990 Form

Return of Organization Exempt From Income Tax

2016

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

epartment of the Treasury	 ▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.
eternal Revenue Service	► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u> </u>	For the	2016 calend	lar year, or tax year beginning	07-01 , 2016, and en	ding 0	5-30 ,2017
В	Check if ap	oplicable	C Name of organization Stark County Hunger Task F	orce Inc		D Employer identification no
П	Address ch	nange	Doing business as			34-1374549
m .	Name char	•	Number and street (or PO box if mail is not delivered to street address)		Room/suite	E Telephone number
_	Initial retur	*	408 9th St SW		T CONTINUENCE	(330) 455-6667
一						726,968
一		n/terminated	City or town, state or province, country, and ZIP or foreign postal code			
片	Amended r	return	Canton, OH 44707			G Gross receipts\$
Ш	Application	n pending	F Name and address of principal officer Robert Feielin		H(a) is this a group return	for subordinates? Yes No
			Same as C above	<u> </u>	H(b) Are all subordinal	es included? Yes No
1	Tax-exemp	ot status 🛚 🗓	501(c)(3)	<u></u> 527	If "No," attach	a list (see instructions)
J	Website	▶ sta	rkhunger.org	<u>.</u>	H(c) Group exemptio	n number
K	Form of org	ganization 🛚 🔀	Corporation Trust Association Other	L Year of formation 19	981 M State of leg	gal domicile OH
Pa	rt I	Summar	у	บ		
	1	Bnefly descri	be the organization's mission or most significant activities	Fight hunger in	our community	by providing
a		financia	l, logistic, strategic, and food suppor			
Š		pantries				
& Governance		<u></u>	·			
٧e	2	Check this b	ox ▶ ☐ if the organization discontinued its operations or disp	osed of more than 25% of	its net assets	
ő			oting members of the governing body (Part VI, line 1a)		3	13
-ಶ			ndependent voting members of the governing body (Part VI, line	a 1h\	4	
Activities			r of individuals employed in calendar year 2016 (Part V, line 2a	•	 	12
ξ	ł			,	<u> </u>	3
Ac					<u> </u>	400
						
co-	Ь	Net unrelate	d business taxable income from Form 990-T, line 34		· · · · · · · 71	0
SCARWEST	ĺ			_	Prior Year	Current Year
			s and grants (Part VIII, line 1h)	 	475,57	552,582
爨	9	Program ser	vice revenue (Part VIII, line 2g)			0
<u></u>	10	Investment ii	ncome (Part VIII, column (A), lines 3, 4, and 7d)		95	8,862
	11	Other revenu	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) •		149,12	146,422
	12	Total revenu	e - add lines 8 through 11 (must equal Part VIII, column (A), lin	e 12)	625,65	58 <u>707,866</u>
	13	Grants and s	similar amounts paid (Part IX, column (A), lines 1-3)			0
<u> 1</u>	14	Beriefits paid	to or for members (Part IX, column (A), line 4)			0
<u></u>	15	Salaries, oth	er compensation, employee benefits (Part IX, column (A), lines	s 5-10) · · · · · ·	97,09	9 115,390
Expenses@	16a	Professional	fundraising fees (Part IX, column (A), line 11e)			0
E	b	Total fundras	sing expenses (Part IX, column (D), line 25)	14,411		
X	17	Other expen	ses (Part IX, column (A), lines 11a-11d, 11f-24e)		541,83	542,028
	18	Total expens	ses (Part IX, column (A), lines 11a-11d, 11f-24e) ses Add lines 13-17 (must equal Part IX column (A), line 25)	<u>D.</u>	638,93	
			s expenses Subtract line 18 from line 12		(13,27	
		Trevende lee	MAY 1 & 201	9 (5)	Beginning of Current Year	
ts o	20	Total assets	(Part X, line 16)		271,06	
SSE	21		es (Part X, line 26)			
Net Assets or	22		or fund balances Subtract line 21 from line 20 · · · · · · ·	-	4,93	
	irt II		ire Block		266,13	316,584
			clare that I have examined this return, including accompanying schedules and si	stements, and to the hest of my l	roowledge and belief it is	
			claration of preparer (other than officer) is based on all information of which prep		thowledge dile belief, it is	
		· / I	Total D		1	1c.a.1a
Sig	ın	Gunntu	re of officer			3 0 10
	- 1	July Marie	ausana Vananan Tata	Exposition	المناسم والأ	1 -
He	re	<u> </u>	aureen rampman later	- ENTERHIVE	DIFFLE	or
		<u></u>	print name and title	Ta	T 553	<u> </u>
_	.		eparer's name Preparets synature	4-3D-18	Check 💹 if	PTIN
Pai			F Fay CPA PFS CGM	PILAC L IAL	self-employed	P00805092
	parer		Robert F Fay CPA PFS CGMA		Firm's EIN	
Us	e Only	Firm's addres	ss ▶ 2510 Dunkeith Dr NW		Phone no	
			Canton OH 44708	·	330-	492-7245
Мау	the IRS	discuss this	return with the preparer shown above? (see instructions)			· · · · 🗌 Yes 🐰 No
For	Paperw	ork Reducti	on Act Notice, see the separate instructions.			Form 990 (2016)

Form	1990 (2016) Stark County Hunger Task Force Inc 34	-1374549	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		· · · · · 🔲
1	Binefly describe the organization's mission		
	Fight hunger in our community by providing financial, logistic, strategic, and	Food supp	ort
	to our network of local emergency food pantries.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	□ v ₌₌	⊠ No
	If "Yes," describe these new services on Schedule O	· L Tes	X) NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
3	services?	🗀 Yes	x No
	If "Yes," describe these changes on Schedule O		M , 110
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	the total expenses, and revenue, if any, for each program service reported		
			,
4a	(Code) (Expenses \$628,630 including grants of \$) (Revenue \$	-)
	Service 33 food pantries providing groceries to 27,000 families each month.		
			· · · · · · · · · · · · · · · · · · ·
			
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	/ (Experience +		······· ′
			1
			····
			<u>.</u>
			·
40	(Code) (Finance &) (Payrama &		
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$		
			
			
4d			
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses ► 628,630		
EEA		For	m 990 (2016)

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Form 990 (2016) Stark County Hunger Task Force Inc
Part IV Checklist of Required Schedules

			Yes	No
	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		,,	
	complete Schedule A · · · · · · · · · · · · · · · · · ·	_1_	X	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			_
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		2
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		2
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		2
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		:
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		<u> </u>	-
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	· · ·	_		
		9_		
	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		L
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	<u>X</u>	L
)	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
;	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
i	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
,	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ļ	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			-
	Schedule D, Parts XI and XII	40-		
		128		-
	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		ļ	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	L
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	İ		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		L
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1]	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Ĺ	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	_		Γ
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		 	H
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II · · · · · · · · · · · · · · · · · ·	18	Х	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	''	<u> </u>	╁
	If "Yes," complete Schedule G, Part III	40	<u> </u>	
	n res, complete schedule G, Falt III + + + + + + + + + + + + + + + + +	19	1]

Form 990 (2016) Page 4 Stark County Hunger Task Force Inc 34-1374549 Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Χ 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Χ 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated Χ 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year

24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Χ Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior b year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Χ 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any

current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes." complete Schedule L. Part II 26 Χ 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Χ

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV 28c

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Χ 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

Part VI `................ 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

37 X

Form 990 (2016)

28a

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35b

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Form	990 (2016) Stark County Hunger Task Force Inc 34-13745	49	Р	age 5
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable]	i	l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	Х	I
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			I
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b :	Х	l
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		,	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
Ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, secunties account, or other financial			ĺ
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			<u> </u>
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ĺ
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	[X
d	If "Yes," indicate the number of Forms 8282 filed duning the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		i
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter	7	1	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			İ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O		ĺ	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	_		
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	

Par	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "l	Vo"	-	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			. 🛛
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		•	
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-	X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
, a	one or more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,			-21
b	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
0				
•	the year by the following The governing body?	8a	Χ	}
a b	The governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		- 21	
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		-	23
	The second of the second is requested information about policies not required by the internal restricted codes,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			_
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13	 -	X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Χ	1
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			ľ
16a	·			
	with a taxable entity during the year?	16a		Х
b				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Ohio		-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
-	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Amy Weisbrod (330)455-6667, 408 9th St SW, Canton, OH 44707			

 ~~~	(2016)	

Stark County Hunger Task Force Inc

34-1374549

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

				(	C)					
(A)	(B)	Position		(D)	(E)	(F)				
Name and Title	Average	,				nan one s both an	.	Reportable	Reportable	Estimated
Name and Title	hours per			-		/trustee)		compensation	compensation from	amount of
	week (list any hours for							from the	related organizations	other compensation
	related	유표	ī	Officer	Ke	ᆲ풇	Forme	organization	(W-2/1099-MISC)	from the
	organizations below dotted	Individual trustee or director	Institutional trustee	Cer	Key employee	Highest compensated employee	mer	(W-2/1099-MISC)		organization and related
	line)	or no	nal t		ploye	8 B				organizations
		stee	ruste		ĕ	pens				
			ä			ated				
(1) Lisa Vitale	2.00									
Trustee	- 2.00	Х						ا ا		o
(2) Theresa Donato	2.00									<u>_</u>
Trustee		X					l	ا	0	o
(3) Redda Latona	2.00							`	1	
Trustee	- =	Х				i		ĺ	o	o
(4) Joe Rozsa	2.00									
Trustee		Х							0	, о
(5) Mark Esposito	2.00									
Trustee		X		L					0	0
(6) Marie Sumser	2.00									
Trustee		Х							0	0
(7) Yvette Zingery	2.00					1		ĺ		,
Trustee	ļ. <u></u>	X							0	0
(8) Joey Elwood	2.00									
Trustee		X					_		0	0
(9) Robert Fay	2.00									
Trustee		Х	<u> </u>				<u> </u>		0	0
(10)Mary Ann Schwartz	2.00	l								
Trustee	<del></del>	X				<u> </u>	-		0	0
(11)Robert Feielin	2.00			.,					_	_
President		<u> </u>		X	<del> </del> -		-		0	0
(12)Terry Regula	2.00	ŀ		V	}	ł	}			
Vice President	10.00	-		X	<u> </u>	<del> </del>	-		0	· 0
(13)Robert Mayone	10.00_			l x				,		
Treasurer	40.00	<del>                                     </del>	$\vdash$	1		-	-		0_	0
(14)Amy Weisbrod	40.00	1			X			27 70	, 0	
Executive Director	<del></del>	L	L		$\Box$	<u> </u>	Ц	27,70	<u> </u>	00_

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19   Nature on the   National Part   Nationa	Part	VII Section A. Officers, Directors, Trustees, I	Key Employ	es, a	nd H	ligh	est (	Comp	ensa	ted Employees (d	ontinued)			
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1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Ection B. Independent Contractors  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	(24)													
1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Ection B. Independent Contractors  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	(25)			<u> </u>								┼		
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Note that organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	(23)		<b></b> -											
d Total (add lines 1b and 1c)	1b	Sub-total			•	•	• •		<u> </u>			†		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. ▶ 0  Yes No  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual employee on line 1a? If "Yes," complete Schedule J for such individual isted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual in the individual in the organization of the organization of the organization? If "Yes," complete Schedule J for such person is the organization? If "Yes," complete Schedule J for such person is the organization? If "Yes," complete Schedule J for such person is the organization? If "Yes," complete Schedule J for such person is the organization? If "Yes," complete Schedule J for such person is the organization? If "Yes," complete Schedule J for such person is the organization? If "Yes," complete Schedule J for such person is the organization? If "Yes," complete Schedule J for such person is the organization? If "Yes," complete Schedule J for such person is the organization? If "Yes," complete Schedule J for such person is the organization? If "Yes," complete Schedule J for such person is the organization? If "Yes," complete Schedule J for such person is the organization or individual for services is the organization? If "Yes," complete Schedule J for such person is the organization or individual for services is the organization or individual for services is the organization or individual for services is the organization or individual for services is the organization or individual for services is the organization or individual for services is the organization or individual for services is the organization or individual for services is the organization or individual for services is the organization or ind	С	Total from continuation sheets to Part VII, Section	on A · ·						<b>•</b>					
reportable compensation from the organization    3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual    4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual    5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual    6 for services rendered to the organization? If "Yes," complete Schedule J for such person    5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A) (B) (C)  Name and business address    (B) (C)  Compensation  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who	d	Total (add lines 1b and 1c)		· · ·				. <u></u>	<b>&gt;</b>	34,789	0			0
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3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		reportable compensation from the organization	<del>-</del>								0		1 7	
employee on line 1a? If "Yes," complete Schedule J for such Individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who	•	Did the comment of his conference office disperse.			_1								Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3	•		•	-		-					3		Y
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual	4											<b> </b>		- 25
Individual														
for services rendered to the organization? If "Yes," complete Schedule J for such person		-				-						4		X
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	5	Did any person listed on line 1a receive or accrue co	ompensation	from a	any t	unrel	ated	lorgar	nızatı	on or individual				
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who			complete Sch	edule	J foi	suc	h pe	erson			<u> </u>	5		X
compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who											<del></del>			
year  (A) (B) (C)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	1													
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Total number of independent contractors (including but not limited to those listed above) who											i i			n
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Form 990 (2016) 34-1374549 Page 9 Stark County Hunger Task Force Inc Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) (A) Revenue excluded from tax Total revenue Related or exempt business revenue under sections 512-514 1a Federated campaigns · · · · · · · Contributions, Gifts, Grants and Other Similar Amounts 1b 1c C d Related organizations . . . . . . . 1d 1e Government grants (contributions) - -22,047 f All other contributions, gifts, grants, and similar amounts not included above 1f 530,535 Noncash contributions included in lines 1a-1f \$ 325,586 552,582 **Business Code** Program Service Revenue f All other program service revenue . . . . . . g Total. Add lines 2a-2f · · · · · · · · · · ▶ Investment income (including dividends, interest, 8,862 8,862 Income from investment of tax-exempt bond proceeds 5 (II) Personal b Less rental expenses · · · · c Rental income or (loss) - - d Net rental income or (loss) . . (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses . . . . c Gain or (loss) · · · · · d Net gain or (loss) · · · · Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) 165,524 **b** Less direct expenses . . . . . . . . . . . . 19,102 146,422 c Net income or (loss) from fundraising events 146,422 9a Gross income from gaming activities See Part IV. line 19 . . . . . . . . . a **b** Less direct expenses .... **b** c Net income or (loss) from gaming activities ..... 10a Gross sales of inventory, less returns and allowances . . . . . . . . a b Less cost of goods sold . . . . . . b c Net income or (loss) from sales of inventory . . . . . . . . . . Miscellaneous Revenue **Business Code** 11a b

707,866

C

d All other revenue

e Total. Add lines 11a-11d Total revenue. See instructions

# Form 990 (2016) Stark County Hunger Task Force Inc Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all col	·	<del></del>	· , ,	
	Check if Schedule O contains a response or note to a	· · · · · · · · · · · · · · · · · · ·	<del></del>		
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic		<u> </u>		
	individuals See Part IV, line 22		· <u>-</u> .		
3	Grants and other assistance to foreign			,	
	organizations, foreign governments, and foreign				i e
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · · ·				
7	Other salaries and wages	104,276	104,276		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)		<u>-</u> -		· <del>···</del>
9	Other employee benefits				
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·	11,114	11,114		
11	Fees for services (non-employees)				•
а	Management				
b	Legal	422		422	
С	Accounting				1,
d	Lobbying				
е	Professional fundraising services See Part IV, line 17		<u>.</u>	^	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O) · ·				
12	Advertising and promotion	4,678	1,559		3,119
13	Office expenses	2,611	1,175	261	1,175
14	Information technology	3,339	1,503	333	1,503
15	Royalties				<del> </del>
16	Occupancy	18,768	13,138	4,692	938
17	Travel · · · · · · · · · · · · · · · · · · ·	1,408	1,056		352
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest · · · · · · · · · · · · · · · · · · ·				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization	9,491	7,593	1,898	
23 24	Insurance	19,258	6,420	6,419	6,419
24	Other expenses literaize expenses not covered				
	above (List miscellaneous expenses in line 24e If		i,		<u> </u>
	line 24e amount exceeds 10% of line 25, column		'1		
_	(A) amount, list line 24e expenses on Schedule O )		4-4 44-		<del> </del>
a	Food	471,227	471,227		
b	Non Food in Kind	1,000	1,000		
9	Printing and reproduction	809	364	81	364
d ^	Miscellaneous	9,017	8,205	271	541
9 25	All other expenses				
25 26	Total functional expenses. Add lines 1 through 24e - Joint costs. Complete this line only if the	657,418	628,630	14,377	14,411
	organization reported in column (B) joint costs		•		:
	from a combined educational campaign and				,
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)	l l			

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 1 Cash - non-interest-bearing 116,282 48,164 2 2 166,008 20,616 3 Pledges and grants receivable, net ...... 3 4 Accounts receivable, net 21,521 4 2,688 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L ...... 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsonng organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . . 7 7 Notes and loans receivable, net Assets Inventories for sale or use 9 Prepaid expenses and deferred charges 9 8,226 4,740 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 63,174 b 10b 10c 34,104 43,594 11 11 Investments - publicly traded securities 60,827 67,324 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 15 15 16 16 271,066 323,028 17 Accounts payable and accrued expenses 17 4,930 6,444 18 18 19 Deferred revenue 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 26 Total liabilities. Add lines 17 through 25 ......... 4,930 6,444 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 266,136 316,584 28 Temporanly restricted net assets ........ 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31

316,584

323,028

32

33

34

266,136

271,066

32

33

34

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances ...........

	990 (2016) Stark County Hunger Task Force Inc 3	4-13745	49	Page	12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			[	]
1	Total revenue (must equal Part VIII, column (A), line 12)	1	•	707,866	 5
2	Total expenses (must equal Part IX, column (A), line 25)	2	(	557,418	3
3	Revenue less expenses Subtract line 2 from line 1	3		50,448	3
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	- :	266,136	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses · · · · · · · · · · · · · · · · · ·	7			
8	Prior period adjustments	8	-		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			)
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	3	316,584	1
Pa	rt XII Financial Statements and Reporting		-		
	Check if Schedule O contains a response or note to any line in this Part XII			[	]
	<u>_</u>			Yes N	0
1	Accounting method used to prepare the Form 990	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O		ľ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		- 2a	X	_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both		ł		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	<u>,</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		- 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O			'	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a	_ X	<u>.                                    </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
EEA			Form	990 (201	6)

#### **SCHEDULE A**

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2016
Open to Public

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

m990. Inspection

Name of the organization Employer identification number Stark County Hunger Task Force Inc 34-1374549 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(I). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II ) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g a U Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (vi) Amount of (i) Name of supported organization (v) Amount of monetary (III) Type of organization (iv) is the organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) No (A) (B) (C) (D) (E)

Section A. Public Support

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

Caler	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			321,937	_592,940	699,004	1,613,881
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · ·		· · · · · ·	321,937	592,940	699,004	1,613,881
5	The portion of total contributions by	<del></del>	<del> </del>	522,557		022,003	2/020/002
	each person (other than a						
	governmental unit or publicly	*	1			·	
	supported organization) included on	,					
	line 1 that exceeds 2% of the amount	,	1		1		
	shown on line 11, column (f)						21,055
6	Public support. Subtract line 5 from line 4		<del>                                     </del>	<u> </u>			1,592,826
Sec	tion B. Total Support			<del></del>		<u></u>	
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4			321,937	592,940	699,004	1,613,881
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			3,219	204	8,862	12,285
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						,
11	Total support. Add lines 7 through 10 .	,			7,		1,626,166
12	Gross receipts from related activities, etc. (se	ee instructions)				12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here	<u> </u>					▶ □
	tion C. Computation of Public Su	<del></del>					
14	Public support percentage for 2016 (line 6, c	* *	= :	1))			97.95 %
15	Public support percentage from 2015 Sched						99.34 %
16a	33 1/3% support test - 2016. If the organization						. 17
L	box and stop here. The organization qualific		• •	-			▶ 🔯
b	33 1/3% support test - 2015. If the organization are						٠
17a	this box and stop here. The organization qu	•					▶ ∐
174		•			•		
	10% or more, and if the organization meets				•		
	Part VI how the organization meets the "factorganization						
ь	10%-facts-and-circumstances test - 2015						▶ ∐
	15 is 10% or more, and if the organization in	-				<b>5</b>	
	Explain in Part VI how the organization meet				•		
	supported organization						
18	Private foundation. If the organization did						
	Instructions						▶ □

90 or 990-EZ) 2016 Stark County Hunger Task Force Inc Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		ļ				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	· ·				1	
Sec	ction B. Total Support				1	<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6			(5)	(5/25.5	(0,20.0	(1) 1 0 10.1
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				,		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · · · · · · ·						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on • • • •						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for the org organization, check this box and stop here				a section 501(c)(3		▶ □
	ction C. Computation of Public Su						
15	7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	umn (f) divided by	line 13, column (f))			15	%
16 Sec	Public support percentage from 2015 Schedul ction D. Computation of Investmen	e A, Part III, line 19	rcontage	• • • • • • • • • • •	• • • • • • • •	16	%
17	Investment income percentage for 2016 (line			ump (ft)		17	
18	Investment income percentage from 2015 Sci					17	<u>%</u>
	33 1/3% support tests - 2016. If the organiza	ition did not check	the box on line 14,	and line 15 is moi	re than 33 1/3%, an	d line	
b	33 1/3% support tests - 2015. If the organizatine 18 is not more than 33 1/3%, check this b	ition did not check	a box on line 14 or	line 19a, and line	16 is more than 33	1/3%, and	▶ □
20	Private foundation. If the organization did no						<u> ▶</u> 🗍

Part IV

**Supporting Organizations** 

(Complete only if you checked a box in line 12 of Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

٤	Section	A. All	Sup	porting	Organiza	ations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No." describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes." describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings )

	· · ,		
		Yes	No
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A (F	orm 990	or 990-	EZ) 201

	rt IV Supporting Organizations (continued)	<del></del>	'	age J
<u>. a</u>	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
-	below, the governing body of a supported organization?	11a		1
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	+	
	etion B. Type I Supporting Organizations	1		<u> </u>
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1.55	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		iļ,	:
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
	and the tax your	<u> </u>	<u> </u>	-
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		<u> </u>	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1.03	110
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control	ľ		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	4		
Sec	tion D. All Type III Supporting Organizations		<del> </del>	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	[	163	110
_	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
_		<u> </u>		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		4	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ctions	<del>.)</del> .
а				<b>,</b> .
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C		v (see	ınstru	ctions
2			Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	ŀ		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	1	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	ļ- <u>-</u> -	-	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.		<del>                                     </del>	
a	man to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state o			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	į l	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- a	<del> </del>	
_	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganiz	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	on Nov. 20, 1970 (exp	laın in Part VI) See
instructions. All other Type III non-functionally integrated supporting organ	nization	s must complete Secti	ons A through E
Section A - Adjusted Net Income	(B) Current Year (optional)		
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5	·- <u></u>	
6 Portion of operating expenses paid or incurred for production or			•
collection of gross income or for management, conservation, or			r _s
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		-
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year).			,
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)	1	-	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		Ţ.	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3 ,		
4 Enter greater of line 2 or line 3	4 .		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		

Pai	t V Type III Non-Functionally Integrated 509(a)	(3) Supporting Organi	izations (continued)	<u> </u>		
Sec	tion D - Distributions			Current Year		
1						
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported	· · ·			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizat	ions			
4	Amounts paid to acquire exempt-use assets					
_5_	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI) See instructions.					
7	7 Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the	ne organization is respons	sive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2016 from Section C, line 6		<u> </u>	•		
10	Line 8 amount divided by Line 9 amount		-	· · · · · · · · · · · · · · · · · · ·		
		(2)	(ii)	(iii)		
9	ection E - Distribution Allocations (see instructions)	(i)	Underdistributions	Distributable		
		Excess Distributions	Pre-2016	Amount for 2016		
1	Distributable amount for 2016 from Section C, line 6		1	<del></del>		
2	Underdistributions, if any, for years prior to 2016					
	(reasonable cause required - explain in Part VI). See			<b>&gt;</b>		
	instructions.					
3	Excess distributions carryover, if any, to 2016:	<del></del>	,			
а						
b			*	<u> </u>		
C	From 2013			, , , , , , , , , , , , , , , , , , , ,		
	From 2014			· · · · · · · · · · · · · · · · · · ·		
	From 2015		•			
	Total of lines 3a through e	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
	Applied to underdistributions of prior years		<u> </u>			
	Applied to 2016 distributable amount					
	Carryover from 2011 not applied (see instructions)		F-3,			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			······································		
4	Distributions for 2016 from		1 ¹ ,	1		
	Section D, line 7 \$		[• •	t		
а	Applied to underdistributions of prior years		,	<u> </u>		
	Applied to 2016 distributable amount			· <u>-</u> <u>-</u>		
	Remainder Subtract lines 4a and 4b from 4		<u>`</u>	<del></del>		
5	Remaining underdistributions for years prior to 2016, if					
	any. Subtract lines 3g and 4a from line 2. For result			*		
	greater than zero, explain in Part VI. See instructions		,	d		
6	Remaining underdistributions for 2016 Subtract lines 3h					
	and 4b from line 1 For result greater than zero, explain in		ı			
	Part VI. See instructions.		,			
7	Excess distributions carryover to 2017 Add lines 3	<del>                                     </del>		1		
	and 4c					
8	Breakdown of line 7.			· · · · · · · · · · · · · · · · · · ·		
a				<del></del>		
	Excess from 2013	<del>                                     </del>				
	Excess from 2014		<u>'</u>			
	Excess from 2015					
	Excess from 2016	<del>                                     </del>		t .		

## SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2016

Open to Public Inspection

Stark County Hunger Task Force Inc    Part I   Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.   Complete if the organization answered "Yes" on Form 990, Part IV, line 6   (a) Doner divised times   (b) Funds and oner accounts	~	to the organization	2.4 1.27.45.40
Complete if the organization answered "Yes" on Form 990, Part IV, line 6  1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of artificial from (during year) 4 Aggregate value of artificial from (during year) 5 Did the organization inform all grainness, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conforming magnitude benefit?  Part III Conservation Easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 7  1 Purpose(9) Conservation Easements held by the organization (check all that apply)    Preservation of a for public use (e.g., recreation or education)   Preservation of a historically important land area			34-1374549
Total number at end of year   Aggregate value of contributions to (during year)   Aggregate value of contributions of the property subject to the organization inform all disones and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization from the form of the donor of contribution and grant the contribution of the property of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of a historically important land area   Protection of ratural habitat   Preservation of pen space   Preservat	Pai		nts.
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conferming impermissable private benefit?    Part II   Conservation Easements.   Complete if the organization answered "Yes" on Form 990, Part IV. Inne 7    Purpose(s) of conservation easements held by the organization (check all that apply)   Preservation of land for public use (e.g., recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of land for public use (e.g., recreation or education)   Preservation of a conservation easement in the last day of the tax year   Preservation of a conservation easement on the last day of the tax year   Total number of conservation easements   2a   Total number of conservation easements   2b   Total acreage restricted by conservation easements   2b   Total acreage restricted by conservation easements   2b   Total acreage restricted by conservation easements   2b   Total acreage restricted by conservation easements   2b   Total acreage restricted by conservation easements   2b   Total acreage restricted by conservation easements   2b   Total acreage restricted by conservation easements   2c   Total number of conservation easements   2c   Total number of conservation easements   2c   Total number of conservation easements   2c   Total number of conservation easements   2c   Total number of conservation easements   2c   Total number of conservation easements   2c   Total number of conservation easements   2c   Total number of conservation easements   2c   Total number of conservation easements   2c   Total number of conservation easements   2c   Total number of conservation easements   2c   Total number of conservation easements   2c   Total number of conservation easements   2c   Total number of states where property subject to conservation easements   2c   Total number of states where property subject to conservation easements   2c   Total number of states	6		
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Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of states where property subject to conservation easement is located Number of states where property subject to conservation easements it holds? Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year  Number of states where property subject to conservation, handling of violations, and enforcing conservation easements during the year  Number of states where property subject to conservation, handling of violations, and enforcing conservation easements during the year  Number of states where property subject to conservation, handling of violations, and enforcing conservation easements during the year  Number of states where property subject to the organization enforcing conservation easements during the year  Number of states where property subject to the organization enforcing conservation easements during the year  Number of states where property subject to differ the organization enforcing conservation easements during the year  Number of states where property subject to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Number of states where property subject to the following amounts relating to the exten			stone structure
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and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	8		ı)
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*	а		▶ \$
b Assets included in Form 990, Part X · · · · · · · · · · · · · · · · · ·	b		<b>&gt;</b> \$

Schedu	ule D (Form 990) 2016 Stark County Hu					34-13745			age 2
Pai	t III Organizations Maintaining C	collections of A	rt, Historic	al Treasures	s, or Oth	er Similar Asse	ets (cor	<u>ntinue</u>	ed)
3	Using the organization's acquisition, accession, a	and other records, ch	eck any of the	following that are	a significar	nt use of its			
	collection items (check all that apply)								
а	Public exhibition	<b>d</b> 🗌 Loa	n or exchange	programs					
b	Scholarly research	e 🗍 Oth	er						
c	Preservation for future generations	<del></del>							
4	Provide a description of the organization's collect	ions and explain how	thev further the	ne organization's e	exempt pur	pose in Part			
-	XIII	•	,	J		'			
5	During the year, did the organization solicit or rec	eive donations of art	historical trea	sures or other sir	milar				
•	assets to be sold to raise funds rather than to be					<u>.</u>	. Пу	es [	ΠNο
Pai	rt IV Escrow and Custodial Arrang		tale organizat	ion o conconon			السا		
	Complete if the organization ar		n Form 990	). Part IV. line	9. or rec	orted an amoun	t on Fò	rm	
	990, Part X, line 21.			,,	<b>v</b> , <b>v p</b>				
1a	Is the organization an agent, trustee, custodian o	r other intermediary f	or contribution	s or other assets	not		•		
ıu							. Пү	آ مط	ΠNο
	If "Yes," explain the arrangement in Part XIII and						٠	<b>6</b> 5 [	
b	ir res, explain the arrangement in Fait Alli and	complete the lollowing	ig table			Ama	unt		
	Beginning balance					Amo	unı		
C	Beginning balance								
ď									
6	Ending balance								
f	<del>-</del>					<del></del>			1
2a	Did the organization include an amount on Form				-		_	7	ᅴᅇ
b Do	If "Yes," explain the arrangement in Part XIII Chert V Endowment Funds.	eck here if the explan	ation has beer	provided on Pari	XIII		• • • •	• • • •	
Pa		sawarad "Vaali a	- Farm 000	Dod IV line	10				
	Complete if the organization ar	Ţ <del></del>	n Form 990	), Part IV, line	10	ı · · · · · · · · · · · · · · · · · · ·	<del>, -</del> -		
		(a) Current year	(b) Prior ye	ear (c) Two y	ears back	(d) Three years back	(e) Four	years ba	ack
1a	Beginning of year balance		<u> </u>						
b	Contributions								
C	Net investment earnings, gains, and								
	losses						ļ		
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs · · · · · · · · · · · · · · · · · · ·								
f	Administrative expenses								
g	End of year balance	L							
2	Provide the estimated percentage of the current	year end balance (lin	e 1g, column (	a)) heid as			1		
а	Board designated or quasi-endowment	%							
b	Permanent endowment								
C	Temporanly restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c should e	qual 100%							
3a	Are there endowment funds not in the possession	n of the organization	that are held a	nd administered f	or the				
	organization by						Ì	Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
b	If "Yes" on 3a(ii), are the related organizations lis	ted as required on So	chedule R?				3b		
4	Describe in Part XIII the intended uses of the org	anization's endowme	ent funds				لسيب		
Pa	rt VI Land, Buildings, and Equipm					· · · · · · · · · · · · · · · · · · ·			
·	Complete if the organization ar	nswered "Yes" o	n Form 990	), Part IV, line	11a. Se	e Form 990, Par	t X. line	10.	
	Description of property	(a) Cost or oth		b) Cost or other basis		Accumulated	(d) Bool		
	,,	(investm	1 '	(other)	1	lepreciation	(4) 500	· value	
1a	Land		+	<del></del>		•			
b	Buildings			<del></del>					
~	Leasehold improvements			<del></del>	+	····-			
d	Equipment			0.155	, —	20 070		100 0	1121
u e				8,157		29,070		20,9	
	Other		column (P)	55,017				55,0	
י טום	, miçə ia anougii ie. (colulli) (a) mast ega	·····································	SOIGHHI (DI. II					.54 . 1	U4

Page 2

•	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
•	derivatives	• • •	
	eld equity interests	• • • • • • • • • • • • • • • • • • • •	
3) Other	-		
(A)			
(B) (C)			
(D)			
(E)			
(F)	·····	_	
(G)			
(H)			
	) must equal Form 990, Part X, col. (B) line 12.)	•	
Part VIII	Investments - Program Related	<u>.</u>	
			rt IV, line 11c See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation  Cost or end-of-year market value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		<b> </b>	
(8)			
(9) Total (Column (b)	) must equal Form 990, Part X, col (B) line 13)		
(9) Fotal (Column (b,	Other Assets.		· · · · · · · · · · · · · · · · · · ·
(9) Fotal (Column (b,	Other Assets.		rt IV, line 11d See Form 990, Part X, line 15.
(9) Total (Column (b) Part IX	Other Assets.		· · · · · · · · · · · · · · · · · · ·
(9)  Total (Column (b)  Part IX  (1)	Other Assets.	wered "Yes" on Form 990, Pa	rt IV, line 11d See Form 990, Part X, line 15.
(9)  Fotal (Column (b.  Part IX  (1) (2)	Other Assets.	wered "Yes" on Form 990, Pa	rt IV, line 11d See Form 990, Part X, line 15.
(9)  Fotal (Column (b)  Part IX  (1) (2) (3)	Other Assets.	wered "Yes" on Form 990, Pa	rt IV, line 11d See Form 990, Part X, line 15.
(9)  Fotal (Column (b)  Part IX  (1) (2) (3) (4)	Other Assets.	wered "Yes" on Form 990, Pa	rt IV, line 11d See Form 990, Part X, line 15.
(9)  Fotal (Column (b)  Part IX  (1) (2) (3) (4) (5)	Other Assets.	wered "Yes" on Form 990, Pa	rt IV, line 11d See Form 990, Part X, line 15.
(9)  Fotal (Column (b)  Part IX  (1) (2) (3) (4) (5) (6)	Other Assets.	wered "Yes" on Form 990, Pa	rt IV, line 11d See Form 990, Part X, line 15.
(9)  Fotal (Column (b)  Part IX  (1) (2) (3) (4) (5) (6) (7)	Other Assets.	wered "Yes" on Form 990, Pa	rt IV, line 11d See Form 990, Part X, line 15.
(9)  Fotal (Column (b)  Part IX  (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.	wered "Yes" on Form 990, Pa	rt IV, line 11d See Form 990, Part X, line 15.
(9)  Fotal (Column (b)  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization ans	wered "Yes" on Form 990, Pal	rt IV, line 11d See Form 990, Part X, line 15.
(9)  Fotal (Column (b)  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column	Other Assets. Complete if the organization ansi	wered "Yes" on Form 990, Pal	rt IV, line 11d See Form 990, Part X, line 15.
(9)  Fotal (Column (b)  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column	Other Assets. Complete if the organization answers  in (b) must equal Form 990, Part X, col (B) lin Other Liabilities.	wered "Yes" on Form 990, Pal (a) Description	rt IV, line 11d See Form 990, Part X, line 15.  (b) Book value
(9)  Total (Column (b)  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answers  In (b) must equal Form 990, Part X, col (B) ling Other Liabilities. Complete if the organization answers	wered "Yes" on Form 990, Pal (a) Description	rt IV, line 11d See Form 990, Part X, line 15.
(9)  Fotal (Column (b)  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal (Column  Part X	Other Assets. Complete if the organization answers.  In (b) must equal Form 990, Part X, col (B) ling Other Liabilities. Complete if the organization answers.  Line 25	wered "Yes" on Form 990, Par (a) Description	rt IV, line 11d See Form 990, Part X, line 15.  (b) Book value
(9)  Fotal (Column (b)  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal (Column  Part X	Other Assets. Complete if the organization answers.  In (b) must equal Form 990, Part X, col (B) Into Other Liabilities. Complete if the organization answers.  Inne 25  (a) Description of hability	wered "Yes" on Form 990, Pal (a) Description	rt IV, line 11d See Form 990, Part X, line 15.  (b) Book value
(9)  Fotal (Column (b)  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column  Part X  1. (1) Federal (1)	Other Assets. Complete if the organization answers.  In (b) must equal Form 990, Part X, col (B) ling Other Liabilities. Complete if the organization answers.  Line 25	wered "Yes" on Form 990, Par (a) Description	rt IV, line 11d See Form 990, Part X, line 15.  (b) Book value
(9)  Fotal (Column (b)  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal (Column  Part X  1. (1) Federal (2)	Other Assets. Complete if the organization answers.  In (b) must equal Form 990, Part X, col (B) Into Other Liabilities. Complete if the organization answers.  Inne 25  (a) Description of hability	wered "Yes" on Form 990, Par (a) Description	rt IV, line 11d See Form 990, Part X, line 15.  (b) Book value
(9)  Fotal (Column (b)  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column  Part X  1. (1) Federal II (2) (3)	Other Assets. Complete if the organization answers.  In (b) must equal Form 990, Part X, col (B) Into Other Liabilities. Complete if the organization answers.  Inne 25  (a) Description of hability	wered "Yes" on Form 990, Par (a) Description	rt IV, line 11d See Form 990, Part X, line 15.  (b) Book value
(9)  Fotal (Column (b)  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal (Column  Part X  1. (1) Federal (2) (3) (4)	Other Assets. Complete if the organization answers.  In (b) must equal Form 990, Part X, col (B) Into Other Liabilities. Complete if the organization answers.  Inne 25  (a) Description of hability	wered "Yes" on Form 990, Par (a) Description	rt IV, line 11d See Form 990, Part X, line 15.  (b) Book value
(9)  Fotal (Column (b)  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal (Column  Part X  1. (1) Federal (2) (3) (4) (5)	Other Assets. Complete if the organization answers.  In (b) must equal Form 990, Part X, col (B) Into Other Liabilities. Complete if the organization answers.  Inne 25  (a) Description of hability	wered "Yes" on Form 990, Par (a) Description	rt IV, line 11d See Form 990, Part X, line 15.  (b) Book value
(9)  Fotal (Column (b)  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal (Column Part X  1. (1) Federal II (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answers.  In (b) must equal Form 990, Part X, col (B) Into Other Liabilities. Complete if the organization answers.  Inne 25  (a) Description of hability	wered "Yes" on Form 990, Par (a) Description	rt IV, line 11d See Form 990, Part X, line 15.  (b) Book value
(9) Total (Column (b) Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column Part X  1. (1) Federal (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answers.  In (b) must equal Form 990, Part X, col (B) Into Other Liabilities. Complete if the organization answers.  Inne 25  (a) Description of hability	wered "Yes" on Form 990, Par (a) Description	rt IV, line 11d See Form 990, Part X, line 15.  (b) Book value
(9)  Fotal (Column (b)  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal (Column Part X  1. (1) Federal II (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answers.  In (b) must equal Form 990, Part X, col (B) Into Other Liabilities. Complete if the organization answers.  Inne 25  (a) Description of hability	wered "Yes" on Form 990, Par (a) Description	rt IV, line 11d See Form 990, Part X, line 15.  (b) Book value

34-1374549

Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII )	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · · 4a	
b	Other (Describe in Part XIII )	
С	Add lines 4a and 4b	4c *
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Pnor year adjustments	
С	Other losses	
d	Other (Describe in Part XIII )	
θ	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII )	
_ C	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X	· Luna
	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	, inte
2, 1 6	art XI, lines 20 and 40, and 1 art XII, lines 20 and 40 Also complete this part to provide any additional information	
		<del></del>
		<del></del>
		· · · · · · · · · · · · · · · · · · ·

## SCHEDULE G (Form 990 or 990-EZ)

### Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

Open to Public

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Employer identification number Name of the organization 34-1374549 Stark County Hunger Task Force Inc Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part i Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply e Solicitation of non-government grants Mail solicitations Internet and email solicitations Solicitation of government grants g Special fundraising events . Phone solicitations d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col (i) Yes No 2 3 5 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

		gross receipts greater than	\$5,000			
		gross rescripts greater than	(a) Event #1	(b) Event #2	(c) Other events None	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	COI (C))
Revenue	1	Gross receipts	165,524			165,524
	2	Less Contributions Gross income (line 1 minus				
	_	line 2)	165,524		<del></del> -	165,524
	4	Cash prizes				
Direct Expenses	5	Noncash prizes				,
	6	Rent/facility costs · · · · · · ·				
	7	Food and beverages · · · · ·				
۵	8	Entertainment				
	9	Other direct expenses	19,102		2-02-51	19,102
	10 11	Direct expense summary Add lines Net income summary Subtract line	-			19,102
Pa	rt II					146,422 more
		than \$15,000 on Form 990	-	,,,,,,,	,	
enne/			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue	·-		(c) Other gaming	
	1 2	Gross revenue · · · · · · · · · · · · · · · · · · ·	·-		(c) Other gaming	
	1		·-		(c) Other gaming	
Direct Expenses Revenue	2	Cash prizes · · · · · · · · · · · · · · · · · · ·	·-		(c) Other gaming	
ect Expenses	2	Cash prizes	·-		(c) Other gaming	
ect Expenses	2 3 4	Cash prizes	·-		(c) Other gaming  Yes % No	
ect Expenses	3 4 5	Cash prizes	(a) Bingo	bingo/progressive bingo	Yes%	
ect Expenses	2 3 4 5	Cash prizes	(a) Bingo  Yes %  No  2 through 5 in column (d)	bingo/progressive bingo	☐ Yes % ☐ No	
ect Expenses	2 3 4 5	Cash prizes	(a) Bingo  Yes %  No  2 through 5 in column (d) act line 7 from line 1, column	bingo/progressive bingo  Yes % No  No  nn (d)	☐ Yes % ☐ No	
6 Direct Expenses	2 3 4 5 6 7 8	Cash prizes	(a) Bingo  Yes %  No  2 through 5 in column (d)  act line 7 from line 1, column	bingo/progressive bingo  Yes % No  nn (d)	☐ Yes % ☐ No	col (a) through col (c))
ect Expenses	2 3 4 5 6 7 8	Cash prizes	(a) Bingo  Yes %  No  2 through 5 in column (d)  act line 7 from line 1, column	bingo/progressive bingo  Yes % No  nn (d)	☐ Yes % ☐ No	
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	(a) Bingo  Yes %  No  2 through 5 in column (d)  act line 7 from line 1, column	bingo/progressive bingo  Yes % No  nn (d)	☐ Yes % ☐ No	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 En I Isi	Cash prizes	(a) Bingo  Yes %  No  2 through 5 in column (d)  act line 7 from line 1, column on conducts gaming activities in each of	bingo/progressive bingo  Yes %  No  nn (d)	☐ Yes % ☐ No	col (a) through col (c))

### SCHEDULE M (Form 990)

Name of the organization

## **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2016

Department of the Treasury
Internal Revenue Service

➤ Attach to Form 990.

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

Open to Public Inspection

Employer identification number

34-1374549 Stark County Hunger Task Force Inc Types of Property (c) Noncash contribution (d) (a) (b) Method of determining Check If Number of contributions or amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Works of art . . . . . . 2 Art - Historical treasures 3 Art - Fractional interests Books and publications . . . . . 5 Clothing and household goods . . . . . . . . . . . . . . . . 6 Cars and other vehicles Boats and planes . . . . . . . 7 8 Intellectual property · · · · · · 9 Securities - Publicly traded · · · · 10 Securities - Closely held stock . . 11 Securities - Partnership, LLC, or trust interests . . . . . . . . 12 Securities - Miscellaneous Qualified conservation contribution - Historic structures . . . . . . . . . . . . 14 Qualified conservation contribution - Other . . . . . 15 Real estate - Residential . . . . 16 Real estate - Commercial . . . . 17 Real estate - Other . . . . . . 18 Collectibles . . . . . . . . . 400 325,586 Feeding America Work 19 Food inventory . . . . . . . . X 20 Drugs and medical supplies . . . Taxidermy ...... 21 22 Historical artifacts . . . . . . 23 Scientific specimens . . 24 Archeological artifacts . . . . . 25 Other ►( 26 Other ►( 27 Other ▶ 28 Other ►( 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard Χ 31 contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Χ If "Yes." describe in Part II If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

## SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Stark County Hunger Task Force Inc	34-13/4549
01. Form 990 governing body review (Part VI, line 11)	•
Form 990 is provided to Officers and all Board members for their review and	: d analysis.
	1,
02. Conflict of interest policy compliance (Part VI, line 12c)	
Board of Trustees members and staff have review and enforced the Conflict	of Interest
Policy which the Board has approved.	,
03. CEO, executive director, top management comp (Part VI, line 15a)	
Board of Trustee members and Officers review compensation with non profit	organizations in
the Stark County community and sets levels based upon that analysis and bu	siness review.
04. Other officer or key employee compensation (Part VI, line 15b	
Board of Trustees members and Officers review compensation with non profit	organizations
in the Stark County community and sets levels based upon that analysis and	business
review.	
05. Governing documents, etc, available to public (Part VI, line 19)	
The general public is invited to review the governing documents during nor	mal business
hours of operations of the organization.	
**************************************	