGD	CA	117	
튬	20	Occupancy	 				i Vi	ua.
Ž	21	Travel, conferences, and meetings						
Pug Bud	21 22	Printing and publications						
ğ	23	Other expenses (attach schedule) ATCH 2.	850.					
atir	24	Total operating and administrative expenses						
ē		Add lines 13 through 23	850.					
Ö	23 24 25	Contributions, gifts, grants paid						
_	26	Total expenses and disbursements Add lines 24 and 25	850.					0
	27	Subtract line 26 from line 12			1			
	l .	Excess of revenue over expenses and disbursements $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	727,359.					
	1	Net investment income (if negative, enter -0-)			0.			
. =		Adjusted net income (if negative, enter -0-) perwork Reduction Act Notice, see instructions	L					Form 990-PF (2016)
· h	or Pai	NATIONAL MARKETIAN ACT NATICA CON INCIDICATIONS						enm 3349FF (2016)

PAGE 2

go: 24

Page 2

D.	rt II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
		Dalance Sheets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beari	ng			
	2	Savings and temporary	cash investments		515,202.	515,202.
		Accounts receivable				
- [Less allowance for doul	btful accounts ▶			
1		Pledges receivable >				
-			btful accounts ▶			
- {						
			officers, directors, trustees, and other			
			ach schedule) (see instructions)			
			eceivable (attach schedule)			
-	•	Less allowance for doub	btful accounts ▶			
g						
ssets			e			
			eferred charges	_		
			e government obligations (attach schedule)		212,157.	214,915.
- }			stock (attach schedule) ATCH 3			
	11	Investments - corporate Investments - land, buildings and equipment basis Less_accumulated deprecia				
- 1		(attach schedule)				
- 1	12	Investments - mortgage	loans			
	13 14	investments - other (atta Land, buildings, and	nch schedule)			
-		equipment basis Less accumulated deprecia	tion >			
		(attach schedule)	<u> </u>			
- 1		Other assets (describe				
			completed by all filers - see the age 1, item I)	0.	727,359.	730,117.
-	17	Accounts payable and a	ccrued expenses			}
-	18	Grants payable				}
es.	19	Deferred revenue				
Liabilities			rs, trustees, and other disqualified persons.			
즱	21	Mortgages and other no	tes payable (attach schedule)			
	22	Other liabilities (describe	∍▶)			
1		•				
- {:	23	Total liabilities (add line	s 17 through 22)	0.	0.	
ses	_	Foundations that follow	low SFAS 117, check here . ►24 through 26 and lines 30 and 31.			
E :	24	Unrestricted	. 			
ag :	25	Temporarily restricted .	· · · · · · · · · · · · · · · · · · ·			
5	26	Permanently restricted.				i
Net Assets or Fund Balances			not follow SFAS 117, plete lines 27 through 31.			
0	27	Capital stock, trust princ	cipal, or current funds			
8	28	Paid-in or capital surplus, or	land, bldg, and equipment fund			
SS	29	Retained earnings, accumi	ulated income, endowment, or other funds			
٤.	30	Total net assets or fund	I balances (see instructions)	0.	0.	}
	31		net assets/fund balances (see			
- [instructions)	. <u> </u>	0.	0.	
Pa			nges in Net Assets or Fund Bala	nces		
			palances at beginning of year - Part		must agree with	
			ed on prior year's return).			0
2			line 27a			727,359.
			ded in line 2 (itemize) ▶			
						727,359.
		reases not included in			5	
			valances at end of year (line 4 minus	line 5) - Part II, column (727,359.
		Document		The second second	<u> </u>	Form 990-PF (2016)

	-
D	•

Pai	t IV Capital Gains	and Losses for Tax on Inv	restment Income			
	(a) List and 2-story br	(b) How acquired P - Purchase D - Donation		(d) Date sold (mo , day, yr)		
<u>1 a</u>						
<u>b</u>				 		
<u>c</u>				 	 	
<u>d</u>				 	 	
<u>e</u>		(f) Depreciation allowed	(g) Cost or other basis	 	(h) Gain or (los	25)
	(e) Gross sales price	(or allowable)	plus expense of sale		(e) plus (f) minu	
a				1		
b						
c						
<u>d</u>				 		
<u> e</u>			1	ļ		
	Complete only for assets s	howing gain in column (h) and owner			Gains (Col (h) ga	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (i), if any	COI	(k), but not less the Losses (from col	
					 -	
<u>a</u> b			 	-		
C				<u> </u>		
d						
е						
2	Capital gain net income	or (not contal loss) (If g	ain, also enter in Part I, line 7			
-		, , , , , (II (loss), enter -0- ın Part I, lıne 7	2		
3		ain or (loss) as defined in sections		1		
			structions) If (loss), enter -0- in			
		Index Section 4040(a) for De	educed Tax on Net Investment	3		 -
			ne section 4940(a) tax on net investi			
Was		leave this part blank	butable amount of any year in the b			Yes No
1			ear, see the instructions before make	ing anv er	ntries	
·	(a)	(b)	(c)	1	(d)	
Cale	Base period years endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
	2015					
_	2014					
	2013					
	2012			 		
_	2011			 		
_	- -4 1 4 1 4					
2						
3	•	•	ride the total on line 2 by 5, or by the	1 1		
	number of years the fou	ndation has been in existence if it	ess than 5 years	-		
4	Enter the net value of no	oncharitable-use assets for 2016	from Part X, line 5	4		- <u>-</u>
5	Multiply line 4 by line 3.			5		
6	Enter 1% of net investm	ent income (1% of Part I, line 27b)	6		
7	Add lines 5 and 6			7		
8	Enter qualifying distribut If line 8 is equal to or g Part VI instructions	ions from Part XII, line 4 greater than line 7, check the bo	x in Part VI, line 1b, and complete	8 that par	t using a 1% ta	x rate See th

Form	990-PF (2016) STAN R ARNER AND NANCY A ARNER CHARITABLE 81-410	8669		age 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948- see in	struc	tions)
1a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0.
	here and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	_		0.
6	Credits/Payments			
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a			
b	Exempt foreign organizations - tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			_
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ Refunded ▶ 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			
	Instructions for the definition)?	1ь		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			1
С	Did the foundation file Form 1120-POL for this year?	1c		1
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of)
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			1
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	,		
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			}
	(or designate) of each state as required by General Instruction G ^o If "No," attach explanation	8b	Х	L
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			1
. •	names and addresses	10	Х	1
		- 00	A DE	(2016)

Par	t VII-A	Statements Regarding Activities (continued)			
11		time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
		g of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		<u> </u>
12		e foundation make a distribution to a donor advised fund over which the foundation or a disqualified	40		X
		nad advisory privileges? If "Yes," attach statement (see instructions)	12	X	
13		foundation comply with the public inspection requirements for its annual returns and exemption application? \mid address \triangleright N/A	13		
14	The boo	ks are in care of ► S. FRANKLIN ARNER Telephone no ► 330-495-	970	3	
	Located	at ▶ 1422 BREMEN CIRCLE NW CANTON, OH ZIP+4 ▶ 44708			
15		4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	
	and ent	er the amount of tax-exempt interest received or accrued during the year			
16	At any	time during calendar year 2016, did the foundation have an interest in or a signature or other authority		Yes	
	over a b	ank, securities, or other financial account in a foreign country?	16		X
	See th	e instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	,		
		ign country ▶			
Par	t VII-B	Statements Regarding Activities for Which Form 4720 May Be Required			
	File Fo	rm 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	-	the year did the foundation (either directly or indirectly)			
	(1) Eng	age in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	` '	row money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disc	ualified person? Yes			
	(3) Fur	nish goods, services, or facilities to (or accept them from) a disqualified person? Yes			
	(4) Pay	compensation to, or pay or reimburse the expenses of, a disqualified person?			
	• •	nsfer any income or assets to a disqualified person (or make any of either available for benefit or use of a disqualified person)?			
		ee to pay money or property to a government official? (Exception Check "No" if the			
	•	ndation agreed to make a grant to or to employ the official for a period after		} '	'
		nination of government service, if terminating within 90 days)	į .		
b	•	answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section	53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		Х
	Organiz	ations relying on a current notice regarding disaster assistance check here			
С	Did the	e foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	L		
	were no	t corrected before the first day of the tax year beginning in 2016?	1c		X
2	Taxes	on failure to distribute income (section 4942) (does not apply for years the foundation was a private		ļ	
	operatir	g foundation defined in section 4942(j)(3) or 4942(j)(5))	1	i	
а		end of tax year 2016, did the foundation have any undistributed income (lines 6d and			
	6e, Par	XIII) for tax year(s) beginning before 2016?			
	-	list the years ,,,			
ь		ere any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	}	}	
		to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	 -		
		s listed, answer "No" and attach statement - see instructions)	2b		
С	If the	provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
3a		foundation hold more than a 2% direct or indirect interest in any business enterprise			
		ime during the year?			
ь		" did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or	}		!
~		fied persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
		ssioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	{		
		i-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	[
		ion had excess business holdings in 2016)	3b	[
4a		e foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
		e foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charital	ole purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		Х

Par	t VII-B Statements Regarding Activities	IOL MAINCH FORM	4/20 May be Req	uireu (continueu)		
5a	During the year did the foundation pay or incur any amo	ount to				
	(1) Carry on propaganda, or otherwise attempt to influ	ence legislation (section	n 4945(e))?	Yes X No	,] [
	(2) Influence the outcome of any specific public el	ection (see section 4	955), or to carry on	,		
	directly or indirectly, any voter registration drive?			Yes X No	,)	
	(3) Provide a grant to an individual for travel, study, or				,)	
	(4) Provide a grant to an organization other than a	• •]	
	section 4945(d)(4)(A)? (see instructions)	· •			,]	
	(5) Provide for any purpose other than religious, c					
	purposes, or for the prevention of cruelty to children		•		,]
ь	If any answer is "Yes" to 5a(1)-(5), did any of the				1 1	j
	Regulations section 53 4945 or in a current notice rega					X
	Organizations relying on a current notice regarding disa					
С	If the answer is "Yes" to question 5a(4), does the					1
•	because it maintained expenditure responsibility for the		•		.	
	If "Yes," attach the statement required by Regulations se	-				
6a	Did the foundation, during the year, receive any fu	• •	ectly to nay premium	ne		
Vu.	on a personal benefit contract?	-			,	
b	Did the foundation, during the year, pay premiums, dir			. — —	6ь	Х
_	If "Yes" to 6b, file Form 8870	cony or maneous, on a	porodital borioni dontila	·		
7a	At any time during the tax year, was the foundation a p	narty to a prohibited tax	shelter transaction?	Yes X No	.	1
b	If "Yes," did the foundation receive any proceeds or ha				, ,	
Pai	Information About Officers, Director					
	and Contractors		_			
1	List all officers, directors, trustees, foundation	(b) Title, and average	(c) Compensation (see	(d) Contributions to	(-) 5	
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expens other all	e account, owances
		devoted to position	enter -0-1	and deterred compensation		
ATC	H 4	devoted to position	0.	0.		0.
ATC	H 4	devoted to position				0.
ATC.	H 4	devoted to position				0.
ATC.	H 4	devoted to position				0.
ATC	H 4	devoted to position				0.
ATC	H 4	devoted to position				0.
ATC	H 4	devoted to position				0.
ATC.	Compensation of five highest-paid employees		0.	0.	ons). If no	
			0.	0.	ons). If no	
2	Compensation of five highest-paid employees "NONE."	(other than thos	0. e included on line	e 1 - see instruction (d) Contributions to employee benefit	(e) Expens	one, enter
2	Compensation of five highest-paid employees	(other than thos	0.	0. 1 - see instruction (d) Contributions to		one, enter
2	Compensation of five highest-paid employees "NONE."	(other than thos	0. e included on line	d) Contributions to employee benefit plans and deferred	(e) Expens	one, enter
2	Compensation of five highest-paid employees "NONE."	(other than thos	0. e included on line	d) Contributions to employee benefit plans and deferred	(e) Expens	one, enter
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than thos	0. e included on line	d) Contributions to employee benefit plans and deferred	(e) Expens	one, enter
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than thos	0. e included on line	d) Contributions to employee benefit plans and deferred	(e) Expens	one, enter
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than thos	0. e included on line	d) Contributions to employee benefit plans and deferred	(e) Expens	one, enter
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than thos	0. e included on line	d) Contributions to employee benefit plans and deferred	(e) Expens	one, enter
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than thos	0. e included on line	d) Contributions to employee benefit plans and deferred	(e) Expens	one, enter
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than thos	0. e included on line	d) Contributions to employee benefit plans and deferred	(e) Expens	one, enter
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than thos	0. e included on line	d) Contributions to employee benefit plans and deferred	(e) Expens	one, enter
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than thos	0. e included on line	d) Contributions to employee benefit plans and deferred	(e) Expens	one, enter
(a)	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	e included on line (c) Compensation	e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	(e) Expens	one, enter

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

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6

qualifies for the section 4940(e) reduction of tax in those years

Page	•
1 040	•

Pa	rt XIII Undistributed Income (see instr	uctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2016 from Part XI,	Corpus	Years prior to 2015	2015	2016
2	Undistributed income, if any, as of the end of 2016			 	
	Enter amount for 2015 only				
b	Total for pnor years 20 14 ,20 13 ,20 12				
3	Excess distributions carryover, if any, to 2016				
	From 2011				
	From 2012			}	
	From 2013				
	From 2014				
	From 2015				
	Total of lines 3a through e	· · · · · · · · · · · · · · · · · · ·		 	
*	line 4 > \$			}	
а	Applied to 2015, but not more than line 2a			}	}
	Applied to undistributed income of prior years				
	(Election required - see instructions)			}	
c	Treated as distributions out of corpus (Election				
	required - see instructions)				
d	Applied to 2016 distributable amount		 	} 	
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2016. (If an amount appears in column (d), the same				
	amount must be shown in column (a))			}	{
6	Enter the net total of each column as indicated below:			}	
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
	Prior years' undistributed income Subtract				
	line 4b from line 2b			<u> </u>	
C	Enter the amount of prior years' undistributed			{	
	been issued, or on which the section 4942(a)			{	
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable amount - see instructions			}	
е	Undistributed income for 2015 Subtract line		 	ļ	
	4a from line 2a Taxable amount - see instructions				
7	Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be			}	1
	distributed in 2017				<u> </u>
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
_	required - see instructions)				
8	Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)			1	
٥	Excess distributions carryover to 2017.				
5	Subtract lines 7 and 8 from line 6a	0.			
10	Analysis of line 9				
	Excess from 2012		1	1	}
	Excess from 2013				
	Excess from 2014				
	Excess from 2015			1	
e	Excess from 2016	L	<u> </u>	1	<u> </u>

JSA 6E1490 1 000

Page **11**

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Show any relationship to Amount or Substantial contribution Purpose of grant or Contribution Purpose of Grant or Contribution Amount or Status of recipient Purpose of Grant or Contribution Purpose of Grant or Contribu								
3 Grants and Contributions Paid Durin	ng the Year or Appr	oved for F	uture Payment					
Recipient	show any relationship to	status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	or substantial contributor	recipient	Contribution					
a Paid during the year								
		}						
		}	}					
	i							
		-						
		1						
				•				
		ĺ						
				<u>,</u>				
		}						
			}					
	L	<u> </u>						
Total	 		<u></u> <u>▶</u> 3a					
b Approved for future payment								
			1					
	Į.							
)]					
		1						
			1					
	<u> </u>	L						
Total	<u> </u>	<u></u>	<u>▶</u> 3b					

JSA 6E1491 1 000

Page **12**

Part XVI-	A Analysis of Income-Prod	ucing Act	ivities			
	amounts unless otherwise indicated	Unrela	ated business income	Excluded by	y section 512, 513, or 514	(e)
-		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
_	service revenue	ļ	 			(See instructions)
				ļ		
_		 	 	 		
		 		 		
e f				 		
· —	and contracts from accomment agencies	<u> </u>	<u> </u>	ļ		
-	and contracts from government agencies					
	ship dues and assessments			 		
	n savings and temporary cash investments •		 _	14	743.	
	s and interest from securities	<u> </u>		 		
	al income or (loss) from real estate -financed property					
	lebt-financed property	-				
	I income or (loss) from personal property.					
	vestment income					
	oss) from sales of assets other than inventory					
•	me or (loss) from special events			 		
	of it or (loss) from sales of inventory					
	venue a					
е						
12 Subtotal	Add columns (b), (d), and (e)				743.	
	dd line 12, columns (b), (d), and (e)				13	743.
(See worksh	neet in line 13 instructions to verify calc	ulations)				
Part XVI-	B Relationship of Activitie	s to the A	ccomplishment of Ex	rempt Pur	poses	
Line No	Explain below how each activit	y for which	h income is reported i	n column (e) of Part XVI-A contrib	uted importantly to the
▼	accomplishment of the foundation	on's exemp	t purposes (other than	by providing	funds for such purpose	s). (See instructions)
			<u> </u>			
	<u> </u>	·				
						
					<u>.</u>	
						
				 		
						
						
		 -		.		
						
						
						
						
						
		<u></u>				
					· 	
						

Part)	(VII	Information Re Exempt Organ		nsfers To and Tra	nsactio	ns and Re	lationships '	With Nonc	hari	table	,
ın	secti	organization direct	ly or indirectly e	ngage in any of the fection 501(c)(3) orga						Yes	No
a T	ransfe	ers from the reportin	g foundation to a	a noncharitable exem	ot organiza	ation of:					
•	•								1a(1)		X
•	•	er assets ransactions							1a(2)		_ ``
(1) Sale	es of assets to a no	ncharitable exem	pt organization					1b(1)		X
				le exempt organization					1b(2)		X
				ssets					1b(3) 1b(4)		X
				<i></i>							X
				o or fundraising solicita							Х
	_		_	s, other assets, or paid					1c	لــــا	X
				," complete the follo es given by the repo							
				ement, show in colum							
(a) Line	no	(b) Amount involved	(c) Name of no	nchantable exempt organiza	ition		of transfers, transa	actions, and shan	ng arra	ngeme	nts
		N/A				N/A					
			 								
			 								
											
											
	-+		 								
											
			 								
d	escrib	ed in section 501(c)	of the Code (oth	liated with, or related ner than section 501(d				1		es X] No
<u> </u>	165	" complete the follogous (a) Name of organization		(b) Type of organ	ızatıon		(c) Descri	ption of relations	 hip		
Sign				ed this return, including accompayer) is based on all information							
Here	s	FRANKLIN ARNE	CR/	11/14/2017	2	TRUSTEE		May the IRS with the pre		shown_	return below
. 1616	Sign	ature of officer or trustee		Date -	Tı	tle		(see instructions)2	Yes	X No
		Print/Type preparer's na	ime	Preparer's signature		Dat	e o	heck If P	TIN		
Paid -						Cleck L		elf-employed			
Prepa		Firm's name					Firm's El	N Þ			
Use C	Only	Firm's address									
		L					Phone n	0	-000	- 	

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

Schedule of Contributors

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

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

OMB No 1545-0047

2016

Name of the organization כיייאו און אור אור אור אור אור אוא	NCY A ARNER CHARITABLE	Employer identification number
FOUNDATION	CI A ARNER CHARITABLE	81-4108669
Organization type (check on	e):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private	vate foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private	foundation
	501(c)(3) taxable private foundation	
instructions. General Rule	7), (8), or (10) organization can check boxes for both the General Rule	3. 1. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.
· · · · · · · · · · · · · · · · · · ·	n filing Form 990, 990-EZ, or 990-PF that received, during the year, or property) from any one contributor. Complete Parts I and II. See is contributions	_
Special Rules		
regulations under : 13, 16a, or 16b, a	in described in section $501(c)(3)$ filing Form 990 or 990-EZ that met the sections $509(a)(1)$ and $170(b)(1)(A)(vi)$, that checked Schedule A (Form that received from any one contributor, during the year, total contributor amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, li	rm 990 or 990-EZ), Part II, line ibutions of the greater of (1)
contributor, during	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-E the year, total contributions of more than \$1,000 exclusively for religional purposes, or for the prevention of cruelty to children or animals (ious, charitable, scientific,
contributor, during contributions totale during the year for General Rule appl	the year, contributions exclusively for religious, charitable, etc., purposed more than \$1,000. If this box is checked, enter here the total contributions exclusively religious, charitable, etc., purpose Don't complete any less to this organization because it received nonexclusively religious, charitable, etc., purpose Don't complete any less to this organization because it received nonexclusively religious, charitable, etc., purpose Don't complete any less to this organization because it received nonexclusively religious, charitable, etc., purpose Don't complete any less to this organization because it received nonexclusively religious, charitable, etc., purpose Don't complete any less to this organization because it received nonexclusively religious, charitable, etc., purpose Don't complete any less to this organization because it received nonexclusively religious, charitable, etc., purpose Don't complete any less to this organization because it received nonexclusively religious, charitable, etc., purpose Don't complete any less to this organization because it received nonexclusively religious, charitable, etc., purpose Don't complete any less to this organization because it received nonexclusively religious, charitable, etc., purpose Don't complete any less to this organization because it received nonexclusively religious, charitable, etc., purpose Don't complete any less to this organization because it received nonexclusively religious, charitable, etc., purpose Don't complete any less to this organization because it received nonexclusively religious, charitable, etc., purpose Don't complete any less than	oses, but no such abutions that were received or of the parts unless the aritable, etc., contributions
990-EZ, or 990-PF), but it mi	it isn't covered by the General Rule and/or the Special Rules doesn't fust answer "No" on Part IV, line 2, of its Form 990, or check the box to certify that it doesn't meet the filing requirements of Schedule B (Fo	on line H of its Form 990-EZ or on its
For Paperwork Reduction Act Note	ce, see the Instructions for Form 990, 990-EZ, or 990-PF	chedule B (Form 990, 990-EZ, or 990-PF) (2016)

JSA 6E1251 1 000 Name of organization STAN R ARNER AND NANCY A ARNER CHARITABLE FOUNDATION

Employer identification number

	FOUNDATION		
Part I	Contributors (See instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STANLEY FRANKLIN ARNER 1422 BREMEN CIRCLE NW CANTON, OH 44708	\$ \$ 241,850.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JULIE A. BUSH 3487 CROSS TREE COURT COLUMBUS, OH 43221	\$ 243,766.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	KEITH A. ARNER 4581 LAKEKNOLL ROAD LOUISVILLE, OH 44641	\$\$.	Person X Payroll X Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization STAN R ARNER AND NANCY A ARNER CHARITABLE FOUNDATION

Employer identification number

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	PUBLICALLY TRADED INVESTMENT SECURITIES		
		\$\$	12/16/2016
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	PUBLICALLY TRADED INVESTMENT SECURITIES		
		\$\$	12/16/2016
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	PUBLICALLY TRADED INVESTMENT SECURITIES	_	
		\$\$	12/16/2016
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
			·
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

	Form 990, 990-EZ, or 990-PF) (2016)	A ADMIDD CHARTENDING		Page 4			
Name of org	ganization STAN R ARNER AND NANCY in FOUNDATION	A ARNER CHARITABLE		Employer identification number			
	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional and the copies of the line in the	he year from any one cons completing Part III, er year. (Enter this informa	ontributor . Cater the total o	omplete columns (a) through (e) and of exclusively religious, charitable, etc.			
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how grft is held			
Part i							
		(e) Transfer of gif	ft				
	Transferee's name, address, and	3 ZIP + 4	Relation	ship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and	1 ZIP + 4	Relation	ship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I	(6) 1 3 1 2 3 3 1 2						
							
	(e) Transfer of gift						
	Transferee's name, address, and	d ZIP + 4	Relation	ship of transferor to transferee			
							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(a) Tanadar - 6 - 1	<u> </u>				
	(e) Transfer of gift						
	Transferee's name, address, and	d ZIP + 4	Relation	ship of transferor to transferee			

DESCRIPTION

ATTACHMENT 1

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

REVENUE

AND

EXPENSES

PER BOOKS

INTEREST/DIVIDEND INCOME-CHARLES SCHWAB

743.

TOTAL

743.

2016 FORM 990-PF					
	21	า 1	6	EODW.	aan-pr

DESCRIPTION

IRS USER FEE FORM 1023

STAN R ARNER AND NANCY A ARNER CHARITABLE 81-4108669

ATTACHMENT 2

FORM 990PF, PART I - OTHER EXPENSES

REVENUE AND

EXPENSES

PER BOOKS

850.

TOTALS

850.

ATTACHMENT 3

ENDING FMV	214,915.	214,915.
ENDING BOOK VALUE	212,157.	212,157.
DESCRIPTION	EQUITY INVESTCHARLES SCHWAB	TOTALS

STAN R ARNER AND NANCY A ARNER CHARITABLE

FORM 990PF,

ATTACHMENT CONTRIBUTIONS COMPENSATION TITLE AND AVERAGE HOURS PER - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES PART VIII NAME AND ADDRESS

WEEK DEVOTED TO POSITION

1.00

TRUSTEE

STANLEY FRANKLIN ARNER 1422 BREMEN CIRCLE NW

CANTON, OH 44708

1.00

1422 BREMEN CIRCLE NW

JULIE ANN BUSH

CANTON, OH 44708

TRUSTEE

EXPENSE ACCT ALLOWANCES AND OTHER TO EMPLOYEE BENEFIT PLANS

GRAND TOTALS

1.00

1422 BREMEN CIRCLE NW

CANTON, OH 44708

KEITH ALLEN ARNER

TRUSTEE

ATTACHMENT 4

V 16-7.6F 2445ME 2740 11/14/2017 6:49:56 AM

2	0.1	6	FORM	990-PF	
1.	UJ 1	•	P () P() M	ララリード	

STAN R ARNER AND NANCY A ARNER CHARITABLE 81-4108669

ATTACHMENT 5

FORM 990PF, PART X - CASH DEEMED HELD FOR CHARITABLE ACTIVITIES EXPL.

THE FOUNDATION RECEIVED CONTRIBUTIONS IN LAST HALF OF DECEMBER 2016. CASH WAS BEING HELD AS OF DECEMBER 31, 2016 TO FUND CHARITABLE CONTRIBUTIONS MADE IN JANUARY 2017. THE AVERAGE VALUES ABOVE ARE PRORATED BASED ON SHORT PERIOD. THE CASH BALANCE AS OF DECEMBER 31, 2016 WAS \$515,202.

ATTACHMENT 6

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

STANLEY FRANKLIN ARNER JULIE ANN BUSH KEITH ALLEN ARNER