294931520750647 9

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

→ Do not enter social security numbers and the latest information.

Open to Public

	Depa	rtment of	f the Treasury oue Service	► Go to www.irs.gov/Form990 for instructions and the latest int	-	° 140/e	Inspection		
						ne 30	, 20 18		
				C Name of organization Hancock County Performing Arts Center	Jur		er identification number		
			applicable	Doing business as Marathon Center for the Performing Arts (MCPA)		D Linpioy			
	_		change		46-0912382 E Telephone number				
	_	Name cl	-	Number and street (or P.O box if mail is not delivered to street address) Room/suite	·	· ·			
		Initial ret		200 W Main Cross Street		(4	19)423-2787 x107		
	_		m/terminated	City or town, state or province, country, and ZIP or foreign postal code					
		Amende		Findlay, OH 45840		G Gross re	· · · · · · · · · · · · · · · · · · ·		
	Ш.	Applicat	ion pending	Name and address of principal officer Same as C above			subordinates? Yes No		
					⊣ `'		s included? Yes No		
			mpt status	✓ 501(c)(3)	-		a list. (see instructions)		
		Website		a.org	H(c) Group	exemption	number ▶		
	_			Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of formation	n 2012	M State	of legal domicile OH		
	Pa	art I	Summ						
		1		scribe the organization's mission or most significant activities: Premier					
_	ctivities aggovernance		education	and entertainment. MCPA also strives to enrich lives and strenghthen the e	conomic vi	tality of t	he community.		
la	Ē								
12	9 3	2		s box $ ightharpoonup \square$ if the organization discontinued its operations or disposed of	more than		its net assets.		
	ĝ	3					13		
	3	4	Number	f independent voting members of the governing body (Part VI, line 1b)			13		
E	8	5	Total nur	ber of individuals employed in calendar year 2017 (Part V, line 2a) .		5	69		
18	1	6	Total nur	ber of volunteers (estimate if necessary)		6	96		
3	₹	7a		lated business revenue from Part VIII, column (C), line 12		7a			
3	φVM	b	Net unrel	ited business taxable income from Form 290 T⊟ine 1		7b			
					Prior Ye	ar	Current Year		
	talkanda I	8		ons and grants (Part VIII, line 1h)		850,564	4,063,035		
7	Sugar Part	9	Program	service revenue (Part VIII, line 2g) MAY. 1.3.2019.		712,412	594,579		
Č	-33	10	Investme	t income (Part VIII, column (A), lines 3, 4, and 7d)		3,739	4,223		
- 7	5	11	Other rev	enue (Part VIII, column (A), lines \$, 6d, 8o, 20, 10c, and 11e)	·				
		12	Total reve	nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	•	1,566,715	4,856,150		
		13	Grants ar		746,145				
		14	Benefits	aid to or for members (Part IX, column (A), line 4)					
	ဖွ	15	Salaries,	ther compensation, employee benefits (Part IX, column (A), lines 5-10)		405,142	511,060		
	Expenses	16a	Profession	nal fundraising fees (Part IX, column (A), line 11e)			59,209		
	ĝ	b	Total fun	raising expenses (Part IX, column (D), line 25) ▶ 777,695					
	ω	17	Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	1,266,405	2,220,456		
		18	Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1,671,548			
		19	Revenue	ess expenses. Subtract line 18 from line 12		-104,833	1,319,280		
	P &				ginning of Cu	rrent Year	End of Year		
	ssets or Jalances	20	Total ass	ets (Part X, line 16)	19	9,533,972	19,908,824		
	رسانت	21		ities (Part X, line 26)		3,193,362	2,851,771		
	Fund /	22		s or fund balances. Subtract line 21 from line 20		5,340,610	17,057,053		
	Pa	rt II	Signat	ıre Block		-1	,		
			Ities of perju	, I declare that I have examined this return, including accompanying schedules and stateme	ents, and to the	he best of r	ny knowledge and belief, it is		
₹	true	e, correc	t, and compl	te Declaration of preparer (other than officer) is based on all information of which preparer h	as any knowl	edge.	•		
20			1 6	decitus ("lis		8/2	19		
-	Sig	n	Sign	ture of officer	Da	te			
က	Hei	re	H	eather I Clow Executive Director					
لب			Туре	or print name and title					
\exists	— Pai	id	Print/Ty	e preparer's name Preparer's signature Date		Check [7 if PTIN		
		o epare	ا ہے			self-emp			
		e Onl		me ►	Firm	n's EIN ▶			
Z	U31		Firm's a			ne no			
CANNE	May	the IF		this return with the preparer shown above? (see instructions)			· · Yes No		
$\ddot{\upsilon}$				tion Act Notice, see the separate instructions. Cat. No	11282Y	_	Form 990 (2017)		
6		•					940		

) (Revenue \$

Other program services (Describe in Schedule O.)

Total program service expenses ▶

including grants of \$

1,872,335

(Expenses \$

Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	✓	
3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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	.,	1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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	1	
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	✓	
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
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓_
	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		1
e f	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 11f	√	✓
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 b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		-
	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		✓
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		√
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	✓	
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	1	
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
			$\alpha \alpha \alpha$	

_	00 (2017)		•	Page 4
Part	Checklist of Required Schedules (continued)			1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No.
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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	20b 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	•	1
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		1
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		√
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	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 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30	✓	/
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	√	-
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a 35b		✓
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		1
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? <i>If "Yes," complete Schedule R</i> ,	33		•

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

19? Note. All Form 990 filers are required to complete Schedule O.

38

Part				_
_	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	. ∐ INo
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 48		163	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1	ļ	
Ť	reportable gaming (gambling) winnings to prize winners?	1c	1	\
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<u> </u>	 	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 71			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	7	·
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		 	
3a-		3a		1
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		 •
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	 		•
-14	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			1
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		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Ť
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			1
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			<u> </u>
	gifts were not tax deductible?	6b		
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	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<u> </u>		
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.		<u>. </u>	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		L
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b				ł
40-		100		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
b 12				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		-
а	Is the organization licensed to issue qualified health plans in more than one state?	ı sa		<u> </u>
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	14b		 *

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Saati	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	·	Ø
Secu	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.			
b 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	<u> </u>	
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		✓
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	4 5 6 7a		√ √ √
b 8	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
a b 9	the year by the following: The governing body?	8a 8b	√ ✓	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		√
11a b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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	11a 12a 12b	√	✓
c 13	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	12c		
14 15	Did the organization have a written document retention and destruction policy?	14	√	
a b	The organization's CEO, Executive Director, or top management official	15a 15b	✓	✓
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		<u></u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed OH 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.	า 501(c)(3)s	only)
19 20	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. State the name, address, and telephone number of the person who possesses the organization's books and re			/, and
-	Devin Parker, 200 W Main Cross Street, Findlay, OH 45840 (419)423-2787 x107		-	

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Dago	- 1
raue	

1			990	1004	71
	-0	m	990	(20)	71

Part VII	Compensation of Officers	, Directors,	Trustees,	Key Employees,	Highest C	ompensated l	Employees,	and
	Independent Contractors							

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the 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 no	r any relate	d orga	anız	atic	n c	ompe	nsa	ited any currer	it officer, director	, or trustee.
					C)					
(A)	(B)	,,,	- 4 - 4		ition	. 41		(D)	(E)	(F)
Name and Title	Average		o not check more tox, unless person is					Reportable	Reportable	Estimated
	hours per		officer and a director/trus					compensation	compensation from	amount of
	week (list any hours for	악코	Ins	Qf	Бe	Hig	ξ	from the	related organizations	other compensation
	related	Individual trustee or director	<u> </u>	Officer	Key employee	Ples	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ot or	ona		blo	8 6	'	(W-2/1099-MISC)		organization and related
	line)	rust	쿹		yee	npe				organizations
		8	Institutional trustee			Highest compensated employee				
				-		<u>ă</u>				
(1) Pat Sadowski	5			١.						
Chair	<u> </u>	✓		✓				0	0	0
(2) Rod Walton	2			١,						
Vice-Chair		✓	_	✓		ļ	ļ	0	0	0
(3) Dave Cytlak	22	_		١,						
Treasurer	<u> </u>	✓	_	✓				0	0	0
(4) Karen Cline	2			١,						
Secretary	ļ	✓	L	✓				0	0	0
(5) Donald Bruce	22									
Director	ļ	✓						0	0	0
(6) Myreon Cobb	22									
Director	<u> </u>	/	_	_		ļ	_	0	0	0
(7) Katherine Fell	<u> </u>	_								
Director		✓	_			ļ		0	0	0
(8) Katherine Kreuchauf	22									
Director		✓				ļ	_	0	0	0
(9) Edward Reading	2									
Director	ļ	✓	_			ļ		0	0	0
(10) Timothy Griffith	22									
Director	ļ	✓				ļ		0	0	0
(11) Sarah Palmer	2	١.								
Director	<u> </u>	/	_	_			<u> </u>	0	0	0
(12) Stacey Reineke	22			ļ						
Director	ļ	✓		_			_	0	0	0
(13) Paul Smith	22						İ			
<u>Director</u>	<u> </u>	✓	\perp	<u> </u>			<u> </u>	0	0	0
(14) Heather Clow	40									
Executive Director	l			✓				85,885	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
					Pos	C) Ition								7
	(A) Name and title	(B) Average			ieck	more	than o		(D) Reportable	(E) Reportable	,		(F) mated	
	value and the	hours per					or/trust		compensation	compensation		amo	ount of	
		week (list any hours for	Ind or o	'ns	Officer	Ke)	Hig	ο̈́	from the	related organization	ıs		ther ensatio	on
		related organizations	ividu	titut	icer	Key employee	hest	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		m the nization	•
		below dotted	tor	onal		ploy	corr		(W-2/1099-WIGC)				related	
		line)	Individual trustee or director	Institutional trustee		ee	pens				1	orgar	nzation	IS
			, u	ee			Highest compensated employee							
(15) [Devin Parker	40					_							
Financ	e Director				✓				33,063		0			0
(16)	·	ļ											1	
(17)								\vdash			$\overline{}$			
X/														
(18)														
(40)														
(19)										0				
(20)														
(21)		·												
(22)				_				┝			-+			
\ /														
(23)										,				
								<u> </u>						
(24)														
(25)														
3=-7									;					
1b	Sub-total							>		·- · · · · · · · · · · · · · · · · · ·				
C	Total from continuation sheets to Part	· · ·					•	>	3000					
d	Total (add lines 1b and 1c)							<u>\</u>	11894					
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	IIST	ea a	above	e) w	no received m	ore than \$10	0,000	OT		
				-	-								Yes	No
3	Did the organization list any former of							emp	loyee, or high	est compen	sated			
	employee on line 1a? If "Yes," complete s											3	ļ	✓.
4	For any individual listed on line 1a, is the organization and related organizations													
	<u> </u>				000	. ,,			·			4		7
5	Did any person listed on line 1a receive of									ation or indi	vidual			
	for services rendered to the organization'	If "Yes," c	ompl	ete	Sch	edu	ile J f	or s	uch person			5		✓
	on B. Independent Contractors		الم					a = 1	aug 4h =4 ==		0400	000 = 1		
1	Complete this table for your five highest of compensation from the organization. Rep	•		•								-		ax
	year.	, с. т. с. с. т. р. с.					u.oa	<u>,</u>	our orraining with	., 0	.0 0.9	Jannean		۵,
	(A)								(B)			(C)		
	Name and business add								Description of s	ervices		Compens	ation	
	ntertainment Group, LLC, 11640 San Vicente	Blvd, Ste 2	04, LA	, C/	1 90	049			ertainment Prov					59,000
Hanco	ck Hotel, 631 S Main St, Findlay, OH 45840							ı⊨nt	ertainment Ven	ue			17	27,727
									<u> </u>					
2	Total number of independent contractor							th		ove) who				1
	received more than \$100,000 of compens	auon mom t	He or	yan	ızdí	UII			2					!

∢Par	t VIII						_		<u></u>
	_	Check if Schedule O conta	ins a	resp	onse or note to			<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	1a	Federated campaigns		1a			,		
irai our	b	Membership dues	. [1b	45,091				
S, C	С	Fundraising events	. [1c	2,119,018				
Siff Tar	d	Related organizations		1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contribution		1e					
er S	f	All other contributions, gifts, gra	- 1						
-혈통		and similar amounts not included at		1f	1,898,926	-	-		-
ig be	g	Noncash contributions included in lin		-	44,831				
	h	Total. Add lines 1a-1f	<u>···</u>	٠.		4,063,035			
nue				ŀ	Business Code				
eve	2a	Event Revenue - Shows		}	711110	498,021	498,021		
ě	b	Rental Income		}	711110	96,557	96,557		
Ž	C			}					
Se	d			}					
<u>ra</u>	e	All other program convec re						·	
Program Service Revenue	g	All other program service re Total. Add lines 2a–2f			▶	504 570			
	3	Investment income (includ				594,579			
	•	and other similar amounts)				4,223	4,223		
	4	Income from investment of tax			<u> </u>	7,223	4,223		
	5	Royalties	•		·		-		
		(0)	Real	İ	(II) Personal				
	6a	Gross rents			·····				
	b	Less rental expenses							
	C	Rental income or (loss)							
	d	Net rental income or (loss)			▶				
	7a	Gross amount from sales of (i) S	ecurities	;	(II) Other				
		assets other than inventory							
	b	Less cost or other basis							
		and sales expenses .							
	С	Gain or (loss)							
	d	Net gain or (loss)		٠ _	▶				
d)									
Other Revenue	8a	Gross income from fundrais	•						
Š			19,018					,	
ď		of contributions reported on la							
þe	١.	See Part IV, line 18			194,314				,
ŏ	b	'		_		-			
	C	Net income or (loss) from fu			events . ►	194,314			
	9a	Gross income from gaming a See Part IV, line 19			ŀ				
		Less: direct expenses Net income or (loss) from ga			vities ►		<u> </u>		
		Gross sales of inventor			illes P				
	IVa		y, ie:						
	ь	Less: cost of goods sold .		b					
	C	Net income or (loss) from sa			ntory ▶	 			
	<u> </u>	Miscellaneous Revenue		T	Business Code				
	11a			\dashv					
	b			┈ ㅏ					
	C								
	d	All other revenue		·					
	e	Total. Add lines 11a-11d .		٠.	•				
	12	Total revenue. See instruct			<u> </u>	4 856 150	598801		

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon-				
	ot include amounts reported on lines 6b, 7b, o, 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	746,145	746,145		
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	157,294	141,565	15,729	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	100/100		10,720	
7 8	Other salaries and wages	260,168	231,167	26,016	2,985
9	Other employee benefits	39,381	35,443	3,938	
10	Payroll taxes	54,217	48,041	5,422	754
11	Fees for services (non-employees):				
a	Management	250	250	0	0
b	Legal	5,664	5,604	60	0
c d	Accounting				
e	Professional fundraising services. See Part IV, line 17	59,209	 -		59,209
f	Investment management fees	33,203		·	33,203
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	57,610	51,849	5,761	
13	Office expenses	26,326	23,691	2633	2
14	Information technology				
15	Royalties				
16	Occupancy	146,947	123,827	14,695	8,425
17 18	Travel				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	19,357	17,421	1,936	
20	Interest	107,441	96,697	10,744	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	489,228	440,306	48,922	
23	Insurance	13,901	12,511	1,390	1
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	Event Exepenses	1,334,426	626,725	1,517	706,184
b	Development Expenses	10,893	9,708	1,089	96
c	Other Operating Expenses	8,413	7,530	843	40
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,536,870	2,618,480	140,695	777,695
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)				

Form **990** (2017)

		Dalamas Ohast			
sΡ	art X	Balance Sheet Chack if Schedulo O contains a response or note to any line in this Ba	rt Y		
	_	Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year	<u> </u>	(B) End of year
	1	Cash—non-interest-bearing	11,478	1	107,119
	2	Savings and temporary cash investments	502,640		2,225,340
	3	Pledges and grants receivable, net	1,803,945		1,249,721
	4	Accounts receivable, net	9,010		333,973
	5	Loans and other receivables from current and former officers, directors,	0,010	<u> </u>	333,073
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	_			-	
y.	_6_	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 organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Asi	8	Inventories for sale or use		8	163
	9	Prepaid expenses and deferred charges	53,778	9	35,524
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 17,172,028			
	Ь	Less: accumulated depreciation 10b 1,215,044		10c	15,956,984
	11	Investments—publicly traded securities	17,100,121	11	10,000,004
	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)	19,533,972	16	19,908,823
_	17	Accounts payable and accrued expenses	48,041	1 1	115,365
	18	Grants payable	,	18	•
	19	Deferred revenue	171,464	19	209,739
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
Ē		disqualified persons. Complete Part II of Schedule L		22	
Ξ.	23	Secured mortgages and notes payable to unrelated third parties	2,938,034	23	2,489,760
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	35,823		36,907
	26	Total liabilities. Add lines 17 through 25	3,193,362	26	2,851,771
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	14,460,542	27	15,673,401
Bal	28	Temporarily restricted net assets	1,880,068	28	1,383,651
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
Š	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
é	33	Total net assets or fund balances	16,340,610	33	17,057,053
~	34	Total liabilities and net assets/fund balances	19.533.972		19.908.823

Page	

OIIII 3	(2017)				_ ra	ge 12
Pari	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>
1	Total revenue (must equal Part VIII, column (A), line 12)	1			4,85	6,150
2	Total expenses (must equal Part IX, column (A), line 25)	2			3,53	6,870
3	Revenue less expenses. Subtract line 2 from line 1	3			1,31	9,280
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			16,34	0,610
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			(602	2,837)
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			17,05	7,053
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<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	olaın	ın 📗			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oled o	or [
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		_			
b	Were the organization's financial statements audited by an independent accountant?		. 2	b_	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on	a			
	separate basis, consolidated basis, or both:					. [
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over					
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	? 2	c c	✓	
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ı	ın 🗀			
	Schedule O.		<u> </u>			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth (ın			
	the Single Audit Act and OMB Circular A-133?		. з	a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo th	ie 🗀	\sqcap		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3	ь		L
				Form	990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

(C)

(D)

(E) Total

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number 46-0912382 **Hancock County Performing Arts Center** Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). [7] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of isted in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Ves No (A) (B)

Part	Support Schedule for Organiza	ations Descri	bed in Secti	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	/i)
	(Complete only if you checked the						ualify under '
	Part III. If the organization fails to	qualify unde	r the tests lis	sted below, pl	lease comple	te Part III.)	
	on A. Public Support	· · · · · · · · · · · · · · · · · · ·					
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,356,489	5,813,495	8,101,482	434,602	3,598,657	23,304,725
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf				415,962	464,378	880,340
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
				0.404.400	0-0-0-0	4 000 000	
4	Total. Add lines 1 through 3	5,356,489	5,813,495	8,101,482	850,564	4,063,035	24,185,065
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	İ					
6	Public support. Subtract line 5 from line 4						24185065
	on B. Total Support		,			C.,	.,,
	idar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	5,356,489	5,813,495	8,101,482	850,564	4,063,035	24,185,065
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from					ļ	
	sımılar sources		23,307	4,394	3,739	4,223	35,663
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						<u> </u>
10	Other income. Do not include gain or						
	loss from the sale of capital assets			İ			
	(Explain in Part VI.)		3,992				3,992
11	Total support. Add lines 7 through 10			<u>l</u>		40.1	24,224,720
12	Gross receipts from related activities, etc	•	•			12	F01(-)(0)
13	First five years. If the Form 990 is for the organization, check this box and stop he	•	•		•		
Conti	on C. Computation of Public Suppor				· · · · · ·	· · · ·	· · · • •
14	Public support percentage for 2017 (line	<u>~</u>		1 column (f)		14	%
15	Public support percentage for 2017 (line of Public support percentage from 2016 Sci		•			15	
16a	331/3% support test—2017. If the organ						
	box and stop here. The organization qua						
b	331/3% support test-2016. If the organi						
_	this box and stop here. The organization						
17a	10%-facts-and-circumstances test—2		• , ,	_			_
174	10% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization						´`'. ▶ 🗆
b	10%-facts-and-circumstances test—2	016. If the ora:	anization did r	not check a bo	x on line 13 1	6a, 16b, or 1	_
~	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization r						
	supported organization				_		▶ 🗆
18	Private foundation. If the organization di	id not check a	box on line 13	, 16a, 16b, 17a	ı, or 17b, chec	k this box and	d see
	instructions						▶ □

_« Part	Support Schedule for Organiza (Complete only if you checked the					d to qualify u	ndor Port II
	If the organization fails to qualify			_			nder Fart II.
Secti	on A. Public Support	dilati tilo ti	3010 11010 1301	on, piodoo o	ompioto i di c	··· <i>y</i>	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business undor section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b						
	on B. Total Support	410010	1/11/2011	1	1	I () 00/-	1
	dar year (or fiscal year beginning in)	(a) 2013	/ (b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	/	4			1	
10a	payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	1					
11	Net income from unrelated business/ activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form, 990 is for the organization, check this box and stop he	_	n's first, secon		-	ear as a section	
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8						%
16	Public support percentage from 2016 Sch			<u></u>		16	<u>%</u>
	on D. Computation of Investment In			1 10 1	(0)		
17	Investment income percentage for 2017 (Investment income percentage from 2016			•		_	<u>%</u> %
18 19a	33 ¹ / ₃ % support tests—2017. If the organ						
134	17 is not more than 331/3%, check this box						
b	331/3% support tests—2016. If the organiz line 18 is not more than 331/3%, check this l	ation did not	check a box on	line 14 or line	19a, and line 10	s more than	33 ¹ /3%, and

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V	.)				
Secti	on A. All Supporting Organizations						
			Yes	No			
1	Are all of the organization's supported organizations listed by name in the organization's governing						
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	<u> </u>					
_	class or purpose, describe the designation. If historic and continuing relationship, explain	1	<u> </u>				
2	Did the organization have any supported organization that does not have an IRS determination of status						
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).						
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	2	-				
-	(b) and (c) below.	3a	ļ ——	 			
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	<u> </u>					
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the						
	organization made the determination.	3b					
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)						
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с					
4a				<u> </u>			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		ļ.,			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign						
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion						
_	despite being controlled or supervised by or in connection with its supported organizations.	4b		 			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used						
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)						
	purposes.	4c					
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	<u> </u>					
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN						
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;						
	(III) the authority under the organization's organizing document authorizing such action; and (IV) how the action						
	was accomplished (such as by amendment to the organizing document).	5a		ļ			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		ļ	لــــا			
	designated in the organization's organizing document?	5b					
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	-	<u> </u>			
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited						
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or						
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		 			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	Ť	 				
•	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	}					
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7					
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?						
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	<u></u>				
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			1			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described						
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	<u> </u>	<u>.</u>			
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .			لــــا			
_	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	9b		 			
С	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c					
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	30	 	 			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated						
	supporting organizations)? If "Yes," answer 10b below.	10a					
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to						

determine whether the organization had excess business holdings.)

10b

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations								
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970 (expl	aın ın Part VI). See					
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.								
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)					
1 Net short-term capital gain	1							
2 Recoveries of prior-year distributions	2		·					
3 Other gross income (see instructions)	3							
4 Add lines 1 through 3.	4							
5 Depreciation and depletion	5							
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6							
7 Other expenses (see instructions)	7	······································						
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8							
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):								
a Average monthly value of securities	1a							
b Average monthly cash balances	1b							
c Fair market value of other non-exempt-use assets	1c							
d Total (add lines 1a, 1b, and 1c)	1d							
e Discount claimed for blockage or other , factors (explain in detail in Part VI):								
2 Acquisition indebtedness applicable to non-exempt-use assets	2							
3 Subtract line 2 from line 1d.	3							
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4							
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6 Multiply line 5 by .035.	6							
7 Recoveries of prior-year distributions	7	•						
8 Minimum Asset Amount (add line 7 to line 6)	8							
Section C - Distributable Amount			Current Year					
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1							
2 Enter 85% of line 1.	2		1					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3							
4 Enter greater of line 2 or line 3.	4							
5 Income tax imposed in prior year	5							
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	П							
emergency temporary reduction (see instructions).	6							
7 Check here if the current year is the organization's first as a non-functionall	y int	egrated Type III supporti	ng organization (see					
instructions).								

Schedule A (Form 990 or 990-EZ) 2017

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)					
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish	exempt purposes						
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity							
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations							
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.			<u> </u>				
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive					
9	Distributable amount for 2017 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017				
1	Distributable amount for 2017 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2017							
a								
b	From 2013							
С	From 2014							
d	From 2015							
е	From 2016			İ				
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2017 distributable amount							
i	Carryover from 2012 not applied (see instructions)			l				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2017 from Section D, line 7: \$							
а	Applied to underdistributions of prior years			1				
b	Applied to 2017 distributable amount		- " <u></u> "					
C	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.							
7	Excess distributions carryover to 2018. Add lines 3j and 4c.							
8	Breakdown of line 7:			1				
a	Excess from 2013 .			1				
b	Excess from 2014			•				
	Excess from 2015							
d	Excess from 2016							
e	Excess from 2017							

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part II, Line	-10 - Other Income
Vendor Fee	s 2015-\$3,992
	······································
	······································
	·
	·
	······································
	·
	•
	·

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

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

OMB No 1545-0047

Open to Public

Inspection Internal Revenue Service Employer identification number Name of the organization 46-0912382 **Hancock County Performing Arts Center** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 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 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 ☐ Yes ☐ No **Conservation Easements.** Part II 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) Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space 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 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax vear ▶ 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 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) 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. b 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. Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990. Part X.

Part	Organizations Maintaining	Collections of A	Art, Histori	cal T	reasures,	or Ot	her Similar 🗗	Assets ('conti	nued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	her records,	chec	k any of the	follov	ving that are a	significa	ant us	e of its
а	☐ Public exhibition		d 🗌	Loan	or exchange	e prog	rams			
b	☐ Scholarly research		е 🗌	Other						
C	☐ Preservation for future generations									
4	Provide a description of the organizati XIII.	on's collections a	ınd explaın i	now th	ney further t	he org	janization's ex	empt pu	rpose	ın Part
5 	During the year, did the organization assets to be sold to raise funds rather							_	Yes	□ No
Part										
	Complete if the organization 990, Part X, line 21.						· 		on Fo	orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?							_	Yes	□ No
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	te the follov	ing ta	ıble:			Amount		
C	Beginning balance					10	:			
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amoun									☐ No
	If "Yes," explain the arrangement in Pa	rt XIII. Check here	of the expla	natior	has been p	provide	ed on Part XIII			
Pari										
	Complete if the organization									
		(a) Current year	(b) Prior ye	-	(c) Two years	back	(d) Three years ba	ick (e) F	our yea	rs back
1a	Beginning of year balance	2,719,687	49	9,959		0				
b	Contributions	746,145	93	7,954	50	00,000				-
С	Net investment earnings, gains, and			j						
	losses	62,518	7	6,204		-41		_		
d	Grants or scholarships									
е	Other expenditures for facilities and			1						
_	programs	-39,280								
f	Administrative expenses	-23,246		6,779						
g	End of year balance	3,465,824		7,338		99,959				
2	Provide the estimated percentage of the	-		ne 1g,	column (a))	neid a	as:			
a	Board designated or quasi-endowmen Permanent endowment ▶	40%	0%							
b										
С	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2		000/							
3a	Are there endowment funds not in the			on tha	t are hold a	nd ad	ministered for	the		
va	organization by:	possession or the	e organizati	ווע נוום	it ale lielu a	iiu au	ministered for	uie	Ye	s No
	(i) unrelated organizations							. 3a	- †	
	(ii) related organizations					• •		. 3a(· ·	
b	If "Yes" on line 3a(ii), are the related on			 on Sc	hedule B2	• •		. <u>3a(</u> . 3b		+
4	Describe in Part XIII the intended uses					• • •			<u> </u>	
Part										
	Complete if the organization		on Form 9	90. P	art IV line	11a :	See Form 990) Part)	(line	10
	Description of property	(a) Cost or oth			other basis		Accumulated		ook va	
		(investme			her)	٠,,	epreciation	(4)	va	
1a	Land									
b	Buildings			_	16,814,680		1,075,928		15	738,752
c	Leasehold improvements				41,149		6,858		13,	34,291
ď	Equipment				219,147		103,118			116,030
e	Other				97,052		29,140			67,912
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form 99	00, Part X, co	lumn		:.) .			15.	956,984

Part VII	Investments – Other Securities Complete if the organization ans		m 99	0. Part IV. line	e 11b. See Form	990. Part X. line 12.
	(a) Description of security or categor (including name of security)) Book value	(c) Meti	nod of valuation -of-year market value
(1) Financia	I derivatives					
(2) Closely-l	held equity interests					
(3) Other						
(A)						
(B)			ļ			
(C)						
(D)						
(E) (F)						
(G)						
() (H)						
	b) must equal Form 990, Part X, col (B) line 12.)			+	<u> </u>	
Part VIII	Investments—Program Relate	d.	L	<u>_</u>		
T GIT VIII	Complete if the organization ans		rm 99	0. Part IV. line	11c. See Form	990. Part X. line 13.
	(a) Description of investment			Book value		hod of valuation
	(-)		, ,	,		-of-year market value
(1)	,					
(2)						· · · · · · · · · · · · · · · · · · ·
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	(b) must equal Form 990, Part X, col (B) line 13.)					·
Part IX	Other Assets. Complete if the organization ans	word "Vee" on Fo	rm 00	O Part IV line	11d See Form	000 Part Y line 15
		(a) Description	1111 99	o, Fait IV, iiile	riu, See roiiii	(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, c	col. (B) line 15.)			<u> ▶</u>	
Part X	Other Liabilities.					
	Complete if the organization ans	swered "Yes" on Fo	rm 99	0, Part IV, line	e 11e or 11f. See	e Form 990, Part X,
	line 25.				_	
1.	(a) Description of liability	(b) Book value				
	ncome taxes					
(2) Payroll I			21,640			
(3) Accrued		<u>-</u>	4,753			
(4) Gift Cert			3,500			
(5) Rental D			5,818			
(6) Sales Ta			343			
(8) Utility A	ccrual		853			
(9)						•
	(b) must equal Form 990, Part X, col (B) line 25)		36,907			
	r uncertain tax positions. In Part XIII, prov			the organization	's financial stateme	ents that reports the

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

Part				Returr	l.
	Complete if the organization answered "Yes" on Form 990,			- I	
1 2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12	·			4,900,981
	Net unrealized gains (losses) on investments	2a			
a b	Donated services and use of facilities	 -	44.024		
C	Recoveries of prior year grants		44,831		
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	44,831
3	Subtract line 2e from line 1			3 .	4,856,150
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i i			4,030,130
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		•		
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 12.) .		5	4,856,150
Part	XII Reconciliation of Expenses per Audited Financial State			er Retu	rn.
	Complete if the organization answered "Yes" on Form 990,	Part IV	, line 12a.		
1	Total expenses and losses per audited financial statements	;. · ·		1	3,581,701
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	•		
а	Donated services and use of facilities		44,831		
p.	Prior year adjustments		•		
C	Other losses		t.		•
d	Other (Describe in Part XIII.)		* •		
e	Add lines 2a through 2d			2e	44,831
3	Subtract line 2e from line 1	i		3	3,536,870
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-			
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)				
C	Add lines 4a and 4b			4c	Ť
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Iii			5	3,536,870
	XIII - Supplemental Information.		··········		3,330,670
2, Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	t to`prov	ide any additional in	formation	on.
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Page 5	t XIII Supplemental Information (continued)	Schedule D (For
	XIII Supplemental Information (continued)	Part XIII
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

▶ Attach to Form 990 or Form 990-EZ.

Internal Revenue Service

Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for the latest instructions. **Employer identification number** Name of the organization **Hancock County Performing Arts Center** 46-0912382 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants Mail solicitations ☐ Solicitation of government grants Internet and email solicitations Special fundraising events ☐ Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ✓ Yes
☐ No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (III) Did fundraiser have (vi) Amount paid to (or retained by) fundraiser listed in col (i) (i) Name and address of individual or entity (fundraiser) (iv) Gross receipts custody or control of contributions? (or retained by) organization (ii) Activity from activity Yes Nο ¹ Ann Buis, 600 W Lake Court, Findlay 702.614 59,209 OH 45840 **Grow Endowme** 643,405 2 3 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. Ohio

P	art II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
		g. a	' (a) Event #1 Gala (event type)	(b) Event #2 Golf Outing (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	2,043,222	237,627	32,483	2,313,332
<u> </u>	2 3	Less. Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes	_			
suses	6	Rent/facility costs	71,226			
Direct Expenses	7	Food and beverages	192,234	,		
Direct	8	Entertainment	373,650			· · · · · · · · · · · · · · · · · · ·
	9	Other direct expenses .	140,585			
Da	10 11	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, c	olumn (d)		777,695 1,535,637
1 6		than \$15,000 on Form 99		red res on rollings	o, Fait IV, line 19, or	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
-R	1	Gross revenue				
ses	2	Cash prizes		•		
rect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	_5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)		
g	a Is	nter the state(s) in which the ore the organization licensed to co "No," explain:	onduct gaming activities			🗌 Yes 🗎 No
10		ere any of the organization's g "Yes," explain:	amıng licenses revoked	l, suspended, or termina	ated during the tax year'	? . Yes No

Schedu	ule G (Form 990 or 990-EZ) 2017		Page 3
11 12	Does the organization conduct gaming activities with nonmembers?	☐ Yes ☐	_
13	Indicate the percentage of gaming activity conducted in		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.		
	Name ► ·		
•	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes ☐] No
b	amount of gaming revenue retained by the third party ► \$		
С	Nome &		
	Address		
16	Garning manager information:		
	Name ►		
•	Gaming manager compensation ► \$. Description of services provided ► .		
٠	□ Director/officer □ Employee □ Independent contractor		
17 a	Mandatory distributions. Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes ☐] No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor See instructions.	nd (v); and mation.	i
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	<u> </u>		

SCHE	DULE:I-
(Form	990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No 1545-0047 -2017 Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990.
➤ Go to www.irs gov/Form990 for the latest information.

Name of the organization							Employe	r identification nur	nber
Hancock County Performing Arts Cen								46-0912382	
Part I General Information									
 Does the organization mainta the selection criteria used to 			unt of the grants or	assistance, the o	grantees' eligibility fo	or the grants or a	ssistance,	and ☑ Yes	□No
2 Describe in Part IV the organ						•		-	
-Part II Grants and Other As 990, Part IV, line 21, 1								red "Yes" on	Form .
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description noncash assista		(h) Purpose o or assista	
(1) Hancock County Performing Arts Center Foundation	36-4824227	501(c)3	746,145	-,			E	Build the Endow	ment
(2)						•			•,
(3)							,		<u>-</u>
(4)					1	ı			
(5)									
(6)		- · - · -							
(7)									
(8)									
(9)					1				
(10)									
(11)	_	-						•	
(12)	_								
2 Enter total number of section	501(c)(3) and gov	l	tions listed in the I	ine 1 table	L			•	 i
3 Enter total number of other of					•			•	:)
For Pananuary Reduction Act Nation	one the Instruction	o for Form 000			at No 50055D			Schedule I (For	- 000i (2017)

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

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

Hanco	ck County Performing Arts Center					46-09123	382		
Part	Types of Property				•				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part \	rted on	Method o			-
1	Art—Works of art								
2	Art—Historical treasures								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household								
•	goods								
•	Cars and other vehicles				 -				
6						 			
7	Boats and planes								
8	Intellectual property					 			
9	Securities—Publicly traded					 			
10	Securities—Closely held stock .								
11	Securities - Partnership, LLC,								
	or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation	1							
	contribution—Historic								
	structures								
14	Qualified conservation								
	contribution—Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory					1			
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts					<u> </u>			
23	Scientific specimens			 		 			
24	Archeological artifacts								
2 4 25	Other ► (Facility Maintenance)	-			44.004	500//0			
		-	1		44,831	FMV/Cost			
26	Other ()					 			
27	Other ()					 			
28 29	Other ► () Number of Forms 8283 received	by the or	annation during the tax i	year for contribu	itions for	 			
29	which the organization completed	Form 828	B Part IV Dones Acknowle	daement	ILIONS IOI				
	which the organization completed	11 01111 0200	5, 1 art IV, Donee Acknowle	agement		29		Yes	No
00-	D	·	. h		Dank I. Iraaa	. 4	$\overline{}$	163	140
30a	During the year, did the organizat							ı	·
	28, that it must hold for at least t						 -		 -
	to be used for exempt purposes		e notating period?				30a	\longrightarrow	✓
	If "Yes," describe the arrangemen								'
31	Does the organization have a			es the review	of any n	onstandard			<u> </u>
	contributions?						31		/
32a	•					ell noncash			
	contributions?						32a		✓
b	If "Yes," describe in Part II.								
33	If the organization didn't report an	amount in	column (c) for a type of pro	perty for which o	column (a)	is checked,			

scredule M (Form 990) 2017						
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.					
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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.

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No 1545-0047

Hancock County Performing Arts Center	46-0912382					
Form 990, Part III, Line 1 - Organization's Mission						
The Organization (1) fosters the development of an appreciation for the dramatic, dance and musical arts in and around the Hancock County,						
Ohio community; (2) fulfills the community's artistic obligations with a focus on the highest possible s	standards of performance; and (3)					
provides educational programs and opportunities for new artistic talent.						
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						
Directors Katherine Fell and Myreon Cobb both work for the University of Findlay; Vice Chair Rodney	Walton works for First Federal Bank,					
one of two banks which holds the organizations deposits. Chair Patrick Sadowski is also the organizations	ntion'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	ctor circulates the Form 990 to the					
Finance Committee for review and approval. Upon review and approval, the Finance Director files the	Form 990.					
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 ackno	wledgement. If a conflict of interest					
arises with a particular Director, such Director will be excused from the discussion about such conflic	t (i.e. physically 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.					
Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management						
The organization negotiated compensation for the Executive Director at arm's length. It analyzed the I	Executive Director's compensation					
in similar-sized markets for similar sized performing arts centers and relied upon the input and knowl	edge of an independent theater					
consultant. The Organization's entire Board of Directors reviewed the Executive Director's compensation	tion package. This is reviewed					
annually by the Board.						

Schedule O (Form 990 or 990-EZ) (2017)		age Z
Name of the organization	Employer identification number	
Hancock County Performing Arts Center	46-0912382	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available		
•		
The organization will disclose nonprivileged documents upon request.		
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

(1)

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.

(b) Primary activity (c) Legal domicile (state or foreign country)

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

OMB No 1545-0047

·2017 Open to Public

Inspection loyer identification number

(f) Direct controlling entity

Hancock County Performing Arts Center

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

(a)
Name, address, and EIN (if applicable) of disregarded entity

46-0912382

_(3)			·					
. (4)								
(5)								
(6)								
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations de	ations. Co uring the ta	mplete if thax year.	ne organization ar	swered "Yes" or	Form 990, Part I	V, line 34, becai	use it h	ad
(a) Name, address, and EIN of related organization	Primar	b) y activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 conti- ent	g) 512(b)(13) rolled ity?
(Althouse & County Desferring Arts Counterton							Yes	No
(1)Hancock County Performing Arts Foundation 200 W Main Cross St Finlay, OH 45840, 36-4824227	Contributio	n	он	501(c)3	12a	N/A		/
(2)	-	•						
(3)							<u> </u>	-
(4)								
(5)								
(6)								
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50135Y

Schedule R (Form 990) 2017

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Schadula	D	(Earm	aan)	2017

Part	Transactions With Related Organizations. Complete if the organization answers	ered "Yes" on Form	990, Part IV, line 3	4, 35b, or 36		
Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one	or more related organ	izations listed in Parts	i II-IV?		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		✓
ь	Gift, grant, or capital contribution to related organization(s)			1b	✓	
С	Gift, grant, or capital contribution from related organization(s)		•	1c		✓
d	Loans or loan guarantees to or for related organization(s)	•		1d	I	$\overline{}$
е	Loans or loan guarantees by related organization(s)		•	1e		1
						\Box
f	Dividends from related organization(s) .	•		1f		√
g	Sale of assets to related organization(s)			. 1g	T	7
ĥ	Purchase of assets from related organization(s)			. 1h		$\overline{}$
i	Exchange of assets with related organization(s)			11		
j	Lease of facilities, equipment, or other assets to related organization(s)			· : 1 ₁		$\overline{}$
k	Lease of facilities, equipment, or other assets from related organization(s)			. 1k	\Box	$\overline{}$
- 1	Performance of services or membership or fundraising solicitations for related organization(s)			11		7
m	Performance of services or membership or fundraising solicitations by related organization(s)			. 1m		7
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			. 1n		7
0	Sharing of paid employees with related organization(s)	•		. 10		7
					1.	T i
'np.	Reimbursement paid to related organization(s) for expenses			1p		$\overline{}$
q	Reimbursement paid by related organization(s) for expenses			1q	1	$\overline{}$
•		•		· -	T	
r	Other transfer of cash or property to related organization(s)			. · 1r		7
s	Other transfer of cash or property from related organization(s)	•		1s	1	7
2	If the answer to any of the above is "Yes," see the instructions for information on who must co	omplete this line, inclu	iding covered relation	ships and transaction th	reshol	ds
	(a)	(b)	(c)	(d)		
	Name of related organization	Transaction	Amount involved	Method of determining amo	unt invo	Ived
	•	type (a – s)		•		
	· · · · · · · · · · · · · · · · · · ·			•		
(1) Ha	ncock County Performing Arts Foundation	b-Grant/Gift	746,145	Cash		
(2)	·					
(3)			-			
(4)	•			•		
(5)	•		•			
(6)	<u></u>					
				Schedule R (Fo	rm 990) 2017

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

	·		,										
(a) ress, and EIN of entity	(b) Primary activity	Legal domicite	Predominant income (related, unrelated excluded from tax under	Are all p sec 501 organiz	cartners tion (c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or		(k) Percentage ownership
			sections 512—514)	Yes	No			Yes	No		Yes	No	
	,												
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	(a) ress, and EIN of entity	(a) (b) Primary activity	(a) (b) Legal domicile (state or foreign country)	(a) (b) Primary activity Legal domicite (state or foreign country) Primary activity Legal domicite (state) or foreign country) Predominant income (related, unrelated excluded from tax under sections 512 – 514)	(a) Primary activity Primary activity Cel Control (state or foreign country) Predominant income (related, unrelated excluded from tax under sections 512 – 514) Yes	(a) ress, and EIN of entity Primary activity (state or foreign country) (state or foreign country) (state or foreign form tax under sections 512–514) (state or foreign form tax under sections 512–514) (state or foreign form tax under sections 512–514) (state or foreign form tax under sections 512–514) (state or foreign form tax under sections 512–514) (state or foreign form tax under sections 512–514) (state or foreign form tax under sections 512–514) (state or foreign form tax under sections 512–514) (state or foreign form tax under sections 512–514) (state or foreign form tax under sections 512–514) (state or foreign form tax under sections 512–514) (state or foreign form tax under sections 512–514) (state or foreign form tax under sections 512–514) (state or foreign form tax under sections 512–514) (state or foreign form tax under sections 512–514) (state or foreign form tax under sections 512–514) (state or foreign form tax under sections 512–514) (state or foreign form tax under sections 512–514) (state or foreign form tax under sections 512–514) (state or foreign	(a) (b) Primary activity Legal domicile (state or foreign country) sections 512–514) (a) (a) (b) Primary activity Sample (state or foreign country) (b) Primary activity Sample (state or foreign country) (c) Primary activity Sample	ress, and EIN of entity Primary activity Legal domicine (state or foreign country) Predominant in the country of the country	ress, and EIN of entity Primary activity Personand EIN of entity Primary activity Primary activity Legal domeste (state or foreign country) Primary activity Primary ac	(e) Primary activity Pr	(c) Primary activity Primary activity Legal domicile (state or foreign country) actions \$1:2-5:14] (c) Predominant income (related, under sections \$1:2-5:14]	(exp. primary activity) Primary activity Primary activity Legal domincile (state or foreign country) Primary activity Legal domincile (state or foreign country) Predominant income (related, under sections 512–514)	c) c) c) c) c) c) c) c)

Schedule R (Form 990) 2017

Schedule R (f	orm 990) 2017	Page 5
Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.	
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