F	orm	99	90	Return of Organization Exempt From Inc	come Tax		ONIBNO 1545-0047
,				Under position 504(a), 507, or 4047(a)(4) of the Internal Revenue Code (ave		dotions\	2019
(Rev J	şnuary	(2020)	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exc		dations)	Ones to Bublic
			he Treasury	▶ Do not enter social security numbers on this form as it may be		918	Open to Public
<u>li</u>			ie Service	► Go to www.irs.gov/Form990 for instructions and the latest inf		100	Inspection
-					nd ending		, 20
- E	31 Cr ⁻¬	eck if a	pplicable	C Name of organization CANTON COMMUNITY IMPROVEMENT CORP			entification number
ļ	جا Ad	ldress c	hange	Doing business as			-1601493
Ļ	.d Na	me cha	nge	Number and street (or PO box if mail is not delivered to street address)	Room/suite	E Telephone nu	ımber
اِ	Ini	tıal retu	m	218 CLEVELAND AVENUE SW	5TH FL	(33	30) 438-4127
Į	_ F⊓	nat retu	n/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receip	ts
Ĺ	مم لِي	nended	retum	CANTON, OH 44702		\$	224,566
L	_] Ap	plicatio	n pending	F Name and address of principal officer Thomas Bernabel	H(a) is this a	group return for subord	_{dinates} , Yes X No
_				Same as C above	H(b) Are all	subordinates inclu	ded? 🔲 Yes 🔲 No
1	Ta	x-exem	ot status 50	((c)(3) 🗵 501(c) (4) ◀ (insert no) 🔲 4947(a)(1) or 📗 527	If "No,"	attach a list (see	instructions)
Ī	<u> w</u>	ebsite			H(c) Group	exemption number	er 🕨
Ľ			ganization X Co	rporation ☐ Trust ☐ Association ☐ Other ▶ ☐ L Year of formation	1980 M	State of legal domi	cile OH
L	Par	t I	Summary				
		1	Bnefly describe	the organization's mission or most significant activities <u>ECONOMIC DEVE</u>	ELOPMENT	. <u> </u>	
	a a						
	Activities & Governance						
	Ĩ						
	8	2	Check this box	If the organization discontinued its operations or disposed of more than 25°	% of its net assets		
	ග at	3	Number of votin	g members of the governing body (Part VI, line 1a)		. 3	10
	δ.	4	Number of indep	pendent voting members of the governing body (Part VI, line 1b)		. 4	10
	ij	5	Total number of	individuals employed in calendar year 2019 (Part V, line 2a)		. 5	0
	휹	6		volunteers (estimate if necessary)	1.2 3	. 6	
	ĕ	7a		business revenue from Part VIII, column (C), line 12		. 7a	0
		i .		isiness taxable income from Form 990-T, line 39		. 7b	0
-				NOV 16 ∠UZ(Pnor Year		Current Year
		8	Contributions ar	d grants (Part VIII, line 1h)		700	203,887
	e	9		revenue (Part VIII, line 2g)		,,	0
	Revenue	10	Investment inco	me (Part VIII, column (A), lines 3, 4, and 7d)			0
	ě			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and life).	12	2,579	20,679
	u <u>r</u>	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)			224,566
-		13		lar amounts paid (Part IX, column (A), lines 1-3)		7,279	
		14		or for members (Part IX, column (A), line 4)		,500	154,250
		15				5,757	0
	es	l	•	ompensation, employee benefits (Part IX, column (A), lines 5-10)		, 151	0
	Sus	l		draising fees (Part IX, column (A), line 11e)			0
2021	Expenses		-	expenses (Part IX, column (D), line 25)			
	_	17		(Part IX, column (A), lines 11a-11d, 11f-24e)		,182	91,029
0		18	•	Add lines 13-17 (must equal Part IX, column (A), line 25)		,439	245,279
ဆ		19	Revenue less e	openses Subtract line 18 from line 12	T	.,840	(20,713)
>	Net Assets or Fund Balances				Beginning of Curre		End of Year
\geq	sets	20	Total assets (Pa	•	934	,151	185,432
1	d F	21	Total liabilities (F	• •	1	,419	0
Ū,		22		nd balances Subtract line 21 from line 20	932	2,732	185,432_
5	Par	t II	Signature	Block			
₹				that I have examined this return, including accompanying schedules and statements, and to the best of tion of preparer (other than officer) is based on all information of which preparer has any knowledge	my knowledge and belie	f, it is	
UCANNIC	1,00,0		11	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1-1-
-	~ · · · · ·		Y ///	VWVVV		V 11	16/2020
	Sign	i	Agnature of	officer		Date	
ı	Here	•	Thomas	Bernabei, PRESIDENT			
		_	Type or print	name and title			
_	-	-	Print/Type prepare	er's name Prep A er's signature Date	Check	X f PTIN	
ſ	Paid		Robert F	Fay CPA PFS CGMA WITH TO THE COMMENT OF THE COMMENT	self-em	ployed P(00805092
F	Prep	arer		ROBERT F FAY CPA PFS CGMA	Firm's EIN		
	-	Only			Phone no		
		•		CANTON OH 44708		330-492-	7245
•	viay th	ne IRS	discuss this retu	m with the preparer shown above? (see instructions)			· Yes X No
-				Act Notice, see the separate instructions.			Form 990 (2019)
	EΑ	,		1231			. 5 555 (2015)
-							

_	1 990 (2019) CANTON COMMUNITY IMPROVEMENT CORP 34-1601493 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	Briefly describe the organization's mission
	ECONOMIC DEVELOPMENT
	Did the organization undertake any significant program services during the year which were not listed on the
•	prior Form 990 or 990-EZ? · · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O
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 \$ 245,279 including grants of \$) (Revenue \$)
	THE CORPORATION ISSUES LOAN AND GRANT FUNDS FOR ECONOMIC DEVELOPMENT PROJECTS AND FACADE
	RENOVATIONS WITHIN THE CITY OF CANTON IN ORDER TO CREATE AND RETAIN JOBS FOR LOW-AND-MODERATE
	INCOME PERSONS AND TO AID IN THE PREVENTION AND ELIMANATION OF SLUMS AND BLIGHT.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	Other program convices (Describe on Schodule O.)
4d	Other program services (Describe on Schedule O)
40	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 245,279

Part IV

9) CANTON COMMUNITY IMPROVEMENT CORP
Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		100	
-	complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	x	<u> </u>
3	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		х
4	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	i 1	1
5	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		x
6	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]	x
7	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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			_
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			ł
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	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			l
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		х
b	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		х
С	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	х	
d	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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	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		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	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	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	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			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>x</u>
16	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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			-
	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	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		x_
FFA		Eom 9	90 (20	

Page 4

Par	t IV Checklist of Required Schedules (continued)			
,			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			Ì
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			1
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	_23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			Ì
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			Ì
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	256		
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		
	persons? If "Yes," complete Schedule L, Part III	27		Х
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)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		.,
_	•	28b		X
b	A latting the mean of any materials accounted at the control of th	200		. х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		.,
20	·	29		X
29	bid the diganization receive more than \$25,000 in non-scalar continuations. If you	- 25		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		
22	·	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		٠
25-		35a		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	33a		X
b	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	35b		
20	Controlled Chity William the Medium g of decident of E(b)(10) in 100, Companie Controlled 11, 110 E	330		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes." complete Schedule R. Part V. line 2	36		
	, , , , , , , , , , , , , , , , , , ,	30		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		
20	and that is dealed as a partite only for reactal most tax parposes. If you, some some as a partite of the same tax parposes.	31		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38		ĺ
Dar	19º Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	30	х	L
Par	Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O Contains a response of hote to any line in this Fait V	· · ·	Yes	No
۵.	Fater the symbol reported in Boy 2 of Form 1006. Fater 0 of and amplicable		162	140
1a 	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			l
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c		
	reportable gaming (gambling) winnings to prize winners?		X	

	Catomonio regarding care in a campulation (complete)			
۰ ،	Fate-the country of a value on secretar on Form M. 2. Transmitted of Magazine Toy		Yes	No
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			
_	Clateriality, like for the calerial year criaing war or warm the year extended year extended	2b	.,	
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20	Х	
٥-	1406. If the Suitt of lines 14 did 24 is greater than 200, you may be required to 5 inc (650 ince 450 inc)	3a		17
3a	bit the digatilization have different belonged by the motion of the property o	3b		<u> </u>
b	Too, riad kined a form ood file and year. If the least of the control of the cont	30	-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a		v
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	44		X
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		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		
_	organization solicit any contributions that were not tax deductible as charitable contributions?	- ba		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
_	gifts were not tax deductible?	00		
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	7a		
	and services provided to the payor?	7b		
b	in 100, and the digamentation from the deficit of the goods of the goods of the goods of	1B		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		
	required to file Form 8282?	10		
d	The first state and remove of the state of t	7e		
e	Did the organization reactive any famous of memority, to pay promitation of a personal contractive any famous of the personal contractive and famous of the personal contracti	7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	7h		
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.	9a		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter	j		•
a	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		}
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	40-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
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			
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	44-		<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N	4.0		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	<u></u>	x
	If "Yes," complete Form 4720, Schedule O	L		

Form 990 (2019) Page 6 CANTON COMMUNITY IMPROVEMENT CORP Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" 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 Section 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 10 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 on Schedule O b Enter the number of voting members included in line 1a, above, who are independent 10 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? X 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? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Х Did the organization have members or stockholders? X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Each committee with authority to act on behalf of the governing body? х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a Did the organization have local chapters, branches, or affiliates? х 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 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 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? х 14 Did the organization have a written document retention and destruction policy? 14 Х 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? a The organization's CEO, Executive Director, or top management official 15b **b** Other officers or key employees of the organization X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 ▶ Ohio Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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 X Upon request Other (explain on Schedule O) Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 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 Thomas Bernabei (330) 438-4127, 218 CLEVELAND AVENUE SW, CANTON, OH 44702

Form 990 (20	ນາຍເ	ŕ
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CANTON COMMUNITY IMPROVEMENT CORP

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Page 7

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

See instructions for the order in which to list the persons above

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

(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations	
(1) John Mariol DIRECTOR	1 .00	x						0	0	0	
(2) Emil_Alecusan DIRECTOR	1 .00	х						0	0	0	
(3) David Doughtery DIRECTOR	1.00	x							0	0	
(4) Fonda Williams VICE PRESIDENT	1.00	х			_			0	0	0	
(5) Chris Smith SECRETARY	1.00	х		I				0	0	0	
(6) Greg_HawkDIRECTOR	1 .00	х						0	0	0	
(7) Thomas Bernabel PRESIDENT	1.00			х				0	0	0	
(8) Willam Sherer II II DIRECTOR	1.00			x				0	0	0	
(9) Michael Gill	1.00			х				0	0	0_	
(10)Robert Thompson DIRECTOR	1.00			х				0	0	. 0	
(11)											
(12)											
(13)											
(14)											

Form 990 (2019) CANTON COMMUNITY IMPROVEMENT CORP 34-1601493 Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Position (A) (B) (D) (E) (F) (do not check more than one Name and title Average Reportable Reportable box, unless person is both an Estimated amount compensation hours compensation of other officer and a director/trustee) from the from related compensation per week organizations organization from the (list any (W-2/1099-MISC) (W-2/1099-MISC) Highest compensated organization and Individual trustee Institutional Key employee hours for related organizations related organizations Itrustee helow dotted tine) (15) (16) (18) (19) (20) (21) (22)(23)(24) (25) Subtotal Total from continuation sheets to Part VII, Section A 0 0 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 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 Х 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 Х Section B. Independent Contractors 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 (C) Name and business address Description of services Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Page 9

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Total revenue Unrelated Revenue excluded Related or exempt function revenue business revenue from tax under sections 512-514 1a 1a b 1b Membership dues . . Contributions, Gifts, Grants and Other Similar Amounts c Fundraising events 1c Related organizations 1d Government grants (contributions) . . 1e 203,887 All other contributions, gifts, grants, 1f and similar amounts not included above Noncash contributions included in 1g Total. Add lines 1a-1f 203,887 **Business Code** 2a Program Service Revenue All other program service revenue Investment income (including dividends, interest, and Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (ii) Personal 6a Gross rents 6a **b** Less rental expenses · · 6c 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 Less cost or other basis 7a Other Revenue 7b and sales expenses . . c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ ٤. of contributions reported on line Ic) See Part IV, line 18 b Less direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities, See Part IV, line 19 9a ٠, 9b **b** Less direct expenses · · · · · · · · c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances . . . 10a 10Ы **b** Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellanous Revenue 11a Miscellaneous Revenue 5,315 5,315 900099 b Stk Co Auditor Reimbuse 900099 2,166 2,166 13,198 c Rental Income 721000 13,198 d All other revenue e Total. Add lines 11a-11d 20,679

224,566

20,679

0

0

Total revenue. See instructions · · · · · · · · · · · · ▶

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a response or note to a	any line in this Part IX			
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	·			·
	and domestic governments See Part IV, line 21	154,250	154,250		
2	Grants and other assistance to domestic			-	
	individuals See Part IV, line 22 · · · · · · · · · · · ·				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign 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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees)		,		
а	Management · · · · · · · · · · · · · · · · · · ·	6,923	6,923		
b	Legal · · · · · · · · · · · · · · · · · · ·				
С	Accounting	5,175	5,175		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
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				
13	Office expenses	1,154	1,154		
14 ′	Information technology				
15	Royalties				
16	Occupancy	32,500	32,500		
17	Travel · · · · · · · · · · · · · · · · · · ·				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings · · · · · ·				
20	Interest · · · · · · · · · · · · · · · · · · ·				
21	Payments to affiliates		•		
22	Depreciation, depletion, and amortization · · · · · ·				
23	Insurance	501	5 <u>0</u> 1		
24	Other expenses litemize expenses not covered				
	above (List miscellaneous expenses on line 24e If		. •		
	line 24e amount exceeds 10% of line 25, column	•			_
	(A) amount, list line 24e expenses on Schedule O)	, ,			
а	Stk Develop Board Costs	28,100	28,100		
þ	Ohio Housing Application	3,500	3,500		
С	Real Estate Taxes	9,431	9,431		
d	Maintence Lehman High	3,745	3,745		
e	All other expenses			 -	
25	Total functional expenses. Add lines 1 through 24e · · ·	245,279	245,279	0	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)			•	

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 1 Cash - non-interest-bearing 71,564 49,432 2 2 3 3 Pledges and grants receivable, net 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Assets 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a h 10c 862,587 11 Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 136,000 14 14 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 934,151 185,432 17 Accounts payable and accrued expenses 17 1,419 18 18 19 Deferred revenue 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to any current or former officer, director, jabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 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 1,419 26 0 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 27 932,732 185,432 28 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund

185,432

185,432

31

32

33

932,732

934,151

31

32

33

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances

	990 (2019) CANTON COMMUNITY IMPROVEMENT CORP	<u>34-1601</u>	193		age 1
Par	t XI Reconciliation of Net Assets				.
4,	Check if Schedule O contains a response or note to any line in this Part XI	1 1	· · · · ·	• • •	_==
1	(,)	. 2		224,	
2	Total expenses (must equal Part IX, column (A), line 25)	3		245,	
3	Activities to the Charles Capatible Time I will also the Capatible Time I will be the Capatible Time I	4		(20	
	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments	5		932,	, 73.
	the amount of game (recess) on more than	6			
6 -	Solution del violes and disc of indimines	$\frac{8}{7}$			
7 B	Investment expenses	- 			
	Prior period adjustments	8			
•	Other changes in net assets or fund balances (explain on Schedule O)	9		726,	58
0	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	· 10		<u> 185,</u>	, 43
ar	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	· · · · · ·	• • • •		ᅷᄂ
				Yes	No
	Accounting method used to prepare the Form 990		-	1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		ŀ		
	Schedule O		ţ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	• • • • •	· 2a	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		ĺ		
	reviewed on a separate basis, consolidated basis, or both		ļ		
	Separate basis Consolidated basis Both consolidated and separate basis		Ì		
b	Were the organization's financial statements audited by an independent accountant?		. 2b	х	
	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		ŀ		
	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		ſ	İ	ĺ
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				Г
	Schedule O		-		1
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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
_			. 3b		1
				L _	

SCHEDULE A (Form 990 or 990-EZ)

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Name	ne of the organization Employer identification number										
CAN	TON	COMMUNITY IMPROVEMENT CO					34-160149	3			
Pa	rt I	Reason for Public Charity	Status (All bro	janizations must co	mplete t	his part)	See instructions				
The o	organ	ization is not a private foundation becai	use it is (For lines	through 12, check only	one box)						
1		A church, convention of churches, or as	sociation of churche	described in section 17	⁷ 0(b)(1)(A)(i).					
2		A school described in section 170(b)(1)(A)(ii). (Attach Scho	edule E (Form 990 or 990)-EZ))						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	\Box	A medical research organization operation	ed in conjunction wit	h a hospital described in s	section 170)(b)(1)(A)(i	ii), Enter the				
	_	hospital's name, city, and state									
5	П	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
•	_	section 170(b)(1)(A)(iv). (Complete Part II)									
6	П	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	図	An organization that normally receives	-	,			ne general public				
•	2	described in section 170(b)(1)(A)(vi).		into support form a gover	inincinal ai	01 1101112	ne general public				
8		A community trust described in section		'omplete Part II							
9	H	•		\	ın conunct	an with a la	and arant college				
9	ш	An agricultural research organization de		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		•					
		or university or a non-land-grant colleg	e or agriculture (see	e instructions) Enter the	name, chy,	and state C	if the college of				
10	\Box	university	(1) man than 22 1	(20) of to our part from a			hin food and areas				
10	Ц	An organization that normally receives			/						
		receipts from activities related to its ex-	•	. У							
		support from gross investment income		/ /	l .	11 tax) fron	n businesses				
	\Box	acquired by the organization after June	•		1						
11	님	An organization organized and operated	•	• •	\						
12	Ш	An organization organized and operate	-	/	`						
		of one or more publicly supported organ		, , , , , , , , , , , , , , , , , , , ,							
		Check the box in lines 12a through 12a		/	` `						
	а	Type I. A supporting organization of		<i>1</i>							
		the supported organization(s) the p		/	of the direc	tors or trus	tees of the				
		supporting organization You must	,			\					
	b	Type II. A supporting organization s	,			•					
		control or management of the sup	,		ons that co	ntrol\or ma	nage the supported				
		organization(s) You must comple	ete Part IV, Section	s A and C.		\					
	С		supporting organiza	ation operated in connecti	on with, an	d functiònal	ly integrated with,				
		its supported organization(s) (see in	nstructions) You mu	ust complete Part IV, Se	ctions A, E), and E. \					
	d	Type III non-functionally integrated	ted. A supporting or	ganization operated in cor	nection wit	h its suppo	ted organization(s)				
		that is not functionally integrated. I	The organization gei	nerally must satisfy a dist	tribution red	quirement a	ind an attentiveness				
		requirement (see instructions) You	must complete Pa	art IV, Sections A and D	, and Part	٧.					
	е	Check this box if the organization i	received a written de	etermination from the IRS	S that it is a	Type I, Typ	oe II, Type III				
		functionally integrated, or Type III r	non-functionally inte	grated supporting organi	zation		\				
	f	Enter the number of supported organiz	ations				\	· · · · <u> </u>			
	g	Provide the following information about	the supported orga	anization(s)	,						
	(1)	Name of supported organization	(II) EIN	(III) Type of organization	(iv) is the o	-	(v) Amount of monetary	(vi) Amount of			
				(described on lines 1-10 above (see instructions))	listed in you docum	-	support (see instructions)	other support (see instructions)			
				above (see measurem)			***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
					Yes	No					
(A)			:					1			
					ļ						
(B)		/					\				
					ļ			\			
(C)				i				\			
											
(D)		/				[[\			
		/				<u> </u>					
(E)	1	<i>'</i>			}			\			
-/	/					ļ					
Tota	<u> </u>				L						

990 or 990-EZ) 2019 CANTON COMMUNITY IMPROVEMENT CORP 34-1601493
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)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	İ					
	ınclude any "unusual grants")	201,731	94,363	175,185	125,700	208,085	805,064
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	201,731	94,363	175,185	125,700	208,085	805,064
5	The portion of total contributions by		ĺ		ĺ	Ĭ	
	each person (other than a	- *					
	governmental unit or publicly	, {			-		
	supported organization) included on		1		Ì	İ	
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						732,443
	Public support. Subtract line 5 from line 4						72,621
	ction B. Total Support						
	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4 · · · · · · · · · · · ·	201,731	94,363	<u>175,185</u>	125,700	208,085	805,064
8	Gross income from interest, dividends,		l l				
	payments received on securities loans,	i					
	rents, royalties and income from				ł	Ì	
	similar sources						
9	Net income from unrelated business			,			
	activities, whether or not the business						
	is regularly carried on	<u>-</u>					
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)	73,549	75,941	9,014	12,579	7,480	178,563
	Total support. Add lines 7 through 10						983,627
	Gross receipts from related activities, etc. (se				L	12	
13	First five years. If the Form 990 is for the org						_
	organization, check this box and stop here						···· <u>▶</u> ∐
	ction C. Computation of Public Suppor						
	Public support percentage for 2019 (line 6, c		-		, i	14	7.38 %
	Public support percentage from 2018 Sched					15	2.92 %
16a	33 1/3% support test - 2019. If the organization			•			
	box and stop here . The organization qualifies						_
Ľ	33 1/3% support test - 2018. If the organization						
4	this box and stop here . The organization qua		-				▶ ⊔
1/a	10%-facts-and-circumstances test - 2019.	-					
	10% or more, and if the organization meets th				-		
	Part VI how the organization meets the "facts						
	organization						▶ ⊔
t	10%-facts-and-circumstances test - 2018.	•					
	15 is 10% or more, and if the organization me						
	Explain in Part VI how the organization meet						
46	supported organization						▶ ⊔
18	Private foundation. If the organization did no						
	instructions		· <u>· · · · · · · · · · · · · · · · · · </u>	<u></u> <u>.</u> .	· · · · · · · · ·	· · · · · · · · · · ·	▶ <u> x</u>

34-1601493 Page 3 Schedule A (Form 990 or 990-EZ) 2019 CANTON COMMUNITY IMPROVEMENT CORP 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) Section A. Public Support (a) 2015 (c) 2017 (d) 2018 (e) 2019 Calendar year (or fiscal year beginning in) ▶ **(b)** 2016 (f) Total 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 Gross receipts from activities that are not an unrelated trade or business under section 513 . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 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 Public support. (Subtract line 7c from Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Amounts from line 6 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 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets 13 Total support. (Add lines 9, 10c, 11, 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) % 15

Section C. Computation of Public Support Percentage 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 16 % 16 Public support percentage from 2018 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage ~ 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 18 %

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 4 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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)

Section A. All Supportir	ng Organizations
--------------------------	------------------

- 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
- 2 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
- **4a** 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
- c 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)
- **b** 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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)
- 8 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**
- c 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
:	1_		
	2		
	_3a		
ı	3b		
	3с		
į	4a		
ļ	4b_		
	4c		
ļ	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiza	itions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying tri	ust on N	lov. 20, 1970 (explain i	n Part VI) See
instructions. All other Type III non-functionally integrated supporting organiza	tions m	ust complete Sections	A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	11		
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		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
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)
1 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)	. I		<u> </u>
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			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		
7 Check here if the current year is the organization's first as a non-functionally	ıntegra	ted Type III supporting	organization (see
instructions)			_

Schodi	ule A (Form 990 or 990-EZ) 2019 CANTON COMMUNITY IMPROVEN	ARNT CORD	34-160	1493 Page 7
Par				
	tion D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exem	npt purposes		
	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity	•		
3	Administrative expenses paid to accomplish exempt purposes	s of supported organization	ons	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6			
	Distributions to attentive supported organizations to which the	organization is responsi	ve	
	(provide details in Part VI) See instructions	_		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
S	Section E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI) See			
	ınstructions			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			_ [
b	From 2015			<u></u>
С	From 2016	,		
d	From 2017			
е	From 2018			L
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			·
i	Carryover from 2014 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from			
	Section D, line 7 \$,		<u></u>
а	Applied to underdistributions of prior years	<u>.</u>		
b	Applied to 2019 distributable amount		1	
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if	9		
	any. Subtract lines 3g and 4a from line 2 For result	1		
_	greater than zero, explain in Part VI See instructions			•
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in	,		
	Part VI See instructions			<u> </u>
7	Excess distributions carryover to 2020 Add lines 3j	_ :		
	and 4c			
_	Breakdown of line 7	· · · · · · · · · · · · · · · · · · ·		
а	Excess from 2015	·		

EEA

b Excess from 2016c Excess from 2017d Excess from 2018e Excess from 2019

F	age	8
ar	t	

EEA

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under Section 50 I(c) and Section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organi	zations Complete Part III			
Nam	ne of organization			Employer iden	tification number
C.	ANTON COMMUNITY IMPROVE	MENT CORP			601493
	rt I-A Complete if the	organization is exempt under	section 501(c) or is a section 527 or	ganization.
1	Provide a description of the organ	ization's direct and indirect political campa	ign activities in Par	t IV (see instructions for	
	definition of "political campaign ac	tivities")			
2		itures (see instructions)			
3		aign activities (see instructions)			
Pa		organization is exempt under			
1		x incurred by the organization under section			
2		x incurred by organization managers unde			
3		on 4955 tax, did it file Form 4720 for this y			
4a	Was a correction made?	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • •	· · · U Yes U No
_ <u>b</u>					
Pa		organization is exempt under		<u>), except section 501(c</u>	; <u>)(</u> 3).
1		ed by the filing organization for section 527			
_					
2		inization's funds contributed to other organ			
				▶ \$	
3		s Add lines 1 and 2 Enter here and on Fo			
	line 17b			· · · · · · · · · · · > \$	
4		1120-POL for this year?			
5		employer identification number (EIN) of all		=	
		each organization listed, enter the amoun	•		
	·	ns received that were promptly and directly			
_	as a separate segregated fund or	a political action committee (PAC) If addit	ional space is need	ied, provide information in Paπ	IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and promptly and directly
				funds If none, enter -0-	delivered to a separate
					political organization If none, enter -0-
			.		ir none, enter-o-
	(1)	[
	(2)	-			
		<u> </u>			
	(3)				
	(4)				
		-		 	
	(5)				
				-	
	(6)	1		1	

	dule C (Form 990 or 990-EZ) 2019 CANTON COMMU	NITY IMPROVED	MENT CORP	1(c)(3) and filed	34-1601 Form 5768 (elec	493 Page 2 tion under
	section 501(h)).			. (-) (-)	,	
—,- А	Check ▶ ☐ if the filing organization belongs to	an affiliated group (a	and list in Part IV each	n affiliated group mem	ber's name,	
	address, EIN, expenses, and share					
В	Check ▶ ☐ if the filing organization checked bo					
		bying Expenditure			(a) Filing	(b) Affiliated
	(The term "expenditures" n				organization's totals	group totals
1a	Total lobbying expenditures to influence public opi					
b	, , ,		• •			
c						
d	, , , , , , , , , , , , , , , , , , , ,					
е		and 1d)				
f	Lobbying nontaxable amount Enter the amount fr		ole in both			
	columns	3				
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		•
	Not over \$500,000		nount on line 1e		.	
	Over \$500,000 but not over \$1,000,000		s 15% of the excess o	ver \$500.000		
	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess o			
	Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000		<u></u> .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
g						
h	Subtract line 1g from line 1a If zero or less, enter -0-					
i	Subtract line 1f from line 1c If zero or less, enter					
i	If there is an amount other than zero on either line		e organization file For	m 4720		
•		-				☐ Yes ☐ No
_	(Some organizations that made a s	4-Year Averagi	ing Period Under	section 501(h)		below.
			nstructions for lin			
	Lobb	ying Expenditures	During 4-Year Avera	aging Period		-
	Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))	, , , , , , , , , , , , , , , , , , ,				
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))	ro t				
		1	1	1	i I	

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2019 CANTON COMMUNITY IMPROVEMENT CORP 34-1601493

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

Enr	(election under section 501(h)).				(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity	Yes	No	Aı	mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
_	referendum, through the use of Volunteers?					
a b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		_			
	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	!				
ď	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	i				
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), c	r se	ction	***	
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		х
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			3		х
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR	(b) l	Part I	II-A, li	ne 3,	, is
	answered "Yes."					
1	Dues, assessments and similar amounts from members	٠ ،	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		1			
	political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	• •	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	<u>· · </u>	5			
_	rt IV Supplemental Information		-			
	ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines	1 and				
2 (se	e instructions), and Part II-B, line 1. Also, complete this part for any additional information					

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name	or the organization		Emp	bioyer identification number
	ON COMMUNITY IMPROVEMENT CORP			34-1601493
Pa				
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	<u> 6</u>	
		(a) Donor advis	sed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)	-		
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writ	ing that the assets held in	donor advised	
	funds are the organization's property, subject to the organization	-		Yes No
6	Did the organization inform all grantees, donors, and donor advi			
	only for charitable purposes and not for the benefit of the donor			
				Tyes No
Pa			······································	
	Complete if the organization answered "Yes" on	Form 990. Part IV. lin	ie 7	
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (e.g., recreation or education)		Preservation of a his	storically important land area
	Protection of natural habitat		=	rtified historic structure
	Preservation of open space			Timed Thotorio Structure
2	Complete lines 2a through 2d if the organization held a qualified of	conservation contribution	in the form of a conservat	tion
-	easement on the last day of the tax year	Conservation Contribution	in the form of a consciva	
_	Total number of conservation easements			Held at the End of the Tax Year
a				2b
b	Total delega restricted by content attent executions			
C	Number of conservation easements on a certified historic structu	(-,		2c
d	Number of conservation easements included in (c) acquired after			1 24
				2d
3	Number of conservation easements modified, transferred, release	sea, extinguisnea, or term	inated by the organizatio	n during the
	tax year •			
4	Number of states where property subject to conservation easem			
5	Does the organization have a written policy regarding the period	<u>-</u>	-	П., П.,
	violations, and enforcement of the conservation easements it ho			— — — — — — — — — — — — — — — — — — —
6	Staff and volunteer hours devoted to monitoring, inspecting, han	idling of violations, and en	forcing conservation eas	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforci	ng conservation easeme	nts during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements o	f section 170(h)(4)(B)(i)	5 5
	and section 170(h)(4)(B)(ii)?			· · · · · · · · · · · · · · · · · · ·
9	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 finar	ncial statements that desc	cribes the
	organization's accounting for conservation easements			
Pa	t III Organizations Maintaining Collections			r Similar Assets.
	Complete if the organization answered "Yes" o			
1a	If the organization elected, as permitted under FASB ASC 958, r	not to report in its revenue	statement and balance s	sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education, or r	esearch in furtherance of	f public
	service, provide, in Part XIII the text of the footnote to its financial	al statements that describe	es these items	
b	If the organization elected, as permitted under FASB ASC 958, to	o report in its revenue sta	tement and balance shee	et works of
	art, historical treasures, or other similar assets held for public ex	hibition, education, or res	earch in furtherance of pi	ublic 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			
2	If the organization received or held works of art, historical treasu			
	following amounts required to be reported under FASB ASC 958			
а	Revenue included on Form 990, Part VIII, line 1	_		· · · > \$
b	Assets included in Form 990, Part X			

	CAMBON COMENT		2000		34-16014	193 Page 2
Par	t III Organizations Maintaining	Collections of A	rt Historical T	reasures or C		
3	Using the organization's acquisition, accession					, (30 (100 (11 (11 (10 (10 (10 (10 (10 (10 (
۲	collection items (check all that apply)	i, and other records, or	icek any or the lone.	ang mar mano orga	mount doo or no	
а	Public exhibition		d \square Loan	or exchange progr	ams	
b	Scholarly research		e Other			
c	Preservation for future generations		- 6			
4	Provide a description of the organization's colle	ections and explain ho	w they further the or	anization's exemp	t purpose in Part	
-	XIII		,		•	
5	During the year, did the organization solicit or r	eceive donations of ar	t, historical treasures	s, or other similar		
	assets to be sold to raise funds rather than to t					Yes No
Par	t IV Escrow and Custodial Arra	ngements.	<u> </u>		-	
	Complete if the organization	answered "Yes" of	on Form 990, Pa	art IV, line 9, o	r reported an amoi	unt on Form
	990, Part X, line 21					
1a	Is the organization an agent, trustee, custodiar					
	included on Form 990, Part X?					· 🗌 Yes 📗 No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the follow	ıng table	-		
					Amo	ount
С	Beginning balance		<i>.</i>		1c	
d	Additions during the year					
е	2.0020 20 3 3			L	1e	
f	Ending balance			•	1f	<u> </u>
2a	Did the organization include an amount on For					∐ Yes ∐ No
ь	If "Yes," explain the arrangement in Part XIII C	Check here if the expla	nation has been prov	vided on Part XIII		····
Pai		anawarad "Vac"	on Form 000 B	art IV line 10		
	Complete if the organization					T., 5
4-	December of complete	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and losses					
d	Grants or scholarships			-		· · · · · · · · · · · · · · · · · · ·
e	Other expenditures for facilities and					
C	programs · · · · · · · · · · · · · · · · · · ·					
f	Administrative expenses					
g	End of year balance		_	<u> </u>		
2	Provide the estimated percentage of the curre	nt vear end balance (li	ne 1g. column (a)) he	eld as		
a	Board designated or quasi-endowment	%				
b	-	%				
С	Term endowment ▶ %					
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%				
3a	Are there endowment funds not in the possess	sion of the organization	that are held and a	dministered for the		
	organization by					Yes No_
	(i) Unrelated organizations · · · · · ·					3a(i)
	(ii) Related organizations					3a(ii)
b	If "Yes" on line 3a(ii), are the related organization	ions listed as required	on Schedule R? •		<i></i>	3b
4	Describe in Part XIII the intended uses of the d		ent funds			
Pa	Part VI Land, Buildings, and Equipment.					
	Complete if the organization	answered "Yes"	on Form 990, Pa	art IV, line 11a	See Form 990, P	art X, line 10
	Description of property	(a) Cost or other		or other basis	(c) Accumulated	(d) Book value
		(investme	ent)	(other)	depreciation	
1a	Land	• •				
b	Buildings					
C	Leasehold improvements · · · · · · ·	• •				
d	Equipment	• •				
<u>e</u>	Other		.1 (5) 1			
Total	I. Add lines 1a through 1e (Column (d) must equ	ıaı ⊢orm 990, Part X, c	oiumn (B), line 10c)	<u> </u>		

•						
Schedule D (Form	990) 2019 CANTON COMMUNITY IME	PROVEMENT	CORP	34-	-1601493	Page 3
Part VII	Investments - Other Securities.					
	Complete if the organization answered "Ye	es" on For	m 990, Part IV, lin	e 11b See Form	990, Part X,	line 12
	(a) Description of security or category (including name of security)		(b) Book value	1	c) Method of valuation	
(1) Financial d	derivatives					
	eld equity interests					
(3) Other		·				
(A)		_		ļ <u> </u>		
(B)						
(C)						
(D)						
(E)		-				
(F) (G)			<u> </u>			
(H)					_	_
	(b) must equal Form 990, Part X, col (B) line 12)	▶				
Part VIII	Investments - Program Related.					
	Complete if the organization answered "Ye	es" on For				
	(a) Description of investment		(b) Book value		 c) Method of valuation r end-of-year market 	
(1keal Es	state Held for Development		136,000	Cost		
(2)						
(3)			·	<u>. </u>		
(4)						
(5)			<u> </u>			
(6)						
(7)		_				
(8)					.	-
(9)	n (b) must equal Form 990, Part X, col (B) line 13)	▶	136,000			
Part IX	Other Assets.		136,000	L		
	Complete if the organization answered "Ye	es" on Fori	m 990. Part IV. lin	e 11d See Form	990. Part X.	line 15
	(a) Description				T	ook value
(1)				·		
(2)					· ·	
(3)						
(4)						
(5)						
(6)						
(7)					 	<u> </u>
(8)						
(9)	n (b) must equal Form 990, Part X, col (B) line 15)					
Part X	Other Liabilities.		 	· · · · · · · · · · · · · · · · · · ·	<u>. </u>	
	Complete if the organization answered "Ye	es" on For	m 990, Part IV, lın	e 11e or 11f See	e Form 990, f	⊃art X,
1.	(a) Description of liability	(b) Book v	atue		 	
(1) Federal II	· · · · · · · · · · · · · · · · · · ·	(D) DOOK V				
(2)						
(3)						
(4)						
(5)						
(6)		_				

(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) · ▶

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

EEA

» U (h) Purpose of grant Open to Public or assistance OMB No 1545-0047 Inspection 2019. X Yes Employer identification number 34-1601493 noncash assistance (g) Description of Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. (f) Method of valuation (book, FMV, appraisal, Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, (e) Amount of noncash assistance Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990. (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) General Information on Grants and Assistance Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (p) EIN CANTON COMMUNITY IMPROVEMENT CORP (a) Name and address of organization 210 Market Ave South or government (1) Huntington Bank Canton, OH 44702 Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE (Form 990) Part Part II 9 3 9 6 <u>6</u> € 9 8 ල

Schedule I (Form 990) (2019)

For Paperwork Reduction Act Notice, see the Instructions for Form 990. EEA

· Page 2 Schedule I (Form 990) (2019) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Schedule I (Form 990) (2019) CANTON COMMUNTY IMPROVEMENT CORP

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 (e) Method of valuation (book, FMV, appraisal, other) noncash assistance (d) Amount of (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance Part IV EEA ~ က 4 S 9

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990 or 990-EZ.

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

CANTON COMMUNITY IMPROVEMENT CORP	34-1601493
01. Governing body decisions (Part VI, line 7b)	
All decisions are reviewed and approved by the board.	
02. Form 990 governing body review (Part VI, line 11)	
The 990 is presented to the board for review and approval prior to	filing.
03. Conflict of interest policy compliance (Part VI, line 12c)	
The organization adopted the City of Canton's confilict of interest	policy, which is
reviewed regulary at board meetings.	
04. CEO, executive director, top management comp (Part VI, line 1	5a)
Salary for the executive director is set by the board after review	of compensation paid to
persons in similiar positions.	
05. Governing documents, etc, available to public (Part VI, line	19)
Financials statements are available for review upon written request	
06. Explanation of other changes in net assets or fund balances (Part XI, line 9)
Auditors change to presenation of previously classified fixed asset	