



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation**

2009

Department of the Treasury  
Internal Revenue Service

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2009, or tax year beginning - 7/01-- , 2009, and ending - 6/30-- , 2010--

G Check all that apply  Initial return  Initial Return of a former public charity  Final return  
 Amended return  Address change  Name change

Use the  
IRS label.  
Otherwise,  
print  
or type.  
See Specific  
Instructions.

HOPE FOUNDATION OF DARKE COUNTY  
C/O RODNEY ODA, 300 W. MAIN ST.  
GREENVILLE, OH 45331

A Employer identification number

31-1177601

B Telephone number (see the instructions)

937-548-3106

C If exemption application is pending, check here ► D 1 Foreign organizations, check here ► 2 Foreign organizations meeting the 85% test, check  
here and attach computation E If private foundation status was terminated  
under section 507(b)(1)(A), check here ► F If the foundation is in a 60-month termination  
under section 507(b)(1)(B), check here ► 

H Check type of organization  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, column (c), line 16) J Accounting method  Cash  Accrual  
 Other (specify) \_\_\_\_\_

► \$ 1,921,752. (Part I, column (d) must be on cash basis)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
REVENUE	1 Contributions, gifts, grants, etc, received (att sch)	60,991.			
	2 Ck ► <input type="checkbox"/> if the foundn is not req to att Sch B				
	3 Interest on savings and temporary cash investments	1,810.	1,810.	1,810.	
	4 Dividends and interest from securities	53,322.	53,322.	53,322.	
	5a Gross rents b Net rental income or (loss)				
	6a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a	-8,958.			
	101,754.				
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain			0.	
	9 Income modifications				
	10a Gross sales less returns and allowances b Less Cost of goods sold				
	c Gross profit/(loss) (att sch)				
	11 Other income (attach schedule)				
	SEE STATEMENT 1	900.	900.	900.	
	12 Total. Add lines 1 through 11	108,065.	56,032.	56,032.	
OPERATING AND EXPENSES	13 Compensation of officers, directors, trustees, etc	25,000.	6,250.	6,250.	18,750.
ADMINISTRATIVE	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach sch) SEE ST 2	640.	640.	640.	
	c Other prof fees (attach sch) SEE ST 3	13,048.	13,048.	13,048.	
	17 Interest RECEIVED				
	18 Taxes (attach schedule) SEE STM 4	1,853.	463.	463.	1,390.
	19 Depreciation (attach sch) AND DEPLETION 5/2010				
	20 Occupancy	2,700.			2,700.
	21 Travel, conferences, and meetings	405.			405.
	22 Printing and publications	1,227.			1,227.
	23 Other expenses (attach schedule) SEE STATEMENT 5	6,939.	1,015.	1,015.	5,924.
	24 Total operating and administrative expenses. Add lines 13 through 23	51,812.	21,416.	21,416.	30,396.
	25 Contributions, gifts, grants paid PART XV	116,883.			116,883.
	26 Total expenses and disbursements. Add lines 24 and 25	168,695.	21,416.	21,416.	147,279.
	27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements				
		-60,630.			
	b Net investment income (if negative enter -0-)		34,616.		
	c Adjusted net income (if negative, enter -0-)			34,616.	

Part II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
A S S E T S	1 Cash – non-interest-bearing				
	2 Savings and temporary cash investments		268,069.	286,196.	286,196.
	3 Accounts receivable ►				
	Less: allowance for doubtful accounts ►				
	4 Pledges receivable ►				
	Less: allowance for doubtful accounts ►				
	5 Grants receivable				
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)				
	7 Other notes and loans receivable (attach sch). ►				
	Less allowance for doubtful accounts ►				
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges				
	10a Investments – U S and state government obligations (attach schedule)		70,441.	97,373.	106,569.
	b Investments – corporate stock (attach schedule)		612,827.	587,470.	577,887.
	c Investments – corporate bonds (attach schedule)		940,317.	860,234.	950,875.
	11 Investments – land, buildings, and equipment: basis ►				
	Less: accumulated depreciation (attach schedule) ►				
	12 Investments – mortgage loans				
	13 Investments – other (attach schedule)				
	14 Land, buildings, and equipment basis ►				
	Less: accumulated depreciation (attach schedule) ►				
	15 Other assets (describe ► SEE STATEMENT 6 )		225.	226.	225.
	16 Total assets (to be completed by all filers – see instructions Also, see page 1, item I)		1,891,879.	1,831,499.	1,921,752.
L I A B I L I T I E S	17 Accounts payable and accrued expenses				
	18 Grants payable				
	19 Deferred revenue				
	20 Loans from officers, directors, trustees, & other disqualified persons				
	21 Mortgages and other notes payable (attach schedule)				
	22 Other liabilities (describe ► SEE STATEMENT 7 )		194.	444.	
	23 Total liabilities (add lines 17 through 22)		194.	444.	
	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ►				
	24 Unrestricted				
	25 Temporarily restricted				
	26 Permanently restricted				
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ►				
	27 Capital stock, trust principal, or current funds		1,891,685.	1,831,055.	
	28 Paid-in or capital surplus, or land, building, and equipment fund				
	29 Retained earnings, accumulated income, endowment, or other funds				
	30 Total net assets or fund balances (see the instructions)		1,891,685.	1,831,055.	
	31 Total liabilities and net assets/fund balances (see the instructions)		1,891,879.	1,831,499.	

## Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,891,685.
2 Enter amount from Part I, line 27a	2	-60,630.
3 Other increases not included in line 2 (itemize) ►	3	
4 Add lines 1, 2, and 3	4	1,831,055.
5 Decreases not included in line 2 (itemize) ►	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	1,831,055.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a 25,000 SHARES IBM CORP		P	VARIOUS	9/15/09
b 275 SHARES BRISTOL MYERS SQUIBB CO		P	VARIOUS	8/24/09
c 1,460 SHARES I SHARES MSCI EAFE INDEX FUND ETF		P	VARIOUS	6/04/10
d 75 SHARES EMC CORP		P	VARIOUS	12/21/09
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a 25,000.		25,357.	-357.	
b 6,089.		7,735.	-1,646.	
c 69,466.		76,352.	-6,886.	
d 1,199.		1,268.	-69.	
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	(l) Gains (Column (h)) gain minus column (k), but not less than -0- or Losses (from column (h))	
a			-357.	
b			-1,646.	
c			-6,886.	
d			-69.	
e				
2 Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		2	-8,958.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)			3	-8,958.
If gain, also enter in Part I, line 8, column (c) (see the instructions). If (loss), enter -0- in Part I, line 8				

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

 Yes  No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2008	113,865.	1,779,465.	0.063988
2007	114,260.	2,099,226.	0.054430
2006	105,887.	2,097,139.	0.050491
2005	104,337.	2,014,583.	0.051791
2004	86,738.	1,933,979.	0.044850

2 Total of line 1, column (d)

2 0.265550

3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years

3 0.053110

4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5

4 1,947,860.

5 Multiply line 4 by line 3

5 103,451.

6 Enter 1% of net investment income (1% of Part I, line 27b)

6 346.

7 Add lines 5 and 6

7 103,797.

8 Enter qualifying distributions from Part XII, line 4

8 116,883.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the instructions)**

<p><b>1 a</b> Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter 'N/A' on line 1            Date of ruling or determination letter _____ (attach copy of letter if necessary - see instr.)</p> <p><b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b</p> <p><b>c</b> All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)</p> <p><b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)</p> <p><b>3</b> Add lines 1 and 2</p> <p><b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)</p> <p><b>5 Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0-</p> <p><b>6 Credits/Payments</b></p> <p><b>a</b> 2009 estimated tax pmts and 2008 overpayment credited to 2009</p> <p><b>b</b> Exempt foreign organizations – tax withheld at source</p> <p><b>c</b> Tax paid with application for extension of time to file (Form 8868)</p> <p><b>d</b> Backup withholding erroneously withheld</p> <p><b>7</b> Total credits and payments. Add lines 6a through 6d</p> <p><b>8</b> Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached</p> <p><b>9</b> Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed</p> <p><b>10 Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the amount overpaid</p> <p><b>11 Enter the amount of line 10 to be: Credited to 2010 estimated tax ► Refunded</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1</td><td>346.</td></tr> <tr><td>2</td><td>0.</td></tr> <tr><td>3</td><td>346.</td></tr> <tr><td>4</td><td>0.</td></tr> <tr><td>5</td><td>346.</td></tr> <tr><td>6a</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td></td></tr> <tr><td>7</td><td>0.</td></tr> <tr><td>8</td><td></td></tr> <tr><td>9</td><td>346.</td></tr> <tr><td>10</td><td></td></tr> <tr><td>11</td><td></td></tr> </table>	1	346.	2	0.	3	346.	4	0.	5	346.	6a		6b		6c		6d		7	0.	8		9	346.	10		11	
1	346.																												
2	0.																												
3	346.																												
4	0.																												
5	346.																												
6a																													
6b																													
6c																													
6d																													
7	0.																												
8																													
9	346.																												
10																													
11																													

**Part VII-A Statements Regarding Activities**

**1a** During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?

	Yes	No
1a	X	

**b** Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?

	Yes	No
1b	X	

*If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*

**c** Did the foundation file **Form 1120-POL** for this year?

**d** Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.

(1) On the foundation ► \$ \_\_\_\_\_ 0. (2) On foundation managers ► \$ \_\_\_\_\_ 0.

**e** Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ \_\_\_\_\_ 0.

**2** Has the foundation engaged in any activities that have not previously been reported to the IRS?

*If 'Yes,' attach a detailed description of the activities*

**3** Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If 'Yes,' attach a conformed copy of the changes*

**4a** Did the foundation have unrelated business gross income of \$1,000 or more during the year?

**b** If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

**5** Was there a liquidation, termination, dissolution, or substantial contraction during the year?

*If 'Yes,' attach the statement required by General Instruction T*

**6** Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either

• By language in the governing instrument, or

• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?

**7** Did the foundation have at least \$5,000 in assets at any time during the year? *If 'Yes,' complete Part II, column (c), and Part XIV*

**8a** Enter the states to which the foundation reports or with which it is registered (see the instructions) ►

OH

**b** If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G*? *If 'No,' attach explanation*

**9** Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? *If 'Yes,' complete Part XIV*

**10** Did any persons become substantial contributors during the tax year? *If 'Yes,' attach a schedule listing their names and addresses*

SEE STATEMENT 8

10 X

BAA

**Part VII-A Statements Regarding Activities Continued**

11		X
12		X
13	X	
14	Telephone no ► 937-548-3106	
15	N/A ► <input type="checkbox"/>	N/A

► WWW.HOPEDARKECOUNTY.COM

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions).  
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?  
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  
Website address  
14 The books are in care of ► RODNEY ODA Telephone no ► 937-548-3106  
Located at ► 300 WEST MAIN ST-GREENVILLE OH GREENVILLE OH ZIP + 4 ► 45331  
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the year ► 15 N/A ►

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6)	Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days )	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? If 'Yes,' list the years ► <u>20__ , 20__ , 20__ , 20__</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement – see the instructions )		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► <u>20__ , 20__ , 20__ , 20__</u>		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009 )		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?		

BAA

Form 990-PF (2009)

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

(4) Provide a grant to an organization other than a charitable, etc, organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)  Yes  No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

b If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b N/A

Organizations relying on a current notice regarding disaster assistance check here ► 

c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A  Yes  No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

 Yes  No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b X

If 'Yes' to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

 Yes  No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b N/A

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE ATTACHED LIST OF TRUSTEES 201 WEST MAIN ST GREENVILLE, OH 45331	TRUSTEE 4.00	0.	0.	0.
CHRISTY PRAKEL 676 WOODLAND DRIVE VERSAILLES, OH 45380	DIRECTOR 25.00	25,000.	0.	0.
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

Total number of other employees paid over \$50,000

►

0

**Part VIII** **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

3 Five highest-paid independent contractors for professional services – (see instructions). If none, enter 'NONE.'

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

**Total number of others receiving over \$50,000 for professional services**

0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

## Expenses

1	N/A	
2		
3		
4		

**Part IX-B** Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

**Amount**

1	<u>N/A</u>
2	

All other program-related investments See instructions

**3** \_\_\_\_\_  
\_\_\_\_\_

**Total.** Add lines 1 through 3. ► 0.

**Total.** Add lines 1 through 3

0.

**BAA**

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

- 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes:
  - a Average monthly fair market value of securities
  - b Average of monthly cash balances
  - c Fair market value of all other assets (see instructions)
  - d Total** (add lines 1a, b, and c)
  - e Reduction claimed for blockage or other factors reported on lines 1a and 1c  
(attach detailed explanation)
- 2 Acquisition indebtedness applicable to line 1 assets
- 3 Subtract line 2 from line 1d
- 4 Cash deemed held for charitable activities Enter 1-1/2% of line 3  
(for greater amount, see instructions)
- 5 Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4
- 6 Minimum investment return.** Enter 5% of line 5

1a	1,751,090.
1b	226,433.
1c	
<b>1d</b>	<b>1,977,523.</b>
<b>1e</b>	<b>0.</b>
2	0.
3	1,977,523.
4	29,663.
5	1,947,860.
<b>6</b>	<b>97,393.</b>

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶  and do not complete this part.)

- 1 Minimum investment return from Part X, line 6
- 2a** Tax on investment income for 2009 from Part VI, line 5
- b Income tax for 2009 (This does not include the tax from Part VI)
- c Add lines 2a and 2b
- 3 Distributable amount before adjustments Subtract line 2c from line 1
- 4 Recoveries of amounts treated as qualifying distributions
- 5 Add lines 3 and 4
- 6 Deduction from distributable amount (see instructions)
- 7 Distributable amount as adjusted** Subtract line 6 from line 5 Enter here and on Part XIII, line 1

1	97,393.
2a	346.
<b>2b</b>	
<b>2c</b>	<b>346.</b>
3	97,047.
4	
5	97,047.
6	
<b>7</b>	<b>97,047.</b>

**Part XII Qualifying Distributions** (see instructions)

- 1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes
  - a Expenses, contributions, gifts, etc – total from Part I, column (d), line 26
  - b Program-related investments – total from Part IX-B
- 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes
- 3 Amounts set aside for specific charitable projects that satisfy the
  - a Suitability test (prior IRS approval required)
  - b Cash distribution test (attach the required schedule)
- 4 Qualifying distributions** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4
- 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income  
Enter 1% of Part I, line 27b (see instructions)
- 6 Adjusted qualifying distributions.** Subtract line 5 from line 4

1a	116,883.
1b	
2	
3a	
3b	
<b>4</b>	<b>116,883.</b>
5	346.
<b>6</b>	<b>116,537.</b>

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

BAA

Form 990-PF (2009)

**Part XIII Undistributed Income (see instructions)**

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
<b>1</b> Distributable amount for 2009 from Part XI, line 7				97,047.
<b>2</b> Undistributed income, if any, as of the end of 2009:				
<b>a</b> Enter amount for 2008 only			0.	
<b>b</b> Total for prior years: 20____, 20____, 20____		0.		
<b>3</b> Excess distributions carryover, if any, to 2009				
<b>a</b> From 2004				
<b>b</b> From 2005	4,720.			
<b>c</b> From 2006	3,687.			
<b>d</b> From 2007	11,228.			
<b>e</b> From 2008	25,764.			
<b>f</b> Total of lines 3a through e	45,399.			
<b>4</b> Qualifying distributions for 2009 from Part XII, line 4 ► \$ 116,883.			0.	
<b>a</b> Applied to 2008, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required – see instructions)	0.			
<b>d</b> Applied to 2009 distributable amount			97,047.	
<b>e</b> Remaining amount distributed out of corpus	19,836.			
<b>5</b> Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.		0.	
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	65,235.			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0.		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
<b>d</b> Subtract line 6c from line 6b Taxable amount – see instructions		0.		
<b>e</b> Undistributed income for 2008. Subtract line 4a from line 2a Taxable amount – see instructions			0.	
<b>f</b> Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				0.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
<b>8</b> Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	0.			
<b>9</b> Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	65,235.			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2005	4,720.			
<b>b</b> Excess from 2006	3,687.			
<b>c</b> Excess from 2007	11,228.			
<b>d</b> Excess from 2008	25,764.			
<b>e</b> Excess from 2009	19,836.			

BAA

Form 990-PF (2009)

**Part XIV. Private Operating Foundations (see instructions and Part VII-A, question 9)**

N/A

**Part XVA** Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year – see instructions.)

## 1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

**NONE**

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**NONE**

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:**

Check here □ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number of the person to whom applications should be addressed

SEE STATEMENT 9

**b** The form in which applications should be submitted and information and materials they should include

SEE STATEMENT FOR LINE 2A

### c Any submission deadlines

SEE STATEMENT FOR LINE 2A

**d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:**

SEE STATEMENT FOR LINE 2A

**Part XV** **Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
SEE ATTACHED LIST 201 WEST MAIN ST GREENVILLE, OH 45331			SEE ATTACHED LIST	116,883.
<b>Total</b>			► 3a	116,883.
<i>b Approved for future payment</i>				
<b>Total</b>			► 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (see the instructions)
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	1,810.	
4 Dividends and interest from securities			14	53,322.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			14	900.	
8 Gain or (loss) from sales of assets other than inventory					-8,958.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)				56,032.	-8,958.
13 Total Add line 12, columns (b), (d), and (e)				13	47,074.

(See worksheet in the instructions for line 13 to verify calculations )

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See the instructions )
N/A	



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

**Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF

**2009**

Name of the organization <b>HOPE FOUNDATION OF DARKE COUNTY</b>	Employer identification number <b>31-1177601</b>
<b>Organization type (check one):</b>	
Form 990 or 990-EZ	<b>Section:</b> <input type="checkbox"/> 501(c)(_____) (enter number) organization <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation <input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation <input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule****Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions**General Rule —** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)**Special Rules —**

- For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. ► \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions  
for Form 990, 990-EZ, or 990-PF.****Schedule B** (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

HOPE FOUNDATION OF DARKE COUNTY

Employer identification number

31-1177601

**Part I** **Contributors** (see instructions)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MANDY GREEN MEMORIAL SCHOLARSH 1058 BUCKEYE DRIVE GREENVILLE, OH 45331	\$ 10,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
2	SARAH WHITTAKER BRADFORD, OH 45308	\$ 8,449	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
3	DARKE COUNTY ECONOMIC DEVELOPMENT 622 SOUTH BROADWAY GREENVILLE, OH 45331	\$ 10,350	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
4	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
5	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
6	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)

Name of organization

HOPE FOUNDATION OF DARKE COUNTY

Employer identification number

31-1177601

**Part II Noncash Property (see instructions)**

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

BAA

---

**Name of organization**

**Employer identification number**

## HOPE FOUNDATION OF DARKE COUNTY

31-1177601

**Part III** Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry )

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.)

► \$ N/A

N/A

(Out of High School Applicants)

H.O.P.E. Foundation of Darke County  
(College Scholarship Application)

1. Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Student Status: \_\_\_\_\_ Single \_\_\_\_\_ Married

\_\_\_\_\_ Divorced, Separated or Widowed

\_\_\_\_\_ Number of Children Living at home under eighteen

\_\_\_\_\_ Number of Children In College over eighteen

Resident of Darke County: \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Name of College \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ I have been formally accepted to the school

\_\_\_\_\_ I am currently attending and by this September I will have

completed \_\_\_\_\_ Semester/ Quarter Hours (Circle one)

Course of study \_\_\_\_\_

Expected Year of Graduation \_\_\_\_\_

3. Please attach a brief outline of less than one page of career objectives. For example: years of study remaining; final degree you will be pursuing including any advanced degree plans; any specific advanced areas of concentration.

4. Anticipated Expenses:

Tuition _____	Books/Supplies _____
Living Expenses _____	Car Expense _____
Other _____	Misc. Payments Owed _____
Yearly Child Support Paid _____	
Total Expenses	\$ _____

5. Income Towards College Expense for Next Year:

Yearly Salary (Gross) _____
Summer Employment Only _____
Employment at School _____
Disability/Unemployment etc. _____
Child Support Received Yearly _____
Other Scholarships – List source and amount _____ _____ _____

G.I Bill and/or Financial Aid	_____
Parent Contribution	_____
Spouse's Earnings	_____
Savings to be used this year	_____
Other Funds – describe _____	_____
Educational Loans Requested For next Year	_____
Total Income:	\$ _____

6. Assets and Liabilities of Student (and Spouse if applicable)

Note: You may attach Financial Statement in lieu of the following if it contains the information requested below:

	Value	Mortgage	Net
Home	_____	_____	_____
Other Real Estate	_____	_____	_____
Investments (Stocks etc.)	_____		
Business or Farm	_____	_____	_____
Other	_____	_____	_____

7. Furnish small picture with application if possible. (Informal picture is fine)

8. Furnish transcript of your college credits occurred to date.

9. You may attach any other information you consider important (for example, personal goals, experiencing a disability, extenuating circumstances etc.)

---

Applicant's Signature

---

Date

This application with attachments must be returned to the HOPE Foundation of Darke County, P.O. Box 438, Greenville, OH 45331 by ~~May 15<sup>th</sup>~~. Please direct any questions to Patty Lavy, President, at 548-4673.

*July 6<sup>th</sup>*

**HOPE FOUNDATION OF DARKE COUNTY**  
**SCHOLARSHIP APPLICATION**

1. Name \_\_\_\_\_  
Address \_\_\_\_\_

If screened for further scholarship consideration, you will be contacted this next January. List address to be used to contact you, if different from above address:

- Phone No. \_\_\_\_\_
2. Name of High  
School \_\_\_\_\_  
Grade \_\_\_\_\_ Age \_\_\_\_\_
3. Parent's Name \_\_\_\_\_

- Address \_\_\_\_\_
4. Number of children supported by parents \_\_\_\_\_  
High School \_\_\_\_\_ College \_\_\_\_\_

**5. FINANCIAL NEED**

- a. Your present financial condition: (money saved; ability to earn, etc.)

- b. In the space below, please indicate your family's adjusted gross income from last year's federal income tax return. This information will remain confidential.

Under \$15,000    \$45,000 to \$60,000    Over \$100,000  
\$15,000 to \$30,000    \$60,000 to \$85,000  
\$30,000 to \$45,000    \$85,000 to \$100,000

6. What area of study do you plan to pursue in college? \_\_\_\_\_
7. List student activities in which you participated other than classroom studies \_\_\_\_\_
8. List activities in which you participated other than school activities \_\_\_\_\_
9. Your scholastic average: (GPA) \_\_\_\_\_ Rank in class \_\_\_\_\_  
ACT score \_\_\_\_\_ Date OGT was successfully completed \_\_\_\_\_
10. What have been your accomplishments in your chosen field \_\_\_\_\_

11. What work have you done? (Employer & hours per week) \_\_\_\_\_

12. List at least two references \_\_\_\_\_

13. Furnish picture with this application.

14. If a member (present or past) of a 4-H club, please complete this page.

\_\_\_\_ Name of Darke County 4-H Club which you were a member

Name of advisor(s) and phone number \_\_\_\_\_

Number of years you were a 4-H member \_\_\_\_\_

List of leadership positions held: \_\_\_\_\_

List of projects completed \_\_\_\_\_

15. If a member of marching band, how many years \_\_\_\_\_ what instrument did you play \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Note: Ask your principal or guidance counselor to see that Part B of application is filled out for you and sent in.

This form is to be filled out and sent by May 1<sup>st</sup> to:

**HOPE Foundation of Darke County  
P.O. Box 438  
Greenville, OH 45331**

Any questions regarding the application or the HOPE Foundation, please direct them to:

Patty Lavy, President of the HOPE Foundation

(937) 548-9700

[hopefoundation@woh.rr.com](mailto:hopefoundation@woh.rr.com)

**HIGH SCHOOL APPLICATION**

**PART B**

**HOPE Foundation of Darke County  
Scholarship Application  
Confidential Supporting Data**

For (Name) \_\_\_\_\_

The following to be completed by the principal, faculty member or guidance counselor by checking one:

Recommended for Scholarship consideration.  
 Can not be recommended for Scholarship consideration.

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Faculty or guidance counselor

\_\_\_\_\_  
Date

Please attach a complete four year transcript of grades including ACT scores.

Please send by June 15<sup>th</sup> to :

**HOPE Foundation of Darke County  
P.O. Box 438  
Greenville, OH 45331**

Any questions, please direct them to Patty Lavy, President, at (937) 548-9700 or  
[hopefoundation@woh.rr.com](mailto:hopefoundation@woh.rr.com).

2009

## FEDERAL STATEMENTS

PAGE 1

HOPE FOUNDATION OF DARKE COUNTY

31-1177601

**STATEMENT 1**  
**FORM 990-PF, PART I, LINE 11**  
**OTHER INCOME**

	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
OTHER INVESTMENT INCOME	\$ 900.	\$ 900.	\$ 900.
TOTAL	<u>\$ 900.</u>	<u>\$ 900.</u>	<u>\$ 900.</u>

**STATEMENT 2**  
**FORM 990-PF, PART I, LINE 16B**  
**ACCOUNTING FEES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	\$ 640.	\$ 640.	\$ 640.	
TOTAL	<u>\$ 640.</u>	<u>\$ 640.</u>	<u>\$ 640.</u>	<u>\$ 0.</u>

**STATEMENT 3**  
**FORM 990-PF, PART I, LINE 16C**  
**OTHER PROFESSIONAL FEES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	\$ 13,048.	\$ 13,048.	\$ 13,048.	
TOTAL	<u>\$ 13,048.</u>	<u>\$ 13,048.</u>	<u>\$ 13,048.</u>	<u>\$ 0.</u>

**STATEMENT 4**  
**FORM 990-PF, PART I, LINE 18**  
**TAXES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES	\$ 1,853.	\$ 463.	\$ 463.	\$ 1,390.
TOTAL	<u>\$ 1,853.</u>	<u>\$ 463.</u>	<u>\$ 463.</u>	<u>\$ 1,390.</u>

2009

## FEDERAL STATEMENTS

PAGE 2

HOPE FOUNDATION OF DARKE COUNTY

31-1177601

**STATEMENT 5**  
**FORM 990-PF, PART I, LINE 23**  
**OTHER EXPENSES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BROCHURES	\$ 490.			\$ 490.
FILING FEES	200.	\$ 200.	\$ 200.	
INSURANCE	2,486.			2,486.
IRS - FOUNDATION TAX	815.		815.	
MISCELLANEOUS	89.			89.
SUPPLIES	1,554.			1,554.
TELEPHONE & INTERNET	1,305.			1,305.
<b>TOTAL</b>	<b>\$ 6,939.</b>	<b>\$ 1,015.</b>	<b>\$ 1,015.</b>	<b>\$ 5,924.</b>

**STATEMENT 6**  
**FORM 990-PF, PART II, LINE 15**  
**OTHER ASSETS**

	BOOK VALUE	FAIR MARKET VALUE
ROUNDING	\$ 1.	
SECURITY DEPOSIT	225.	\$ 225.
<b>TOTAL</b>	<b>\$ 226.</b>	<b>\$ 225.</b>

**STATEMENT 7**  
**FORM 990-PF, PART II, LINE 22**  
**OTHER LIABILITIES**

PAYROLL TAXES PAYABLE	\$ 444.
<b>TOTAL</b>	<b>\$ 444.</b>

**STATEMENT 8**  
**FORM 990-PF, PART VII-A, LINE 10**  
**SUBSTANTIAL CONTRIBUTOR DURING THE TAX YEAR**

NAME OF SUBSTANTIAL CONTRIBUTOR	ADDRESS OF SUBSTANTIAL CONTRIBUTOR
MANDY GREEN MEMORIAL SCHOLARSHIP	1058 BUCKEYE DR GREENVILLE, OH 45331
SARAH WHITTAKER	BRADFORD, OH 45308
PARTNERING FOR PROGRESS	622 SOUTH BROADWAY GREENVILLE, OH 45331

HOPE FOUNDATION OF DARKE COUNTY

31-1177601

**STATEMENT 9**  
**FORM 990-PF, PART XV, LINE 2A-D**  
**APPLICATION SUBMISSION INFORMATION**

## NAME OF GRANT PROGRAM:

NAME: CHRISTY PRAKEL  
CARE OF: HOPE FOUNDATION OF DARKE COUNTY  
STREET ADDRESS: 201 W MAIN STREET  
CITY, STATE, ZIP CODE: GREENVILLE, OH 45331  
TELEPHONE: 937-548-4673  
FORM AND CONTENT: SEE ATTACHED COPY  
SUBMISSION DEADLINES: SEE ATTACHED COPY  
RESTRICTIONS ON AWARDS: SEE ATTACHED COPY

## HOPE FOUNDATION OF DARKE COUNTY INC

EIN: 31-1177601

FORM 990-PF

JUNE 30 2010

<u>Amount paid during the year</u>		<u>Purpose of grant or contribution</u>
Various scholarships	73,800	Scholarships
Darke County Center for the Arts, Inc	2,654	Local performing arts group
Brethren Retirement Community - Resident Aid Fund	16,325	Assistance for people unable to pay for service
Darke County Humane Society	5,664	Humane society care of animals
FAME (Financial Assistance for Medical Emergencies, Inc.)	1,000	Sponsorship of summer speech clinic
Zach Garbig Fund	755	Child illness awareness
Council on Rural Services	720	Senior citizens transportation
Darke County Economic Development	9,750	Local job creation activities
Greenville Jr High School Band	800	Band supplies
St Mary's Catholic School	2,339	Computers for school
Stillwater River Recreation	500	Youth program
Darke County United Way	2,279	Youth and senior citizens programs
Darke County Educational Service	<u>297</u>	Outstanding mentor program
	<u>116,883</u>	

**HOPE Foundation of Darke County  
Board of Trustees  
July 1, 2009-June 30, 2010**

**Officers:**

Ray Laughlin, Chairman  
Jean Young, Vice-Chairman  
Bill Baumann, Secretary  
Rodney Oda, Treasurer

**Members:**

Bill Baumann  
Rev. H. Fred Bernhard  
Caroline R. Blinn  
Tim Booher  
Julie Boring  
Steve Burns  
Nick Cox  
Mike Gray  
Tom Guillozet  
Jonathan Hein  
Matt Jordan  
David Kepler  
Ray Laughlin  
Eileen Litchfield  
John Marchal, Jr.  
Rodney Oda  
Susan Schepis  
Dick Troutwine  
Jean Young  
Kent Zechar