Form 990-PF
Department of the Treasury
Internal Revenue Service

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.

2018
Open to Public Inspection

| | For | calendar year 2018 or tax year beginning | | , and ending | | |
|-----------------|---------------------------------------|--|---------------------------------------|---------------------------|--|---|
| | Nai | ne of foundation | | | A Employer identification | number |
| | Щ | EALTH FOUNDATION OF GREATE | ER MASSILLON | | 31-1516370 | |
| | Nun | nber and street (or P O box number if mail is not delivered to street a | ddress) | l l | B Telephone number | |
| | _4 | 00 MARKET AVENUE NORTH | | 200 | 330-454-34 | 26 |
| | • | y or town, state or province, country, and ZIP or foreign policy of the value of th | ostal code | | C If exemption application is po | ending, check here |
| | | Check all that apply: Initial return | Initial return of a fo | rmer public charity | D 1. Foreign organizations | s, check here |
| | | Final return | Amended return | | Foreign organizations me check here and attach co | eting the 85% test, |
| 07 | <u></u> | Address change Check type of organization: X Section 501(c)(3) ex | Name change | 0.1 | 1 | |
| <u>03</u> 04 | <u>"-</u> | | Other taxable private founda | U4 | E If private foundation sta under section 507(b)(1) | |
| 04 | ـــــــــــــــــــــــــــــــــــــ | air market value of all assets at end of year J Accounting | | X Accrual | F If the foundation is in a | • • |
| | (fi | rom Part II, col. (c), line 16) | ther (specify) | <u>_</u> | under section 507(b)(1) | |
| | _ | \$ 8,535,201. (Part I, colum | nn (d) must be on cash basis | 5.) | | |
| | Pa | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| | | 1 Contributions, gifts, grants, etc., received | 399,786. | | N/A | |
| | | 2 Check if the foundation is not required to attach Sch B | | | | |
| | | 3 cash investments 4 Dividends and interest from securities | 180,956. | 180,956. | | STATEMENT 1 |
| \Box | | 5a Gross rents | 20073300 | 200,200 | | |
| 2020 | | h Net rental income or (loss) | | | | |
| •60 | _ | 68 Net gain or (loss) from sale of assets not on line 10 | 479,211. | | | |
| ري دي. | Revenue | b Gross sales price for all 1,441,163. | | | | |
| NA: | eve | 7 Capital gain net income (from Part IV, line 2) | | 479,211. | | |
| • 4 | ~ | 8 Net short-term capital gain | | | | |
| | | 9 Income modifications Gross sales less returns | | | | |
| SCANNED | | 108 and allowances | | | | |
| Z | | b Less Cost of goods sold c Gross profit or (loss) | | | | |
| Æ | | 11 Other income | 132. | 132. | | STATEMENT 2 |
| ပ္က | | 12 Total. Add lines 1 through 11 | 1,060,085. | 660,299. | | |
| 0) | | 13 Compensation of officers, directors, trustees, etc | 0. | 0. | | 0. |
| | | 14 Other employee salaries and wages | | | | |
| | | 15 Pension plans, employee benefits | | | | 1 000 |
| | enses | 16a Legal fees STMT 3 | 1,625. | 536. | | 1,089. |
| | | | 1,900. | 570. | | 1,330. |
| | Exp | c Other professional fees | | | | <u> </u> |
| 3 | ative | 17 Interest 111319 STMT 5 | -408. | 0. | | 0. |
| 1 1 1 | | | 200- | | | |
| > | Administr | 19 Depreparen and depletion 20 Occupancy | | | | |
| , | Agb | 21 -Travel, conferences, and meetings | 585. | 146. | | 439. |
| } | | | | | | |
| - Đ | ğ | 23 Other expenses STMT 6 | 89,380. | 44,513. | | 44,867. |
| 3 | Operating and | 24 Total operating and administrative | | 45 565 | | 45 505 |
| ڊ | e d | expenses. Add lines 13 through 23 | 93,082. | 45,765. | | 47,725. |
| ت ۲ ۲ | O | 25 Contributions, girts, grants paid | 294,269. | | | 294,269. |
| 2 | | 26 Total expenses and disbursements. | 387,351. | 45,765. | | 341,994. |
| , , | | Add lines 24 and 25 27 Subtract line 26 from line 12: | 307,331. | ±0//00 <u>*</u> | | |
| ., O | | Subtract line 20 from line 12. Recess of revenue over expenses and disbursements | 672,734. | | | ļ |
| • \ •- | | b Net investment income (if negative, enter -0-) | | 614,534. | | |
| ٥ | | C Adjusted net income (if negative, enter -0-) | | | N/A | |
| - • | 9225 | 01 12-11-18 LHA For Paperwork Reduction Act Notice | e see instructions. | | | Form 990-PF (2018) |

823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions.

3 2019

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DEC

HEALTH FOUNDATION OF GREATER MASSILLON 31-1516370 Page 2 Form 990-PF (2018) Beginning of year End of year Attached schedules and amounts in the description **Balance Sheets** column should be for end-of-year amounts only (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 27,896. 27,896. 60,136. 2 Savings and temporary cash investments 3,190. 3 Accounts receivable ► 3,190 3.190 Less: allowance for doubtful accounts 4 Pledges receivable ▶ Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 1,000 1,000. 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 8,503,115. 8,503,115. 8,561,871. STMT 7 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 8,622,007. 8,535,201 8,535,201. instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses 52,500 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe ► DUE TO AFFILIATED 10,764. 0. 13,014. 52,500. 23 Total liabilities (add lines 17 through 22) **▶** X Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31. 8,608,993. 8,482,701 **Fund Balances** 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ŏ 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 8,482,701. 8,608,993. 30 Total net assets or fund balances 8,622,007. 8,535,201 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances at beginning of year - Part II, column (a), line 30 8,608,993 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3

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799,026.

8,482,701.

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Decreases not included in line 2 (itemize) ► UNREALIZED LOSSES

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

| | | FOUNDATION OF sses for Tax on Inv | | | ILI | ЮИ | | 31 | -151 | 6370 | Page 3 |
|---|-------------------|---|-----------------------------------|---------------------------------------|-------------|-----------------|-------------|------------------------------|------------------------|--------------------------------------|-----------|
| <u> </u> | | | | | I (b) | How a | caured | (a) Data as | d | (d) Dot | o cold |
| (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | | | | \ <u>`</u> | - Purc | cquired hase | | | | ate sold day, yr.) | |
| 1a CHARLES SCHWAB | . <u> </u> | | | | ۲ | | | VARIO | US | 12/3 | 1/18 |
| b | | | | | <u> </u> | | | | | | |
| C | | | | | | | | | | | |
| d | | | | | | | | _ | | | |
| e | | | | | | | | | | | |
| (e) Gross sales price | (f) l | Depreciation allowed (or allowable) | | st or other basis expense of sale | | | | (h) Gai ((e) plus (| n or (loss f) minus |) (g)) | |
| a 1,441,163. | | | | 961,95 | 2. | | | | | 479 | ,211. |
| b | | | | | | | | | | | |
| С | | | _ | | | <u> </u> | | | _ | | |
| đ | | | | | | , | | | | | |
| _e | | | | | | | | | | | |
| Complete only for assets showing | | | he foundation | on 12/31/69. | | l | (1 |) Gains (Co . (k), but no | l. (h) gain | minus | |
| (i) FMV as of 12/31/69 | (| (j) Adjusted basis as of 12/31/69 | | xcess of col. (i) col. (j), if any | | | COI | Losses (f | | | |
| a | | | | | | | - | | | 479 | ,211. |
| b | | | | | | | | | | | |
| c | | | | | | <u> </u> | | | | ** *** | |
| d | | | | | | | | | | | |
| | | | | | | | Τ΄ | | | | |
| 2 Capital gain net income or (net cap | ıtal loss) | If gain, also enter If (loss), enter -0- | n Part I, line In Part I, line | 7 2 7 | } | 2 | | _ | | 479 | ,211. |
| 3 Net short-term capital gain or (loss |) as defi | | | | | | | | | | |
| If gain, also enter in Part I, line 8, c | | | u (o). | | Ĵ | | | | | | |
| If (loss), enter -0- in Part I, line 8 | | , | | | | 3 | L | | N/A | · | |
| Part V Qualification Un | der S | ection 4940(e) for | Reduced | Tax on Net | Inve | estm | ent Inco | ome | | | |
| (For optional use by domestic private f | oundatio | ons subject to the section 4 | 940(a) tax or | net investment in | come | ı.) | | | | N/A | |
| If section 4940(d)(2) applies, leave this | s nart his | ank | | | | | | | | | |
| | • | | | | | | | | | | — |
| Was the foundation liable for the section | | | | | iod? | | | | | Yes | No |
| If "Yes," the foundation doesn't qualify 1 Enter the appropriate amount in ea | | | | | ntriac | | | | | | |
| | CII COILI | | | lore making any cr | | | | | | (d) | |
| (a) Base period years Calendar year (or tax year beginning | , _{In} , | (b) Adjusted qualifying dist | tributions | Net value of no | (c) ncha | | -use assets | | Distril ol (b) de | (d) bution ratio /ided by col. | (c)) |
| 2017 | <i>,,</i> | | • | | | | | | , o (b) a | | (0)) |
| 2016 | | | | | | - | | | | | |
| 2015 | | | | | | | - | | | | |
| 2014 | | - | | | | | | | | | |
| 2013 | | | | | | | | | | | |
| | • | • | | | | | | | | | |
| 2 Total of line 1, column (d) | | | | | | | | 2 | | | |
| 3 Average distribution ratio for the 5- | year bas | se period - divide the total o | on line 2 by 5. | 0, or by the numbe | er of | years | | | | | |
| the foundation has been in existence | | | | | | | | 3 | | | |
| | | | | | | | | | | | |
| 4 Enter the net value of noncharitable | use as: | sets for 2018 from Part X, I | ine 5 | | | | | 4 | | | |
| | | | | | | | | | | | |
| 5 Multiply line 4 by line 3 | | | | | | | | 5 | | | |
| C. Fatar 10/ of act represent recome | /10/ 06 | Dort L. lung 27h) | | | | | | 6 | | | |
| 6 Enter 1% of net investment income | (176 01 | raiti, iiiie 2/0) | | | | | | - | | | |
| 7 Add lines 5 and 6 | | | | | | | | 7 | | | |
| , Aug mios o ana o | | | | | | | | | | - | |
| 8 Enter qualifying distributions from | Part XII. | line 4 | | | | | | 8 | | | |
| If line 8 is equal to or greater than I | | | 1b, and com | plete that part usin | nga 1 | % tax i | rate. | | | | |
| See the Part VI instructions. | | | | | ' | | | | | | |
| 823521 12-11-18 | | | | | | | | | | Form 990- | PF (2018) |

| 18 Exempt operating foundations described in section 4940(a)(2), check here ▶ X and enter 'NN' on line 1. Oats of Using or othermisation lattice: O.1 / O.1 / 1.7 (stach ceys of letter in freezeary-see instructions) of Part I, line 27. 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-) 3 Add lines 1 and 2 3 Add lines 1 and 2 3 Add lines 1 and 2 5 Exempt foreign organizations. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment incern. Subtract line 4 from line 3. If zero or less, enter -0- 6 CredstaPayments: 2 2018 estimated tax payments and 2017 overspayment credind to 2018 Exempt foreign organizations - tax withheld at source 6 Tax paid with application for extension of time to life (Firm 8868) 6 D. 6 D. 6 D. 6 D. 6 D. 7 D. 9 Tax date. If the total of lines 5 and 8 is more than line 7, entire amount owned 10 Overspayment. If line 7 is more than line 1 7, entire amount owned 10 Overspayment. If line 7 is more than line 1 7, entire amount owned 10 Overspayment. If line 7 is more than line 1 7, entire amount owned 10 Overspayment. If line 7 is more than line 1 7, entire amount owned 10 Overspayment. If line 7 is more than line 1 7, entire amount owned 10 Overspayment. If line 7 is more than line 1 7, enter amount owned 10 Overspayment. If line 7 is more than 100 during the loundation attempt to influence any national, state, or local legislation or did it participate or intervene in any spotfact campragin? 10 Din the foundation have line 1120-POL for this year? 11 Yes, Statehments Regarded John Control of the 2019 of the state of the control of the 1120-POL for this year? 12 Has the foundation have unrelated long states and states of the countation of the form 1120-POL for this year? 13 Ave the treatm | Part VI | | 0(a), 4940(b), 4940(e), or 49 | 948 - see | nstruc | tion | S) |
|---|-------------|--|--|-------------|-------------|--|---|
| Dates of ruling or determination letter: 01/01/17 (attach copy of letter if necessary-see instructions) b Domestic foundations that met the section 4940(e) requirements in Part V, check here | | | | | | | -/ i |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here | | | | | | | - 1 |
| of Part I, Ine 276 4 All other domestic toundations enter 2% of Ime 276, Exempt foreign organizations, enter 4% of Part I, Ime 12, col. (b). 2 Tax under section 511 (domestic section 4987(a)(1) trusts and taxable foundations only, others, enter -0-) 3 Add hers 1 and 2 3 Add hers 1 and 2 3 Add hers 1 and 2 4 Subbite A (nomestic section 4987(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income. Subtract line 4 from Ime 3.1 zero or less, enter -0- 5 Tour based on investment income. Subtract line 4 from Ime 3.1 zero or less, enter -0- 5 Tour based on investment income. Subtract line 4 from Ime 3.1 zero or less, enter -0- 5 Tour based on investment income. Subtract line 4 from Ime 3.1 zero or less, enter -0- 5 Tour based on investment income. Subtract line 4 from Ime 3.1 zero or less, enter -0- 5 Tour based on investment income. Subtract line 4 from Ime 3.1 zero or less, enter -0- 5 Tour based on investment income. Subtract line 4 from Ime 3.1 zero or less, enter -0- 5 Tour based on investment income. Subtract line 4 from Ime 3.1 zero or less, enter -0- 6 De termpt foreign organizations for extension of time to file (Form 8868) 6 De Co. 7 Toul cridet sand payments. Add lone 56 athrough 6d 8 Enter any penalty for underpayment of estimated tax. Penalty or lone or subtract line 4 from 220 is attached 9 De Co. 10 overpayment. If line 7 is more than the total or lines 5 and 8, enter the amount overpaid 1 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in a process of the definition of the destraction of the d | | · · · · · · · · · · · · · · · · · · · | | <u> </u> | N/ | Δ | |
| a All other domestic foundations enter 2% of the 27b, Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 Add lines 1 and 2 4 Subtille A (moroms) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3, it zero or less, enter -0- 6 CordistizPayments: 5 0. 6 CordistizPayments: 2 2018 estimated tax payments and 2017 overpayment credited to 2018 6 a 0. 6 Exempt foreign organizations - tax withheld at source 7 Tax paid with application for extension of time to file (Form 8868) 6 a 0. 7 Total credits and payments. Add lines 6 attrough 6d 8 ackup withholding erroneously withheld 7 Total credits and payments. Add lines 6 attrough 6d 8 a 0. 9 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount ower 9 Toverpayment, lift line 7 is more than 160 to be: Credited to 2018 estimated tax ▶ 10 Deverpayment, lift line 7 is more time to total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 10 During the say year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 13 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 14 Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign. 15 During the foundation in enconaction with the activities. 1a During the tax year did the foundation of the activi | | | and enter 176 | | 14/ | | , |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -Q-) 3 Add lines 1 and 2 4 Subsitile A (Incomp) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -Q-) 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -Q- 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -Q- 5 To CredistPayments: 4 2016 setimated tax payments and 2017 overpayment credited to 2018 5 Exempt foreign organizations - tax withheld at source 6 B Q Q Ge | | | (at Dart I line 40, and (b) | | | | |
| 3 Add lines 1 and 2 Subtile 4, normely bax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Credistrayments: 2 2016 estimated tax payments and 2017 overpayment credited to 2018 Exempt foreign organizations - tax withhold at source 1 Tax pad with application for extension of time to the (income 868) 6 Backup withholding erroneously withhold 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here □ if Form 2220 is attached 9 Tax dee. If the total of lines 5 and 8 is more than line 7, enter amount ower 9 Total credits and payments. Add lines 6a through 6d 10 Total credits and payments. Add lines 6a through 6d 8 Total credits and payments and 1 is more than line 7, enter amount ower 9 Tax dee. If the total of lines 5 and 8 is more than line 1, enter amount owerpaid 11 Enter the amount of line 10 to be; Credited to 2019 estimated tax ▶ Refunded ▶ 11 Part VIII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did if participate or intervene in any political campaign? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did if participate or intervene in any political campaign? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did if participate or intervene in any political campaign? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did if participate or intervene in any political campaign. 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did if participate or intervene in any political campaign. 1a During the tax year, did the foundation intervene in any political campaign. 2 Enter the | | | | | ····· | | |
| Subtille A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 6 Credits/Pyments: 2 Did estimated tax payments and 2017 overpayment credited to 2018 6 Exempt foreign organizations - tax withheld at source 6 Tax paid with application for extension of time to file (Form 8868) 6 Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 86 6 Enter any penalty for underpayment of estimated tax. Check here ☐ If Form 2220 is attached 7 Total credits and payments. Add lines 6a through 86 8 Enter any penalty for underpayment of situated tax. Check here ☐ If Form 2220 is attached 8 Tax dee. If the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line? It's more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be in Credited to 2018 estimated tax. Part 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 participates or intervene in any political campaign? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participates or intervene in any political campaign? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participates or intervene in any political campaign and your feether directly or indirectly) for political purposes? See the instructions for the definition If the answer is *Yes* to 1a or it has attach a detailed description of the activities and copies of any materials published or distributed by the foundation in erion in 120-POL for this year? 1b On the foundation file form 1120-POL for this year? 1c Enter the remultisation file form 1120-POL for this year? 2 As the foundation have demanded any changes, not previously reported to the IRS, | | | ners, enter -U-) | | | | |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Credits/Payments: 2 2016 estimated tax peyments and 2017 overpayment credited to 2018 6 Experit foreign organizations - tax withheld at source 6 D. 6 Experit foreign organizations - tax withheld at source 6 D. 6 Experit foreign organizations - tax withheld at source 7 Total credits and payments, Add lines 5a through 6d 8 Exiter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 7 Total credits and payments, Add lines 5a through 6d 8 Exiter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 8 D. 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owerpaid 11 Enter the amount of line 10 to be: Credited to 2019 estimated fax ▶ 10 12 Fart VII-A Statements Regarding Activities 11 Enter the amount of line 10 to be: Credited to 2019 estimated fax ▶ Refunded ▶ 11 15 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any optical campaign? 15 Dut it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition of 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. 16 Dut the foundation life Form 112PoPID, for the year? 2 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. 2 If "Yes," attach a detailed description of the activities. 3 A S | | | | | | _ | |
| 6 Credits/Payments: a 2018 estimated tax psyments and 2017 overpayment credited to 2018 be Evernot foreign organizations - tax withheld at source 6 b | | | thers, enter -U-) | | - | _ | |
| a 2018 estimated tax payments and 2017 overpayment credited to 2018 b Exempt foreign organizations - tax withheld at source 1 Tax paid with application for extension of time to file (Form 8868) 6 Backup withholding erroneously withheld 7 Total credits and payments. Add films 6a through 66 8 Enter any penalty for underpayment of estimated tax. Check here for Form 2220 is attached 9 Tax due, if the total of lines 5 and 6, sine the amount ower for the payment of the standard tax. Check here for Form 2220 is attached 9 Tax due, if the total of lines 5 and 6, sine the amount ower for the amount ower for the standard tax. There is no extension to the standard tax for the amount ower for the standard tax for the amount ower for the standard tax for the standard tax for the amount ower for the amount ower for the standard tax for the amount ower for the standard tax for the amount ower for the amount ower for the standard tax for the amount ower for the standard tax for the amount ower for the amount ower for the standard tax for the amount ower for the amount ower for the amount ower for the standard tax for the amount ower for the amount ower for the amount ower for the amount ower for the standard tax for the amount ower for the amount ower for the amount ower for the standard tax for the amount ower for the standard tax for the amount ower for the amount ower for the amount ower for the amount ower for the standard tax for the amount ower for the amount ower for the standard tax for the amount ower for the standard tax for the amount ower for the standard tax for the amount ower for the amount ower for the definition for for the standard tax for the amount ower for th | | • | | 5 - | | | - ' |
| b Exempt foreign organizations - tax withheld at source 1 ay paid with application for extension of time to file (Form 8868) 8 | | • | | | | | |
| Tax paid with application for extension of time to file (Form 8688) d Backup withholding erroneously withheld d Total credits and payments. Add lines 6 at though 6d Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached Total credits and payments. Add lines 6 at his some than line 7, enter amount owned Toverpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owned Toverpayment. If line 7 is more than the total of lines 5 and 8, enter the amount ownerpaid Tentr VII-A is takements. Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition lift has a political ampaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition lift has a political ampaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition lift has a political ampaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition lift has a political expenditure tax in the state of the definition lift has a political expenditure tax in the state of the definition lift has a political expenditure tax in the state in state of the definition lift has a political expenditure tax imposed on foundation managers. S. S. O Enter the remulsement (if any) paid by the foundation during the year? If Yes, 'thas the foundation have unrelated business gross income of \$1,000 or more during the year? If Yes,'thas the filed a tax return on Form \$90-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? Was there a liquid | | | | | | | 1 |
| Backup withholding erroneously withheld Bad O . 7 | | • | | | | | - 1 |
| 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here | • | · · · · · · · · · · · · · · · · · · · | | | | | i |
| 8 | | • | [6d] U. | | | | <u> </u> |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be; Credited to 2019 estimated tax ▶ Refunded ▶ 11 Part 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 participate or intervene in any objictual campagn? b Did it spend more than \$100 during the year (either directly) or indirectly) for political purposes? See the instructions for the definition If the answer is Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation tile Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (11) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0. e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "yes," attach a detailed description of the activities. 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 4 bit If "yes," has it filed a tax return on Form 990-T for this year? b If "yes," attach the statement required by General Instruction T 6 Are the requirements of section 50(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument, or • By state legislation that effecti | | | | | | | |
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| b If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 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 Ba Enter the states to which the foundation reports or with which it is registered. See instructions. OH b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? 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," estiech a schedule listing their names and addresses 10 X | - | | _ | | | | |
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| If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV Enter the states to which the foundation reports or with which it is registered. See instructions. OH If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," ettech a schedule listing their names and addresses 10 | | | | N/A | | <u> </u> | 7 |
| Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV Enter the states to which the foundation reports or with which it is registered. See instructions. OH If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," ettech a schedule listing their names and addresses 10 | | • | , | | 5 | | ^ |
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| By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 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. OH b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 9 is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? 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," exhectly a schedule listing their names and addresses 10 X | | | itner: | | | l | |
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| 8a Enter the states to which the foundation reports or with which it is registered. See instructions. OH b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X | | | | | | | |
| OH b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 1 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 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV 1 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 1 X | 7 Did th | e foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp | plete Part II, col. (c), and Part XV | | 7 | _A_ | <u> </u> |
| OH b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 1 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 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV 1 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 1 X | A F | Comments of the second control of the second | 📐 | | | | |
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| year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X | | | ection 4942(1)(3) or 4942(1)(5) for cale | ndar | " | | - 1 |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X | | | | - vai | - | | X |
| to be any percent about the contribution of the law just and the contribution of the law just and the contribution of the cont | | | | | | <u> </u> | |
| | - IV DIG GI | ry persons asserting oppositions contributed against the tax year in 100, attains a surface | g tree retires alle date second | F | |)-PF | |

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during the year?

b if "Yes," did it have excess business holdings in 2018 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2018.)

had not been removed from jeopardy before the first day of the tax year beginning in 2018?

N/A

3b

4a

Form 990-PF (2018)

X

| orm 990-PF (2018) HEALTH FOUNDATION OF GRE | ATER MASSILLON | | <u>31-151637</u> | 70 | Page 6 |
|--|---|---|--|-------------------------------|-------------------------|
| Part VII-B Statements Regarding Activities for Which F | orm 4720 May Be Re | equired (continu | ued) | - IV | - NI- |
| 5a During the year, did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section (2) Influence the outcome of any specific public election (see section 4955); o | | | s X No | Yes | No |
| any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization | | | s X No | | |
| 4945(d)(4)(A)? See instructions (5) Provide for any purpose other than religious, charitable, scientific, literary, | | or | s X No | | |
| the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni | der the exceptions described ii | · · · · · · · · · · · · · · · · · · · | S X No | | |
| section 53.4945 or in a current notice regarding disaster assistance? See instru Organizations relying on a current notice regarding disaster assistance, check h | nere | | N/A ►□ | b | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). | | ned YA Ye | s No | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract? | | Ye | s X No | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax s | | ∏ Ye | es X No | - I | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$ | table to the transaction? | <u> </u> | | b | |
| excess parachute payment(s) during the year? Part VIII Information About Officers, Directors, Truste | | | s X No | | |
| Paid Employees, and Contractors | | agers, riigiliy | | | |
| 1 List all officers, directors, trustees, and foundation managers and the | | (-) Companyation | (d) Contabutuans to | 4) 5 | |
| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deterred compensation | (e) Exp account, allowa | ense , other nces |
| SEE STATEMENT 9 | | 0. | 0. | | 0. |
| | | | | | |
| | | | | | |
| | | | | , | |
| 2 Compensation of five highest-paid employees (other than those inc | luded on line 1). If none. e | enter "NONE." | | | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Exp account, allowa | , other |
| NONE | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total number of other employees paid over \$50,000 | | | Form ! | 990-PF | <u>0</u> (2018) |

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| Form 990-PF (2018) HEALTH FOUNDATION OF GREATER MASS | | 31-1 <u>516370</u> P | age 7 |
|---|-----------------------------|----------------------|--------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued) | | 33333333 | |
| 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 serv | rice (c) Compen | sation |
| NONE | | | |
| | - | | |
| | | | |
| | | - | |
| | 1 | | |
| | | | |
| | ļ | | |
| | 4 | | |
| The Laurehor of others recovered over \$50,000 for professional convene | | • | 0 |
| Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities | | | _ |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statisti | cal information such as the | 5 | |
| number of organizations and other beneficiaries served, conferences convened, research papers produ | ced, etc. | Expenses | |
| 1 N/A | | | |
| | | | |
| 2 | <u> </u> | | |
| | | | |
| | | | |
| 3 | | | |
| | | | |
| A | | | |
| | | | |
| | | , | |
| Part IX-B Summary of Program-Related Investments | nos 1 and 0 | Amount | |
| Describe the two largest program-related investments made by the foundation during the tax year on line N/A | nes I anu Z. | Amount | |
| 1 N/A | | | |
| | | | |
| 2 | | | |
| | | | |
| All other program related in readments. Con instructions | - | | |
| All other program-related investments. See instructions. | | | |
| | | | |
| | | | |
| | | | |
| | | —— | |
| Table Add lines 4 Abranch 2 | | | 0. |

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Form **990-PF** (2018)

| For | m 990-PF (2018) HEALTH FOUNDATION OF GREATER MASSILLON | 31-1516370 | Page 8 |
|------------|--|------------------------------|-------------|
| ĮP. | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four | ndations, see instructions.) | |
| ` <u> </u> | 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 8,532, | <u>493.</u> |
| b | Average of monthly cash balances | 1b 44, | 016. |
| C | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d 8,576, | <u>509.</u> |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0. | | _ |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 8,576, | |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | | 648. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 8,447, | |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 422, | 393. |
| ĮP. | art:XII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations ar | nd certain | |
| | foreign organizations, check here 🕨 🔃 and do not complete this part.) | T" T | |
| 1 | Minimum investment return from Part X, line 6 | 1 422, | 393. |
| 2a | Tax on investment income for 2018 from Part VI, line 5 | | |
| b | Income tax for 2018. (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 | 3 422, | 393. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 422, | 393. |
| 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 | 7 422, | 393. |
| IP. | art XIII 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 341, | 994. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| а | 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 | 4 341, | 994. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| | income. Enter 1% of Part I, line 27b | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 341, | 994. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years. | qualifies for the section | |

Form **990-PF** (2018)

31-1516370 Form 990-PF (2018) HEALTH FOUNDATION OF GREATER MASSILLON Page 9 Undistributed Income (see instructions) Part XIII (a) (b) (c) (d) Years prior to 2017 2017 2018 Corpus 1 Distributable amount for 2018 from Part XI, 422,393. 2 Undistributed income, if any, as of the end of 2018 283,213. a Enter amount for 2017 only b Total for prior years: 0. 3 Excess distributions carryover, if any, to 2018: a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 0. f Total of lines 3a through e 4 Qualifying distributions for 2018 from 341,994. Part XII, line 4: F 283,213 a Applied to 2017, but not more than line 2a b Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0. (Election required - see instructions) 58,781. d Applied to 2018 distributable amount 0. e Remaining amount distributed out of corpus 0. 0. Excess distributions carryover applied to 2018 (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: 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 0 assessed d Subtract line 6c from line 6b. Taxable 0. amount - see instructions e Undistributed income for 2017, Subtract line 0. 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must 363,612. be distributed in 2019 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 2013 not applied on line 5 or line 7

9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a

| 10 | Analysis of line 9: | Analysis of lin | 9: |
|----|---------------------|-----------------|----|
| | C 6 0044 | · | |

| a excess from 2014 | ŧ |
|--------------------|---|
| b Excess from 2015 | j |
| c Excess from 2016 | ì |

d Excess from 2017

e Excess from 2018

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Form 990-PF (2018)

0.

0.

0.

| Form 990-PF (2018) HEALTH | FOUNDATION (| OF GREATER | MASSILLON | 31-15: | 16370 Page 10 |
|---|--------------------------------------|---|-----------------------------|--|---------------------------------------|
| Part 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 of | or determination letter that | it is a private operating | | | |
| foundation, and the ruling is effective fo | or 2018, enter the date of t | the ruling | ▶ | | |
| b Check box to indicate whether the foun | d <u>ation is a private operatir</u> | ng foundation described i | n section | 4942(j)(3) or 49 | 42(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | • |
| income from Part I or the minimum | (a) 2018 | (b) 2017 | (c) 2016 | (d) 2015 | (e) Total |
| investment return from Part X for | | | | | |
| each year listed | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, | ` | \ | / | | |
| line 4 for each year listed | | | | | |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | | | | | |
| exempt activities | | | | | · · · · · · · · · · · · · · · · · · · |
| e Qualifying distributions made directly | | / | k . | | |
| for active conduct of exempt activities. | | | | | |
| Subtract line 2d from line 2c 3 Complete 3a, b, or c for the | | | | | |
| alternative test relied upon; | | | | | |
| a "Assets" alternative test - enter: (1) Value of all assets | | | | | |
| (1) Value of assets qualifying | | <u>r</u> | | <u> </u> | |
| under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter | | | | | |
| 2/3 of minimum investment return shown in Part X, line 6 for each year | | | | | |
| listed c "Support" alternative test - enter: | | | | | |
| (1) Total support other than gross | 1 | | | | |
| investment income (interest, | | | | | |
| dividends, rents, payments on | İ | | | | |
| securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public | | | | | |
| and 5 or more exempt organizations as provided in | | | | | |
| section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from | | | | | |
| an exempt organization | | | _ | | |
| (4) Gross investment income | | | | | |
| Part XV Supplementary Info | | | the foundation i | had \$5,000 or more | in assets |
| at any time during t | | uctions.) | | | |
| 1 Information Regarding Foundation | • | | | | |
| a List any managers of the foundation wh year (but only if they have contributed r | | | ibutions received by the t | foundation before the close | of any tax |
| NONE | 40,000,1 (000 00 | | | | |
| b List any managers of the foundation wh | no own 10% or more of the | stock of a corneration (| or an equally large portio | n of the ownership of a par | tnership or |
| other entity) of which the foundation ha | | | or arrequarry large portion | ii oi tile owilership of a par | incremp of |
| NONE | | | | | |
| 2 Information Regarding Contributi | ion, Grant, Gift, Loan, | Scholarship, etc., Pro | ograms: | | |
| | | • | _ | ot accept unsolicited reque | sts for funds. If |
| the foundation makes gifts, grants, etc., | , to individuals or organiza | tions under other conditi | ons, complete items 2a, i | o, c, and d. | |
| a The name, address, and telephone num | ber or email address of the | e person to whom applica | ations should be address | ed: | |
| SEE STATEMENT 10 | | | | | |
| b The form in which applications should b | pe submitted and informat | ion and materials they sh | ould include; | | |
| c Any submission deadlines: | | | | | |
| d Any restrictions or limitations on award | s, such as by geographica | l areas, charitable fields, | kınds of institutions, or o | ther factors: | |
| | | | | | |

Form **990-PF** (2018)

** P. C. S. P. L.

Amount

5,000.

40,000.

5,000.

1,000.

22,950.

294,269.

Form 990-PF (2018)

0.

Total

the state of the state of

| Part XV Supplementary Information 3 Grants and Contributions Paid During the V | | | T | |
|--|---|-------------------------|----------------------------------|----------------|
| Recipient | If recipient is an individual, | | | |
| <u> </u> | show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| | | | | |
| CHOING HILLS VILLAGE, INC. | | PC | HEALTHCARE ACTIVITES | |
| 36272 COUNTY ROAD 70 | | | | |
| WARSAW, OH 43844 | | | | 13,35 |
| FAITH IN ACTION OF WESTERN STARK | | PC | HEALTHCARE ACTIVITES | |
| COUNTY | | [| | |
| 112 LINCOLN WAY EAST | | | | |
| ASSILLON, OH 44646 | | | | 15,00 |
| | | | | |
| GIRLS ON THE RUN EAST CENTRAL OHIO | | PC | HEALTHCARE ACTIVITES | |
| 237 TUSCARAWAS STREET W | | | | |
| CANTON, OH 44702 | | ļ | | 4,73 |
| | | | | |
| JACKSON HIGH SCHOOL | | gov | HEALTHCARE ACTIVITES | |
| 7600 FULTON DRIVE NW | | | | |
| MASSILLON, OH 44646 | | <u> </u> | | 1,50 |
| | | | | |
| KENT STATE UNIVERSITY - STARK | | gov | HEALTHCARE ACTIVITES | |
| 5000 FRANK AVENUE NW | | j | 1 | |
| NORTH CANTON, OH 44720 | | | | 5,00 |
| LIFECARE FAMILY HEALTH & DENTAL | | PC | HEALTHCARE ACTIVITES | |
| CENTER | | | | |
| 2725 LINCOLN STREET E | | | | |
| CANTON, OH 44707 | | | | 47,50 |
| | | | | |
| DRRVILLE HIGH SCHOOL | | gov | HEALTHCARE ACTIVITES | |
| 841 NORTH ELLA STREET | | | | |
| PRRVILLE, OH 44667 | - | | | 1,00 |
| | | | | |
| PERRY HIGH SCHOOL | | GOV | HEALTHCARE ACTIVITES | |
| 3737 13TH STREET SW | | | | |
| ASSILLON, OH 44646 | | <u> </u> | - | 2,00 |
| | | | | |
| STARK STATE COLLEGE FOUNDATION | | PC | HEALTHCARE ACTIVITES | |
| 5200 FRANK AVE NW | | | | _ |
| ORTH CANTON, OH 44720 | - | | | 5,00 |
| | | | | |
| THE ARC OF OHIO | | PC | HEALTHCARE ACTIVITES | |
| 1335 DUBLIN RD | | | | E CO |
| COLUMBUS, OH 43215 | 1 | 1 | 1. | 5,62 220,31 |
| Total from continuation sheets | | | | 220,31 |

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation status of Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) recipient or substantial contributor Þс HEALTHCARE ACTIVITES THE HEALTH FOUNDATION OF GREATER MASSILLON CHARITABLE FUND 400 MARKET AVENUE N 80,000. CANTON, OH 44702 HEALTHCARE ACTIVITES THE SALVATION ARMY OF MASSILLON ÞС 315 SIXTH STREET NE 8,005. MASSILLON, OH 44646 NC TRINITY UNITED CHURCH OF CHRIST HEALTHCARE ACTIVITES 3909 BLACKBURN ROAD NW 100. CANTON, OH 44718 GOV HEALTHCARE ACTIVITES TUSLAW HIGH SCHOOL 1847 MANCHESTER AVE NW MASSILLON, OH 44647 1,500. WALSH UNIVERSITY ÞС HEALTHCARE ACTIVITES 2020 E. MAPLE STREET CANTON, OH 44720 5,000. YMCA OF WESTERN STARK COUNTY ₽C HEALTHCARE ACTIVITES 131 TREMONT AVE SE 25,000. MASSILLON, OH 44646 Total from continuation sheets

100

| nter gross amounts unless otherwise indicated. | Unrelated t | ousiness income | | y section 512, 513, or 514 | (e) |
|---|-----------------|-----------------|--------------------|----------------------------|-------------------|
| 9 | (a) Business | (b) | (C) Exclu- | (d) | Related or exempt |
| 1 Program service revenue; | code | Amount | sion | Amount | function income |
| a | | | | | |
| b | | | | | |
| c | _ | | | | |
| d | _ | | | | |
| e | _ | | | | |
| f | _ | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| Interest on savings and temporary cash | | | | | |
| investments | | | 14 | 180,956. | |
| Dividends and interest from securities | | | 14 | 180,330. | |
| Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | - - | | |
| b Not debt-financed property Net rental income or (loss) from personal | | | - | | |
| property | | | | | |
| 7 Other investment income | | ···· | | | |
| Gain or (loss) from sales of assets other | | - | | | |
| than inventory | | | 18 | 479,211. | |
| Net income or (loss) from special events | | | | | |
| Gross profit or (loss) from sales of inventory | | | | | |
| Other revenue: | | | | | |
| a OTHER INCOME | _ | | 01 | 132. | |
| b | _ | . | | | |
| C | _ | | | | |
| d | _ | | | | |
| e | _ | | . | 660,299. | 0 |
| 2 Subtotal. Add columns (b), (d), and (e) | LL | | J • | | 660,299 |
| 3 Total. Add line 12, columns (b), (d), and (e) | \ | | | 13 | 000,233 |
| See worksheet in line 13 instructions to verify calculations. | | | | | - |
| Part XVI-B Relationship of Activities | to the Accom | plishment of I | Exempt Pu | rposes | |

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| | Form 990-PF (| | | | GREATER MASS | | 31-151 | | Page 13 - |
|--|---------------|--|---------------------------------------|---|--|--|---|--------------|-----------------|
| (e) their than section 501(c)(3) or ganizations or in section 527, relating to political organizations? 1 Transfers to must be reporting foundation to a noncharitable exempt organization of. (1) Cash (2) Other assets (3) Sales of assets to a noncharitable exempt organization (3) Sales of assets to a section of a section for ganization (4) Sales of assets to a section for a section 527 (e) Purchase of assets from a noncharitable exempt organization (3) Remail of facilities, equipment, or other assets (3) Loans or loan girarmeter (4) Relimbursoment arrangements (5) Loans or loan girarmeter (6) Performance of services or memberable or fundialising solicitations (6) Performance of services or memberable or fundialising solicitations (7) Sales of assets to a section of the section 50 (e) Performance of services or memberable or fundialising solicitations (8) Performance of services or memberable or fundialising solicitations (9) Performance of services or memberable or fundialising solicitations (9) Performance of services or memberable or fundialising solicitations (10) Annual Involved (11) Annual Involved (12) Annual Involved (13) Annual Involved (14) Annual Involved (15) Annual Involved (16) Annual Involved (16) Annual Involved (16) Annual Involved (17) Performance organization (18) Annual Involved (18) Annual Involved (19) Annual | Part XVII | <u> </u> | | sfers to a | nd Transactions ar | nd Relationshi | ps With Nonchari | table | |
| (e) their than section 501(c)(3) or ganizations or in section 527, relating to political organizations? 1 Transfers to must be reporting foundation to a noncharitable exempt organization of. (1) Cash (2) Other assets (3) Sales of assets to a noncharitable exempt organization (3) Sales of assets to a section of a section for ganization (4) Sales of assets to a section for a section 527 (e) Purchase of assets from a noncharitable exempt organization (3) Remail of facilities, equipment, or other assets (3) Loans or loan girarmeter (4) Relimbursoment arrangements (5) Loans or loan girarmeter (6) Performance of services or memberable or fundialising solicitations (6) Performance of services or memberable or fundialising solicitations (7) Sales of assets to a section of the section 50 (e) Performance of services or memberable or fundialising solicitations (8) Performance of services or memberable or fundialising solicitations (9) Performance of services or memberable or fundialising solicitations (9) Performance of services or memberable or fundialising solicitations (10) Annual Involved (11) Annual Involved (12) Annual Involved (13) Annual Involved (14) Annual Involved (15) Annual Involved (16) Annual Involved (16) Annual Involved (16) Annual Involved (17) Performance organization (18) Annual Involved (18) Annual Involved (19) Annual | 1 Did the o | rganization directly or indi | rectly engage in any | of the followir | ig with any other organization | on described in secti | on 501(c) | | Yes No. |
| a Transfes from the reporting foundation to a noncharitable exempt organization of (1) Cash (2) Other assets (1) Cash (3) Cash (3 | | | | | | | ` ' | | |
| (2) Other seasets (3) Other transactions: (1) Salts of assets to a noncharitable exempt organization (2) Purclasses of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (3) Rental of facilities, equipment, or other assets (4) Reinfluorament arrangements (5) Loans or loan quarantees (6) Performance of services or or membership or fundinating solicitations (6) Performance of services or or membership or fundinating solicitations (7) Salts of assets to a noncharitable exempt organization or services (service or organization or services) (service organization of services) (service) | • | | | | | | | | |
| (g) Characterists of assets to a noncharitable exempt organization (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Renal of facilities, equipment, main crother, septiment, mainly core assets (4) Renal organization (5) Loans or loan guiranthese (5) Loans or loan guiranthese (5) Loans or loan guiranthese (6) Performance of services or membership or fundialsing solicitations (6) Performance of services or membership or fundialsing solicitations (6) Performance of services or membership or fundialsing solicitations (6) In an account of any of the above is "Yes," complete the following schedule. Column (p) should always show the fair market value of the goods, other assets, or paid employees 4 If the answer to any of the above is "Yes," complete the following schedule received first than fair market value in any transaction or sharing arrangement, show in column (9) the value of the goods, other assets, or services received. (6) Amount involved (6) Reservice or market value of the goods, other assets, or services received. (8) Amount involved (9) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (2) Amount involved (3) Amount involved (4) Reservice or involved and accomplished the refunction of the service or involved and accomplished the refunction of the service or involved and accomplished the refunction of the service or involved and accomplished the refunction of the service of | | · - | | | | | | . 40441 | ALIPHAN SERVICE |
| Other transactions: (1) Salts of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable wampt organization (3) Rental of facilities, equipment, or other seets (4) Reinbursoment arrangement arrangement or services or membership or fundasising solicitations (5) Loans or loan guarantees (6) Performance of services or membership or fundasising solicitations (6) Performance of services or membership or fundasising solicitations (8) Performance of services or membership or fundasising solicitations (9) Performance of services or membership or fundasising tests, other assets, or particles received. Sharing of facilities, equipment, mailing liets, other assets, or particles received. (9) Amount involved (1) Talks of the goods, other assets, or services received. (1) Amount involved (1) Talks of noncharitable seampt organization (2) Talks of the particle seampt organization or sharing arrangement, show in column (9) the value of the goods, other assets, or services received. (1) Amount involved (2) Talks of noncharitable seampt organization (3) Passengtion of builders, here assets, or services received. (4) Passengtion of builders, here assets, or services received. (5) Loans or loans or the product of the poods, other assets, or services received. (6) Passengtion of builders, here assets, or services received. (6) Passengtion of builders, here assets, or services received. (6) Passengtion of builders, here assets, or services received. (7) Amount involved (8) Passengtion of builders, here assets, or services received. (9) Amount involved (1) Passengtion of organization (1) Passengtion of builders, here as a product of the pool of registronship in section 501(c) (d) or in section 52?? Yes ■ No Herry Services described in a product of the pool of registronship in section 52? Yes ■ No Passengtion of organization (9) Passengtion of the builders, here as a product of the pool of registronship in section 52? Yes ■ No Passengtion of the product of the pool | • • | | | | | | • | | |
| (1) Salve of assets from a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, and other assets (4) Rental of facilities, equipment, and other assets (4) Rental of facilities, equipment, and other assets (5) Loans or large quarantees (6) Loans or large quarantees (7) Loans or large quarantees (8) Purformance of services or membership or fundrasing solicitations (9) Purformance of services or membership or fundrasing solicitations (9) Fundrasing expendits, equipment, mailing licities, equipment, expensive licities and expensive liciti | • • | • | | · · · · | • • | | | | |
| (2) Purchases of assets from a noncharitable sempt organization (3) Rental of facilities, equipment, or other assets (4) Reinhousement arrangements (5) Lears or loan quarantees (6) Lears or loan quarantees (7) Performance of services or membership or fundralsing solicitations (8) Performance of services or membership or fundralsing solicitations (8) Performance of services or membership or fundralsing solicitations (8) Performance of services or membership or fundralsing solicitations (8) Performance of services or membership or fundralsing solicitations (9) Performance of services or membership or fundralsing solicitations (9) Performance of services or membership or fundralsing solicitations (9) Performance of services or membership or fundralsing season, other assets, or paid employees or services given by the reporting foundation. If the foundation received fisses than fair market value in any transaction or sharing arrangement, show in column (9) Have also this possible, other assets, or services received (9) Amount involved (1) N/A (1) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (2) Amount involved (3) Amount involved (4) Beautylish of trainfain, trainfain arrangement, show in section 52/7? Yes N/A (8) Involved involved in the section 501(c)(3)) or in section 52/7? Yes N/A (9) Type of organization (9) Description of religionship (9) Descrip | | - | | | | | | · hannad | Section 2 |
| (a) Reimbursament arrangements (b) Law to of ban guarantees (b) Law to sharing of callidis, equipment, mailing lists, other assats, or paid employees (b) Law to sharing of callidis, equipment, mailing lists, other assats, or paid employees (c) Performance of services or complete the following schedule, Column (p) should always show the fair market value of the goods, other assats, or services promote by the reporting foundation. His doubted is the fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assats, or services promote (e) Law to (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of whereas transactions, and dwarteg emerapements in section 50 (lc) (c) other than section 50 (lc) (a)) or in section 50 (lc) (a)) or in section 50 (lc) (b) that the following absolute. (a) Name of organization (b) Type of organization (c) Description of relationship (lc) (b) that the following absolute. It is the contact and conditions the following absolute. It is the contact and conditions are pairs, it desire that I have seemed this return, including ascenganying exhedules and alternation, and to this best dimy best | • • | | • | •• | | | | 15(1) | |
| (4) Relimbursament arrangements (5) Loans or loan guarantees (6) Parformance of services or memberable or fundralising solicitations (9) Parformance of services or memberable or fundralising solicitations (1) Parformance of services or memberable or fundralising solicitations (1) Parformance of services or services glown by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services glown by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services received. (9) Amount involved (1) Name of noncharitable exampt organization (6) Description of twictors, transactions, and dwhrip emapowers. (4) Name of noncharitable exampt organization (6) Name of noncharitable exampt organization described in section 501(c) (other than section 501(c)) or i | | | • | rganization | | | | 1b(2) | |
| (6) Loans or loan quaranthes (8) Performance of services or membership or fundralsing solicitations (9) Performance of services or membership or fundralsing solicitations (10) Indiana, equipment, mailing lists, other assets, or paid employees (11) Indiana, other assets, or paid employees (12) Indiana, other assets, or paid employees (13) Indiana, other assets, or paid employees (14) Indiana, other assets, or paid employees (15) Amount five above in the above is "Yes," complete the following schedule. Column (b) the value of the goods, other assets, or services precisived. (10) Libes to (10) Amount involved (c) Name of noncharitable exempt organization (10) Libes to (10) Amount involved (c) Name of noncharitable exempt organization (10) Description of twisters, turnsactions and drawing emangements (10) Indiana, the following schedule. (10) Indiana of organization (10) Type of organization (10) Description of registronship (10) Indiana, organization (10) Type of organization (10) Description of registronship (11) Indiana, organization (10) Type of organization (10) Description of registronship (11) Indiana, organiza | | | | | | | | 16(8) | |
| (e) Performance of servives or membership or fundralising soliteations. Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the answer to any of the above is "res," compilete the following schedule. Column (b) should always show the fair market value of the opcode, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (b) the value of the goods, other assets, or swinces received. | | | | | | | | 10(4) | X |
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| Sharing of facilities, equipment, mailting lists, other assets, or paid employees If this answer to say of the above six "sex", complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or sarvices given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (b) the value of this goods, other assets, or sarvices received. In the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? In the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? In the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? In the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? In the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes X No No A The foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes X No No Description of relationship organization organ | (6) Perf | ormance of services or me | embership or fundrais | ing solicitatio | ns | | | 15(8) | X |
| or services glven by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (4) the value of the people, other assets, or services received. (a) Limin no (b) Amount involved (c) Name of noncharitable exampt organization (d) psecription at transfers, transfers, and sharing arrangements N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)) or in section 527? Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | e Sharing | of facilities, equipment, ma | illing lists, other asse | ts, or paid em | ployees | | | | X |
| or services glven by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (4) the value of the people, other assets, or services received. (a) Limin no (b) Amount involved (c) Name of noncharitable exampt organization (d) psecription at transfers, transfers, and sharing arrangements N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)) or in section 527? Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | | | | wavs show the fair m | arket value of the goods | other asse | |
| Column (4) the value of the goods, other assets, or services received. | or servic | es alven by the reporting to | oundation. If the four | dation receive | ed less than fair market valu | a in any transaction | or sharing arrangement s | how in | ~~ |
| (c) Name of organization (d) Amount involved (e) Name of noncharitable exampt organization (d) Description of twenters, transactions, and ethering errangements 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (offer than section 501(c)(3)) or in section 527? Yas No If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A (b) Type of organization (c) Description of relationship N/A (c) Name of organization (d) Description of twenters, transactions, and ethering errangements Yas No If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A (e) Description of relationship N/A Signature of office or trustee Preparer's signature CHRISTOPHER B. ANDERSON Printfype preparer's same CHRISTOPHER B. ANDERSON Firm's address > 4774 MUNSON STREET NW, SUITE 402 CANTON, OH 44718-3634 Phone no. (330) 966-9400 | | | | | | o in any a mioaddon | ar arrang arrangament o | | |
| 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3) or in section 521? b if "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A War to Wis causes the following accompanying schedules and elements, and to the best of my knowledge when the prepare such as the prepared scheme than the prepared sc | | | | | evennt erganization | (4) 0 | 45.54 | | |
| 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign No PRESIDENT Title CIRI STOPHER B. ANDERSON Firm's name MALONEY + NOVOTNY LLC Firm's and ress Maloney 1 Months And Control of the | (4)(2)(0) | (D) ranount involved | (6) 100110 01 | | evenihi or dankannı | (a) nescribion | or minerers, transactions, and | anaring and | 1goments |
| In section 501(c) (other than section 501(c)(3)) or in section 527? b. If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign Under penalties of perlary, I declare that I have examined this return, including accompanying echedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than texpayer) is based on all information of which preparer has any knowledge. Signature of officer or trustes Print/Type preparer's name CHRISTOPHER B. ANDERSON Firm's name MALONEY + NOVOTNY LIC Firm's elin MALONEY + NOVOTNY LIC Firm's address MALONEY + NOVOTNY LIC Firm's address MALONEY + NOVOTNY LIC Phone no. (330) 966-9400 | | | | M/A | | | · · · · · · · · · · · · · · · · · · · | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? b. If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign Under penalties of perlary, I declare that I have examined this return, including accompanying echedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than texpayer) is based on all information of which preparer has any knowledge. Signature of officer or trustes Print/Type preparer's name CHRISTOPHER B. ANDERSON Firm's name MALONEY + NOVOTNY LIC Firm's elin MALONEY + NOVOTNY LIC Firm's address MALONEY + NOVOTNY LIC Firm's address MALONEY + NOVOTNY LIC Phone no. (330) 966-9400 | | | | | | | | <u> </u> | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? b. If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign Under penalties of perlary, I declare that I have examined this return, including accompanying echedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than texpayer) is based on all information of which preparer has any knowledge. Signature of officer or trustes Print/Type preparer's name CHRISTOPHER B. ANDERSON Firm's name MALONEY + NOVOTNY LIC Firm's elin MALONEY + NOVOTNY LIC Firm's address MALONEY + NOVOTNY LIC Firm's address MALONEY + NOVOTNY LIC Phone no. (330) 966-9400 | | | | | | | | | - |
| In section 501(c) (other than section 501(c)(3)) or in section 527? b. If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign Under penalties of perlary, I declare that I have examined this return, including accompanying echedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than texpayer) is based on all information of which preparer has any knowledge. Signature of officer or trustes Print/Type preparer's name CHRISTOPHER B. ANDERSON Firm's name MALONEY + NOVOTNY LIC Firm's elin MALONEY + NOVOTNY LIC Firm's address MALONEY + NOVOTNY LIC Firm's address MALONEY + NOVOTNY LIC Phone no. (330) 966-9400 | | ~·~~· | | | | | | | · ' |
| In section 501(c) (other than section 501(c)(3)) or in section 527? b. If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign Under penalties of perlary, I declare that I have examined this return, including accompanying echedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than texpayer) is based on all information of which preparer has any knowledge. Signature of officer or trustes Print/Type preparer's name CHRISTOPHER B. ANDERSON Firm's name MALONEY + NOVOTNY LIC Firm's elin MALONEY + NOVOTNY LIC Firm's address MALONEY + NOVOTNY LIC Firm's address MALONEY + NOVOTNY LIC Phone no. (330) 966-9400 | | | | | | | | | , |
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| b if "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign Under pensities of per pay, I declare that I have examined this return, including accompanying echedules and statements, and to the best of my knowledge and best of the pensities of per pay, I declare that I have examined this return, including accompanying echedules and statements, and to the best of my knowledge and best of the pensities of per pay in the property of the pensities of the pen | | | | | or more tax-exempt organiz | zations described | | | ™ |
| (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perkry, I decisive that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Decisive than taxpayer) is baced on all information of which preparer has any knowledge. Signature of officer or trustes Print/Type preparer's name CHRISTOPHER B. ANDERSON Preparer Use Only Firm's name MALONEY + NOVOTNY LLC Firm's address MALONEY + NOVOTNY LLC CANTON, OH 44718-3634 Phone no. (330) 956-9400 | | 1 7 1 | 1 /1 // | Alon 521 * | | | | Yes | (A) NO |
| N/A Sign Under penalties of perkey, I declare that I have exemined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than taxpayer) is bacod on all information of which preparer has any knowledge. Noy the UNS discuss the return with the preparer chown below? See instruction of which preparer has any knowledge. No Signature of officer or trustee 11/3/9 PRESIDENT | D II TES, C | | | | (h) Toma of average along | | A Description of the second | | |
| Under penalities of per key, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complate. Declaration of properer (other than taxpayer) is baced on all information of which preparer has any knowledge. | , | | ariizatiori | | (b) Type of organization | | e) Description of relations | nib | |
| Sign Here Signature of officer or trustes | | N/A | | | ' | | | <u> </u> | |
| Sign Here Signature of officer or trustes | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Sign Here Signature of officer or trustes | | | ···· | | | | | | |
| Sign Here Signature of officer or trustes | | | - | _ | | | | | |
| Sign Here Signature of officer or trustes | | | | , | | | | | - |
| Signature of officer or trustes Print/Type preparer's name CHRISTOPHER B. ANDERSON Firm's name ► MALONEY + NOVOTNY LLC Firm's address ► 4774 MUNSON STREET NW, SUITE 402 CANTON, OH 44718-3634 PRESIDENT Tittle PRESIDENT Tittle Check if self-employed self-employed Print/Selin ► 34-0677006 Phone no. (330) 966-9400 | Under | penalities of perjury, I declare t | hat I have examined this : | return, including | accompanying schedules and st | atemonts, and to the bes | af my knowledge | v ska vov da | |
| Paid Preparer Use Only Firm's name MALONEY + NOVOTNY LLC Firm's address > 4774 MUNSON STREET NW, SUITE 402 CANTON, OH 44718-3634 PRESIDENT Tittle Preparer's Initial Date 11/8/19 PRESIDENT Tittle Check if Print Self employed self-employed Print's EIN > 34-0677006 Phone no. (330) 966-9400 | Sign La | elief, it is true, correct, and com | plets. Declaration of prep | parer (other then | taxpayer) is becod on all informat | tion of which preparer ha | s any knownade. | urn with the | preparer |
| Signature of officer or trustee Date Date Title Print/Type preparer's name CHRISTOPHER B. ANDERSON Preparer Use Only Firm's name MALONEY + NOVOTNY LLC Firm's address > 4774 MUNSON STREET NW, SUITE 402 CANTON, OH 44718-3634 Phone no. (330) 966-9400 | Here | K CAN TO | Kumack | 01. | 1 11/12/19 | PRESTO | | | 1 |
| Print/Type preparer's name Preparer's signature Date 11/8/19 CHRISTOPHER B. ANDERSON P00226559 Preparer Use Only Firm's name MALONEY + NOVOTNY LLC Firm's EIN 34-0677006 Firm's address 4774 MUNSON STREET NW., SUITE 402 CANTON, OH 44718-3634 Phone no. (330) 966-9400 | Sig | nature of officer or trustee | OUD TAKE OF | ~~ | Date 1.9 | | | | 100 |
| Paid Preparer Use Only CHRISTOPHER B. CLass 11/8/19 11/8/19 P00226559 P00226559 | | | me | Prenarer's el | | | Check If I print | | |
| Preparer Firm's name MALONEY + NOVOTNY LLC Firm's EIN 34-0677006 | | 1 | . 1 | | | - Tub | | | |
| Preparer Firm's name MALONEY + NOVOTNY LLC Firm's EIN 34-0677006 | Paid | | . D. | Class | 30 | 11/8/19 | | ^^~ | 0 |
| Use Only Firm's address 4774 MUNSON STREET NW., SUITE 402 CANTON, OH 44718-3634 Phone no. (330) 966-9400 | - | | | | | Ļ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| Firm's address ► 4774 MUNSON STREET NW, SUITE 402 CANTON, OH 44718-3634 Phone no. (330) 966-9400 | | Firm's name MAL | ONEA + NOA | VOTNY 1 | LLC | | Firm's EIN > 34-0 | 67700 | 16 |
| CANTON, OH 44718-3634 Phone no. (330) 966-9400 | use Only | | | | | | | | |
| CANTON, OH 44718-3634 Phone no. (330) 966-9400 | | Firm's address ▶ 47 | 74 MUNSON | STREE! | r NW, SUITE 4 | 102 | | | |
| | | | | | | | Phone no. (330) | 966- | 9400 |
| | | | 7 | | | ······································ | | | |

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.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Name of the organization

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

| H | EALTH FOUNDATION OF GREATER MASSILLON | 31-1516370 | | | | |
|---|---|--------------------------------|--|--|--|--|
| Organization type (check | | | | | | |
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | 527 political organization | | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | • | | | | |
| | 501(c)(3) taxable private foundation | | | | | |
| | | • | | | | |
| | n is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul | e See instructions. | | | | |
| General Rule | | | | | | |
| | on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor's | | | | | |
| Special Rules | | | | | | |
| sections 509(a)(1 any one contribu | on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support t) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, of tor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amout IZ, line 1 Complete Parts I and II. | or 16b, and that received from | | | | |
| year, total contrib | on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a outions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educ- lelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the co | ational purposes, or for the | | | | |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year | | | | | | |
| but it must answer "No" o | that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fo t the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) | | | | | |

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Employer identification number

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|--------|------------|----|---------|-----------|--|
| HEALTH | FOUNDATION | OF | GREATER | MASSILLON | |

31-1516370

| HEALT | H FOUNDATION OF GREATER MASSILLON | | -1310370 |
|------------|--|----------------------------|--|
| Part I | Contributors (see instructions) Use duplicate copies of Part I if additional | al space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | KATHRYN L. SEYMOUR IRREVOCABLE TRUST 4481 MUNSON STREET NW, SUITE 200 CANTON, OH 44718 | \$395,681. | Person X 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 Oncash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroli Omnicash Omnicash If for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Occash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions) |

Name of organization

Employer identification number

HEALTH FOUNDATION OF GREATER MASSILLON

31-1516370

| FOUNDATION OF GREATER MASSILLON | 1_31 | -15163/0 |
|--|--|---|
| Noncash Property (see instructions) Use duplicate copies of Part | II if additional space is needed | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | s | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | |
| | Noncash Property (see instructions) Use duplicate copies of Part (b) Description of noncash property given Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed (c) (c) FMV (or estimate) (See instructions) \$ (b) Description of noncash property given (c) FMV (or estimate) (See instructions) (d) FMV (or estimate) (See instructions) (e) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (d) FMV (or estimate) (See instructions) (e) FMV (or estimate) (See instructions) (f) FMV (or estimate) (See instructions) (h) Description of noncash property given (h) FMV (or estimate) (See instructions) (h) FMV (or estimate) (See instructions) |

Employer identification number

| 31-151637 | 0 |
|-----------|---|
|-----------|---|

| HRYTLI | H FOUNDATION OF GREATER | MASSILLON | 31-1516370 |
|---------------------------|--|---|---|
| Part III | from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, |) through (e) and the following line entry For charitable, etc., contributions of \$1,000 or less for | 501(c)(7), (8), or (10) that total more than \$1,000 for the year organizations r the year (Enterthis info once) \$ |
| | Use duplicate copies of Part III if additional | space is needed. | · · · · · · · · · · · · · · · · · · · |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | (e) Transfer of gift | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| ļ | Transferee's name, address, a | (e) Transfer of gift | Relationship 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, a | nd ZIP + 4 | Relationship 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, a | nd ZIP + 4 | Relationship of transferor to transferee |
| | | | |

| FORM 990-PF | DIVIDENDS | AND INTER | EST FROM SI | ECURITIES | S' | PATEMENT 1 |
|------------------------|-----------|------------------------------|---------------------------------|-----------------------------|--------|-------------------------------|
| GROSS SOURCE AMOUNT | | CAPITAL GAINS DIVIDEND | REVEN | JE NET IN | | (C) ADJUSTED NET INCOME |
| CHARLES SCHWAB | 180,956. | | 0. 180,5 | 956. 180 | 0,956. | |
| TO PART I, LINE 4 | 180,956. | | 0. 180,9 | 956. 180 | 956. | |
| FORM 990-PF | | OTHER I | NCOME | | S' | PATEMENT 2 |
| DESCRIPTION | | | (A) REVENUE PER BOOKS | (B) NET INVI MENT INC | EST- | (C) ADJUSTED NET INCOME |
| OTHER INCOME | | | 13: | 2. | 132. | |
| TOTAL TO FORM 990-PF | PART I, | LINE 11 | 13: | 2. | 132. | •••• |
| FORM 990-PF | | LEGAL | FEES | | S' | PATEMENT 3 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | (B) NET INVEST MENT INCOL | | STED | (D) CHARITABLE PURPOSES |
| LEGAL | | 1,625. | 5 | 36. | | 1,089. |
| TO FM 990-PF, PG 1, 1 | IN 16A | 1,625. | 5: | 36. | | 1,089. |
| FORM 990-PF | | ACCOUNTI | NG FEES | | S | PATEMENT 4 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | (B) NET INVEST MENT INCO | | STED | (D) CHARITABLE PURPOSES |
| ACCOUNTING | | 1,900. | 5 | 70. | | 1,330. |
| MO BORN 000 DE DC 1 | | 1 000 | | 7.0 | | 1 220 |
| TO FORM 990-PF, PG 1 | , LN 16B | 1,900. | 5 | 70. | | 1,330. |

| FORM 990-PF | TAX | ES | S | STATEMENT 5 | | |
|---|------------------------------|-----------------------------------|-------------------------------|-------------------------------|--|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | | |
| | -408. | 0. | · | 0. | | |
| TO FORM 990-PF, PG 1, LN 18 | -408. | 0. | | 0. | | |
| FORM 990-PF | OTHER E | XPENSES | S | TATEMENT 6 | | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | | |
| DUES AND MEETINGS TRUSTEE FEES INVESTMENT ADVISORY FEES | 4,841. 29,880. 54,659. | - | | 3,873. 0. 40,994. | | |
| TO FORM 990-PF, PG 1, LN 23 | 89,380. | 44,513. | | 44,867. | | |

| FORM 990-PF | OTHER | INVESTMENTS | ···· | STATEMENT 7 |
|--------------------------------|--------------|---------------------|------------|----------------------|
| DESCRIPTION | | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
| CHARLES SCHWAB 3396-0036 | | COST | 8,503,115. | 8,503,115. |
| TOTAL TO FORM 990-PF, PART II | .3 | 8,503,115. | 8,503,115. | |
| FORM 990-PF | OTHER | LIABILITIES | | STATEMENT 8 |
| DESCRIPTION | . | | BOY AMOUNT | EOY AMOUNT |
| DUE TO AFFILIATED ORGANIZATION | N | - | 10,764. | 0. |
| TOTAL TO FORM 990-PF, PART II | | | 10,764. | 0. |

| FORM 990-PF | PART VI | III - I STEES A | LIST AND I | OF OFFICERS, I | DIRECTORS AGERS | STAT | EMENT 9 |
|--|-------------|--------------------|---------------|--------------------------|--------------------|---------------------------------|--------------------|
| NAME AND ADDRESS | | | | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
| BARBARA SCHUMACHE 400 MARKET AVENUE CANTON, OH 44702 | R NORTH, | SUITE | 200 | CHATR | | | |
| JOHN FERRERO 400 MARKET AVENUE CANTON, OH 44702 | NORTH, | SUITE | 200 | VICE-CHAIR 1.00 | 0. | 0. | 0. |
| LINDA LITMAN 400 MARKET AVENUE CANTON, OH 44702 | NORTH, | SUITE | 200 | SECRETARY 1.00 | 0. | 0. | 0. |
| TED MILLER 400 MARKET AVENUE CANTON, OH 44702 | NORTH, | SUITE | 200 | TREASURER 1.00 | 0. | 0. | 0. |
| CHRISTOPHER GOFF 400 MARKET AVENUE CANTON, OH 44702 | | SUITE | 200 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| LYNN HAMILTON 400 MARKET AVENUE CANTON, OH 44702 | NORTH, | SUITE | 200 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| SUSAN KOOSH 400 MARKET AVENUE CANTON, OH 44702 | NORTH, | | | | 0. | 0. | 0. |
| WILLIAM LEFFLER 400 MARKET AVENUE CANTON, OH 44702 | NORTH, | | 200 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| RICHARD FULLER 400 MARKET AVENUE CANTON, OH 44702 | NORTH, | | | BOARD MEMBER | 0. | 0. | 0. |
| JOHN MCGRATH 400 MARKET AVENUE CANTON, OH 44702 | NORTH, | SUITE | 200 | BOARD MEMBER 1.00 | 0. | 0. | 0. |

| HEALTH | FOUNDATION | OF | GREATER | MASSILLON |
|--------|------------|----|---------|-----------|

31-1516370

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

0. 0.

0.

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

STATEMENT 10

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

CARRIE L. BAST 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