

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



	-		
	•		-
Form	-	-	w

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

De Int	partment of emai Reven	the Treasury ue Service			Form 990 and its			•		o. D.	Inspec	tion
Ā	For the	2016 cale	ndar year, or tax ye				016, and en			e 30	, 20 17	
В		applicable	C Name of organization			Arts Cente	r Foundatio	on			er identification r	number
	Address		Doing business as								36-4824227	
	Name ch	-	Number and street (•	n/suite		E Telephon		
✓		•	200 W Main Cross	Street						(41	19)423-2787 x1	07
	1	n/terminated	City or town, state o		ntry, and ZIP or foreig	n postal code				, , ,	.,	
	Amende	d return	Findlay, OH 45840							G Gross re	ceipts \$	1,732,248
· 🗸	Applicat	on pending	F Name and address of		er Same as C A	bove		ı	l(a) Is thus a qu	roup return for s	subordinates? Ye	
ş											included? Tye	
• <u> </u>	Tax-exe	npt status	✓ 501(c)(3)	501(c) () ◀ (insert no) 4947(a)((1) or 52				list (see instructi	
7 7 1	Website	: ► N/A							H(c) Group	exemption	number >	
K		organization.	Corporation Trus	st 🗌 Associa	tion ☐ Other ►		L Year of for	rmation	2016	M State	of legal domicile	ОН
3 1	Part I	Summ	ary									
⋑ _	1	Briefly de	escribe the organiz	ation's miss	ion or most sign	ificant activ	vities: Th	e missi	on of the	Foundation	on is to grow a	issets,
3	3	which in t	the future, will assis	st the Hanco	k Center for the I	Performing	Arts in bec	oming a	self-sus	taining or	ganization.	
	<u> </u>											
ESTABLISHED DATE	2		is box ► 🗌 if the c					ed of m	nore than	125% of	ts net assets.	•
~ @			of voting members	•	• • •					3		. 4
d	5 4		of independent vo	_	_					4		4
Activities B	5		nber of individuals			2016 (Part \	V, line 2a)			5		
ŧ	§ 6		nber of volunteers	•	• •					6		
Š	t 7a		elated business re				2			7a		
_	b	Net unrel	lated business tax	able income	from Form 990-	T, line 34		<u> </u>		7b		
									Prior Ye	ear	Current Y	/ear
9	<u> </u>		tions and grants (F					·				1,542,108
Š	9	-	service revenue (F		B B // B // D			·				
910000	10		ent income (Part VI				그었다					190,140
_	11	Other rev	venue (Part VIII, co	olumn (A), line	s 5, 6d, 8c, 9c,	10c, and 1	1e)Ö	. —				
_	12		enue—add lines 8 t					<u> </u>				1,732,248
	13		nd similar amounts					·				
	14		paid to or for mem					·				
Fynoneog	g 15		other compensation									
Ì	2 16a		onal fundraising fee					·				
Š	} _b		draising expenses				•••••	-		-		
	''		penses (Part IX, co			-		·				11,786
	18 19		penses. Add lines less expenses. Su					·				11,786
_	\$ 19 \$	nevenue	less expenses. Su	Jouract line i	o irom line 12	• • •			nning of Cu	rrent Veer	End of Y	1,720,462
\$ \$	월 20	Total aco	ets (Part X, line 16	21							Lila di 1	
Asse	물 20 원 21		oilities (Part X, line :	•								2,719,680
Net Assets o	E 22		ts or fund balance	•								0.740.000
	Part II		ture Block	S. Subtract i	ille 21 illoill illie i	20						2,719,680
_			ry, I declare that I have	evamined this	return including acco	mpanying ecl	hadulae and e	tatemen	te and to t	he best of n	ny kaomindan an	d boliof it is
			lete) Declaration of prep								ny knowledge an	u bellet, it is
_			Hash	$\bigcap \bigcap $						1 ()	13/17	
S	ign	Sign	ature of officer	'	·	-			l Da	ite	1 211	
	ere	Ϊ́ Δ̈́.	entra act C	160 £	Executive	Dices	107					
		Type	or print name and title		XCCCITUC	DITE	3100					
_	_!	Print/Ty	pe preparer's name		Preparer's signature)		Date		Ta	_ PTIN	
	aid									Check L self-emp		
	repare		name ►		·			4,	Fim	n's EIN ▶		
U	se Onl	y ——	ıddress ▶							ne no	-	
M	ay the IF		s this return with the	he preparer	shown above? (s	ee instruct	ions)					s 🗸 No
_			ction Act Notice, se				•	at. No 1	1282Y			990 (2016)
							-				/***	



_	0 (2016	16)		Page Z									
Part	Ш	Statement of Program Service Accomplishments											
1	Briof	Check if Schedule O contains a response or note to any line in this Part I efly describe the organization's mission:	<u>"</u>	<u> U</u>									
•		emission of the Foundation is to serve as a supporting organization for the sole ber	refit of the Hancock County Perf	ormina Arts									
		ter.	icht of the Hancock County I chi	oning Ans									
2		I the organization undertake any significant program services during the year v											
		or Form 990 or 990-EZ?]Yes ☑ No									
3		Yes," describe these new services on Schedule O. I the organization cease conducting, or make significant changes in how	it conducts any program										
J		vices?		Yes ☑ No									
		Yes," describe these changes on Schedule O.	_										
4	Desc	scribe the organization's program service accomplishments for each of its thro	ee largest program services, a	s measured by									
		penses. Section 501(c)(3) and 501(c)(4) organizations are required to report the	e amount of grants and allocat	tions to others,									
	the total expenses, and revenue, if any, for each program service reported.												
	(0	\/E	\ /D										
4a	(Coo	ode:) (Expenses \$ıncluding grants of \$											
4b	(Coc	ode:) (Expenses \$including grants of \$) (Revenue \$)									

4c	(Coc	ode:) (Expenses \$including grants of \$) (Revenue \$										
	•												
		<u></u>											
			 										
4d		her program services (Describe in Schedule O.)	V										
		xpenses \$ including grants of \$) (Revenue \$ tal program service expenses ▶))										
		THE P. P. ST. WILL WILLIAM ST. PRINCIPLE P.											

Part	Checklist of Required Schedules			
	1- the assessment of the second of the secon		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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		√
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10	✓	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a		14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		▼
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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		,
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		1

Part			<u>_</u>	age 4
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	:		-
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b) .
	through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24-		
а	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	[,
	If "Yes," complete Schedule L, Part I	25b		-
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			1
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20	<u> </u>	Ť
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	 	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			,
32	Part I	31	-	✓
7 2	complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		-	† _
	sections 301.7701-2 and 301.77 01 -3? If "Yes," complete Schedule R, Part I	33_	<u> </u>	✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
35a	or IV, and Part V, line 1	34 35a	/	1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Jua	 	+
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35ь		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	}	1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31	 	╫
	19? Note. All Form 990 filers are required to complete Schedule O.	38	1]
			m 990	(2016

Part				
	Check if Schedule O contains a response or note to any line in this Part V	``	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-+		
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	l Ì]
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			[
	reportable gaming (gambling) winnings to prize winners?	1c		🗸 - ˈ
2a				<u> </u>
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			'
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country. ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	1 1		
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓_
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	(l		ĺ
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			ļ
_	gifts were not tax deductible?	6b		<u> </u>
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		/
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
·	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
ň	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	М		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12]		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			1
11	Section 501(c)(12) organizations. Enter:			Į.
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	_	\vdash
	Note. See the instructions for additional information the organization must report on Schedule O.	.54		\vdash
b	Enter the amount of reserves the organization is required to maintain by the states in which]		1
•	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	truct	ions.
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	✓	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	1
b	Each committee with authority to act on behalf of the governing body?	8b		1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	-	1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)
_			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	<u> </u>	 _
11a	3 1	11a	ļ	├
12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		-
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		
13	Did the organization have a written whistleblower policy?	13	┡	1
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			 '
а	The organization's CEO, Executive Director, or top management official	15a	1	-
b	Other officers or key employees of the organization	15b	Ť	1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
b	with a taxable entity during the year?	16a		1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	1.00		
17	List the states with which a copy of this Form 990 is required to be filed ▶	-		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3)s	only
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	· •	
	Positin Parker, 200 W Main Cross Street Findley, OH 45949, (44))422, 2797, v107			

_				-
Р	а	a	А	•

Form **990** (2016)

=_	-	990	(201	ı۵۱

	•	· · · · · · · · · · · · · · · · · · ·		_
Part \	/II	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees	yees, an	d
		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 organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the **organization**, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 neither the organization n	or any relate	d org	anız			ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related	box, office	ot ch unles er and	s pe	ition more rson irecti	e than one is both an or/trustee) Former employe		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)		Institutional trustee	34	Key employee	Highest compensated employee	er	(W-2/1099-MISC)		organization and related organizations
(1) Dave Cytlak	1							:		
Director		✓	L_	✓	L		_	0	0	
(2) Pat Sadowski	11]		
Director		✓	<u> </u>	✓			╙	0	0	
(3) Rod Walton	11									
Director		✓	<u> </u>	✓	_		┞	0	0	
(4) Timothy Griffith Director	11	1		✓				0	0	
(5)						·			0	
(6)								0	0	
(7)			<u> </u>					0		
(8)								0		
(9)									,	
(10)										
(11)										
(12)			\vdash							
(13)										
(14)										

Part	VI Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	, ar	nd H	lighes	st C	ompensated E	mployees (d	continued	d)		
	-				•	C)								
	(A)	(B)	(do p		Pos		than c		(D)	(E)	(F)			
	Name and title	Average					ıs both		Reportable	Reportabl	ible Estimated			
		hours per					or/trust		compensation	compensation	from		unt of	
		week (list any	5 2	3	Q	Ā	역표	Ī	from the	related			her	_
		hours for related	d v	St	Officer	Key employee	호호	Former	organization	organizatio (W-2/1099-N			ensatio n the	"
		organizations	dua	₫	¥	ğ,	yek c	몍	(W-2/1099-MISC)	,	,		ızatıon	ı
		below dotted	or th	ם		Ş	ğ						elated	
		line)	Individual trustee or director	Institutional trustee		4	Highest compensated employee		İ			organ	zations	S
			Ф	8			sate							
				Щ		_	<u>a</u>	_						
(15)				l				ľ	İ		l l			
(16)									Į					
										_				
(17)														
********		·	1							ļ				
(18)				\vdash				-		-				
3											İ			
(19)		<u> </u>			┢									
7127														
(00)		 			┝	-		H						
(20)			ł			İ								
(0.4)				_	├-	┝	_	-		ļ				
(21)		ļ	l				İ	1						
						<u> </u>				<u> </u>				
(22)								1						
					<u> </u>									
(23)														
													_	
(24)														
		†	ì								İ			
(25)														
3			i	ļ	ļ			1		1				
1b	Sub-total			_	_			┢						
C	Total from continuation sheets to Part	VII. Sectio	n A	•	•			•						
d	Total (add lines 1b and 1c)	-		•	•	•		•						
						_		٠, ۱۰	the received to	oro than 61	00 000 4			
_	Total number of individuals (including but		וו סו נ	iose	e IIS	lea	abovi	e) w	mo received m	ore man \$1	00,000 0	וכ		
	reportable compensation from the organ	IZation												Г
2	Did the ammeniation hat any former of	¥:1					بيما		عمدها سماحا				Yes	-
3	Did the organization list any former of							emţ	ployee, or nigr	iest compe	ensated	_		ٔ اِ
	employee on line 1a? If "Yes," complete							•				3		✓
4	For any individual listed on line 1a, is the													Ì
	organization and related organizations	greater th	an \$	150,	,000)? [f "Ye	s, "	complete Sch	nedule J fo	r such			
	ındıvidual				•			•				4		✓
5	Did any person listed on line 1a receive of									zation or inc	dividual			
	for services rendered to the organization	? If "Yes," (comp	lete	Sci	hedi	ule J	for s	such person			5		✓
Section	on B. Independent Contractors								-					
1	Complete this table for your five highest	compensat	ed in	dep	end	lent	contr	act	ors that receive	ed more tha	ın \$100,0	000 of		
	compensation from the organization. Rep	ort compe	nsatio	on f	or t	he c	alenc	lar y	year ending wit	th or within	the orga	nızatıd	on's t	ax
	year.	-							_					
	(A)					_		Τ	(B)			(C)		
	Name and business add	iress						1	Description of s	services	C	ompens	ation	
		 -						T					_	
								\vdash						
								\vdash						
								\vdash						
								\vdash						
	Table and the	<u></u>		_		1		<u></u>						
2	Total number of independent contractor							o th	nose listed ab	ove) who				
	received more than \$100,000 of compens	ation from	the o	rgan	iizat	tion	▶		3					

<u> النصم</u>	VIII	Check if Schedule O contains a response or note to	any line in this	Part VIII	<u></u>	<u></u> 🗆
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts its	1a	Federated campaigns 1a				
ig ja	b	Membership dues 1b				
Gifts, Grants llar Amounts	C	Fundraising events 1c				
	d	Related organizations 1d				
ns, Sim	е	Government grants (contributions) 1e				
igi er (f	All other contributions, gifts, grants, and similar amounts not included above 1 1 1 542 108				
Contributions, Gifts, Grants and Other Similar Amounts	۱ ۾	and similar amounts not included above 1f 1,542,108 Noncash contributions included in lines 1a-1f: \$				
ָהַ קָּ בַּ	g	Total. Add lines 1a-1f	1,542,108			
	<u>"</u>	Business Code	1,342,100			
JE JE	2a			-		
æ	b					
ĄĊ.	С					
Se	d					
멾	е		ļ <u>.</u>			
Program Service Revenue	f	All other program service revenue .			L	<u> </u>
	3	Total. Add lines 2a–2f ▶ Investment income (including dividends, interest,	 			τ
	"	and other similar amounts)	190,140	100 140		
	4	Income from investment of tax-exempt bond proceeds	190,140	190,140		
	5	·				<u> </u>
	•	Royalties				
	6a	Gross rents]			
	b	Less: rental expenses				
	С	Rental income or (loss)				
	_d	Net rental income or (loss)				<u> </u>
	7a	Gross amount from sales of (i) Securities (ii) Other assets other than inventory				
	b	Less: cost or other basis and sales expenses .				
	С	Gain or (loss)] _			
	d	Net gain or (loss)				
enne	8a	Gross income from fundraising				
Š		events (not including \$				
Other Rev		of contributions reported on line 1c).	li			
亨		See Part IV, line 18 a				
δ	b	Less: direct expenses b Net income or (loss) from fundraising events . b	1			-
		Gross income from gaming activities.			 	
		See Part IV, line 19 a				
	ь	Less: direct expenses b	1		1	
	С	Net income or (loss) from gaming activities . ▶	1 - 1	-	•	
	10a	Gross sales of inventory, less				
		returns and allowances a				
	b	Less: cost of goods sold b	}			
	<u> </u>	Net income or (loss) from sales of inventory >				
	44-	Miscellaneous Revenue Business Code	4 !		1	
	11a		 			
	C		 		<u> </u>	
	d	All other revenue			 	
	e	Total. Add lines 11a–11d				
	12	Total revenue. See instructions	1,732,248			

	0 (2016)				Page 10
	Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	III other organization	s must complete co	olumn (A).
	Check if Schedule O contains a respon	se or note to any lin		<u> </u>	<u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting		-		
d	Lobbying				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	44.700	44.700		<u> </u>
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	11,720	11,720		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy		· · · · · · · · · · · · · · · · · · ·		
17 10	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	66	66	<u> </u>	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а					
b					
C					
d					
е	All other expenses				
25	I otal functional expenses. Add lines 1 through 24e	11,786	11,786		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Pa	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	tX	٠.	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		1	
	2	Savings and temporary cash investments	499,958	2	33,928
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			- (
		trustees, key employees, and highest compensated employees.			1
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	_		İ
ţ		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	499,259		2,6 <u>85,751</u>
	12	Investments—other securities. See Part IV, line 11		12	· · · · · · · · · · · · · · · · · · ·
	13	Investments—program-related. See Part IV, line 11		13_	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	999,218		2,719,680
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
es	22	Loans and other payables to current and former officers, directors,			1
		trustees, key employees, highest compensated employees, and		:	
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and Ioans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26			26	
_	20	Total liabilities. Add lines 17 through 25			
S		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	499,958	27	1,507,338
<u>a</u>	28	Temporarily restricted net assets	499,259	1	1,212,342
8	29	Permanently restricted net assets	100,000	29	
Š		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	_ 		
ř		complete lines 30 through 34.			·
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund	<u>.</u>	31	
As	32	Retained earnings, endowment, accumulated income, or other funds.		32	
ē	33	Total net assets or fund balances	999,218	33	2,719,680
~	34	Total liabilities and net assets/fund balances	999,218		2,719,680
					Form 990 (2016)

orm 99	0 (2016)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>	<u> </u>		V
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,73	2,248
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	1,786
3	Revenue less expenses. Subtract line 2 from line 1	3		1,72	0,462
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		99	9,218
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		2,71	9,680
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	. <u></u>		<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				;
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.		·		ا ہے ا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	\vdash	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compared as a consistence of the year were compared as a consistence of the year were compared to the year we	oiled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		<u>-</u> -	-	أدرب
b	The tree of gardeness of the control		2b	 	✓,
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	ed on a	-		
	_''		İ	1	
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account				
	•		2c	├ ──	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	piain in	1		
0-		forth in		-	
За	the Single Audit Act and OMB Circular A-133?	IOTUI III	25		,
ا ا	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao the	3a	\vdash	-
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
	required addit of addits, explain why in defiedule of and describe any steps taken to undergo such a	uuito.		QQC	(2016)
			FOR	m フラU	(2016)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

2016

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Hancock County Performing Arts Foundation 36-4824227 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a 2b Total acreage restricted by conservation easements . Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 4 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

Page 2	
Page 🚄	

Part	III Organizations Maintaining	Collections of	Art, Histo	orical T	reasures,	or Ot	her Similar As	ssets (con	tinued)
3	Using the organization's acquisition,	accession, and oth	ner record	is, chec	k any of the	follow	ing that are a	significant u	se of its
	collection items (check all that apply):								
а	☐ Public exhibition		аΓ	□ Loan	or exchange	e progr	ams		
b	☐ Scholarly research				_				
	☐ Preservation for future generations	e					·····		
4	Provide a description of the organiza		nd explai	n how ti	nev further t	he ora	anization's exe	mpt purpos	e in Part
•	XIII.		ina oxpiai	.,	,	0.9	ameanon o oxo	pr parpoo	O Care
5	During the year, did the organization	solicit or receive	donations	of art	historical tre	acurac	or other simil	lar	
3	assets to be sold to raise funds rather							_	□ No
Dort			inica ao p	<u> </u>	- Organizatio			<u>169</u>	<u> </u>
Part	Complete if the organization		on Form	- 000 E	Part IV lina	0 00	roported an ar	mount on E	- -
		i answered i es	on For	n 990, r	art iv, line	9, 01	reported an ar	mount on F	-01111
	990, Part X, line 21. Is the organization an agent, trustee						ather seeds -	-4	
18	included on Form 990, Part X?							_	
_								⊔ Yes	∐ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fol	lowing ta	able:		1 ,	\	_
						<u> </u>		Amount	
С						1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amou								
b	If "Yes," explain the arrangement in P	art XIII. Check here	e if the ex	planatio	n has been p	orovide	ed on Part XIII .		
Par									
	Complete if the organization	n answered "Yes'	on Forr	n 990, F	Part IV, line	10.			
		(a) Current year	(b) Prio	r year	(c) Two years	back	(d) Three years bad	ck (e) Four y	ears back
1a	Beginning of year balance	499,259			_				
b	Contributions	626,608					-		
С	Net investment earnings, gains, and								
	losses	87,357			1				
d	Grants or scholarships	077007			-				
e	Other expenditures for facilities and								
_	programs								
f	Administrative expenses	-882			1			1	
	End of year balance			-					
g 2	Provide the estimated percentage of			line 1c	column (a)) bold :			
	Board designated or quasi-endowme			gri erin) e	, coluitii (a)	, neid i	as.		
a			70						
b		100%							
С	Temporarily restricted endowment		000/						
0-	The percentages on lines 2a, 2b, and Are there endowment funds not in the			ation th	at ara bald s	.nd ad	ministered for t	ha	
3a		ie possession or tr	ie organiz	auon m	at are nero a	anu au	ministered for t	_	/ Al-
	organization by:							_ - +	es No
	(i) unrelated organizations					• •			/
	(ii) related organizations							. 3a(ii)	√
b	If "Yes" on line 3a(ii), are the related of					• •		. 3b	
4	Describe in Part XIII the intended use		on's endo	wment f	unds.		 		
Part	VI Land, Buildings, and Equi								
	Complete if the organization	<u>n answered "Yes</u>	" on For	n 990, I	Part IV, line	11a.	See Form 990), Part X, lii	ne 10.
	Description of property	(a) Cost or ot		. ,	or other basis		Accumulated	(d) Book	value
		(investm	ent)	(c	other)	d	epreciation		
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
e	Other								
	Add lines 1a through 1e. (Column (d)	must equal Form 9	90. Part X	. columi	n (B). line 10	c.) .			

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of meeting caseings of assumption (b) Book value (c) Cot or end-of-year market value 2) Closely-held equity interests 2) Closely-held equity interests 3) Clother (d) Cot or end-of-year market value (e) Cot or end-of-year market value (f) Cot or end-of-year market value (g) Clother (h) Cot or end-of-year market value (g) Cot or end-of-year market value (g) Cot or end-of-year market value (g) Cot or end-of-year market value (g) Cot or end-of-year market value (g) Cot or end-of-year market value (g) Cot or end-of-year market value (g) Description of meeting (g) Description of meeting (g) Description of meeting (g) Description of end-of-year market value (g) Cot or end-of-year mar	Part VII	Investments - Other Securities.				441.0.5	
1) Financial derivatives			ed "Yes" on For				
2) Closely-held equity interests				(b)	Book value		
3) Other							
(A) (S) (S) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		• •				,	
(G) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(3) Other						
C C C C C C C C							
C							
(F) (G) (G) (F) (G) (G) (F) (G) (G) (F) (F) (G) (G) (F) (F) (F) (G) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F							
Fig.							
(i) (iii) (iiii) (ivi)					-		
Contact Column (b) must equal Form 990, Part X, col. (B) line 12.) ► Part X Investments - Program Related.					-		
Total. (Column (b) must equal Form 990, Part X, col (B) ine 12.) ► Part XII Investments — Program Related.							·
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation (Cost or end-of-year market value (1)	-	h) must aqual Form 000 Part Y cal (R) line 12)					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, Jine 13. (a) Description of investment (b) Book value (c) Method of valuation Cost or end-d-year market value			<u>-</u>				
(a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (7) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	r art viii		ed "Yes" on For	m 996) Part IV line	a 11c. See Form	990. Part X. line 13.
(1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1			24 103 0111 01				
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (c) (g) (g) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (9) (9) (1) (9) (1) (9) (1) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		(a) Description of investment		, .	DOOK VAILED	· · ·	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (c) (g) (g) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (9) (9) (1) (9) (1) (9) (1) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(1)						
(4) (5) (6) (7) (8) (9) Total. (Column (a) must equal Form 990, Part X, col. (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶ Total. (c) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶					-	·	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶ Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶							
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶							
(6) (7) (8) (9) (9) (7) (10-10-10-10-10-10-10-10-10-10-10-10-10-1							
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (6) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25, ▶							
(8) (9) (9) (9) (10-10-11-12-							
[9] Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (b) Book value							
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.							
Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.		(b) must equal Form 990, Part X, col. (B) line 13)					
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	Part IX	Other Assets.					
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		Complete if the organization answere	ed "Yes" on For	m 99	0, Part IV, line	e 11d. See Form	990, Part X, line 15.
(2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		(a) Des	scription				(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(1)					·	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(2)						
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(3)						
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(4)						
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(5)						
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(6)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	_(7)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(8)						
Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(9)						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (8) line 25.) ▶			3) line 15.)	<u>· · · </u>		<u> ▶</u>	
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	Part X					44.6	5 000 D 1V
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			ed "Yes" on Fo	rm 99	0, Part IV, lin	e 11e or 11f. Se	e Form 990, Part X,
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶							
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			(b) Book value				
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		ncome taxes	-				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶							
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶							
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶							
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶							
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶							
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶							1
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶							
		41 4 45 × 000 Parky (501 × 051 ×					
					<u></u>		

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Fo	m 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	
•		
	•••••••••••••••••••••••••••••••••••••••	

		•••••

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Hancock County Performing Arts Foundation	Employer identification number 36-4824227
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
The organization will disclose non-privileged documents upon request.	
Form 990, Part VI, Line 1a - Explanation of Delegated Broad Authority to Committee NONE	
Form 990, Part VI, Line 1a - Explanation of Material Differences in Voting Rights: NONE	
FORM 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc	
Director Patrick Sadowski is also the organization's legal counsel.	
Form 990, Part VI, Line 11b - Form 990 Review Process	
The organizations's Finance Director compiles the data and prepares the Form 990. The Finance Director circulate	es the Form 990 to the
Governing Body for review and approval. Upon review and approval, the organization files the Form 990 through	ıts attorney
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts	
Each new member of the Board of Directors reviews the Conflict of Interest policy and signs an acknowledgement	t. If a conflict of interest
arises with a particular Director, such Director will be excused from the discussion about such conflict (i.e. physical	lly leave the Board room)
and recused from any decision-making about such conflict. This is done pursuant to the organization's Conflict of	Interest policy
······	
·····	·
······	

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
Hancock County Performing Arts Foundation	36-4824227

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Hancock County Performing Arts Foundation

Part

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

v/form990.	
it www.irs.go	
Sa	
instructions	
Ħ	
and	
8	

OMB No 1545-0047 2016

Open to Public Employer Identification number Inspection

36-4824227

► Information about Schedule R (Form 99

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity ĝ Identification of Related Tax-Exempt Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Yes (f)
Direct controlling
entity (e) End-of-year assets (e)
Public charty status
(if section 501(c)(3)) (d) Total income (d) Exempt Code section (c) Legal domicile (state or foreign country) Legal domicile (state or foreign country) (b) Primary activity (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity (a) (a) (a) Name, address, and EIN of related organization (5) Part II 9 € 8 ල 8 ල € 9 E E Ξ

Schedule R (Form 990) 2016

Cat No 50135Y

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

Schedule R (Form 990) 2016

(i) Section 512(b)(13) controlled entity? (k) Percentage ž Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Yes Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. General or managing partner? ĝ (h) Percentage ownership Yes (i)
Code V—UBI
amount in box 20
of Schedule K-1 (Form 1065) end-of-year assets (g) Share of (h)
-- Dsproportionate
allocations? ž (f) Share of total Yes псот (g) Share of end-of- L year assets (C corp, S corp, or trust) (e) Type of entity (f) Share of total income (d) Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (state or foreign country) (c) Legal domicile (d)
| Direct controlling | entity 동 (b) Primary activity (c)
Legal
domicile
(state or
foreign
country) Arts Primary activity 200 W Main Cross St Finlay, OH 45840, 46-0912382 (a) Name, address, and EIN of related organization (1) Hancock County Performing Arts Center (a) Name, address, and EIN of related organization Part III Part IV € 8 ල € 9 9 Ε 2 ପ୍ର 2 E 9 E

Schedule R (Form 990) 2016

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

				Voc	N.
			9	3	_
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?	or more related organi	zations listed in Part	: NI-II S	+	<u> </u>
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				e ;	\
b Gift, grant, or capital contribution to related organization(s)				2	>
c Gift. grant, or capital contribution from related organization(s)				10	
	,		•	1g	>
				10	
e Loans or loan guarantees by related organization(s)				ש	<u> </u>
				- !	ì
f Dividends from related organization(s)				=	>
	•			19	<u>></u>
				4	>
n Purchase of assets from related organization(s)				 	<u> </u>
i Exchange of assets with related organization(s)				_ = :	<u> </u>
j Lease of facilities, equipment, or other assets to related organization(s)				-	>
					1:
k lease of facilities, equipment, or other assets from related organization(s)				1k	>
				1	>
		•		E	>
m Performance of services or membership or fundraising solicitations by related organization(s)				 	<u> </u>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				=	>
o Sharing of paid employees with related organization(s)				9	>
Beimbi issement paid to related organization(s) for expenses				5	<u>></u>
				10	>
d Heimbursement paid by related organization(s) for expenses			· · ·	7	-
				1	
r Other transfer of cash or property to related organization(s)				-	>
s Other transfer of cash or property from related organization(s)				18	>
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.	complete this line, inclu	ding covered relation	nships and transactio	on thresho	olds.
	1	3	5		
(a) Name of related organization	(b) Transaction type (a~s)	Amount involved	Method of determining amount involved	g amount inv	/olved
(1) Hancock County Performing Arts Center	c-Capital Contribution	1,530,608 Cash	Cash		
(2)					
(3)					
(4)					
(5)					
(9)					
			Schedule R (Form 990) 2016	3 (Form 99	30) 2016

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

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 assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) (e) (f) (g)	(a)	(c)	(p)	(a)	(1)		(h)	(a)	()	(k) Dercentade
ממוופן מכסוכסט, מות בווי כן מותוף	in the second	(state or foreign	income (related,	section	total income	=	allocations?	ä	managing	ownership
		country)	unrelated, excluded from tax under	organizations?		assets		of Schedule K-1 (Form 1065)	partner?	
			sections 512-514)	Yes No			Yes No		Yes No	
(1)	<u> </u>						!			
(2)						!				
(6)										
(4)										
(5)										
(9)										
(2)										
(8)										
(6)										
(10)					-					
(11)										
(12)							_			
(13)										
(14)										
(15)										
(16)										
								Sche	dule R (For	Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 Page					
Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See Instructions.				
					
•••••					
· · · · · · · · · · · · · · · · · · ·					