Form **990-PF**

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2018 **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. ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

| Replyer identification number A Employer identification number A Employer identification number A Employer identification number A Employer identification number A A Employer identification number A A A A A A A A A | For cale | ndar year 2017 or tax year beginning | | , and ending | | |
|--|-------------|--|------------------------------|---|---|-------------------------------|
| The companies of the | Name o | of foundation | | | A Employer identification | number |
| Adjusted net members and dispersions of the general form formation from the foundation of the general foundations of the general foundation of the general found | HEA | LTH FOUNDATION OF GREATI | R MASSILLON | | 31-1516370 | |
| City or town, state or province, country, and ZIP or foreign postal code CANTON, OH 47102 G Check all that apply. Initial return Address change H Check type of organization: Section 497(1) Innexernate fraintable trists: Initial return Address change H Check type of organization: Section 497(1) Innexernate fraintable trists: Initial return Address change H Check type of organization: Section 497(1) Innexernate fraintable trists: Initial return Address change H Check type of organization: Section 497(1) Innexernate fraintable trists: Initial return Address change H Check type of organization: Section 497(1) Innexernate fraintable trists: Initial return Address change I Accounting method: Section 497(1) Innexernate return and income and section 597(1) Initial return and income and income and section 597(1) Initial return and income and section 597(1) Initial return and income and income and income and section 597(1) Initial return and income and i | Number | and street (or P O box number if mail is not delivered to street a | ddress) | Room/suite | B Telephone number | |
| CANTON OH 44702 6 Check all that apply: Indial return India return of a former public charity India return I | 400 | MARKET AVENUE NORTH | | 200 | 330-454-34 | 26 |
| CANTON OH 44702 6 Check all that apply: Indial return India return of a former public charity India return I | City or | town, state or province, country, and ZIP or foreign p | ostal code | | C If exemption application is pe | ending, check here |
| Final return | - | | | | | |
| Accounting market value of all assess at end of year (from Part II, oci (i), in a 16) Accounting method. Acc | G Chec | k all that apply: Initial return | Initial return of a fo | rmer public charity | D 1. Foreign organizations | , check here |
| Clock type of organization: Section 501(c)(3) exempt private foundation OVER Section 4947(a)(1) nonexempt charitable trust Other transite foundation OVER Section 6947(a)(1) nonexempt charitable trust Other transite foundation OVER Section 6947(a)(1) nonexempt charitable trust Other transite foundation OVER Section 6947(a)(1) nonexempt charitable trust Other transite foundation OVER Section 6947(a)(1) nonexempt charitable trust Other (specify) Section 6947(a)(1) nonexempt charitable from 507(b)(1)(8), check here VIX Over the foundation of the first foundation is an as-6-menth termination under section 507(b)(1)(8), check here VIX Over the first foundation is an as-6-menth termination under section 507(b)(1)(8), check here VIX Over the first foundation is an as-6-menth termination under section 507(b)(1)(8), check here VIX Over the first foundation is an as-6-menth termination under section 507(b)(1)(8), check here VIX Over the first foundation is an as-6-menth termination under section 507(b)(1)(8), check here VIX Over the first foundation is an as-6-menth termination under section 507(b)(1)(8), check here VIX Over the first foundation is an as-6-menth termination under section 507(b)(1)(8), check here VIX Over the first foundation is an as-6-menth termination under section 507(b)(1)(8), check here VIX Over the first foundation is an as-6-menth termination under section 507(b)(1)(8), check here VIX Over the first foundation is an as-6-menth termination under section 507(b)(1)(8), check here VIX Over the first foundation is as as formination of the first foundation is as as formina | | Final return | Amended return | | | |
| Section 4947(a)(1) nonexempt charitable trust | | Address change | Name change | | Foreign organizations me check here and attach co | ating the 85% test, mputation |
| Section 4947(a)(1) nonexempt charitable trust | H Chec | k type of organization: X Section 501(c)(3) ex | empt private foundation | - n $$ | F If private foundation stat | us was terminated |
| Transport 1, col. (c), line 16) | \square s | ection 4947(a)(1) nonexempt charitable trust | Other taxable private founda | tion UY | | |
| A | 1 Fair m | narket value of all assets at end of year J Accounting | ng method; X Cash | Accrual | F If the foundation is in a | 60-month termination |
| Part | (from | | | | | . [] |
| The total of amounts in columns (b), (i), and (d) may not expenses per books I Contributions, gifts, grants, etc., received 2 Cones IIII, grants, etc., received 2 Cones IIII, grants, etc., received 3 Indicest on assumpt and temporary 4 Dividends and interest from securities 5 Gross rents 6 Not you not (local from sale of states not on line 10 (local states not not line 10 (local states | \$ | 8,622,007. (Part I, colun | nn (d) must be on cash basis | 5.) | | |
| 1 Contributions, offits, grafts, etc., received 4 , 174 N/A | Part | Analysis of Revenue and Expenses | | | | (d) Disbursements |
| 2 Chees | | necessarily equal the amounts in column (a)) | | income | income | |
| Interest on Asurage and temporary contributions 171,951. 171,951. STATEMENT 1 | 1 | Contributions, gifts, grants, etc., received | 4,174. | | N/A | |
| Cash Investments Cash Invest | 2 | | | | | |
| Sa Gross rents Not rental income or floss) Shift and income of floss Shift and income or floss) Shift and income of floss Shift an | 3 | Interest on savings and temporary cash investments | | | | |
| B Natrental income or (loss) Season to the line 10 Season the line 10 Season to the line 10 | 4 | Dividends and interest from securities | 171,951. | 171,951. | | STATEMENT 1 |
| Second | 5 | a Gross rents | | | | |
| | | Net rental income or (loss) | | | | |
| Nov 1 2019 O | 6 | | 92,569. | | | |
| Nov 1 2019 O | Ž | | | | | |
| Nov 1 2019 O | 8 7 | Capital gain net income (from Part IV, line 2) | | <u>92,569.</u> | RECE | |
| 10a and allowances | œ 8 | Net short-term capital gain | | | N | |
| 108 and allotwences b Leas Cost of goods sold C Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 268,694 264,520 0 0 0 0 0 0 0 0 0 | 9 | | | | | |
| Comparation of Officers, descirate, Pusitions, and Comparation of Officers, and Comparation of Officer | 10 | Gross sales less returns and allowances | | | 7 70 7 | (0) |
| 11 Other income 12 Total. Add lines 1 through 11 268,694. 264,520. 3 Compensation of officere, detectore, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 25 STMT 2 3 ACCOUNTING fees 2 Cother professional fees 27 Interest 28 Taxes 29 Occupancy 29 Occupancy 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 4 24 Total operating and administrative 25 expenses. Add lines 13 through 23 26 Contributions, gifts, grants paid 26 Total expenses and disbursements. 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements 3 Net investment income (f negative, enter -0-) 26 State of the professional description of the control of the professional fees 26 Add lines 24 and 25 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements 3 No. 264 A 520. 26 Occupancy 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements 3 No. 264 A 5.20. 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements 3 No. 264 A 5.20. 3 A 645. 4 A 79.795. 3 A 645. 4 A 79.995. 4 A 79.996. 7 A 792. 4 A 79.996. 7 A 792. 4 A 79.996. 7 A 70.35. 4 A 79.996. 7 A 70.36. 7 A 7 | | Less Cost of goods sold | | | | |
| 12 Total. Add lines 1 through 11 268,694. 264,520. 13 Compensation of officers, directore, vustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 2 5 Accounting fees c Other professional fees 17 Interest 18 Taxes STMT 3 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 4 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if respative, enter -0-) 26 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if respative, enter -0-) 26 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if respative, enter -0-) | | c Gross profit or (loss) | | | OGDE | יי דע אַ |
| 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 15 Pension plans, emplo | 11 | | 252 524 | 064 500 | <u></u> | |
| 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 2 b Accounting fees c Other professional fees 17 Interest 18 Taxes STMT 3 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 4 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 15 Pension plans, employee benefits 25 | - | ***** | | | | |
| 15 Pension plans, employee benefits 16a Legal fees | | | | | | |
| 16a Legal fees | - 1 | | 48,538. | 4,854. | | 43,084. |
| b Accounting fees c Other professional fees 17 Interest 18 Taxes STMT 3 200. 0. 200. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 4 79,936. 72,901. 7,035. 24 Total operating and administrative expenses. Add lines 13 through 23 291,817. 25 Contributions, gifts, grants paid 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 28 Cother professional fees 29 Cother professional fees 20 Cother professional fees 20 Cother professional fees 20 Cother professional fees 20 Cother professional fees 21 Subtract line 26 from line 12: 22 Subtract line 26 from line 12: 23 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) | ا۔. | | F 440 | 1 705 | | 2 645 |
| C Other professional fees 17 Interest 18 Taxes STMT 3 200. 0. 200. 19 Depreciation and depletion C Occupancy 1 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 4 79,936. 72,901. 7,035. 24 Total operating and administrative expenses. Add lines 13 through 23 291,817. 25 Contributions, gifts, grants paid 291,817. 26 Total expenses and disbursements. Add lines 24 and 25 431,214. 80,738. 350,476. 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 183,782. | 5 16 | • | 5,440. | 1,795. | | 3,043. |
| 17 Interest 18 Taxes STMT 3 200 . | | • | | | | |
| 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 183,782. | ш | | | | | |
| 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 183,782. | .≱ 17 | | 200 | | | 200 |
| 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 183,782. | 18 | | 200. | <u> </u> | | 200. |
| 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 183,782. | . i i i | · | 1 222 | 306 | | 927 |
| 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 183,782. | E 20 | | | | | 3 168 |
| 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 183,782. | D 22 | | 3,200. | , | | 3,100. |
| 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 183,782. | E '' | A | 79 936 | 72.901. | | 7.035. |
| 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 183,782. | ti 23 | · · • • · | | , 4,001 | | † |
| 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 183,782. | el 24 | . • | 139.397. | 80.738. | | 58.659. |
| 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 28 Total expenses and disbursements 431,214. 80,738. 350,476. | S 25 | • | | 30,,000 | - | |
| Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 183,782. | | | | | | |
| 27 Subtract line 26 from line 12: 8 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 183,782. | [] | • | 431.214. | 80,738. | | 350.476. |
| 8 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 183,782. | 27 | | | 337.330 | | 1 |
| b Net investment income (if negative, enter -0-) | | | <162.520.> | | | |
| 37/3 | l i | | | 183,782. | | i |
| | | | | | N/A | |

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723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

22 2017.05000 HEALTH FOUNDATION OF GREA 11842.01

Form **990-PF** (2017)

| For | m 99 | 0-PF (2017) HEALTH FOUNDATION OF GRE | ATER MASSILLON | · | 15163/U Page 2 |
|---------------|------|--|--|-------------------------------------|--|
| P | art | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year (a) Book Value | (b) Book Value | of year (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | | | |
| | 2 | Savings and temporary cash investments | 157,675. | 60,136. | 60,136. |
| | 3 | Accounts receivable ► | | | |
| | | Less: allowance for doubtful accounts ▶ | | · · · · · · · · · · · · · · · · · · | |
| | 4 | Pledges receivable | | | |
| | | Less; allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | _ | disqualified persons | | _ | |
| | 7 | Other notes and loans receivable | ······································ | | <u></u> |
| | ١. | Less: allowance for doubtful accounts | · · | | |
| ets | 8 | Inventories for sale or use | | | <u> </u> |
| Assets | 9 | Prepaid expenses and deferred charges Investments - U.S. and state government obligations | | | |
| • | | Investments - corporate stock | | | |
| | | Investments - corporate bonds | | | |
| | | Investments - land, buildings, and equipment basis | | | 1 |
| | ' ' | Less accumulated depreciation | | | · |
| | 12 | Investments - mortgage loans | | - | |
| | 13 | Investments - other STMT 6 | 5,824,993. | 8,561,871. | 8,561,871. |
| | | Land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation | | | |
| | 15 | Other assets (describe) | | | |
| | 16 | Total assets (to be completed by all filers - see the | | | |
| | | instructions. Also, see page 1, item I) | 5,982,668. | 8,622,007. 2,250. | 8,622,007. |
| | 17 | Accounts payable and accrued expenses | | 2,250. | 1 |
| | 18 | Grants payable | | | 1 |
| S | 19 | Deferred revenue | | | _ |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | 4 |
| jab | | Mortgages and other notes payable | | 10 764 | - 1 |
| _ | 22 | Other liabilities (describe ► DUE TO AFFILIATED) | 0. | 10,764. | -{ |
| | | Table Habilities (add lines 17 through 20) | 0. | 13,014. | 1 |
| _ | 23 | Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here | | 13,014. | 1 |
| | | and complete lines 24 through 26, and lines 30 and 31. | | | |
| ces | 24 | Unrestricted | 5,982,668. | 8,608,993. | |
| Š | 25 | Temporarily restricted | | |] |
| Bal | 26 | Permanently restricted | | |] |
| 힏 | | Foundations that do not follow SFAS 117, check here | | | |
| or Fund Balan | | and complete lines 27 through 31. | | | |
| Š | 27 | Capital stock, trust principal, or current funds | | | _ |
| Net Assets | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | 4 |
| t As | 29 | Retained earnings, accumulated income, endowment, or other funds | 5 22 442 | 0.600.000 | 4 |
| Š | 30 | Total net assets or fund balances | 5,982,668. | 8,608,993. | 4 |
| | | Tablifishills | 5,982,668. | 8,622,007. | 1 |
| = | 31 | Total liabilities and net assets/fund balances Analysis of Changes in Net Assets or Fund Ba | | 0,022,007. | |
| = | art | ···· | | | |
| 1 | | net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | E 000 CC0 |
| | | st agree with end-of-year figure reported on prior year's return) | | 1 | 5,982,668. |
| | | r amount from Part I, line 27a | ann am | memenm F | <162,520.> |
| | | r increases not included in line 2 (itemize) | SEE STA | ATEMENT 5 | 2,788,845. 8,608,993. |
| | | lines 1, 2, and 3 | | 5 | |
| | | eases not included in line 2 (itemize) I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | Jumn (h) Jine 30 | 5 | |
| 6 | TULA | met assets of futio balances at end of year (line 4 millus line 5) - Mart II, Co | numm (u), mie ov | | Form 990-PF (2017) |

| | LTH FOUNDATION | | | ILL | ON | | 31-151 | 6370 Page 3 |
|---|---|-----------------------|--------------------------------------|-----------------|--|------|--|----------------------------------|
| | and Losses for Tax on | | | T/b) F | low acquired | Π. | 1.0.1 | |
| | the kind(s) of property sold (for earehouse; or common stock, 200 | | ite, | \ Б. | low acquired - Purchase - Donation | | c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
| 18 CHARLES SCHWAB | - SEE ATTACHED | | | | P | 0 | 1/01/00 | 12/31/17 |
| <u>b</u> | · | | | | | 4- | | ļ |
| <u>c</u> | | | | ┢ | | | | |
| <u>d</u> | | | _ | \vdash | | + | | |
| <u>e</u> | (f) Depreciation allowed | (n) Co: | st or other basis | 1 | | | (h) Gain or (loss | <u> </u> |
| (e) Gross sales price | (or allowable) | | expense of sale | | | (| (e) plus (f) minus | |
| a 982,683. | · · · | | 890,11 | 4. | | | | 92,569. |
| Ь | - | | | | | | | |
| C | | | | | | _ | | |
| <u>d</u> | | | | | | | | |
| <u>e</u> | | | | | | | | |
| Complete only for assets showing | ng gain in column (h) and owned | | - | | | | Gains (Col. (h) gair k), but not less tha | |
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Ex | cess of col. (ı) col. (ı), ıf any | | | | Losses (from col. | |
| | 43 01 12/01/03 | 0001 | cor. (j), ii arry | + | | | | 92,569. |
| <u>a</u> b | <u>.</u> | | | | | | | 72,303. |
| C | | | | $\neg \uparrow$ | | | | |
| d | | | | | | | | |
| e | | | | | | | | |
| | ∫ If gain, also ei | nter in Part I, line | 7 | ٦ | | | | |
| 2 Capital gain net income or (net ca | apital loss) If (loss), enter | r -0- in Part I, line | 27 | 升 | 2 | | | 92,569. |
| 3 Net short-term capital gain or (los | ss) as defined in sections 1222(5) |) and (6): | | ٦. | | | | |
| If gain, also enter in Part I, line 8, | | | | ١١ | | | NT / 7 | |
| If (loss), enter -0- in Part I, line 8 Partival Qualification U | nder Section 4940(e) fo | or Reduced | Tax on Net | Inve | 3 stment li | ncon | N/A | |
| (For optional use by domestic private | | | | | | | | N/A |
| , , , | · | // 4340(a) tax 0// | THE THE STREET | | , | | | 21, 22 |
| If section 4940(d)(2) applies, leave the | his part blank. | | | | | | | |
| Was the foundation liable for the sec | tion 4942 tax on the distributable | amount of any ye | ear in the base per | rod? | | | | Yes No |
| If "Yes," the foundation doesn't qualif | • | | | | | | | |
| 1 Enter the appropriate amount in | each column for each year; see th | e instructions bet | fore making any ei | ntries. | | | | -73 |
| (a) Base period years | (b) | diatributions | Not value of no | (c) | itable use as | catc | Distri | (d) bution ratio |
| Calendar year (or tax year beginni | ng in) Adjusted qualifying | distributions | Net value of no | menar | ilabie-use as | SEIS | (col. (b) dr | vided by col. (c)) |
| 2016 | | | | | | | | · |
| 2015 2014 | | | | | | | | |
| 2013 | | | - | | | | | |
| 2012 | | | | | •• | | | |
| | • | | | | - | |] | |
| 2 Total of line 1, column (d) | | | | | | | 2 | |
| 3 Average distribution ratio for the | 5-year base period - divide the to | tal on line 2 by 5. | 0, or by the numb | er of y | ears | | | |
| the foundation has been in existe | nce if less than 5 years | | | | | | 3 | |
| | | | | | • | | | |
| 4 Enter the net value of noncharitat | ole-use assets for 2017 from Part | X, line 5 | | | | | 4 | |
| 5 Multiply line 4 by line 3 | | | | | | | ایا | |
| 5 Multiply line 4 by line 3 | | | | | | | 5 | |
| 6 Enter 1% of net investment incon | ne (1% of Part I. line 27b) | | | | | | 6 | |
| | - , | | | | | | | |
| 7 Add lines 5 and 6 | | | | | | | 7 | |
| | | | | | | | | |
| 8 Enter qualifying distributions from | n Part XII, line 4 | | | | | | 8 | |
| If line 8 is equal to or greater than | n line 7, check the box in Part VI, | line 1b, and comp | olete that part usir | ng a 1% | 6 tax rate. | | | |
| See the Part VI instructions. | | | | | · · · · · · | | | OOA DE (00 |
| 723521 01-03-18 | | | | | | | | Form 990-PF (2017 |

| Form 990-PF (2017) HEALTH FOUNDATION OF GREATER Part VI Excise Tax Based on Investment Income (Section 4) | | 31-1516 48 - see ir | | Page 4 |
|---|---|------------------------|------------|--|
| L | | -0 - SEE II | iau ucuoi | 13) |
| 1a Exempt operating foundations described in section 4940(d)(2), check here X | | | | |
| Date of ruling or determination letter: 01/01/17 (attach copy of letter | | _ | N/A | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check her | e Diand enter 1% | 1 | N/A | ; |
| of Part I, line 27b | 12 40/ - (D. A.I. I are 40 1 / L.) | | | |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, ent | | | | 0. |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations on | lly; others, enter -U-) | 2 | | 0. |
| 3 Add lines 1 and 2 | | 3 | | 0. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations of | • | 4 | | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | Ī | 5 | | - ' ' ' |
| 6 Credits/Payments: | 6a 3,108. | | | - 1 |
| a 2017 estimated tax payments and 2016 overpayment credited to 2017 | ^ | | | 1 |
| b Exempt foreign organizations - tax withheld at source | | | | ļ |
| c Tax paid with application for extension of time to file (Form 8868) | | | | 1 |
| d Backup withholding erroneously withheld | 6d V. | | 3 - | L08. |
| 7 Total credits and payments. Add lines 6a through 6d | - attacked | 7 | <u> </u> | 0. |
| 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 i | is attached | 8 | | - 0 • |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | 9 | - 2 - | L08. |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpa | 0. Refunded | 10 | | 108. |
| 11 Enter the amount of line 10 to be: Credited to 2018 estimated tax Part VII-A Statements Regarding Activities | O • Refunded | | 3,. | 100. |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local | Linguistan or did it participate or interiore | ın | Ye | s No |
| | registation or did it participate or littervene | 111 | 1a | X |
| any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political p | ournesse? See the instructions for the defini | tion | 1b | X |
| If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and co | | tion | " | |
| distributed by the foundation in connection with the activities. | ples of any materials published of | | | |
| c Did the foundation file Form 1120-POL for this year? | | | 10 | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during | on the year: | | " | |
| (1) On the foundation. > \$ (2) On foundation man | | | | 1 1 |
| e Enter the reimbursement (if any) paid by the foundation during the year for political ex | | | 1 1 | |
| managers. > \$ 0. | ponditure tax imposes on roundation | | | 1 1 |
| 2 Has the foundation engaged in any activities that have not previously been reported to | the IRS? | | 2 | <u> </u> |
| If "Yes," attach a detailed description of the activities. | | | | 1 |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its govern | ning 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 th | | | 48 | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | - , | N/A | 4b | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the | vear? | • | 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) satisf | ied either: | | | |
| By language in the governing instrument, or | | | | |
| By state legislation that effectively amends the governing instrument so that no man | datory directions that 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 inst | ructions. | | | |
| ОН | | | | |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to | the Attorney General (or designate) | | | _ |
| of each state as required by General Instruction G2 If "No," attach explanation | | | 8b X | <u> </u> |
| 9 Is the foundation claiming status as a private operating foundation within the meaning | of section 4942(j)(3) or 4942(j)(5) for cale | ndar | | ([|
| year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes, | " complete Part XIV | | 9 | X |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach as | schedule listing their names and addresses | | 10 | X |
| - | | Fo | orm 990-PI | F (2017) |

| Part VII-A Statements Regarding Activities (continued) Yes No section 512(b)(13)* If 1'es, "latch schedule, See instructions Statements (as instruction comply) with the bubble maperition requirements for its annual returns and exemption application? Statements (as instruction comply) with the bubble (as instruction comply) with the statements (as instruction comply) with the statements (as instruction comply) with the statement (as instruction comply) with the st | | 990-PF (2017) HEALTH FOUNDATION OF GREATER MASSILLON 31-1516 | 370 | | Page 5 |
|--|----|--|----------|----------|-------------------------|
| 11. All any time during the year, did the foundation, directly or indirectly, own a centrolled entity within the meaning of section 512(b)(13)? If "Year, attach schedule. See instructions is 12 bit of the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? 12. X 12. Did the foundation comply with the bubble inspection requirements for its annual returns and exemption application? 13. Webste address WWW. STARKCF.ORG/HPGM 14. This beobies are not or MARKET.J.SAMOLCZYK 15. Electron 49.40.0 MARKET. AVENUE NORTH, SUITE 20.0, CANTON, OH 16. Located at 40.0 MARKET. AVENUE NORTH, SUITE 20.0, CANTON, OH 17. All any time disring cleaned years 217, did the foundation have an interest in or a signature or other authority over a bank, securies, or other financial account in a foreign country? 16. Section 4947(1)(1) nonexempt charinable tustes fileign form 890-PF in flue of Form 147.20 May Be Required 17. All any time disring cleaned years 217, did the foundation have an interest in or a signature or other authority over a bank, securies, or other financial account in a foreign country? 18. Set in self-victor of the security of the | Pa | rt VII-A Statements Regarding Activities (continued) | | | |
| section 512(b)(13)? If 'Yes,' attach schedules. See instructions 10 In the foundation make a distribution to a done advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement. See instructions 10 In the foundation comply with the public inspection requirements for its annual returns and exemption application? Whether address — WWW. STARKOF. ORG/HRGM 11 The books are in care of MARK J. SAMOLCZYK 12 In the books are in care of MARK J. SAMOLCZYK 13 In the books are in care of MARK J. SAMOLCZYK 15 Section 4947(a)(1) noneempt charitable trusts fining from 1909-Pri in leve of Ferm 1914 - check here and enter the amount of trax-eventive interest received or accreed during the year 16 At any time during calendar year 2017, do die foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 16 At any time during calendar year 2017, do die foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 16 At any time during calendar year 2017, do die foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 17 Arrivial Statements Regardling Activities for Which Form 4720 May Be Required 18 Ferri VII-8 Statements Regardling Activities for Which Form 4720 May Be Required 19 Ferri VII-8 Statements Regardling Activities for Which Form 4720 May Be Required 19 Ferri VII-8 Statements Regardling Activities for Which Form 4720 May Be Required 19 Ferri VII-8 Statements Regardling Activities for Which Form 4720 May Be Required 19 Ferri VII-8 Statements Regardling Activities for Which Form 4720 May Be Required 19 Ferri VII-8 Statements Regardling Activities for Which Form 4720 May Be Required 19 Ferri VII-8 Statements Regardling Activities for Which Form 4720 May Be Required 19 Ferri VII-8 Statements Regardling Activities for W | | | | Yes | No |
| section 512(b)(13)? If 'Yes,' attach schedules. See instructions 10 In the foundation make a distribution to a done advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement. See instructions 10 In the foundation comply with the public inspection requirements for its annual returns and exemption application? Whether address — WWW. STARKOF. ORG/HRGM 11 The books are in care of MARK J. SAMOLCZYK 12 In the books are in care of MARK J. SAMOLCZYK 13 In the books are in care of MARK J. SAMOLCZYK 15 Section 4947(a)(1) noneempt charitable trusts fining from 1909-Pri in leve of Ferm 1914 - check here and enter the amount of trax-eventive interest received or accreed during the year 16 At any time during calendar year 2017, do die foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 16 At any time during calendar year 2017, do die foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 16 At any time during calendar year 2017, do die foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 17 Arrivial Statements Regardling Activities for Which Form 4720 May Be Required 18 Ferri VII-8 Statements Regardling Activities for Which Form 4720 May Be Required 19 Ferri VII-8 Statements Regardling Activities for Which Form 4720 May Be Required 19 Ferri VII-8 Statements Regardling Activities for Which Form 4720 May Be Required 19 Ferri VII-8 Statements Regardling Activities for Which Form 4720 May Be Required 19 Ferri VII-8 Statements Regardling Activities for Which Form 4720 May Be Required 19 Ferri VII-8 Statements Regardling Activities for Which Form 4720 May Be Required 19 Ferri VII-8 Statements Regardling Activities for Which Form 4720 May Be Required 19 Ferri VII-8 Statements Regardling Activities for W | 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | |
| If I 'Yes, attach statement. See instructions Website address > WWW . STARKCF . ORG / HFGM 11 The books are in care of MARK J. SAMOLCZYK Telephone no. 330-454-3426 | | section 512(b)(13)? If "Yes," attach schedule. See instructions | 11 | | X |
| 13 Dut the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 X | 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | | | |
| Website address ► WWW. STARKCF. ORG / HFGM 11 The books are in care of ► MARK J. SAMOLCZYK 12 Section 4947(a)(1) nonexempt characteristic structs filing form 999-PF in leve of Farm 1041 - Check here and enter the amount of tax-exempt interest received or accrued duming the year 15 Section 4947(a)(1) nonexempt characteristic structs filing form 999-PF in leve of Farm 1041 - Check here and enter the amount of tax-exempt interest received or accrued duming the year 16 At any time duming calendar year 2017, dot the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country Part VII-B Istatements Regardling Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 19 Part VII-B Istatements Regardling Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 10 During the year, do the foundation (letter directly or midscelty): 11 Engage in the sale or exchange, or leasing of property with a disqualified person? 12 Formash poods, services, or facilities to (or accept them fron) a disqualified person? 13 Furnish goods, services, or facilities to (or accept them fron) a disqualified person? 14 Fave to preparation the, or pay or reimburse the expenses of, a disqualified person? 15 Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any or differ available of the benefit or use of a disqualified person (or make any or differ available of the benefit or use of a disqualified person (or make any or differ available of the benefit or use of a disqualified person (or make any or differ available of the benefit or use of a disqualified person (or make any or differ available of the service, or differ available of the service, or differ available of the service, or differ available of the servi | | If "Yes," attach statement. See instructions | 12_ | | X |
| 14. The books are in cars of ▶ MARK J. SAMOLCZYK Located at ▶ 400 MARKET AVENUE NORTH, SUITE 200, CANTON, OH 270 170 Section 497(3)(1) monexempt charatable trusts filing form 990-PF in her of Ferm 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year 15. At any time during cleandary are 2107, dut the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing regumements for FinCEN Form 114. If Yes, "enter the name of the financial account in a foreign country? Fert VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a. During the year, do the foundation (either directly or indirectly); 1b. Bigorium may be year, do the foundation (either directly or indirectly); 1c. Bigorium her asale or exchange, or leasing of property with a disqualified person? 2b. Bigorium money fron, land money to, or otherwise extend credit to (or accept it from) a disqualified person? 2c. Bigorium money fron, land money to, or otherwise extend credit to (or accept it from) a disqualified person? 2d. Pay compensation to, or pay or reimburse the experises of, a disqualified person? 2d. Pay compensation to, or pay or reimburse the experises of, a disqualified person? 2d. Agree to be ym oney or property to a government official? (Exception, Check No* if the foundation agreed to make a girant to or to employ the official for a period after termination of povernment servicy. It is marriage in the foundation of povernment servicy, iterminating within 90 days, or stephina or acception of the care fail to qualify under the exceptions described in Regulations section 33.4941(0)-3 or in a current notice regarding disaster assistance, force the response of the foundation of the acts fail to qualify under the exceptions described in Regulation of the pays and | 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Х | |
| Located at N 400 MARKET AVENUE NORTH, SUITE 200, CANTON, OH ZiP+4 N4702 Section 4947(a)(1) nonexempt charitable trusts flings form 990-PF in liquo if Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year 16. At any time during calendary year 2017, did the foundation have an interest in or a signature or other authority over a bank, securinse, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "yes," enter the name of the foreign country. Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1 | | | | | |
| 15 Section 4547(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year 16. At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country. Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly): 1b During the year, did the foundation (either directly or indirectly): 1c) Engage the third sequence of the se | 14 | The books are in care of ► MARK J. SAMOLCZYK Telephone no. ► 330-45 | 4-3 | 426 | |
| and enter the amount of tax-exempt interest received or accrued during the year 16. At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country! ▶ Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a. During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise set and credit to (or accept it from) a disqualified person? (3) Firmshop bods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the first day of the tax year of the acceptance of the first day of the tax year of the acceptance of the first day of the tax year of the property of the acceptance of the first day of the tax year beginning disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance? See instruc | | Located at ▶ 400 MARKET AVENUE NORTH, SUITE 200, CANTON, OH ZIP+4 ▶44 | 702 | | |
| 16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FincEN Form 114. If "Yes," enter the name of the foreign country. File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1 b During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or lessing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) 1 If any answer is "Yes" to 14(1-6), did any of the acts fall to quality under the exceptions described in Regulations section 53,4941(0)-3 or in a current notice regarding disaster assistance? See instructions N/A 10 July 10 Ju | 15 | | | | |
| See the instructions for exceptions and filing requirements for FinCEN Form 114, If "Yes," enter the name of the foreign country ▶ Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | and enter the amount of tax-exempt interest received or accrued during the year | N | | |
| See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country. Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 10 Duming the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) b) If any answer is "Yes" to 11(1-16), do any of the acts fail to qualify under the exceptions described in Regulations section 53-44(10)-3 or in a current notice regarding disaster assistance, check here C) Did the foundation engage in a prior year in any of the acts factorized before the first day of the tax year beginning in 2017? 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(3) of 4942(3)(3) and before the first day of the tax year beginning in 2017? 1 If "Yes," list the years Islated in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of asset)s to the year's undistributed income? (If applying section 4942(a)(2) to all year islated, answer 'No' and attach statement -see instructions.) b) Are there any years islated in | 16 | At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | |
| Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | securities, or other financial account in a foreign country? | 16 | | <u> </u> |
| File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1 a During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person or make any of either available for the benefit or use of a disqualified person or make any of either available for the benefit or use of a disqualified person or make any of either available for the benefit or use of a disqualified person or make any of either available for the benefit or use of a disqualified person or make any of either available for the benefit or use of a disqualified person or make any of either available for the benefit or use of a disqualified person or make any of either available for the benefit or use of a disqualified person or in the foundation angreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) 5 If any answer is "Yes" to fall," (6), did any of the acts fall to qualify under the exceptions described in Regulations section 39.4941(d)-3 or in a current notice regarding disaster assistance, check here 6 Did the foundation engage in a prior year in any of the acts fall to qualify under the exceptions described in Regulations 8 N/A 10 Crganizations relying on a current notice regarding disaster assistance, check here 9 Out and the foundation engage in a prior year in any of the acts also repaired to the exceptions described in Regulations 9 Did the foundation engage in a prior year in any of the acts and to qualify under the exceptions of the fact of the fall of the foundation engage in a prior year any of | | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | | | |
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| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception, Check 'No' if the foundation any or to or to employ the official for a period after termination of government service, if terminating within 90 days.) b if any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 54,941(9)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here c bid the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? 1c | | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | <u> </u> | Yes | NO |
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| a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance? See instructions N/A 1b 2c In the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? 1c | | | 1 | | |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | 1 | | l |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5): a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? If "Yes," list the years Islated in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assests) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) If If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. Also Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? If Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by t | | | | | |
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| a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? If "Yes," list the years Yes X No No Yes X No No Yes X No Xes | _ | | | | } |
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| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | If "Yes," list the years | ļ | | 1 |
| statement - see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | | | |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | | | |
| Joid the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No | | statement - see instructions.) N/A | 2b | | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017.) 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a X b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017? | C | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | } |
| during the year? Yes X No | | | | | |
| b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017.) 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017? 4b X | 3a | | | | 1 |
| May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017.) 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017? 4b X | | <u> </u> | | | |
| of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017.) 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a X b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017? 4b X | b | ··· | | | |
| Form 4720, to determine if the foundation had excess business holdings in 2017.) 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a X b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017? 4b X | | | | | |
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| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017? 4b X | | , | | \vdash | _ |
| had not been removed from jeopardy before the first day of the tax year beginning in 2017? | | | 48 | | |
| | D | | 1 | | X |
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| orm 990-PF (2017) HEALTH FOUNDATION OF GREA | | | 31-12163 | 70 | Page 6 |
|---|--|-----------------------------|--|--|--------------------|
| Part VII-B Statements Regarding Activities for Which Fo | orm 4/20 May Be R | equirea _{(contini} | ued) | IV | TNE |
| 5a During the year, did the foundation pay or incur any amount to: | | | | Yes | No |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | | | s X No | | 1 1 |
| (2) Influence the outcome of any specific public election (see section 4955); or | to carry on, directly or indire | | | | 1 1 |
| any voter registration drive? | | | s X No | | 1 1 |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? | • | Ye | s X No | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | described in section | | 1 | | |
| 4945(d)(4)(A)? See instructions | | Ye | s X No | | 1 1 |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or fo | or | 1 | | |
| the prevention of cruelty to children or animals? | | Ye | s X No | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | er the exceptions described i | n Regulations | | | |
| section 53.4945 or in a current notice regarding disaster assistance? See instru | | · | N/A | 5b | |
| Organizations relying on a current notice regarding disaster assistance, check hi | | | ▶□□□ | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from | | ned | _ | | |
| expenditure responsibility for the grant? | | Υ∈ | s No | | |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d). | | ., | | | 1 1 |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to p | av pramilime on | | i . | | |
| a personal benefit contract? | ay premiums on | | s X No | | 1 1 |
| • | Otensteen themself contracts | | | 6b | $\frac{1}{x}$ |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a pe | ersonal benefit contract? | | - | 00 | +~ |
| If "Yes" to 6b, file Form 8870. | | | (V) | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax sh | | Y6 | s X No | - | +' |
| b If "Yes," did the foundation receive any proceeds or have any net income attribut | | | N/A | 7b | Ь. |
| Part VIII Information About Officers, Directors, Truste Paid Employees, and Contractors | es, Foundation Mar | nagers, Hignly | | | |
| List all officers, directors, trustees, and foundation managers and the | air componentian | | | | |
| 1 List all officers, directors, trustees, and foundation managers and th | | (c) Compensation | (d) Contributions to | (a) Ev | |
| (a) Name and address | (b) Title, and average hours per week devoted | (If not paid. | (d) Contributions to employee benefit plans and deferred | accoun | pense it, other |
| (a) Humb und dedicoo | to position | `enter -0-)' | compensation | allow | ances |
| | | | | ŀ | |
| | | | _ | | _ |
| SEE STATEMENT 8 | | 0. | 0. | | 0. |
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| | | | | | |
| 2 Compensation of five highest-paid employees (other than those incl | uded on line 1). If none, | enter "NONE." | •• | • | |
| | (b) Title, and average | | (d) Contributions to employee benefit plans and deferred | (e) Ex | pense |
| (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | and deferred compensation | | it, other ances |
| NONE | develou to pecition | | Compensation | | |
| NONE | | | | | |
| | | | | | |
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| | | <u> </u> | L | L | |
| Total number of other employees paid over \$50,000 | | | | 000 DE | 0 |
| | | | F | JUIL DE | - /0047 |

| Form 990-PF (2017) HEALTH FOUNDATION OF GREATER MASSILLON | 31-1516 | 370 Page 7 |
|--|----------|-------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) | <u>'</u> | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." | | |
| (a) Name and address of each person paid more than \$50,000 (b) Type of ser | vice | (c) Compensation |
| NONE | | |
| | | |
| | | |
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| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | | Expenses |
| 1 N/A | | |
| · | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
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| 4 | | |
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| | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | | Amount |
| 1 N/A | | |
| | | |
| 0 | | |
| 2 | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |
| | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | | 0. |
| TAMILLIAN INTO LANGUAGE | | rm 990-PF (2017) |
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| For: | m 990-PF (2017) HEALTH FOUNDATION OF GREATER MASSILLON | | LJ103/0 Page 6 |
|----------------|--|---------------|------------------------|
| P. | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations | indations, se | e instructions.) |
| - 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities | 1a | 8,100,016. 112,970. |
| b | Average of monthly cash balances | 1b | 112,970. |
| C | Fair market value of all other assets | 1c | |
| đ | Total (add lines 1a, b, and c) | 1d | 8,212,986. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 8,212,986. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 123,195. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 8,089,791. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 404,490. |
| ĮΡ, | art:XII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a | ınd certain | |
| | foreign organizations, check here 🕨 🔲 and do not complete this part.) | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 404,490. |
| 2a | Tax on investment income for 2017 from Part VI, line 5 | | |
| ь | Income tax for 2017. (This does not include the tax from Part VI.) | | |
| C | Add lines 2a and 2b | 2c | 0. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 404,490. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 404,490. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 404,490. |
| P | art XII] Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | · |
| a | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 350,476. |
| b | Program-related investments - total from Part IX-B | <u>1b</u> | 0. |
| 2 | Amounts paid to acquire assets used (or held for uce) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 | 4 | 350,476. |
| 5 | Foundations that qualify under section 1940(e) for the reduced rate of tax on net investment | | |
| | income. Enter 1% of Part I, line 27b | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 350,476. |

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

4940(e) reduction of tax in those years.

| Part XIII Undistributed Income (see | nstructions) | | | |
|---|---------------|----------------------------|-------------|---------------------|
| | (a) Corpus | (b) Years prior to 2016 | (c) 2016 | (d) 2017 |
| 1 Distributable amount for 2017 from Part XI, | | | | |
| line 7 | | | | 404,490. |
| 2 Undistributed income, if any, as of the end of 2017 | | | | |
| a Enter amount for 2016 only | | | 229,199. | |
| b Total for prior years: | | | | |
| | | 0. | | |
| 3 Excess distributions carryover, if any, to 2017: | | | | |
| a From 2012 | · | | | |
| b From 2013 | | | | |
| c From 2014 | | • | | |
| d From 2015 | | | | |
| e From 2016 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2017 from | | | | |
| Part XII, line 4: ► \$ 350, 476. | | | | |
| a Applied to 2016, but not more than line 2a | | | 229,199. | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | 101 077 |
| d Applied to 2017 distributable amount | | | | 121,277. |
| e Remaining amount distributed out of corpus | 0. | | - | |
| 5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount | 0. | | | 0. |
| must be shown in column (a)) | | | | |
| 6 Enter the net total of each column as | | | | |
| indicated below: | 0. | | | |
| & Corpus Add lines 3f, 4c, and 4e Subtract line 5 | · | | | |
| b Prior years' undistributed income. Subtract | | 0. | | |
| line 4b from line 2b | | | | · |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously | | | | |
| assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | _ | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2016. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2017. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | 202 212 |
| be distributed in 2018 | | | | 283,213. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election | ۱ | | | |
| may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2012 | 0. | | | |
| not applied on line 5 or line 7 | | | | |
| 9 Excess distributions carryover to 2018. | 0. | | : | |
| Subtract lines 7 and 8 from line 6a | - 7. | | | |
| 10 Analysis of line 9: | | ' | | |
| a Excess from 2013 | İ | | | |
| b Excess from 2014 | | | | |
| c Excess from 2015 | | | | |
| d Excess from 2016 e Excess from 2017 | | | | |
| 5 EV0099 HAIH TA II | | | l | |

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Form **990-PF** (2017)

| | | FOUNDATION (| | | 31-15: | 16370 Page 10 |
|------|---|---|-----------------------------|--|--|---------------------------------------|
| Pa | rt XIV Private Operating F | oundations (see in | structions and Part VII | -A, question 9) | N/A | |
| 1 a | If the foundation has received a ruling o | r determination lotter that | it is a private operating | | | |
| | foundation, and the ruling is effective fo | • | • | ▶ ـــــــ | | |
| | Chock box to indicate whether the found | | ig foundation described ii | | 4942(j)(3) or49 | <u>12(j)(5)</u> |
| 2 a | Enter the lesser of the adjusted net | Tax year | " | Prior 3 years | 1 (1) 0044 | / |
| | income from Part I or the minimum | (a) 2017 | (b) 2016 | (c) 2015 | (d) 2014 | (e) Total |
| | investment return from Part X for | | | | / | |
| | each year listed | | | - | // | |
| | 85% of line 2a | | | | | |
| Ç | Qualifying distributions from Part XII, | | | | / | |
| _ | line 4 for each year listed | • | | | / | |
| d | Amounts included in line 2c not | | | / | 1 | |
| | used directly for active conduct of | į | | / | | |
| | exempt activities | | | | | |
| е | Qualifying distributions made directly | | | | | |
| | for active conduct of exempt activities. | | | | | |
| 3 | Subtract line 2d from line 2c Complete 3a, b, or c for the | | | / | | |
| _ | alternative test relied upon: | | | 1/ | | |
| 8 | "Assets" alternative test - enter: | | | ./ | | |
| | (1) Value of all assets | | / | - | | |
| | (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b | "Endowment" alternative test - enter 2/3 of minimum investment return | | / | | | |
| | shown in Part X, line 6 for each year listed | | | | | |
| C | "Support" alternative test - enter: | 1 | | | | |
| | (1) Total support other than gross | | | | | |
| | investment income (interest, dividends, rents, payments on | | | | | |
| | securities loans (section | | / | | | |
| | 512(a)(5)), or royalties) | / | | | | |
| | (2) Support from general public | / | | | | |
| | and 5 or more exempt organizations as provided in | / | | | | |
| | section 4942(j)(3)(B)(III) | | | | | <u>.</u> . |
| | (3) Largest amount of support from | / | | | | |
| | an exempt organization | | | | | |
| - | (4) Gross investment income | (| | | | - ! |
| Pa | rt XV Supplementary Info | | | t the toundation | nad \$5,000 or mor | e in assets |
| _ | at any time during t | | uctions.j | | | |
| 1 | Information Regarding Foundatio | | | | | |
| 0 | List any managers of the foundation wh year (but only if they have contributed n | | | ributions received by the | foundation before the close | of any tax |
| NIO | * ' * | nore than \$5,000). (See s | ection 507 (a)(2).) | | | |
| NO | | 100/ f th | | an an anvalle large parts | af the owner-ship of a new | |
| 0 | List any managers of the foundation who other entity) of which the foundation has | | | or an equally large portion | on of the ownership of a par | thership or |
| NO | -, | ou 1070 or grouter interest | | | | |
| | | | 0.1.1 | | | |
| 2 | Information Regarding Contributi | | • • • • | • | not accept unsolicited reque | ata far funda. If |
| | Check here if the foundation of the foundation makes gifts, grants, etc., | | | | | SIS IOI IUIIUS. II |
| _ | The name, address, and telephone numl | · | | | | · · · · · · · · · · · · · · · · · · · |
| a | The hame, address, and telephone hum | DEL OL ELLIQUI AGGLESS OL II | e person to whom applic | ations should be address | eu. | |
| SI | EE STATEMENT 9 | | | | | |
| | The form in which applications should b | pe submitted and informa | tion and materials they sh | nould include: | | |
| C | Any submission deadlines; | | | | | |
| | Any restrictions or limitations on award | s, such as by geographic | al aroas, charitable fields | kinds of institutions, or | other factors: | |
| | , recurrence of miniations on award | o, sas as by goograpmo | | | | |
| | | | | | | |
| 7236 | 01 01-03-18 | | | · | | Form 990-PF (2017) |

Form 990-PF (2017)

Part XVI-A

Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated. | Unrelate | ed business income | Exclu | ded by section 512, 513, or 514 | (e) |
|---|-----------------|-------------------------|-------------------------------|---------------------------------|-----------------------------------|
| · | (a) Business | (b) Amount | (C) Exclu- sion code | (d) Amount | Related or exempt function income |
| 1 Program service revenue: | code | | 1000 | | |
| <u>a</u> | | | | | |
| b | | | | | |
| · | | | | | |
| d | | | - | | |
| e | | | ├ ─ | | |
| · · · · · · · · · · · · · · · · · · · | ļ | ····· | | | |
| g Fees and contracts from government agencies | - | | - | | |
| 2 Membership dues and assessments | <u> </u> | <u> </u> | | | |
| 3 Interest on savings and temporary cash | | | | | |
| investments | | | 1 4 | 171 051 | |
| 4 Dividends and interest from securities | | | 14 | 171,951. | |
| 5 Net rental income or (loss) from real estate: | ļ | | - | | |
| a Debt-financed property | | | - | | |
| b Not debt-financed property | | | ļ | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | | | ļ | | |
| 7 Other investment income | | | ļ | | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | 18 | 92,569. | |
| 9 Net income or (loss) from special events | | | | | <u> </u> |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | | | |
| a | | | ↓ | | |
| b | | | Ь— | | |
| c | | | Ļ | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | | 264,520. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 264,520. |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | |
| Part XVI-B Relationship of Activities to | o the Acco | emplishment of Exc | empt | Purposes | |
| Line No. Explain below how each activity for which inco | | | contri | outed importantly to the accom | plishment of |
| the foundation's exempt purposes (other than | by providing tu | nas for such purposes). | | | |
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Form **990-PF** (2017)

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| | | H FOUNDATION OF | | | | 1516370 | Pa | age 13 |
|-------------|--|--|---|----------------------|------------------------------|---|----------------------|----------------------------------|
| Part X | | egarding Transfers to a | ind Transactions an | d Relations | hips With Nonc | haritable | | |
| 4 0.1 | Exempt Organ | | | _ days_bad in as | -Ai F04/-> | 1 | Yes | No |
| | - | rectly engage in any of the following | • • | n described in sei | ction 501(c) | | 163 | 1.40 |
| | | nizations) or in section 527, relatin lation to a noncharitable exempt or | | | | | 1 | |
| | Cash | ation to a noncharitable exempt of | gamzauon on | | | 1a(1) | | X |
| | Other assets | | | | | 1a(2) | \vdash | X |
| | er transactions: | | | | | 18/2/ | | |
| | Sales of assets to a noncharita | able exempt organization | | | | 1b(1) | - | X |
| | | incharitable exempt organization | | | | 1b(2) | | X |
| | Rental of facilities, equipment, | , , | | | | 1b(3) | | X |
| | Reimbursement arrangements | | | | | 1b(4) | | X |
| | Loans or loan guarantees | | | | | 1b(5) | | X |
| | = | embership or fundraising solicitation | onc | | | 1b(6) | | X |
| c Shar | ring of facilities, equipment, ma | ailing lists, other assets, or paid en | nployees | | | 10 | | X |
| d If the | o answor to any of the above is | "Yes," complete the following sch | edule. Column (b) should alv | ays show the fair | r market value of the g | oods, other ass | ets, | |
| | | oundation. If the foundation receiv | | | | | | |
| colu | mn (d) the value of the goods, | other assets, or services received. | • | | | | | |
| (a) Line no | (b) Amount involved | (c) Name of noncharitabl | e exempt organization | (d) Descript | on of transfers, transaction | ns, and sharing arr | angeme | nts |
| | <u> </u> | N/A | | | | | | |
| | <u> </u> | <u></u> | | | | | | |
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| | | | | 1 | | | | |
| in se | | Letty affiliated with, or related to, end on 501(c)(3)) or in section 527? nedule. | o or moro tax-exempt organiz | ations described | | Yes | X | ∑ No |
| | (a) Name of or | ganization | (b) Type of organization | | (c) Description of re | lationship | | |
| | N/A | · | | | | | | |
| | | <u>-</u> . | | | | | | |
| | | | | | | | | |
| | - | | | | · - · - · · · · · | | | |
| — | | | | | | | | |
| | and belief, it is triffe, forfect, and odr | the Have examined this feturn, including holes. Declaration of proper crother then the control of the control o | n taxpayer) is based on all informat 11/5/18 | on of which preparer | has any knowledge | May the IRS return with the shown below X Yes | e prepar ? See in | this rer istr No |
| | Signature of officer or trusted | | Date | Title | Chack 4 | DTIN | | |
| | Print/Type preparer's na CHRISTOPHE | · | | Date 11/5/18 | Check if self- employed | PTIN | | |

Form **990-PF** (2017)

Firm's EIN ► 34-0677006

Phone no. (330) 966-9400

Use Only

Preparer Firm's name ► MALONEY + NOVOTNY LLC

Firm's address ▶ 4774 MUNSON STREET NW, SUITE 402

CANTON, OH 44718-3634

| Part XV Supplementary Information 3 Grants and Contributions Paid During the You | | | | |
|--|--|---------------------|-----------------------|---------|
| Recipient | If recipient is an individual, | Foundation | Purpose of grant or | |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | status of recipient | contribution | Amount |
| | | | | |
| CENTRAL CATHOLIC HIGH SCHOOL | • | NC | HEALTHCARE ACTIVITIES | |
| 4824 TUSCARAWAS STREET W | | | | |
| CANTON, OH 44708 | | | | 2,000 |
| | | | | |
| CITY OF MASSILLON | | NC | HEALTHCARE ACTIVITIES | |
| 151 LINCOLN WAY EAST | | | | |
| MASSILLON, OH 44646 | | | | 7,100 |
| | | | | |
| DOMESTIC VIOLENCE PROJECT, INC. | | NC | HEALTHCARE ACTIVITIES | |
| 720 19TH STREET NE | | | | |
| CANTON, OH 44714 . | | | | 20,412 |
| FAITH IN ACTION OF WESTERN STARK | | NC | HEALTHCARE ACTIVITIES | |
| COUNTY | | | | |
| 412 LINCOLN WAY EAST | | | | |
| MASSILLON, OH 44646 | | | | 25,000 |
| | | | | |
| GIRLS ON THE RUN OF STARK COUNTY | | NC | HEALTHCARE ACTIVITIES | |
| 237 TUSCARAWAS STREET WEST, SUITE B | | | | 4 050 |
| CANTON, OH 44702 | | | | 4,950 |
| HEALTHCARE 2000 COMMUNITY CLINIC INC. | | NC | HEALTHCARE ACTIVITIES | |
| - VIOLA STARTZMAN CLINIC | | | | |
| 1874 CLEVELAND ROAD | | | | |
| WOOSTER, OH 44691 | | | | 15,000 |
| | | | | |
| JACKSON HIGH SCHOOL 7600 FULTON DR NW | | NC | HEALTHCARE ACTIVITIES | |
| MASSILLON, OH 44646 | | | | 2,500 |
| | | | | |
| KENT STATE UNIVERSITY AT STARK | | NC | HEALTHCARE ACTIVITIES | |
| 6000 FRANK AVE NW | | | | |
| NORTH CANTON, OH 44720 | | _ | | 5,000 |
| MEALS ON WHEELS OF STARK & WAYNE | | NC | HEALTHCARE ACTIVITIES | |
| COUNTIES | | | | |
| 2363 NAVE ROAD SE | | | | |
| MASSILLON, OH 44646 | | - | | 5,388 |
| | | | | |
| MERCY MEDICAL CENTER | | NC | HEALTHCARE ACTIVITIES | |
| 1320 MERCY DR NW CANTON, OH 44708 | | | | 14,992 |
| Total from continuation sheets | 1 | l | | 182,692 |

| 3 Grants and Contributions Paid During the Y | ear (Continuation) | | | |
|---|---|------------------------|----------------------------------|--------|
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | Contribution | |
| NAMI STARK COUNTY, INC. | | NC | HEALTHCARE ACTIVITIES | |
| 121 CLEVELAND AVE SW | | | | |
| CANTON , OH 44702 | | | | 3,00 |
| NORTHWEST FIREFIGHTERS ASSOCIATION | | NC | HEALTHCARE ACTIVITIES | |
| 1165 LOCUST STREET SOUTH | | | | |
| CANAL FULTON, OH 44614 | | | | 9,00 |
| ORRVILLE HIGH SCHOOL | | NC | HEALTHCARE ACTIVITIES | |
| 841 NORTH ELLA STREET | | | | |
| ORRVILLE , OH 44667 | | | | 2,00 |
| PATHWAY CARING FOR CHILDREN | | NC | HEALTHCARE ACTIVITIES | |
| 5386 MAJESTIC PKWY | | | | |
| BEDFORD, OH 44146 | | | | 7,45 |
| PERRY HIGH SCHOOL | | NC | HEALTHCARE ACTIVITIES | |
| 3737 13TH STREET SW | | | | |
| MASSILLON, OH 44646 | | | | 2,00 |
| PHILOMATHEON SOCIETY OF THE BLIND OF | | NC | HEALTHCARE ACTIVITIES | |
| CANTON, OHIO, INC. 2701 TUSCARAWAS STREET SW | | | | |
| CANTON, OH 44708 | <u> </u> | | | 1,15 |
| COLUMN COLUMN COLUMN TO TOUR TOUR TOUR | | NG | WEST WAS DE SCHIVITATES | |
| STARK STATE COLLEGE FOUNDATION 6200 FRANK AVE NW | | NC | HEALTHCARE ACTIVITIES | |
| NORTH CANTON, OH 44720 | | <u> </u> | | 5,00 |
| THE ARC OF OHIO | | NC | HEALTHCARE ACTIVITIES | |
| 1335 DUBLIN RD, SUITE 100A | | " | ILABINOAND ACTIVITIES | |
| COLUMBUS, OH 43215 | <u> </u> | | | 5,25 |
| TUSLAW HIGH SCHOOL | | ис | HEALTHCARE ACTIVITIES | |
| 1847 MANCHESTER AVE NW | | "" | | |
| MASSILLON, OH 44647 | | | | 2,50 |
| WALSH UNIVERSITY | | NC | HEALTHCARE ACTIVITIES | |
| WALSH UNIVERSITY 2020 E. MAPLE STREET | | 1 | HEREITHORE ACTIVITIES | |
| NORTH CANTON, OH 44720 | | | | 5,00 |
| Total from continuation sheets | | | | |

| 3 Grants and Contributions Paid During the Y | | | | |
|--|--|----------------------|----------------------------------|----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | Contain Dation | |
| | | | | |
| WASHINGTON HIGH SCHOOL | | NC | HEALTHCARE ACTIVITIES | |
| l PAUL E BROWN DR SE | | | | |
| MASSILLON, OH 44646 | | | | 3,00 |
| WILMOT FIRE & RESCUE, INC. | | NC | HEALTHCARE ACTIVITIES | |
| 204 MILL STREET | | | | |
| WILMOT, OH 44689 | | | | 10,00 |
| | | | | <u>.</u> |
| YMCA OF WESTERN STARK COUNTY, INC. | | NC | HEALTHCARE ACTIVITIES | |
| 131 TREMONT AVE SE | | | | |
| MASSILLON, OH 44646 | | | | 25,00 |
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| FORM 990-PF | DIVIDENDS | AND INTER | EST | FROM SECUR | ITIES ST | PATEMENT 1 |
|--|---------------------------------------|-------------------------------|----------------|-------------------------------|---------------------------------------|-------------------------------|
| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDENDS | | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME |
| CHARLES SCHWAB | 171,951. | | 0. | 171,951. | 171,951. | |
| TO PART I, LINE 4 | 171,951. | 1. 0. | | 171,951. | 171,951. | |
| FORM 990-PF | | LEGAI | FE | ES | Si | PATEMENT 2 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | | (B) T INVEST- NT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| | | 5,440 | | 1,795. | | 3,645. |
| TO FM 990-PF, PG 1, | LN 16A | 5,440 | | 1,795. | · · · · · · · · · · · · · · · · · · · | 3,645. |
| FORM 990-PF | | TAX | KES | | S | PATEMENT 3 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | | (B) T INVEST- NT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| | _ | 200 | - — | 0. | | 200. |
| TO FORM 990-PF, PG 1, LN 18 = | | 200 | 0. | | | 200. |
| FORM 990-PF | · · · · · · · · · · · · · · · · · · · | OTHER I | | NSES | gr | ГАТЕМЕНТ 4 |
| FORM 330-FF | | | AL E | MOED | | IAIBMBNI 4 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | | (B) T INVEST- NT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| OFFICE EXPENSES | _ | 7,565 2,935 | | 2,496. 969. | | 5,069. 1,966. |
| INSURANCE INVESTMENT ADVISORY TRUSTEE FEES | FEES | 41,079 28,357 | | 41,079. 28,357. | | 0. |
| INVESTMENT ADVISORY | _ | 41,079 | · | | | |

| - | | - | | | | |
|---|----------|--------------------|--------|------------|--------------------|------|
| FORM 990-PF OTHER INCREASES | IN NET A | SSETS O | R FUND | BALANCES | STATEMENT | 5 |
| DESCRIPTION | | | | | TUOMA | |
| UNREALIZED GAINS PRIOR YEAR ADJUSTMENT | | | | | 904, 1,884, | |
| TOTAL TO FORM 990-PF, PART III | , LINE 3 | } | | | 2,788, | 845. |
| FORM 990-PF | OTHER I | NVESTME | NTS | | STATEMENT | 6 |
| DESCRIPTION | | VALUATIO METHOD | | BOOK VALUE | FAIR MARK VALUE | ET |
| CHARLES SCHWAB 3396-0036 | | COST | | 8,561,871. | 8,561, | 871. |
| TOTAL TO FORM 990-PF, PART II, | LINE 13 | 1 | | 8,561,871. | 8,561, | 871. |
| FORM 990-PF | OTHER L | IABILIT | ES | | STATEMENT | 7 |
| DESCRIPTION | | | : | BOY AMOUNT | EOY AMOUN | T |
| DUE TO AFFILIATED ORGANIZATION | Ţ | | | 0. | 10, | 764 |
| TOTAL TO FORM 990-PF, PART II, | LINE 22 | 2 | | 0. | 10, | 764 |

| | LIST OF OFFICERS, D AND FOUNDATION MANA | STATEMENT 8 | | |
|--|--|-------------|---------------------------------|---------|
| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | | EMPLOYEE BEN PLAN CONTRIB | EXPENSE |
| CHRISTOPHER GOFF 1234 LINCOLN WAY EAST MASSILLON, OH 44646 | CHAIRMAN 1.00 | 0. | 0. | 0. |
| BARBARA SCHUMACHER 1234 LINCOLN WAY EAST MASSILLON, OH 44646 | VICE CHAIRMAN 1.00 | 0. | 0. | 0. |
| LINDA LITMAN 1234 LINCOLN WAY EAST MASSILLON, OH 44646 | SECRETARY 1.00 | 0. | 0. | 0. |
| VICKI BROWN 1234 LINCOLN WAY EAST MASSILLON, OH 44646 | TREASURER 1.00 | 0. | 0. | 0. |
| JOHN FERRERO 1234 LINCOLN WAY EAST MASSILLON, OH 44646 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| LYNM HAMILTON 1234 LINCOLN WAY EAST MASSILLON, OH 44646 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| VANESSA STERGIOS 1234 LINCOLN WAY EAST MASSILLON, OH 44646 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| SUSAN KOOSH 1234 LINCOLN WAY EAST MASSILLON, OH 44646 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| ROBERT GESSNER 1234 LINCOLN WAY EAST MASSILLON, OH 44646 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| WILLIAM LEFFLER 1234 LINCOLN WAY EAST MASSILLON, OH 44646 | BOARD MEMBER 1.00 | 0. | 0. | 0. |

| HEALTH FOUNDATION OF GREATER | MASSILLON | | | 31 | -1516370 |
|--|---------------|--------------|----|----|----------|
| TED MILLER 1234 LINCOLN WAY EAST MASSILLON, OH 44646 | | MEMBER 00 | 0. | 0. | 0; |
| RICHARD FULLER 1234 LINCOLN WAY EAST MASSILLON, OH 44646 | _ + | MEMBER 00 | 0. | 0. | 0. |
| JOHN MCGRATH 1234 LINCOLN WAY EAST MASSILLON, OH 44646 | | MEMBER 00 | 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, PA | AGE 6, PART V | / 111 | 0. | 0. | 0. |

FORM 990-PF

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

STATEMENT 9

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MARK J. SAMOLCZYK 400 MARKET AVE N, STE 200 CANTON, OH 44702

TELEPHONE NUMBER

330-454-3426

FORM AND CONTENT OF APPLICATIONS

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

ANY SUBMISSION DEADLINES

FEBRUARY 28TH & AUGUST 31ST.

RESTRICTIONS AND LIMITATIONS ON AWARDS

SEE ATTACHMENT