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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

	C Ab -	2000			o d dopy or time rotali					' —				
		2009 calendar year, o				<u>, 2009, a</u>	nd endin	g	D • ·					
В	Check if a	applicable Please use	C Name of organiza	ation					D Employe	r Identi	fication Number			
	Addr	ess change IRS label	The Findlay	y-Hancock	County Com	munity	Found	lation	34-1					
	Nam	e change or type.	Number and stree	et (or PO box if	mail is not delivered to	street addr) Room/s	uite	E Telephon	e numb	er			
	Initia	l return See	101 W Sand	usky Str	eet		207	(419) 425-1100						
	Term	Instruc- unation tions.	City, town or cour	ntry	<u> </u>	State Z	IP code + 4					•		
	Ame	nded return	Findlay			OH 4	45840		G Gross red	ceints 9	20,092,685			
	\exists		and address of principa	l officer			10010	H(a) Is this a	a group return			X No		
	☐, • ••.	′ * I	Healy 101 w San		Findlay	OB A	45840		affiliates inclu		Yes	No		
_	Tour	exempt status X 501						If 'No,'	attach a list (see inst	tructions)	ш		
<u> </u>				(insert no)	4947(a)(1) or	527	_		_				
 _			unity-foun		1	1.			exemption nur		•			
<u>K</u>		f organization Corpora	ation X Trust	Association	Other >	L Yea	ar of Forma	tion 1988	3 M St	ate of le	egal domicile OH			
Pa		Summary												
		riefly describe the org												
ø:		<u>he organizati</u>									 .			
ă		the Hancock County area through collaborative leadership, responsi-												
E		<u>le grantmakir</u>								- - -				
õ		heck this box >				r dispose	ed of mor	e than 259	% of its ass					
જ		lumber of voting mem							L		9			
89		lumber of independen	•	•	iing body (Part V	I, line 1b))		-	-	9			
Ž		otal number of employ		•					-		8			
Activities & Governance		otal number of volunte				10			-		286			
•		otal gross unrelated b			. , , .	2 12				7a		0.		
	DIV	et unrelated business	taxable income t	rom Form 99	J-1, line 34			1		7b				
								-	rior Year		Current Ye			
ē		contributions and gran	•	1	,949,1		1,324,							
Revenue		rogram service reveni				96,00			130.					
ev.		nvestment income (Pa						-2	,373,8	62.		<u>,013.</u>		
_		ther revenue (Part VI												
		otal revenue – add lir				(A), line 1	12)		-328,7 2	$\overline{}$		790.		
		rants and similar amo		3	,020,1		1,578,	<u>,091.</u>						
		enefits paid to or for i	•		0.									
ø	15 S	alaries, other compen	nsation, employee	_	455,5	99.	471,	<u>,420.</u>						
Expenses	16 a P	rofessional fundraisin	g fees (Part IX, co	olu <u>mn (A), lır</u>	ie 11e)									
cbe	ЬΤ	otal fundraising exper	nses (Part IX, colu	umin (D), time(25)	168	,799.							
Ω	17 0	otal fundraising exper other expenses (Part I	X column (A) lin	es 11a-1 d	THE TYPE)		-	417	763.				
	18 T	otal expenses Add Ir	nes 13.17 (must e	oulal Bart IX	column (A) line	25) (2		1	645,0° ,120,8°		2,467			
	19 R	evenue less expenses	Subtract line 19		V M R 2nan				,449,5	-1,728,				
. 2	13 1	evenue less expenses	3 Subtract line 10	3 1 95111119 (12	A AY BY A TO THE	क								
sete or Jancoe	20 T	atal accets (Dont V. Iv	10)						ning of Ye		End of Ye			
Boll		otal assets (Part X, III			DEN, U	r			,603,7		55,152,			
Net Ass Fund Bo		otal liabilities (Part X,	•						,584,4		8,572,			
		et assets or fund bala		ne 21 from lin	e 20				,019,2	78.	46,580,	<u>,338.</u>		
Ра	rt II	Signature Bloc					-				-			
		Under penalties of perjury, true, correct, and complete	I declare that I have ex Declaration of prepare	kamined this retur er (other than offi	n, including accompar cer) is based on all inf	ying schedu formation of	les and sta which prep	tements, and arer has any l	to the best of knowledge /	my kno	wledge and belief, i	t ıs		
c:-			Buch a	1				1	115/2	n/	΄ ΛΩ			
Sign Here		Signature of officer	MIM						10/05	7/_	70			
ne	i C	Kath k	inia K	teach	ar P	1145	· ; d ,	Da	ie -	•				
		714174	THE TY	eu (r	uu p	1142	1/ Ye	NI						
		Type or print name and	a uue		· · · · · ·					1=				
		Date							neck if	Pr	eparer's identifying i se instructions)	number		
Pai		Preparer's							nployed -	∐				
Pre	er's	signature		<u>_</u>										
Us		Firm's name (or												
On	ĺv	yours if self- employed),						EI	N P					
_		address, and ZIP + 4			_			Pi	попе по					
May	the IRS	S discuss this return v	vith the preparer s	shown above	(see instruction	s)	-				X Yes	No		

	1 990 (2009) The Findlay-Hancock County Community Foundation	<u> 34-17</u>	<u> 1326</u>	1		Page 2
	t III Statement of Program Service Accomplishments					
1	Briefly describe the organization's mission					
	<u>Grantmaking</u>					. _
	The organization is dedicated to improving the quality of life in					
	See Form 990, Page 2, Part III, Line 1 (continued)			-		
2	Did the organization undertake any significant program services during the year which were not listed on the	prior	_		_	
	Form 990 or 990-EZ?		\sqcup	Yes	X	No
	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	,7	\sqcup	Yes	X	No
	If 'Yes,' describe these changes on Schedule O.					
4	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allo expenses, and revenue, if any, for each program service reported	expenses exations to	Section other	on 501 s, the	(c)(3) total	
4 8	a (Code) (Expenses \$335,000. including grants of \$335,000.) (Re	venue !	:	33	5,00	۱۵ ۱
	The Foundation is serving as fiscal sponsor for the Northwest Ohio				5,00	, ,
	Flood Mitigation Group. In 2008, the Foundation made a 3 year gra	int of	- 			
	\$100,000 per year to fund payroll for the President and an admini-					
	strative assistant for the Partnership. The Foundation, in its re	11 of				
	fiscal sponsor regranted \$335,000 to the Partnership for expenses	<u> </u>		-		
	The exempt purpose achievement is to improve the quality of life:	<u>'</u>				
	the community by eliminating flooding. Businesses will be able to					
	stay in Findlay providing employment opportunities and supporting	<u></u>				
	stay in rindray providing emproyment opportunities and supporting					
	local governement operations through taxes.					
		- -				
41	O (Code) (Expenses \$224,736. including grants of \$222,813.) (Re	venue :	;	4	5,27	[5.)
	Scholarships					
	The Foundation administers scholarships for 100 funds held at the					. – – –
	Foundation and a private foundation that provides scholarships for					
	Hancock County students. In 2009, 228 scholarships were awarded	: :0				
	local students for a total of \$222,813			 		
	The exempt purpose achievement is to improve quality of life in the	 1e				
	community by providing education to students to enhance their em-	<u></u>				
	ployment opportunities. Economic development could result from					
	having a trained local workforce					
	maving a trained local workforce.					
		-	-			
	(O-d-) (F A CO P15		_			
40	(Code) (Expenses \$60,715. including grants of \$60,715.) (Re	venue S	·	2	2,0	<u>.5.</u>)
	In 2009, the Foundation began a program to help 20 local nonprofit	<u>:s</u>				
	build their own capacity. The Foundation made a grant to itself					
	for \$20,715 to provide funding for the program.			- 		
	The Foundation hosted two sessions of the "Standards for	-				
	Excellence" clinics presented by the Ohio Association of Nonprofit					
	Organizations. 10 nonprofit agencies attended each four-part sess	sion.				
	Attendance was mandatory and each agency had to be represented by			<u>-</u>		
	the following: CEO; a board member; and a third attendee (either					- - -
	staff_or_a_board_member).					
	At the end of each session, the noprofits were eligible to apply					
	See Form 990, Page 2, Part III, Line 4c (continued)					
40	Other program services. (Describe in Schedule O)					
	(Expenses \$ 1,400,545. including grants of \$ 959,563.) (Revenue \$		33,	<u>55</u> 5.)	
4 e	Total program service expenses ► 2,020,996.					

, <u>ui</u>	try one-killst of frequired octiculates			_
			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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? If 'Yes,' complete Schedule C, Part II	4_		X_
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV	9		v
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	х	Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11_	_x	
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI			
(• 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			
(• 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			
	• 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			
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	 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? If 'Yes,' complete Schedule D, Part X 			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		x
12/	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ı	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15_		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	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	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	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	<u> </u>	X

	11990 (2009) The Findlay-Hancock County Community Foundation	34-1/13261		'age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organization United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	ons in the	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United Statix, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	ates on Part		x
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organiza and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' con Schedule J</i>	tion's current		х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through	0.000	-	х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year any tax-exempt bonds?	to defease 24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction disqualified person during the year? If 'Yes,' complete Schedule L, Part I	n with a		х
ı	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pr that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes, Schedule L, Part I	or year, and 'complete 25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employ disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L,	yee, or Part II 26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, subsicontributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' con Schedule L, Part III	tantial mplete		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Pa instructions for applicable filing thresholds, conditions, and exceptions)			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		х
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a fa was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	mily member) 28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	х	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified co-contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N,	Part I 31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' comp. Schedule N, Part II	lete 32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulation 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	ns sections 33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, II line 1	I, IV, and V,	х	
35	Is any related organization a controlled entity within the meaning of section $512(b)(13)^2$ If 'Yes,' complete S Part V, line 2	Schedule R, 35	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable relationganization? If 'Yes,' complete Schedule R, Part V, line 2	ed 36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	on and that is		х

Form **990** (2009)

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

<u>rar</u>	t v Statements Regarding Other IRS Filings and Tax Compliance			
	_		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	х	
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 8			
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		х
þ	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
	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, securities account, or other financial account)?	4a	х	
b	If 'Yes,' enter the name of the foreign country ► <u>Cayman Islands</u>		1	
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		<u>_</u>
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?	6a		х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		_ L
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 and services provided to the payor?	7a		х
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х
	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		L
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		x
9	Sponsoring organizations maintaining donor advised funds.	-		
	Did the organization make any taxable distributions under section 4966?	9a		х
	Did the organization make any distribution to a donor, donor advisor, or related person?	9ь		x
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			1
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			l
	Section 501(c)(12) organizations. Enter			l
	Gross income from other 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)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

Section A. Governing Body and Management

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.

				res	NO			
1 a	Enter the number of voting members of the governing body	1a 9						
b	Enter the number of voting members that are independent	1 b 9						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation business relationship or a business relationship or a business relationship or a business relationship or a business relation business relation business relationship or a business relation business	itionship with any other	2		х			
3	Did the organization delegate control over management duties customarily performed by or un of officers, directors or trustees, or key employees to a management company or other person	der the direct supervision	3		x			
4	Did the organization make any significant changes to its organizational documents		4		X			
-	since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization'	s assets?	5		Х			
6	Does the organization have members or stockholders?	3 4355.5	6		X			
7 a	Does the organization have members, stockholders, or other persons who may elect one or migoverning body?	ore members of the	7a		x			
b	Are any decisions of the governing body subject to approval by members, stockholders, or oth	er persons?	7b		X			
	Did the organization contemporaneously document the meetings held or written actions undert the following:	•		_				
a The governing body?								
	Each committee with authority to act on behalf of the governing body?		8a 8b	X				
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be a section of the secti	not be received at the						
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not		9_		X			
	enue Code)	required by the internal						
11000	mue code)	 .		Yes	No			
10-	Does the organization have local chapters, branches, or affiliates?		10a	162	No X			
	· · · · · · · · · · · · · · · · · · ·		104					
E	If 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	10Ь					
	Has the organization provided a copy of this Form 990 to all members of its governing body be		11	х				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	mere many the terms						
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a	х				
	Are officers, directors or trustees, and key employees required to disclose annually interests the	nat could give rise						
	to conflicts?	-	12b	X				
C	Does the organization regularly and consistently monitor and enforce compliance with the polic Schedule O how this is done	cy? If 'Yes,' describe in	12c	х				
13	Does the organization have a written whistleblower policy?		13	Х				
14	Does 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 a persons, comparability data, and contemporaneous substantiation of the deliberation and deci-	oproval by independent sion?						
	The organization's CEO, Executive Director, or top management official		15a	Х				
b	Other officers of key employees of the organization		15b	Х				
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions)							
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a entity during the year?	rrangement with a taxable	16a		х			
b	olf 'Yes,' has the organization adopted a written policy or procedure requiring the organization to in joint venture arrangements under applicable federal tax law, and taken steps to safeguard to status with process to safeguard to safegua	o evaluate its participation he organization's exempt	166					
Sec	status with respect to such arrangements? tion C. Disclosures		16b					
	List the states with which a copy of this Form 990 is required to be filed >							
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an inspection Indicate how you make these available. Check all that apply	d 990-T (501(c)(3)s only) ava	– – – ulable	for pu	blic			
	X Own website X Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how) the organization makes its governing docume statements available to the public.	ents, conflict of interest policy	, and	financ	ıal			
20	State the name, physical address, and telephone number of the person who possesses the bo	oks and records of the organi	zation	ı				
			19)_4		1100			
		· ·						

Form 990 (2009)

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

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 organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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
 See instructions for definition of 'key employees'
- 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

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

Check this box if the organization did no (A)	(B)			((c)			(D)	(E)	(F)
Name and Title	Average hours	Pos	ition i		_	hat app		Reportable compensation from	Reportable compensation from	Estimated
	per week	adividi el frastee or director	institutional toistee	Offic el	Key amphyee	Highest ตกกุระกรฮted employee	Furne	compensation from the organization (W 2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
David S Healy										
Chairman	2.00	Х		X				0.	0.	0.
Ralph D Russo Vice Chairman	1.00	v		x				0.		•
Michael S Needler	1.00			<u> </u>	\vdash				0.	0.
Secretary	1.00	х		х				0.	0.	0.
Garry L Peiffer									-	
Treasurer	1.00	х	ĺ	x				0.	0.	0.
Karl Heminger										
Trustee	1.00	Х						0.	0.	
Patricia J Brown										
Trustee	1.00	X						0.	0.	0.
J_Alec_Reinhardt										
Trustee	1.00	Х						0.	0.	0.
Charles J Younger									_	
Trustee	1.00	X						0.	0.	0.
Sherri Garner Brumbaugh Trustee	1.00	х						0.	0.	0.
Katherine Kreuchauf										
President	40.00			Х		X		112,471.	0.	6,477.
Charles F Stumpp, Jr Treasurer	1.00			х				0.	0.	
G Norm Nicholson	1.00			Λ_			_	0.	0.	0.
Trustee	1.00	х						0.	0.	0.
Judy Rower										
Trustee	1.00	х						0.	0.	0.
Jennifer Payne White										
Trustee	1.00	Х						0.	0.	0.
								:		

TEEA0107 11/10/09

(A)	(B)			(6	c)	_		(D)	(E)		(F)	
Name and Title	Average hours per week			Officer	_	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099 MISC)	amous comp fro orga and	timated nt of oth pensation om the anization d related inizations	n I
	-								_			
	_											
	-											
	-											
	-											
	-											
	1											
1 b Total							>	112,471.	0.	<u> </u>	6,4	
2 Total number of individuals (including but not limited from the organization 1	l to thos	e lis	ted	abov	ve) v	who	rece	eived more than \$	100,000 in reportab	le compe	ensatio	חכ
											Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste dividual	e, k	еу е	mpl	oye	e, oı	r hig	hest compensated	d employee	3		x
4 For any individual listed on line 1a, is the sum of reg the organization and related organizations greater th individual	oortable nan \$150	com 0,000	pen	satı f 'Ye	on a	nd (othei olete	r compensation fro Schedule J for su	om ach	4		
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompensa	ation	fro	m ai	ny u	nrel	ated	l organization for s	services	5		X
Section B. Independent Contractors	edule 3	101 3	ucn	ρει	3011							<u> </u>
Complete this table for your five highest compensate compensation from the organization	ed indep	ende	ent o	cont	ract	ors 1	that	received more tha	n \$100,000 of			
(A) Name and business addres	ss							Description	of Services	(Compe	C) nsatio	<u>n</u>
						_						
2 Total number of independent contractors (including		ımıte	ed to	tho	se	ıste	d ab	ove) who received	d more than			
\$100,000 in compensation from the organization	U								TECA0100 01/20/10		990 /	

· Form 990 (2009) The Findlay-Hancock County Community Foundation

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d All other revenue e Total. Add lines 11a-11d

12 Total revenue. See instructions

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738,790.

80,130.

-666,013. Form **990** (2009)

0.

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) but are not required to complete columns (B), (C), and (D).

	All other organizations must comp		(B)	(C)	(D)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,574,791.	1,574,791.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	3,300.	3,300.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	118,948.	53,526.	44,011.	21,411.
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	284,912.	128,211.	105,417.	51,284.
8	Pension plan contributions (include section 401(k) and section 403(b) employer				
•	contributions) Other employee benefits	21,632. 15,157.	9,734.	8,004.	3,894.
	. ,		6,821.	5,608.	2,728.
	Payroll taxes Fees for services (non-employees)	30,771.	13,847.	11,385.	5,539.
	a Management	-			
	o Legal	16 744	7 525	6 105	2 014
	C Accounting	16,744.	7,535.	6,195.	3,014.
	d Lobbying	16,935.	7,621.	6,266.	3,048.
	e Prof fundraising svcs. See Part IV, In 17				
	Investment management fees	128,528.	57,838.	47,555.	22 125
	Other	5,897.	2,654.	2,182.	23,135. 1,061.
	Advertising and promotion	26,376.	2,034.	2,182.	26,376.
13	- · · · · · · · · · · · · · · · · · · ·	27,046.	12,171.	10,007.	4,868.
14	Information technology	10,120.	4,554.	3,744.	1,822.
15	Royalties	10,120.	4,334.	3,744.	1,022.
16	Occupancy	36,184.	16,283.	13,388.	6,513.
17	· · ·	1,054.	474.	390.	190.
	Payments of travel or entertainment expenses for any federal, state, or local public officials	17031.	3/3.	330.	190.
19	Conferences, conventions, and meetings	4,106.	1,848.	1,519.	739.
20	Interest	50,629.	50,629.	0.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,790.	5,756.	4,732.	2,302.
	Insurance	3,434.	1,545.	1,271.	618.
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
	Programs & Initiatives	48,716.	48,716.	0.	0.
ł	Memberships & Dues	12,749.	5,737.	4,717.	2,295.
(Staff Development	11,562.	5,203.	4,278.	2,081.
•	Miscellaneous	4,893.	2,202.	1,810.	881.
f	All other expenses				
	Total functional expenses. Add lines 1 through 24f	2,467,274.	2,020,996.	282,479.	163,799.
26	Joint costs. Check here ► ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

	<u>ırt X</u>	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	170,241.	1	111,664.
	2	Savings and temporary cash investments	3,234,986.	2	2,064,806.
	3	Pledges and grants receivable, net	67,536.	3	11,000
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
ŝ	7	Notes and loans receivable, net	_	7	
A S S E T S	8	Inventories for sale or use		8	
ŝ	9	Prepaid expenses and deferred charges	21,036.	9	13,992
	10a	Land, buildings, and equipment cost or other basis 10a 106, 668.			•
		Complete Part VI of Schedule D			
ļ	ь	Less. accumulated depreciation 10b 41,008.	76,077.	10 c	65,660.
-	11	Investments — publicly-traded securities	40,353,899.	11	52,786,005.
ļ	12	Investments – other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11	679,950.	13	
	14	Intangible assets		14	" -
	15	Other assets See Part IV, line 11		15	99,761
	16	Total assets Add lines 1 through 15 (must equal line 34)	44,603,725.	16	55,152,888
	17	Accounts payable and accrued expenses	17,448.	17	28,103
	18	Grants payable	944,420.	18	368,599
	19	Deferred revenue	,	19	
ᅡ	20	Tax-exempt bond liabilities		20	
À B	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	<u>.</u>
L L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II			
Ţ		of Schedule L		22	
E S	23	Secured mortgages and notes payable to unrelated third parties	4,600,000.	23	4,485,038
	24	Unsecured notes and loans payable to unrelated third parties		24	
- [25	Other liabilities. Complete Part X of Schedule D	3,022,579.	25	3,690,810.
	26	Total liabilities. Add lines 17 through 25	8,584,447.	26	8,572,550
N		Organizations that follow SFAS 117, check here ► X and complete lines			
Ĕ		27 through 29 and lines 33 and 34.			
ŝ	27	Unrestricted net assets	34,606,335.	27	44,689,962.
ASSETS	28	Temporarily restricted net assets	406,265.	28	656,667.
- 1	29	Permanently restricted net assets	1,006,678.	29	1,233,709.
R		Organizations that do not follow SFAS 117, check here ► and complete			
- 1		lines 30 through 34.		Ì	
FUZD	30	Capital stock or trust principal, or current funds		30	
- 1	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
ĉ	32	Retained earnings, endowment, accumulated income, or other funds	-	32	
BALANCES	33	Total net assets or fund balances	36,019,278.	33	46,580,338.
		Total liabilities and net assets/fund balances	44,603,725.	34	55,152,888.

	34-1713261	Pa	age 12
Part XI Financial Statements and Reporting		Tvan	NI.
1 Accounting method used to prepare the Form 990 Cash X Accrual Other		Yes	No
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	1	х
b Were the organization's financial statements audited by an independent accountant?	2b	Х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight or review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	x	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is consolidated basis, separate basis, or both	sued on a		
Separate basis X Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	ne Single		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the re or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired audit		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. ► See separate instructions.

OMB No 1545 0047

2009

Open to Public

Inspection

Schedule A (Form 990 or 990-EZ) 2009

Name of the organization Employer identification number The Findlay-Hancock County Community Foundation 34-1713261 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, 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.) A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 4 A medical research organization operated in conjunction with a hospital described in section 170(bX1)(AX(iii)) Enter the hospital's 5 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) 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 described in section 170(b)(1)(A)(vi). (Complete Part II.) X A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) R 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 9 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). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h 11 **b** Type II c | Type III - Functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (i) 11 g (i) a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (i) Name of Supported Organization (v) Did you notify the organization in col (i) of (ii) EIN (iii) Type of organization (iv) Is the (vi) Is the (vii) Amount of Support organization in col (i) listed in your (described on lines 1-9 above or IRC section organization in col (i) organized in the your support? (see instructions)) governing document? Yes Yes No Yes No BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

b 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009 TEEA0402 10/08/09

13 Total support. (add lins 9, 10c, 11, and 12) 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) organization, check this box and stop here Section C. Computation of Public Support Percentage I Total support. (add lins 9, 10c, 11, and 12)

sec	ction C. Computation of Public Support Percentage		
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%
Sec	ction D. Computation of Investment Income Percentage		

Jec	tion b. compatation of investment income rescentage			
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17		%
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18		%
19 a	i 33-1/3 support tests - 2009. 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	Ì
b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 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
 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 The Findlay-Hancock County Community Foundation 34–1713261 Page 4 Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
Other Income Part II, Line 10
Description: Administrative Fees
2005: 67317.
2006: 117057.
2007: 102077.
2008: 54078.
2009: 45275.
Description: Program Service Revenue
2005: 28850.
2006: 49975.
2007: 49537.
2008: 41925.
2009: 34855.

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
Attach to Form 990.

OMB No 1545 0047

Open to Public

nternal Revenue Service	P Attac	n to Form 330 See Separate Instructions		l ilisbi	ection
Name of the organization				Employer Identification	number
The Findlay-Hancoc	k County Commun	sity Foundation		34-1713261	
		Advised Funds or Other Similar Fun			
	answered 'Yes' to	Form 990, Part IV, line 6.	ius oi Acco	ounts complete	, 11
		(a) Donor advised funds	(b) Fi	unds and other acc	counts
1 Total number at end of y	ear	20.			
2 Aggregate contributions	to (during year)	24,828.			
3 Aggregate grants from (c	during year)	253,282.			
4 Aggregate value at end	of year	2,538,244.			
		advisors in writing that the assets held in dor the organization's exclusive legal control?	nor advised	XYes	☐ No
	ourposes and not for the	and donor advisors in writing that grant funds benefit of the donor or donor advisor or for a ??		X Yes	☐ No
art II Conservation E	asements Complet	e if the organization answered 'Yes'	to Form 99	0, Part IV, line	7.
		ne organization (check all that apply)		·,	
Preservation of land	for public use (e.g., rec	reation or pleasure) Preservation	of an historica	lly important land	area
Protection of natural	habitat	Preservation	of certified his	toric structure	
Preservation of oper	space				
2 Complete lines 2a through last day of the tax year	gh 2d if the organization	held a qualified conservation contribution in t	he form of a c	onservation easem	ent on the
				Held at the End o	f the Year
a Total number of conserv			2a		
b Total acreage restricted	•		2b		
		d historic structure included in (a)	2c		
d Number of conservation	`	• •	2d		
	easements modified, tra	nsferred, released, extinguished, or terminate	ed by the organ	nization during the	tax
year ► 4 Number of states where	_ property subject to cons	ervation easement is located ►			
		rding the periodic monitoring, inspection, hand	— dling of violation		
and enforcement of the of Staff and volunteer hours during the year ►		t noids? inspecting, and enforcing conservation easer	nents	∐ Yes	∐ No
7 Amount of expenses including the year >	urred in monitoring, insp	ecting, and enforcing conservation easements	\$ _ \$ _		_
8 Does each conservation 170(h)(4)(B)(i) and 170(ne 2(d) above satisfy the requirements of sec	tion	Yes	☐ No
9 In Part XIV, describe how include, if applicable, the conservation easements	text of the footnote to t	ts conservation easements in its revenue and he organization's financial statements that de	expense state scribes the or	ement, and balance ganization's accou	e sheet, and nting for
Part III Organizations	Maintaining Collec	tions of Art, Historical Treasures, or ered 'Yes' to Form 990, Part IV, line	r Other Sim 8.	ilar Assets	
1 a If the organization electer treasures, or other similar	ed, as permitted under S ar assets held for public	FAS 116, not to report in its revenue stateme exhibition, education, or research in furtherand that describes these items	nt and balance		
	ar assets held for public	FAS 116, to report in its revenue statement a exhibition, education, or research in furtherar			
(i) Revenues included i	n Form 990, Part VIII, lir	ne 1		► \$	
(ii) Assets included in F	orm 990, Part X			►\$ ►\$	
amounts required to be i	eported under SFAS 110	historical treasures, or other similar assets fo 5 relating to these items	r financial gai	n, provide the follo	wing
a Revenues included in Fo	rm 990, Part VIII, line 1			► \$	
b Assets included in Form	990, Part X			►\$	

Schedule D (Form 990) 2009 The F:	indlay-Hanco	ck C	County Commu	nity	Foundation		34-171			Page 2
Part III Organizations Mainta	ining Collection	ons	of Art, Histo	rica	Treasures, o	Other S	imilar Ass	ets (c	ontinu	<u>ed)</u>
3 Using the organization's acquisiting tems (check all that apply) a Public exhibition	on accession and	othe		_	_	at are a si	gnificant use	of its co	llection	
b Scholarly research			e Other	и ехс	hange programs					
c Preservation for future general	ations		e 🔲 Other		_					
Provide a description of the organ Part XIV		ons a	ind explain how	they f	urther the organiz	ation's exe	mpt purpose	ın		
5 During the year, did the organizat assets to be sold to raise funds ra	tion solicit or rece ather than to be n	eive d naint	ionations of art, ained as part of	histor the o	rical treasures, or rganization's colle	other simil	ar	Yes	5	₹ No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangemen unt on Form 9	its (Complete if or Part X, line 2	rgan 21.	ization answer	ed 'Yes'	to Form 9	90, Pa	rt IV,	line
1 a Is the organization an agent, trus included on Form 990, Part X?			_			r assets no	t	Yes		No
b If 'Yes,' explain the arrangement	in Part XIV and c	ompl	lete the following	table table	e.					
								Amoun	:	
c Beginning balance						1c				
d Additions during the year						1 d				
e Distributions during the year						1 e				
f Ending balance						1 f				
2a Did the organization include an a	mount on Form 99	90, P	art X, line 21?					Yes Yes		No
b If 'Yes,' explain the arrangement										
Part V Endowment Funds Co	mplete if orga	nızş	ation answere	<u>ed 'Y</u>	es' to Form 99					
	(a) Current year	$\overline{}$	(b) Prior year	$\overline{}$	(c) Two years back	(d) TI	nree years back	(e)	our year	s back
1 a Beginning of year balance	40,234,15	54.	64,717,7	20.						
b Contributions	767,35	58.	782,7	30.						
c Net Investment earnings, gains, and losses	11,660,48	33.	<u>-21,963,3</u>	83.						
d Grants or scholarships	1,534,63	33.	2,666,7	36.						
 Other expenditures for facilities and programs 	545,89	9.	636,1	76.						
f Administrative expenses										
g End of year balance	50,581,46	<u> </u>	40,234,1	55.						
2 Provide the estimated percentage	of the year end t	balar	nce held as							
a Board designated or quasi-endow	ment >	3	.30 %							
b Permanent endowment	96.36 %									
c Term endowment ► 0).34 %									
3a Are there endowment funds not in	n the possession (of the	e organization th	at ar	e held and admini	stered for t	he	-		
organization by	·		J					\longrightarrow	Yes	No
(i) unrelated organizations								3a(i)		X
(ii) related organizations								3a(ii)		Х
b If 'Yes' to 3a(II), are the related o								3b		
4 Describe in Part XIV the intended										_
Part VI Investments-Land, B	_					<u>, lıne 10.</u>				
Description of investment	(a)		t or other basis vestment)		Cost or other casis (other)		umulated eciation	(d) [Book Va	lue
1 a Land	<u> </u>									
b Buildings	<u> </u>									
c Leasehold improvements					7,692.		1,585.			,107.
d Equipment	<u> </u>				98,976.		39,423.		59	<u>,553.</u>
e Other				_					_	
Total. Add lines 1a through 1e (Column	n (d) must equal F	orm	990, Part X, col	umn	(B), line 10(c))		Þ			,660.
BAA							Sche	dule D (F	orm 99	0) 2009

Schedule D (Form 990) 2009 The Findlay-Hancoc	E-may COOL Day A V 1	dation 34-1713261 Pag
Part VII Investments—Other Securities See		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
		· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990 Part X, col (B) line 12)		
Part VIII Investments-Program Related (Se	e Form 990, Part X, line 1	3)
(a) Description of investment type	(b) Book value	(c) Method of valuation
	***	Cost or end-of-year market value
		· · · · · · · · · · · · · · · · · · ·
·		
		-
Total (Column (b) must equal Form 990, Part X, Col (B) line 13)		·
Part IX Other Assets (See Form 990, Part)	(, line 15)	
	(, line 15) Description	(b) Book value
(a)		
(a)		(b) Book value 99,76
(a)		
(a) Land, subject to life tenancy	Description	99,76
(a) Land, subject to life tenancy Total. (Column (b) must equal Form 990, Part X, col (B),	Description	99,76
Land, subject to life tenancy Total. (Column (b) must equal Form 990, Part X, col (B), Part X Other Liabilities (See Form 990, Pa	Ine 15) rt X, line 25)	99,76
Total. (Column (b) must equal Form 990, Part X, col (B), Part X Other Liabilities (See Form 990, Pa (a) Description of Liability	Description	99,76
Total. (Column (b) must equal Form 990, Part X, col (B), Part X Other Liabilities (See Form 990, Pa (a) Description of Liability Federal Income Taxes	line 15) rt X, line 25) (b) Amount	99,76
Total. (Column (b) must equal Form 990, Part X, col (B), Part X Other Liabilities (See Form 990, Pa (a) Description of Liability Federal Income Taxes Annuity Payable	Ine 15) rt X, line 25) (b) Amount 168,101.	99,76
Land, subject to life tenancy Total. (Column (b) must equal Form 990, Part X, col (B), Part X Other Liabilities (See Form 990, Pa (a) Description of Liability Federal Income Taxes Annuity Payable Remainder Trust Payable	Ine 15) rt X, line 25) (b) Amount 168,101. 52,864.	99,76
Total. (Column (b) must equal Form 990, Part X, col (B), Part X Other Liabilities (See Form 990, Pa (a) Description of Liability Federal Income Taxes Annuity Payable Remainder Trust Payable	Ine 15) rt X, line 25) (b) Amount 168,101.	99,76
Total. (Column (b) must equal Form 990, Part X, col (B), Part X Other Liabilities (See Form 990, Pa (a) Description of Liability	Ine 15) rt X, line 25) (b) Amount 168,101. 52,864.	99,76
Total. (Column (b) must equal Form 990, Part X, col (B), Part X Other Liabilities (See Form 990, Pa (a) Description of Liability Federal Income Taxes Annuity Payable Remainder Trust Payable	Ine 15) rt X, line 25) (b) Amount 168,101. 52,864.	99,76
Total. (Column (b) must equal Form 990, Part X, col (B), Part X Other Liabilities (See Form 990, Pa (a) Description of Liability Federal Income Taxes Annuity Payable Remainder Trust Payable	Ine 15) rt X, line 25) (b) Amount 168,101. 52,864.	99,76
Total. (Column (b) must equal Form 990, Part X, col (B), Part X Other Liabilities (See Form 990, Pa (a) Description of Liability Federal Income Taxes Annuity Payable Remainder Trust Payable	Ine 15) rt X, line 25) (b) Amount 168,101. 52,864.	99,76
Total. (Column (b) must equal Form 990, Part X, col (B), Part X Other Liabilities (See Form 990, Pa (a) Description of Liability Federal Income Taxes Annuity Payable Remainder Trust Payable	Ine 15) rt X, line 25) (b) Amount 168,101. 52,864.	99,76
Total. (Column (b) must equal Form 990, Part X, col (B), Part X Other Liabilities (See Form 990, Pa (a) Description of Liability Federal Income Taxes Annuity Payable Remainder Trust Payable	Ine 15) rt X, line 25) (b) Amount 168,101. 52,864.	99,76
Total. (Column (b) must equal Form 990, Part X, col (B), Part X Other Liabilities (See Form 990, Pa (a) Description of Liability Federal Income Taxes Annuity Payable Remainder Trust Payable	Ine 15) rt X, line 25) (b) Amount 168,101. 52,864.	99,76

		-1/13261 Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn
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	
;	a Net unrealized gains on investments]
1	b Donated services and use of facilities 2b	
	Recoveries of prior year grants	
	d Other (Describe in Part XIV)	
	e 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	
	a Investments expenses not included on Form 990, Part VIII, line 7b	
	b Other (Describe in Part XIV)	1
	c Add lines 4a and 4b	4c
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	<u> </u>
	Total expenses and losses per audited financial statements	1
	a Donated services and use of facilities 23	
	b Prior year adjustments	-
		-
	c Other losses 2c	-
	d Other (Describe in Part XIV)	1 2 1
	e 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 Investments expenses not included on Form 990, Part VIII, line 7b	4 }
	b Other (Describe in Part XIV)	4 . 1
	c Add lines 4a and 4b	4c
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5
Pa	rt XIV Supplemental Information	
line	aplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, li 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part rmation	nes 1b and 2b, Part V, to provide any additional
Pţ	XOther_Liabilities, #2	
	The Organization is exempt from federal income tax	
	under Section 501(c)(3) of the Internal Revenue Code	:
	However, income from certain activities not directly	
	related to the Organization's tax-exempt purpose is	
	subject to taxation as unrelated business income. In	<u> </u>
	addition, the Organization qualifies for the charit-	
BA/	able contribution deduction under Section 170(b)(1)(A	A) Schedule D (Form 990) 2009
	1EEA3304 02/02/10	Concuus D (FUIII 770) 2009

Schedule D (Form 990) 2009 Part XIV Supplement	The Findlay-Hancock County Community Foundation tal Information (continued)	34-1713261	Page 5
	and has been classified as an organization other t	han	
	a private foundation under Section 509(a)(2). The		
	<u>federal tax returns of the Organization for 2006</u>		
	through 2009 are subject to examination by the		
	Internal Revenue Service, which is generally for		
	three years after they are filed.		
Pt_III_Line_4	The Organization received an estate which included	· 	
	the decedent's residence and furnishings. The		
	Organization kept a few paintings, antiques, chair	s,	
	and oriental rugs to display in its office.	· -	
Pt_V_Line_4	The Organization's endowment funds are used for gr	<u>ant-</u>	
	making to further the Organization's exempt purpos	e	
			
		· 	
			
		·	- -
			- ·
		 -	
		· 	- -
		·	
		·	

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

Open to Public Inspection

Employer identification number

Name of the organization						Employer identifi	cation number
The Findlay-Hancock County						34-17132	61
Part I General Information on G	rants and Assis	tance			· · · · · · · · · · · · · · · · · · ·		
Does the organization maintain record the selection criteria used to award the	ds to substantiate the	e amount of the grance?	nts or assistance, the gra	intees' eligibility for the	grants or assistance, a	and	X Yes No
2 Describe in Part IV the organization's							
Part II Grants and Other Assista							
990, Part IV, line 21 for ar				this box if no one i	recipient received i	more than \$5,00	00. Use
Part IV and Schedule I-1 (Form 990) if add	<u>ditional space is</u>	needed				<u> </u>
Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
Arts Partnership of Great							
618 S Main Street							
Findlay OH 45840	34-1278627	501 (c) (3)	31,950.				General suppor
Blanchard Valley Center							
1700 E Sandusky Street							1
Findlay OH 45840	34-6940060	501(c)(3)	25,105.				Resident facil
Blanchard Valley Health F							
1900 S Main Street							
Findlay OH 45840	34-1370522	501(c)(3)	14,108.				General Suppor
Blanchard Valley Health S							
1900 S Main Street					ļ		
Findlay OH 45840	34-1369963	501 (c) (3)	50,727.				Health clinic
Bluffton Center for Entre							
PO Box 145							
Bluffton OH 45817	26-0219082	501 (c) (3)	24,935.				Job creation
Century Health			1				
1918 N Main Street							
Findlay OH 45840	34-1207678	501 (c) (3)	87,971.				Peer support
Findlay Area Youth for Ch							
PO_Box_514			-		ļ		1
Findlay OH 45839	34-1033475	501 (c) (3)	7,500.				General suppor
Findlay City Schools							1
1219 W Main Cross Street,							
Findlay OH 45840	34-6400447	501 (c) (3)	60,056.				Curriculm Deve
2 Enter total number of section 501(c)(3	3) and government o	rganizations				•	33
3 Enter total number of other organizati	ons						1

SCHEDULE I-1 (Form 990)

Continuation Sheet for Schedule I (Form 990)

2009

Department of the Treasury Internal Revenue Service Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Open to Public Inspection

Name of the organization Employer identification number The Findlay-Hancock County Community Foundation 34-1713261 Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) (a) Name and address of organization or (b) EIN (c) IRC section if (d) Amount of cash (e) Amount of (g) Description of (h) Purpose of aovernment applicable grant non-cash assistance non-cash grant or assistance assistance Findlay-Hancock County Pu 206 Broadway Findlay OH 45840 34-6400446 501(c)(3) 12,685 General Suppor First Lutheran Church 109 E Lincoln Street Findlay OH 45840 34-4430714 501 (c) (3) 11,595 Lutheran Chari First Presbyterian Church 2330 S Main Street Findlay OH 45840 34-4427937 501 (c) (3) 25,712. General suppor Habitat for Humanity 1800 N Blanchard Street, Findlay OH 45840 58-1285159 501(c)(3) 88,000 Restore projec Hancock Christian Clearin 1800 N Blanchard Street, Findlay OH 45840 37-1756789 60,804 501 (c) (3) Partners in Pr Hancock County Agency on 339 East Melrose Ave. Findlay OH 45840 23-7083593 501 (c) (3) 144,650 Capital campai Hancock Historical Museum 510 S Main Street Findlay OH 45840 34-1498944 501 (c) (3) 64,230. History of Fin Hancock Park District 1424 E Main Cross Street Findlay OH 45840 27,600. 34-6400608 501 (c) (3) Planning consu Hope House for the Homele 1800 N Blanchard Street, Findlay OH 45840 34-1655764 501 (c) (3) 9,112. General suppor

SCHEDULE I-1 (Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Open to Public Inspection

Employer identification number Name of the organization 34-1713261 The Findlay-Hancock County Community Foundation Part | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II.) (c) IRC section if (e) Amount of (f) Method of (a) Description of (h) Purpose of (a) Name and address of organization or (b) EIN (d) Amount of cash applicable non-cash assistance valuation (book. non-cash grant or government grant FMV, appraisal, assistance assistance other) Humane_Society & SPCA of 4550 Fostoria Avenue 32,004 Findlay OH 45840 23-7254442 501 (c) (3) Neuter program Macklin Intergenerational 15100 Birchaven Lane Findlay OH 45840 30-0109669 501 (c) (3) 41,029 General Suppor Marietta College 215 Fifth Street 11,000 General suppor Marietta OH 45750 31-4379584 501(c)(3) Northwest Ohio Flood Miti 101 W Sandusky Street, St Findlay OH 45840 30-0460319 501 (c) (4) 335,000 Fiscal Sponsor Open Arms Domestic Violen PO Box 496 20,600 General suppor 34-1308480 501 (c) (3) Findlay OH 45839 Owens Community College F PO Box 10000 15,000 Success schola Toledo OH 43699 20-1625785 501 (c) (3) Salvation Army PO Box 3041 25,000 General suppor Tiffin OH 44883 13-5562351 501 (c) (3) Special Kids Therapy 802 Carnahan Out of the Bo 40,000 Findlay OH 45840 34-1948005 501 (c) (3) The Findlay-Hancock Count 101 W Sandusky Street, St See Part IV 34-1713261 501(c)(3) 460,598 Findlay OH 45840

SCHEDULE I-1 (Form 990)

Continuation Sheet for Schedule I (Form 990)

2009

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Open to Public Inspection

Employer Identification number

The Findlay-Hancock County Community Foundation 34-1713261 Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) (a) Name and address of organization or (b) EIN (c) IRC section if (d) Amount of cash (e) Amount of (g) Description of (h) Purpose of government applicable grant non-cash assistance non-cash grant or assistance assistance The Hancock Properties Fo 1800 N Blanchard Street Findlay OH 45840 27-0121577 117,000 501 (c) (3) Security guard Tiffin City School Distri 224 S Monroe Street Tiffin OH 44883 34-6401403 22,000 501 (c) (3) Athletic facil United Way of Hancock Cou 245 Stanford Parkway Findlay OH 45840 34-6408694 501(c)(3) 78,577 General suppor University of Findlay 1000 N Main Street Findlay OH 45840 34-4431169 501 (c) (3) 21,000 Trustee center University of Findlay, Ma 1000 N Main Street Findlay OH 45840 34-4431169 501 (c) (3) 48,568 General suppor Voices for Children: CASA 614 S West Street Findlay OH 45840 34-1776015 7,688 501(c)(3) General suppor Western Reserve Academy 115 College Street Hudson OH 44236 34-0714390 501 (c) (3) 15,000 Capital campai Young Men's Chrisitan Ass 300 E Lincoln Street Findlay OH 45840 31,845 34-4428263 501(c)(3) Staff position

(a) Type of gran	nt or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
				-		
				-		
						
						
art IV Supplement	al Information. Com	plete this part to pr	ovide the informa	l ation required in Pa	rt I, line 2, and any othe	r additional information.
_I_Line_2	The_Organizat	ion's Board of	_Trustees_app	roves all grant	ts. Grantees	
I Line 2	The Organizat	ion's Board of	_Trustees_app	roves all grant	on letter with	
I Line 2	The Organizat are required their applica	ion's Board of to submit a co	Trustees app oy of their I s are require	roves all grant RS determination d to submit rep	on letter with	
I Line 2	The_Organizat are_required their_applica intervals_aft	to submit a contion. Grantee	Trustees app of their I are require rant funds.	roves all grant RS determination d to submit report	on letter with oorts at 6 month is required once	
art IV Supplement I Line 2 I Line 2 I Line 2 I Line 2 I Line 2	The_Organizat are_required their_applica intervals_aft	to submit a contion. Grantee	Trustees app of their I are require rant funds.	roves all grant RS determination d to submit report	on letter with	
I Line 2	The Organizat are required their application intervals aft the project h	to submit a contion. Grantee er receiving grantee	Trustees app of their I s are require rant funds. ted. A proce	roves all grant RS determination d to submit report A final report ss is in place	on letter with corts at 6 month is required once to insure the	
I Line 2	The Organizat are required their application intervals aft the project head program office	to submit a contion. Grantee er receiving grantee ers are receiving	Trustees apport of their I state and require rant funds.	roves all grant RS determination d to submit report A final report ss is in place im and final re	on letter with corts at 6 month is required once to insure the	
I Line 2	The Organizat are required their applica intervals aft the project h program offic basis. Progr	to submit a contion. Grantee er receiving grantee ers are receiving	Trustees appoy of their I sare require rant funds. ted. A proceing the interview the repo	roves all grant RS determination d to submit report A final report ss is in place im and final report rts for discrep	on letter with corts at 6 month is required once to insure the eports on a timely cancies. Any	
I Line 2	The Organizat are required their applica intervals aft the project h program offic basis. Progr	to submit a contion. Grantee er receiving grantee ers are receiving am officers receiving are reported	Trustees app by of their I s are require rant funds. ted. A proce ing the inter view the repo to the Board.	roves all grant RS determination d to submit report A final report ss is in place im and final report rts for discrep	on letter with ports at 6 month is required once to insure the eports on a timely bancies. Any	
I Line 2	The Organizat are required their applica intervals aft the project h program offic basis. Progr discrepancies The Findlay-H	to submit a contion. Grantee er receiving grantee ers are received am officers received are reported	Trustees app by of their I s are require rant funds. ted. A proce ing the inter view the repo to the Board. Community Four	roves all grant RS determination d to submit report ss is in place im and final report rts for discrep	on letter with ports at 6 month is required once to insure the eports on a timely bancies. Any	

'SCHEDULE L (Form 990 or 990-EZ)

or 990-EZ.

Transactions with Interested Persons

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

New York (Note 1 and 1

Name of the	organization						Em	ployer i	dentifica	tion nu	nber		
The Fi	ndlay-Hancock County	Communi	ty Fo	<u>undat:</u>	ion		34	-172	L326	1			
Part I	Excess Benefit Transaction Complete if the organization answ	ons (sectivered 'Yes'	on 501 on Form	l (c)(3) a n 990, Par	and section t IV, line 25a	501(c)(or 25b, or	4) organıza Form 990-EZ,	tions Part V	only , line	v). 40b.			
1	(a) Name of disqualified person	,		(b) Description of transacti			on of transaction					(c) Corrected?	
		_	(b) Description of transac				transaction				Yes	No	
							_						
													
secti	r the amount of tax imposed on the on 4958	-			, ,	rsons durir	ng the year ur	nder	► \$ ► \$				
	r the amount of tax, if any, on line Loans to and/or From Inte				organization				- >				
Part II	Complete if the organization ansi				t IV, line 26 o	r Form 990)-EZ, Part V, I	ine 38a	э.				
(a)	Name of interested person and purpose		to or from nization?	(c)	Original pal amount	(d) B	alance due	(e) In (iefault?	(f) App by boa comm	ard or	(g) W agree	/ritten ment?
		То	From			ļ		Yes No		Yes	No	Yes	No
											_		
													
			_					i i					
Total					▶ \$								
Part III	Grants or Assistance Ben Complete if the organization	efitting land	nteres	ted Perses' on F	sons. orm 990, F	Part IV, I	ine 27.						
	(a) Name of interested person	(b) Relation:	ship between the organ	interested person	n and	(c) Amour	it and ty	pe of as	sistance	;	
										_			
						-					_		
Part IV	Business Transactions In Complete if the organization	volving l on answe	nteres red'Ye	ted Pers	sons. orm 990, P	art IV, lı	ne 28a, 28	b, or	28c.				
, –	(a) Name of interested person	(b) Re	elationship sted persor organizati	n and the	(c) Amoi transact	unt of ion \$	(d) Des	cription	of trans	action		organiz	aring of zation's nues?
Charle	s F Stumpp, Jr	Nonvo	ting C	fficer	-	1,360.	Professi	ona	1 Ad	vice	 -	Yes	No X
	eminger	Trus			1		Newspape						х
	eminger	Trus					Website		-				Х
		+-	-					_				_	<u> </u>
		+							-				<u> </u>
BAA For	Privacy Act and Paperwork Reduct	ion Act No	tice, see	the Instr	uctions for F	orm 990	Sch	nedule	L (Fo	rm 990	or 99	90-EZ	2009

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545 0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

describe in Part II

The Findlay-Hancock County Community Foundation

Employer identification number

34-1713261

Par	ti Types of Property							
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Meth	od of o	letermin	ıng
1	Art-Works of art			 -				
2	Art-Historical treasures							_
_	Art—Fractional interests			-				_
4								
-	Books and publications	+						
	Clothing and household goods						_	
	Cars and other vehicles							
7								
	Intellectual property							
	Securities—Publicly traded	X	1	10,118.	Sales			
	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests			_				
12	Securities-Miscellaneous							
13	Qualified conservation contribution— Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate-Residential							
16	Real estate-Commercial						_	-
17	Real estate-Other	х	1	99,761.	Apprai	sal		-
18	Collectibles							
	Food inventory							
	Drugs and medical supplies	-					_	
	Taxidermy	+						•
	Historical artifacts							
	Scientific specimens		-					
	Archeological artifacts		· · · · · · · · · · · · · · · · · · ·				_	
25	-	+		<u> </u>				
26	Other ► () Other ► ()	-						
27	~	+						
28	Other ► () Other ► ()							
					<u> </u>			
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Donee	n during the t Acknowledge	ax year for contribution ement	ns for which the	29			
							Yes	No
30 a	During the year, did the organization receive by co- hold for at least three years from the date of the in purposes for the entire holding period?	ntribution any itial contribut	r property reported in Figor, and which is not re	Part I, lines 1-28 that it equired to be used for e	must exempt	30 a	x	
ь	If 'Yes,' describe the arrangement in Part II					352	-^-	
	Does the organization have a gift acceptance police	v that require	s the review of any nor	n-standard contribution	c ?	31	x	
	· · · · ·		•		3 ·	31	_^	_
	Does the organization hire or use third parties or renoncash contributions?	elated organiz	zations to solicit, proce	ss, or sell		32a	_ x	
	If 'Yes,' describe in Part II.							
33	If the organization did not report revenues in colum	nn (c) for a ty	pe of property for whic	h column (a) is checked	d,			

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2009

Schedule M (Form 990) 2009 The Findlay-Hancock County Community Foundation 34-1713261 Page 2
Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b,
and 33. Also complete this part for any additional information.
Pt_I_Line_30bThe Organization received a gift of 40 acres of farm
land_subject_to_a_life_tenancy. Because of the life
tenancy, the land cannot be sold until the donor's
death. The actual holding period could be more or
less_than_three_years
Pt I Line 32b The Organization uses a local bank to accept and sell
publicly traded stock.

-

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public ___

Employer identification number

The Findlay-Hanco	ck County Community Foundation	34-1713261
Pt_VI-B, Line 11A	. The Board was provided a copy of the Form 990 t	o_review
	except for Schedule B prior to filing the Form	990
	The Board was given the opportunity and request	ted_to_ask
	questions and provide comments about the Form	990_to
	the Financial Officer and/or the President.	
Pt_VI-B, Line_12c	Annually officers, trustees, committee members,	
	and employees are provided a copy of the	
	Foundation's "Conflict of Interest, Confidentia	ality and
	Ethical Principles Policy". Each person that i	receives
	the policy is asked to sign a statement of affi	rmation
	regarding the policy and complete a questionain	ce_dis-
	closing any conflict of interest. All guestion	naires
	are reviewed by the Board Chair, President and	<u>the</u>
	Finance Officer for any possible conflicts.	
Pt_VI-B, Line 15	The Board of Trustees actively monitors and eva	aluates
	the President. The Board Chair and Vice Chair	com-
	prise the Personnel Committee. The Personnel	
	Committee reviews salary and benefit reports an	nd
	surveys from the Council on Foundations and For	rm 990s of
	similar nonprofits.	
	Compensation is deemed "reasonable" if the amou	int
	paid would ordinarily be paid for like service:	s_ <u>by</u>
	like enterprises under the circumstances. The	
	Organization hired a new President in 2008. The	ne
	search firm aided in the determination of the	
	President's compensation.	

· Schedule O (Form 990) 2009		Page 2
Name of the organization The Findlay-Hancock County Communication of the County Communication of the Organization of the Orga	munity Foundation	Employer identification number 34-1713261
	ces of information noted above ar	
	determine reasonable compensation	and
	other employees.	
Pt VI-C, Line 19 The Organizat	ion's consolidated audited financ	ial
statements ar	e provided to anyone who requests	them.
The Organizat	ion's annual report which is mail	ed_to
fund holders	and a large number of donors incl	udes a
condensed_con	nsolidated_statement_of_financial_	position
and_statement	cof activities.	
The Organizat	ion does not have a policy regard	ing_the
public availa	ability of its governing documents	and
conflict of i	nterest policy.	
Pt XI, Line 2c The Audit Com	mittee is in charge of the oversi	ght_of_the
audit_and_sel	lection of an independent accounta	nt.
The Audit Com	mmittee did not change its oversig	ht
process or se	election process. The Audit Commi	ttee
decided to hi	re a new audit firm for the 2009	audit
The prior aud	dit firm had performed the Organiz	ation's
audit for the	e prior nine years.	
	·	
		
	·	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545 0047 2009

Department of the Treasury Internal Revenue Service

► Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization The Findlay-Hancock County Community Founda	1	Employer Identification number 34-1713261			
Part I Identification of Disregarded Entities (Complete	·	wered 'Yes' to Forr	n 990, Part IV, line	•	1∨
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
	-				
	_				
Part II Identification of Related Tax-Exempt Organization one or more related tax-exempt organizations du	ons (Complete if the orging the tax year.)	ganization answere	ed 'Yes' to Form 99	0, Part IV, line 34 l	because it had
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
The Hancock Properties Foundation 27-0121577	Real Estate Rental				
101 W Sandusky Street, Suite 207, Findlay OH 45840		ОН	501 (c) (3)	Sched A, Part 1, Line 11a	Findlay-Hancock County
Frank A & Annette Guglielmi Foundation 34-1962887	Grantmaking				
101 W Sandusky Street, Suite 207, Findlay OH 45840		ОН	501(c)(3)	Sched A, Patr I, Line 11a	Findlay-Hancock County

Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) (G) Share of end-of-year assets (A) Name, address, and EIN of (D) Direct (H) Dispropor-(I) Code V-UBI (J) General or (B) Primary Activity (C) Legal **(E)** Predominant (F) Share of total income controlling entity managing partner? related organization domicile income (related, tionate amount in box (state or unrelated, excluded allocations? 20 of Schedule foreign country) K-1 from tax under (Form 1065) sections 512-514) Yes No Yes No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)								
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership	
	,							

Page 2

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV	line 34, 35, or 36.)			
Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	 		Yes	No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV	/ :			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		x
b Gift, grant, or capital contribution to other organization(s)		1 b	Х	<u> </u>
c Gift, grant, or capital contribution from other organization(s)		1c		х
d Loans or loan guarantees to or for other organization(s)		1d		Х
e Loans or loan guarantees by other organization(s)		1e		X
				<u> </u>
f Sale of assets to other organization(s)		16		х
g Purchase of assets from other organization(s)		1 g		X
h Exchange of assets		1h		
i Lease of facilities, equipment, or other assets to other organization(s)		11		<u> </u>
Lease of facilities, equipment, of other assets to other organization(s)		''		_X_
j Lease of facilities, equipment, or other assets from other organization(s)		111		Х
k Performance of services or membership or fundraising solicitations for other organization(s)		1 k		X
Performance of services or membership or fundraising solicitations by other organization(s)		11		
m Sharing of facilities, equipment, mailing lists, or other assets		<u> </u>		X
n Sharing of paid employees		1 m		_X_
ii Sharing of paid employees		1n	<u> </u>	
Reimbursement paid to other organization for expenses		10		х
p Reimbursement paid by other organization for expenses		1p		X
P Normbursonion paid by other organization for expenses		 'P		
q Other transfer of cash or property to other organization(s)		19	х	
r Other transfer of cash or property from other organization(s)		1r		Х
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships	and transaction thresholds			
	(B)		٠,	
(A) Name of other organization	Transaction	(C Amount	رر involv	ed
	type (a-r)			
(1) The Hancock Properties Foundation - grants for security, security cameras, and renovation	b	1	17,0	000
(1) The hamour troportion remarked for becautely becautely cameras, and removation				
(2) The Hancock Properties Foundation - sharing of employees	l _n		44,9	70
ty The hancock flopercies roundation shalling of employees	111		44,3	770.
(2) The Harris December December of Francisco to See See See See See See See See See Se		4	. .	
(3) The Hancock Properties Foundation - from designated fund for renovation	q		70,0	100.
(4)				
(5)				
(6)				
MA TEEA5003 02/05/10	Schedule	R (Form 9	990) (2009)

Part VI Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships (D)
Are all partners section 501(c)(3) (G) Code V-UBI amount In box 20 of Schedule K-1 Form (1065) (C)
Legal domicile
(state or foreign country) (H) General or (A) Name, address, and EIN of entity (B) Primary activity **(E)** Share of end-of-year **(F)** Dispropor-tionate managing partner? assets allocations? organizations? No No Yes No Yes Yes

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

the Hancock County area through collaborative leadership, responsible grantmaking, and development of philanthropic giving.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4c (continued)

for a \$2,500 grant from the Foundation to implement something learned in the clinics.

After the completion of the two sessions, the Foundation hosted a two-day fundraising seminar. The seminar was presented by The Fund Raising School from The Center on Philanthropy at Indiana University. The seminar focused on how to: build a convincing case for financial support; select the donors and markets best suited to your nonprofit; choose the right fundraising vehicles for your organization; inspire the leadership potential of volunteers; and create a fundraising process that works, but is attainable with limited resources.

The Foundation also provided a one year subscription to the Foundation Center Directory Online at the local library. The directory is a database of all grants available in the United States.

Agencies were charged \$100 each to attend the sessions. Thirteen agencies paid their fees in 2009.

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 4d (continued)

4d Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code:	Description:	Grantmaking	&	activities	in	support	of	grantmaking
Expenses	1,400,545.							
Grants Of	959,563.							
Revenue	33,555.							

The Findlay-hanco	ock County Community Foundation 34-1713261	4
•	990) - Part IV - Supplemental Information (continued) 990) - Part IV - Supplemental Information (Continuation Sheet)	
	board retreat; a market research study; capcity building; and there	
	were \$111,983 of interfund grants issued.	