Form 990-T	E	Exempt Organization Bus			ax Return	\vdash	OMB No 1545-0687
		(and proxy tax und					2018
	For ca	lendar year 2018 or other tax year beginning Go to www.irs.gov/Form990T for in		, and ending	tion	-	2010
Department of the Treasury Internal Revenue Service	▶	Do not enter SSN numbers on this form as it may				50	pen to Public Inspection for 1(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name c	hanged	and see instructions.)		D Employ (Employ instructi	er identification number /ees' trust, see ions)
B Exempt under section	Print	STARK COMMUNITY FOUNDA	TIOI	1	<u> </u>		-0943665
X 501(cm3)	Type	Number, street, and room or suite no. If a P.O. bo					ed business activity code tructions)
408(e) 220(e)) ''	400 MARKET AVENUE NORT				-	
408A530(a)		City or town, state or province, country, and ZIP o	r foreig	n postal code		52 <u>5</u> 9	90
C Book value of all assets at end of year		F Group exemption number (See instructions.)	<u> </u>				
235,445,	363.	G Check organization type X 501(c) corp	poration	501(c) trust	401(a)		Other trust
H ETITEL THE HOLLIDER OF THE	turganiza	mons unrelated dades of businesses.	2	Describe i	he only (or first) un		han ana
		EE STATEMENT 1 ace at the end of the previous sentence, complete Pa	rte I an		complete Parts I-V.		
business, then complete			ii to i aii	u II, complete a ochequie	WI TO FACIL AUGILION	ai ii auc u	•
		poration a subsidiary in an affiliated group or a parei	nt-subsi	diary controlled group?	▶ [Yes	X No
	-	tifying number of the parent corporation.					
		CARRIE L. BAST			ne number 🕨 3		
Part I Unrelate	d Trac	de or Business Income	,	(A) Income	(B) Expenses	<u> </u>	(C) Net
1a Gross receipts or sa]
b Less returns and all		c Balance	1c				1
2 Cost of goods sold (3 Gross profit. Subtra		•	3	<u> </u>		-+	
4a Capital gain net inco			4a	60,776.		- 	60,776.
		Part II, line 17) (attach Form 4797)	4b			$\neg \uparrow$	
c Capital loss deduction	· ·	. , , ,	4c				
5 Income (loss) from	a partner:	ship or an S corporation (attach statement)	5	-40,728.	STMT 2	2	-40,728.
6 Rent income (Sched	lule C)		6				
7 Unrelated debt-finar	iced incoi	me (Schedule E)	7				
8 Interest, annuities, re	oyalties, a	and rents from a controlled organization (Schedule F)	8				
		on 501(c)(7), (9), or (17) organization (Schedule G)	$\overline{}$				
10 Exploited exempt ac	-	•	10				
11 Advertising income			11				
12 Other income (See in 13 Total. Combine line		·	12	20,048.		-+	20,048.
Part II Deducti	ons No	ot Taken Elsewhere (See instructions for					20,040.
		utions, deductions must be directly connected			income.)		
14 Compensation of o	fficers, di	rectors, and trustees (Schedule K)				14	
15 Salaries and wages	;					15	
16 Repairs and mainte	enance					16	
17 Bad debts						17	
18 Interest (attach sch		•		<u> </u>		18	
19 Taxes and licenses		e instructions for limitation rules) RECEN	IED.	100		19	
20 Charitable contribu		e instructions for limitation rules) RECEI		SO 21 22a		20	
		n Schedule A and elsewhere on return	2019) \(\frac{21}{10} \) \(\frac{22a}{10} \)		22b	
23 Depletion	namiou o	NOV E	Fan	12/ [22]		23	
24 Contributions to de	ferred co	mpensation plans		TTP 1		24	
25 Employee benefit p		mpensation plans chedule I)	.N.			25	
26 Excess exempt exp	-	chedule I)				26	
27 Excess readership	costs (Sc	The state of the s				27	
28 Other deductions (28	
29 Total deductions.						29	0.
		ncome before net operating loss deduction. Subtrac				30	20,048.
		loss arising in tax years beginning on or after Janua	iry 1, 20	18 (see instructions)		31	20,048.
		ncome. Subtract line 31 from line 30				32	Form 990-T (2018)

2018.05000 STARK COMMUNITY FOUNDATIO 11842.01

Page 2

Part I	II Total Unrelated Business Taxable Income						
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	e instructi	ons)	33		0,04	
34	Amounts paid for disallowed fringes			34	Į.	5,8	в0.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	ictions)	STMT 3	35	2!	5,9	28.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the si						
	lines 33 and 34			36			
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37		1,0	00.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	36,					
	enter the smaller of zero or line 36			38			0.
Part	V Tax Computation						
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		•	39			0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 38	from:				
	Tax rate schedule or Schedule D (Form 1041)		•	40			
41	Proxy tax. See instructions		•	41			
42	Alternative minimum tax (trusts only)			42			
43	Tax on Noncompliant Facility Income. See instructions			43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44			0.
Part '	/ Tax and Payments	.,		-, -,			
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		-			
þ	Other credits (see instructions)	45b		-			
C	General business credit. Attach Form 3800	45c	····	-1			
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	·				
•	Total credits. Add lines 45a through 45d			45e			
46	Subtract line 45e from line 44	_		46			0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	66	Other (attach schedule)				
48	Total tax. Add lines 46 and 47 (see instructions)			48			0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	1 1	10 000	49			0.
	Payments: A 2017 overpayment credited to 2018	50a	10,000	4			
	2018 estimated tax payments	50b	F 000	-			
	Tax deposited with Form 8868	50c	5,000	-1			
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		-			
_	Backup withholding (see instructions)	50e		- I			
f		50f		⊣			
g	Other credits, adjustments, and payments: Form 2439	500					
51	Form 4136 Other Total Total payments. Add lines 50a through 50g	50g		51	1 '	5,0	nn .
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52		<i>5</i>	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		_	53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			54	1	5,0	00.
55		000.	Refunded	55		-,-	0.
Part '				1 00			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	or other a	uthority			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization		-				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign co	ountry				
	here > JERSEY				[X	
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	ansferor t	o, a foreign trust?				X
	If "Yes," see instructions for other forms the organization may have to file.						
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$						
•	Under penalties of per pry, Indeclare that I have examined this return, including accompanying schedules and sta correct, and complyite. Declaration of preparer (other than taxpayer) is based on all information of which prepare	atements, er r has anv kr	nd to the best of my know nowledge	ledge and be	lief, it is true	4	
Sign	1/1MAXX71MACO.//. 44.10.40			May the IRS			vith
Here	PRESIDE	NT		the preparer			
	Signature of officer Date Title			instructions)	Ye X	8	No
	Print/Type preparer's name Preparer's signature Da	ate	Check	if PTIN			
Paid	CHRISTOPHER B.	1/11/20	19 self- employe				
Prepa	arer ANDERSON				0226		
Use (Only Firm's name MALONEY + NOVOTNY, LLC		Firm's EIN	> 34	<u>-067</u>	700	b
	4774 MUNSON ST NW, STE 402		<u> </u>	/2201	000	0.4	0.0
	Firm's address ► CANTON, OH 44718		Phone no.	(330)			<u>00</u>

Schedule A - Cost of Goods S	old. Enter	method of invent	torv v	aluation ► N/A						
1 Inventory at beginning of year	1		1	Inventory at end of year	r		6			
2 Purchases	2		1	Cost of goods sold. Su		ine 6	Ť			
3 Cost of labor	3		1 '	from line 5. Enter here						
4a Additional section 263A costs		••	1	line 2		4.1.1	7	ì		
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to		<u> </u>	Yes	No
b Other costs (attach schedule)	4b		1 "	property produced or a	•	•		Ī		
5 Total. Add lines 1 through 4b	5		1	the organization?	oquiiou	ioi rosaio, appi, to		1		
Schedule C - Rent Income (Fro		Property and	Per		ease	d With Real Prop	erty)		
1. Description of property										
(1)										
(2)										
(3)										
(4)										
2	Rent receiv	ed or accrued				1				
(a) From personal property (if the percentar rent for personal property is more than 10% but not more than 50%)	ge of	"of rent for p	ersonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	je	3(a) Deductions directly columns 2(a) a	y connec nd 2(b) (cted with the inc attach schedule	ome in	
(1)										
(2)								·		
(3)						- ::				
(4)										
Total	0.	Total			0.		-			
(c) Total income. Add totals of columns 2(a) here and on page 1, Part I, line 6, column (A)		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•			0.
Schedule E - Unrelated Debt-F		Income (see	ınstru	ctions)		•				
		•	2	2. Gross income from		3. Deductions directly con to debt-finan-			θ	
1. Description of debt-finance	ed property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other de (attach sch	ductions iedule)	s
(1)										
(2)										
(3)		_								
(4)										
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)		Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable (column 6 x tot 3(a) and	al of col	
(1)				%						
(2)		_		%			\top			
(3)				%		-				
(4)	•			%						
			•	,		nter here and on page 1, Part I, line 7, column (A)		Enter here and Part I, line 7, c		
Totals						0				0.
Total dividends-received deductions include	ded in columi	ı 8					•			0.
The state of the s		· · ·						Form	990-T	(2018)

Schedule F - Interest, A	Annuitie	s, Royal	ties, and	Rents	From Co	ntrolle	d Organiza	tions	(see ins	struction	ns)
				Exempt (Controlled O	rganizatio	ons				
Name of controlled organizat	ion	2. Em identifi num	cation		elated income i instructions)		al of specified nents made	include	t of column 4 ad in the contr ation's gross	rolling	6. Deductions directly connected with income in column 5
<u>(1)</u>								1			
(2)	•		_					<u> </u>			
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable income		nrelated incon see instructions		9. Total	of specified pays made	nents	10. Part of colu in the controll gross	mn 9 that ing organ s income	ization's		eductions directly connected h income in column 10
(1)						1				· ·	
(2)						1					
(3)											
(4)		-									
							Add colum Enter here and line 8,		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals									0.		0.
Schedule G - Investme (see insti		ne of a S	Section	501(c)(7	7), (9), or (17) Org	anization				
1. Desc	ription of inco	me			2. Amount of	ıncome	3. Deduction directly connection (attach scheduler)	ected	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)			•								
(2)						Ì					
(3)											
(4)	•										
					Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals				>		0.					0.
Schedule I - Exploited (see instru	•	Activity	Income	, Other	Than Adv	ertisin	g Income				
			3. Exc	oenses	4. Net incom						7. Excess exempt
1. Description of exploited activity	unrelated	Aross business le from business	directly c	onnected duction elated	from unrelated business (cd minus colum gain, comput through	nlumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrela business inco	that ted	attribut	penses table to mn 5	expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)		re and on , Part I, col (A)	Enter her page 1 line 10,								Enter here and on page 1, Part II, line 26
Totals		0.		0.							0.
Schedule J - Advertisi							_				
Part I Income From	Periodic	als Rep	orted or	n a Con	solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct prtising costs	or (loss) (c col 3) if a g	tising gain ol 2 minus ain, comput hrough 7	5. Circula e income		6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						-					
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))	•		0.	0	•						0.

						5 Page :
		ate Basis (For eac	ch periodic	al listed in Pa	ırt II, fill ın	
2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7			Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
0.	0.					0.
Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)					Enter here and on page 1, Part II, line 27
0.	0.					0.
on of Officers, I	Directors, and	Trustees (see in	structions)			
		2. Title				pensation attributable related business
				%		
				%		
				%	I	
				%		
line 14	•		•	•		0.
	2. Gross advertising income Company of the page 1, Part I, Inne 11, col (A) Con of Officers, I	a line-by-line basis.) 2. Gross advertising lincome 0. 0. 0. Enter here and on page 1, Part I, line 11, col (A) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	a line-by-line basis.) 2. Gross advertising income 0. O. Enter here and on page 1, Part I, line 11, col (A) O.	Dedicals Reported on a Separate Basis (For each periodic a line-by-line basis.) 2. Gross advertising sold advertising costs 3. Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 5. Circulation or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 Enter here and on page 1, Part I, line 11, col (A) D. O.	a line-by-line basis.) 2. Gross advertising advertising costs 3. Direct advertising gain or (loss) (col 2 minus cols 5 through 7) 5. Circulation income 6. Enter here end on page 1, Part I, line 11, col (A) 7. Title 1. Title 1. Title 1. Particulation periodical listed in Page 1, Part I, line 11, col (B) 7. Title 1. Title 1. Particulation periodical listed in Page 1, Part I, line 11, col (B) 9. On of Officers, Directors, and Trustees (see instructions) 9. On of Officers periodical listed in Page 1, Part I, line 11, col (B) 9. On of Officers periodical listed in Page 1, Part I, line 11, col (B) 9. On of Officers periodical listed in Page 1, Part I, line 11, col (B) 9. On of Officers periodical listed in Page 1, Part I, line 11, col (B) 9. On of Officers periodical listed in Page 1, Part I, line 11, col (B) 9. On of Officers periodical listed in Page 1, Part I, line 11, col (B) 9. On of Officers periodical listed in Page 1, Part I, line 11, col (B) 9. On of Officers periodical listed in Page 1, Part I, line 11, col (B) 9. On of Officers periodical listed in Page 1, Part I, line 11, col (B) 9. On of Officers periodical listed in Page 1, Part I, line 11, col (B) 9. On of Officers periodical listed in Page 1, Part I, line 11, col (B) 9. On of Officers periodical listed in Page 1, Part I, line 11, col (B) 9. On officers periodical listed in Page 1, Part I, line 11, col (B) 9. On officers periodical listed in Page 1, Part I, line 11, col (B) 9. On officers periodical listed in Page 1, Part I, line 11, col (B) 9. On officers periodical listed in Page 1, Part I, line 11, col (B) 9. On officers periodical listed in Page 1, Part I, line 11, col (B) 9. On officers periodical listed in Page 1, Part I, line 11, col (B) 9. On officers periodical listed in Page 1, Part I, line 11, col (B) 9. On officers periodical listed in Page 1, Page 2,	Dedicals Reported on a Separate Basis (For each periodical listed in Part II, fill in a line-by-line basis.) 2. Gross advertising 3. Direct advertising costs 3. Direct advertising gain or (loss) (col 2 minus cols 5 through 7) 5. Circulation income 6. Readership costs 6. Readership costs Co

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

INVESTMENT IN PARTNERSHIPS THAT GENERATE UBI.

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION	NET INCOME OR (LOSS)
PERENNIAL REAL ESTATE FUND II, LP - ORDINARY BUSINESS	
INCOME (LOSS)	-162.
PERENNIAL REAL ESTATE FUND II, LP - NET RENTAL REAL ESTATE	0.500
INCOME	-8,720.
PERENNIAL REAL ESTATE FUND II, LP - OTHER NET RENTAL	7.
INCOME (LOSS) PERENNIAL REAL ESTATE FUND II, LP - INTEREST INCOME	849.
PERENNIAL REAL ESTATE FUND II, LP - DIVIDEND INCOME	210.
PERENNIAL REAL ESTATE FUND II, LP - OTHER PORTFOLIO INCOME	
(LOSS)	. 37.
PERENNIAL REAL ESTATE FUND II, LP - OTHER INCOME (LOSS)	-540.
TIFF PRIVATE EQUITY PARTNERS 2010, LLC - ORDINARY BUSINESS	
INCOME (LOSS)	-68.
TIFF PRIVATE EQUITY PARTNERS 2010, LLC - OTHER INCOME	0.060
(LOSS)	-2,868.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - ORDINARY BUSINESS	-2,871.
INCOME (LOSS) TIFF PRIVATE EQUITY PARTNERS 2008, LLC - ROYALTIES	-2,6/1.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - OTHER INCOME	2.
(LOSS)	-2,500.
NEO CAPITAL FUND, L.P ORDINARY BUSINESS INCOME (LOSS)	1,481.
NEO CAPITAL FUND, L.P NET RENTAL REAL ESTATE INCOME	-32.
NEO CAPITAL FUND, L.P INTEREST INCOME	74.
NEO CAPITAL FUND, L.P DIVIDEND INCOME	30.
NEO CAPITAL FUND, L.P OTHER INCOME (LOSS)	538.
DENHAM COMMODITY PARTNERS FUND VI, LP - ORDINARY BUSINESS	10.600
INCOME (LOSS)	-19,692.
BAIN CAPITAL VENTURE FUND 2014, LP - INTEREST INCOME	359.
IMPACT ANGEL FUND, LLC - ORDINARY BUSINESS INCOME (LOSS) GEM REALTY FUND VI, L.P ORDINARY BUSINESS INCOME (LOSS)	-5,027. -88.
SANGO PRIVATE EQUITY II, LP - INTEREST INCOME (LOSS)	-00. 6.
SANGO PRIVATE EQUITY II, LP - INTEREST INCOME SANGO PRIVATE EQUITY II, LP - OTHER INCOME (LOSS)	-1,753.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-40,728.

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/11	1,421.	0.	1,421.	1,421.
12/31/12	12,294.	0.	12,294.	12,294.
12/31/13	7,118.	0.	7,118.	7,118.
12/31/14	71,510.	0.	71,510.	71,510.
12/31/15	4,179.	0.	4,179.	4,179.
12/31/16	67,512.	0.	67,512.	67,512.
12/31/17	19,707.	0.	19,707.	19,707.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	183,741.	183,741.

Page	3

Form 990-1 (2018) STARK COMN	MUNITY FOUNDAT	ION			34-0943	Page 3
Schedule A - Cost of Goods	Sold. Enter method of Ir	ventory	valuation >			
1 Inventory at beginning of year 2 Purchases 3 Cost of labor 4a Additional section 263A costs (attach schedule) b Other costs (attach schedule) 5 Total. Add lines 1 through 4b Schedule C - Rent Income (I (see instructions)	1 2 3 4a 4b 5	6 7	Inventory at end of year Cost of goods sold. Sulfrom line 5. Enter here a line 2 Do the rules of section 2 property produced or act the organization?	btract li and in F 263A (v cquired	Part I, with respect to for resale) apply to	7 Yes No
1. Description of property						
(1)	· <u> </u>				.	
(2)					.	
(4)						
	2. Rent received or accrued				<u> </u>	
(a) From personal property (if the percorent for personal property is more to 10% but not more than 50%)	han i of ren	it for persona	sonal property (if the percentage if property exceeds 50% or if sed on profit or income)	6		onnected with the income in 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column Schedule E - Unrelated Debi	(A) >	(see instr	uctions)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>
		1			3. Deductions directly conne	
1. Description of debt-fine	anced property		2. Gross income from or ellocable to debt- financed property	` '	to debt-financed Straight line depreciation (attach schedule) TATEMENT 4	(b) Other deductions (attach schedule) STATEMENT 5
(1) SCF DEVELOPMENT I	TD.		144,918.		42,555.	165,063.
(2)						
(3)						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property		6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8, Allocable deductions (column 6 x total of columns 3(a) and 3(b))
STATEMENT 6 (1) 2,107,949.	STATEMENT 7 1,198,71	-	100.00%		144,918.	207,618.
(1) 2,107,949. (2)	1,130,/1		100.00%_ %		144,710.	201,010.
(3)		<u> </u>	%			
(4)		Ì	%			
		1			nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			>		144,918.	207,618.
Total dividends-received deductions inc	cluded in column 8		•		>	0.
						Form 990-T (2018)

FORM 990-T (M) SCHEDULE E - DEPRECIATION	ON DEDUCTION	N	STATEMENT 4
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
STRAIGHT-LINE DEPRECIATION - SUBTOTAL -	1	42,555.	42,555.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(A)		42,555.
FORM 990-T (M) SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT 5
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
OTHER DEDUCTIONS - SUBTOTAL -	1	165,063.	165,063.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(B)		165,063.
FORM 990-T (M) AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN			STATEMENT 6
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITION DEBT ON DEBT-FINANCED PROPERTY - SUBTOTAL -	1	2,107,949.	2,107,949

FORM 990-T (M) AVERAG ALLOCABLE	STATEMENT 7		
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS ON DEB	-FINANCED SUBTOTAL - 1	1,198,718.	1,198,718.
TOTAL OF FORM 990-T, SCHEDULE	E, COLUMN 5		1,198,718.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY	1
OMB No 1545-06	87

ONB NO 1343-0067

2018

Department of the Treasury Internal Revenue Service (99 Open to Public Inspection for 501(c)(3) Organizations Only

Name of the organization STARK COMMUNITY FOUNDA	Employer Identification 34-094366			
Unrelated business activity code (see instructions) > 5311				
	LOPME	NT LTD.		
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances c Balance	· —			
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Schedule D)	4a		+	· · · · · · · · · · · · · · · · · · ·
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach	1 _ 1			
statement)	5			
6 Rent income (Schedule C)	6	144,918.	207,618.	-62,700
7 Unrelated debt-financed income (Schedule E)	7	144,916.	207,010.	-62,700
8 Interest, annuities, royalties, and rents from a controlled				
organization (Schedule F)	8			
9 Investment income of a section 501(c)(7), (9), or (17)				
organization (Schedule G)	9	-		.=
Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11			
12 Other income (See instructions, attach schedule)	12	144 010	207 (10	-62,700
13 Total. Combine lines 3 through 12	13	144,918.	207,618.	
Part II Deductions Not Taken Elsewhere (See instru deductions must be directly connected with the				r contributions,
14 Compensation of officers, directors, and trustees (Schedule K)			14	
15 Salaries and wages			15	
16 Repairs and maintenance			16	
17 Bad debts			17	
18 Interest (attach schedule) (see instructions)			18	
19 Taxes and licenses			19	
20 Charitable contributions (See instructions for limitation rules)		. (20	
21 Depreciation (attach Form 4562)		21		
Less depreciation claimed on Schedule A and elsewhere on retu	ım	22a	22b	
23 Depletion			23	
24 Contributions to deferred compensation plans			24	
25 Employee benefit programs			25	
Excess exempt expenses (Schedule I)			26	
7 Excess readership costs (Schedule J)			27	
Other deductions (attach schedule)			28	
Po Total deductions. Add lines 14 through 28			29	0
30 Unrelated business taxable income before net operating loss de	duction St	ubtract line 29 from line	13 30	-62,700
Deduction for net operating loss arising in tax years beginning o	n or after J	anuary 1, 2018 (see		
instructions)			31	
22 Unrelated business taxable income. Subtract line 31 from line 31	^		22	-62.700

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

STARK COMMUNITY FOUNDATION				34-0943665			
Part I Short-Term Capital Gai	ins and Losses (See	instructions.)					
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds (sales price)	(d) (e) (g) Adjustoceeds Cost or loss fro) 9,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)		
This form may be easier to complete if you round off cents to whole dollars.							
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b							
1b Totals for all transactions reported on							
Form(s) 8949 with Box A checked							
2 Totals for all transactions reported on							
Form(s) 8949 with Box B checked							
3 Totals for all transactions reported on							
Form(s) 8949 with Box C checked					6,894.		
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7		4			
5 Short-term capital gain or (loss) from like-kine	d exchanges from Form 8824			5			
6 Unused capital loss carryover (attach computa	ation)			6	(
7 Net short-term capital gain or (loss). Combin	6,894.						
Part II Long-Term Capital Gai	ns and Losses (See I	nstructions.)	<u> </u>				
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e) Cost	(g) Adjustments to gair	,	(h) Gain or (loss) Subtract		
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (g	9.	column (e) from column (d) and combine the result with column (g)		
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	•						
8b Totals for all transactions reported on							
Form(s) 8949 with Box D checked							
9 Totals for all transactions reported on							
Form(s) 8949 with Box E checked							
10 Totals for all transactions reported on					8,973.		
Form(s) 8949 with Box F checked			1	44	44,909.		
11 Enter gain from Form 4797, line 7 or 9	Coro Ivas OC 0	7		11_	44,303.		
12 Long-term capital gain from installment sales	•	1		12			
13 Long-term capital gain or (loss) from like-king	o exchanges from Form 8824			13			
14 Capital gain distributions	- lunca On Marayah 4.4 un anlyss	_ L		14	53,882.		
15 Net long-term capital gain or (loss). Combined Part III Summary of Parts I and				15	33,002.		
		I loce (line 15)		16	6,894.		
16 Enter excess of net short-term capital gain (lii	53,882.						
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.					60,776.		

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Note: If losses exceed gains, see Capital losses in the instructions.

Schedule D (Form 1120) 2018

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No 1545-0074

Attachment Sequence No 12A

Name(s) shown on return

Social security number or

						1 ' '	dentinication no.
STARK COMMUNIT							943665
Before you check Box A, B, or C below statement will have the same information broker and may even tell you which be	ow, see whether ation as Form 109 box to check	you received any 99-B Either will s	Form(s) 1099-B show whether you	or substitute statem ir basis (usually you	nent(s) from yer r cost) was re	our broker A su ported to the IF	bstitute IS by your
Part I Short-Term. Transact		al assets you held	1 year or less are ge	enerally short-term (see	instructions)	For long-term	
transactions, see page 2 Note: You may aggregate all codes are required. Enter the	I short-term transac totals directly on S	tions reported on f Schedule D, line 1a	Form(s) 1099-B show	ving basis was reported to report these trans	d to the IRS ar	nd for which no ac n 8949 (see instru	ljustments or ctions)
You must check Box A. B. or C below.	Check only one bo	X. If more than one b	ox applies for your sho	rt-term transactions, comp	lete a separate F	orm 8949, page 1, for	each applicable box
If you have more short-term transactions than wil							
(B) Short-term transactions re	•	•	•	·	Note above	-,	
= '-'	•	•	•	eported to the INS			
	1			(-)	Adjustment	if any, to gain or	(h)
1 (a) Description of property	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If you	enter an amount	Gain or (loss).
(Example 100 sh XYZ Co.)	Date acquired (Mo , day, yr)	disposed of	(sales price)	basis. See the Note below and see Column (e) In the instructions	in column (g)	Subtract column (e)	
(Example 100 Sit X12 Co.)	(WO, day, yr)	(Mo., day, yr)			column (f). See instructions.		from column (d) &
					(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
PERENNIAL REAL							
ESTATE FUND II, LP						<u> </u>	543.
TIFF PRIVATE							
EQUITY PARTNERS							
2008, LLC							5,331.
NEO CAPITAL FUND,							
L.P.							1,020.
				<u> </u>	<u>.</u>		
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2 Totals. Add the amounts in colui	mns (d), (e), (g), a	ind (h) (subtract					
negative amounts) Enter each to	tal here and incl	ude on your					
Schedule D, line 1b (if Box A abo	ove is checked),	line 2 (if Box B	1				
above is checked), or line 3 (if B	ox C above is ch	necked)	I	1			6,894.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

above is checked), or line 3 (if Box C above is checked)

Form 8949 (2018)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

						taxpayer luc		
STARK COMMUNITY FOUNDATION					34-0	34-0943665		
Before you check Box D, E, or F belo statement will have the same informa	w, see whether y		Form(s) 1099-B o	or substitute statem r basis (usually you	ent(s) from yo r cost) was re	our broker A sur ported to the IF	bstitute IS by your	
broker and may even tell you which b	ox to check					\		
Part II Long-Term. Transaction see page 1 Note: You may aggregate all								
codes are required. Enter the	totals directly on S	Schedule D. line 8a	. vou aren't required	to report these transa	actions on Form	n 8949 (see instru	ctions)	
You must check Box D, E, or F below. Of you have more long-term transactions than will	Check only one bo fit on this page for one	X. If more than one boor more of the boxes,	ox applies for your long- complete as many form	term transactions, complets with the same box chec	ete a separate For ked as you need	rm 8949, page 2, for 6	each applicable box	
(D) Long-term transactions rep	orted on Form(s) 1099-B showing	g basis was repor	ted to the IRS (see	Note above	e)		
(E) Long-term transactions rep	orted on Form(s)	1099-B showing	g basis wasn't re	ported to the IRS				
X (F) Long-term transactions not	reported to you	on Form 1099-B	· }					
1 (a)	(b)	(c)	(d) (e) Adjustment, if any, to gain or (h)					
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		enter an amount	Gain or (loss).	
(Example 100 sh XYZ Co)	(Mo day, yr)	disposed of	(sales price)	basis See the				
(Example 700 Sit At 2 00)	((Mo., day, yr.)		Note below and	(f)	(g)	from column (d) &	
		(,,,,,,,,		see Column (e) In the instructions	Code(s)	Amount of adjustment	combine the result with column (g)	
PERENNIAL REAL	-					aujustinent		
ESTATE FUND II, LP						.	6,391.	
TIFF PRIVATE	·			···		-	0,0020	
EQUITY PARTNERS							<u> </u>	
							216.	
2010, LLC	 						210.	
TIFF PRIVATE	ļ						<u> </u>	
EQUITY PARTNERS							2 2 5 5	
2008, LLC				ļ	L		2,366.	
				<u> </u>	LL.			
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	<u> </u>			_	 			
2 Totals. Add the amounts in colur	nns (d), (e), (g), a	nd (h) (subtract	1					
negative amounts). Enter each total here and include on your				1				
Schedule D, line 8b (If Box D abo	ove is checked),	line 9 (if Box E						
above is checked), or line 10 (if E	Box F above is cl	hecked)				- <u>-</u>	8,973.	

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

823012 11-28-18

Form **8949** (2018)