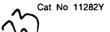
Return of Organization Exempt From Income Tax OMB No 1545-0047 2019 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) (Rev. January 2020) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2019 calendar year, or tax year beginning July 1 2019, and ending June 30 20 20 C Name of organization Hancock County Performing Arts Center Foundation Check if applicable D Employer identification number 36-4824227 Address change Doing business as Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Initial return 200 W Main Cross Street (419) 423-2787 x107 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Amended return Findlay, OH 45840 G Gross receipts \$ Application pending F Name and address of principal officer Same as C above H(a) Is this a group return for subordinates? Yes No H(b) Are all subordinates included? Yes No 501(c)(3) 4947(a)(1) or Tax-exempt status 501(c) () < (insert no) If "No," attach a list (see instructions) Website: ▶ marathoncenterarts.org H(c) Group exemption number ▶ L Year of formation 2016 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: The mission of the Foundation is to grow assets, which in the future, will assist the Hancock County Performing Arts Center in becoming a self-sustaining organization. Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2019 (Part V. line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0 Total unrelated business revenue from Part VIII, column (C)-line 7a Net unrelated business taxable income from Form 990-T, line 39 7h **Current Year** Contributions and grants (Part VIII, line 1h) 2,820,000 210,247 Program service revenue (Part VIII, line 2g) g 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 266,206 -40,023 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,086,206 104,550 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) 107,570 57,140 Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 36,807 47.410 17 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 144,377 104,550 Revenue less expenses. Subtract line 18 from line 12 . 2.941.829 65,675 19 End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) 6,709,330 6,451,268 21 299,958 Total liabilities (Part X, line 26) 107,570 22 6,409,372 Net assets or fund balances. Subtract line 21 from line 20 6,343,698

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

true, correct, a	and complete Declaration of preparer (other	than onicer) is based on all information c	or which preparer has any kh	lowledge	
Sign Here	Signature of officer Heather J. Clow Type or print name and title			Date 4/19/21	
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	TIN
Preparer Use Only	Firm's name ▶			Firm's EIN ▶	
USE Offig	Firm's address ▶			Phone no	
May the IDS	discuss this return with the prens	rer shown above? (see instructu	one)	1	Voc No

For Paperwork Reduction Act Notice, see the separate instructions.

Signature Block



Form 990 (2019)

Part	90 (2019) State	ment of Program Service	Accomplishments			Page 2
			esponse or note to any line in this P	art III		🗆
1	Briefly desc	ribe the organization's missi				
2	prior Form		ificant program services during the ye			✓ No
3	services? .	ganization cease conducting		ow it conducts, any progra	m □ Yes	☑ No
4	expenses \$	Section 501(c)(3) and 501(c)(rvice accomplishments for each of its 4) organizations are required to repor for each program service reported	three largest program service t the amount of grants and a	es, as mea: llocations to	sured by o others
4 4a	expenses the total ex	Section 501(c)(3) and 501(c)(c) penses, and revenue, if any, to	4) organizations are required to reported reach program service reported including grants of \$	t the amount of grants and al	locations to	o others.
	the total ex	Section 501(c)(3) and 501(c)(c)(c) penses, and revenue, if any, f	4) organizations are required to reported for each program service reported including grants of \$	t the amount of grants and al	llocations to	o others,
	(Code:	Section 501(c)(3) and 501(c)(c)(c) penses, and revenue, if any, f	4) organizations are required to reported for each program service reported including grants of \$	t the amount of grants and al	llocations to	o others,
	(Code:	Section 501(c)(3) and 501(c)(coenses, and revenue, if any, for the section (Expenses \$	4) organizations are required to reported for each program service reported including grants of \$) (Revenue \$	llocations to	o others,
	(Code:	Section 501(c)(3) and 501(c)(coenses, and revenue, if any, for the section of the	4) organizations are required to reported for each program service reported including grants of \$) (Revenue \$	llocations to	o others,
	(Code:	Section 501(c)(3) and 501(c)(coenses, and revenue, if any, for the section of the	4) organizations are required to reported for each program service reported including grants of \$) (Revenue \$	llocations to	o others

4c (Code:) (Expenses \$)
)
)
	·

) (Revenue \$

4d Other program services (Describe on Schedule O.)

Total program service expenses ▶

including grants of \$

(Expenses \$

Part	V Checklist of Required Schedules			<u> </u>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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		√
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? If "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		√
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	}	1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
ď	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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		√
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1

Part	Checklist of Required Schedules (continued)		_	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 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			
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	23		√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b	╁	 '
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b		1
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32 33	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		1
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		✓
	or IV, and Part V, line 1	34 35a	1	1
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 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	<u> </u>		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		1
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c		1

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			نــــا
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		ļ.—.
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ــــــا
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b	<u> </u>	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		-
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		\ `
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		├ `
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		├ ✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		L
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		L
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		١,
	required to file Form 8282?	7c		✓
	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		لب
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		- V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
		711		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
а	Did the sponsoring organization make any taxable distributions under section 4966?	<u>—</u>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			i
а	Initiation fees and capital contributions included on Part VIII, line 12			i l
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			
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1-2		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		L <u>V</u> ,
	If "Yes," see instructions and file Form 4720, Schedule N.			لب_
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Ļ ✓.,
	If "Yes." complete Form 4720. Schedule O	ı		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	tions.
Secti				
	It enter the number of voting members of the governing body at the end of the tax year. If there are maternal differences in voting rights among members of the governing body, or if the governing body degated broad authority to an executive committee or similar committee, explain on Schedule O. Did the organization have members included on 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 employees the animal part of the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization become aware during the year of a significant diversion of the organization's assets? 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? A variang organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? A variang organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? A variang organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Did the organization have written organization and addresses on Schedule O. Did the organization have a written officier by the following: Did the organization have a written officier by the following persons include a review and approval by in the organizatio			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	if the governing body delegated broad authority to an executive committee or similar			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
3	Did the organization delegate control over management duties customarily performed by or under the direct			
4		-		
5				
6	· · · · · · · · · · · · · · · · · · ·	-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
а		8a	$\overline{\checkmark}$	
b	Each committee with authority to act on behalf of the governing body?	8b	√	
9		9		/
Secti		iue Ci	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
b	· · · · · · · · · · · · · · · · · · ·			
12a			✓_	
b		12b	✓	
С		12c	✓	
13		13	✓	
14	Did the organization have a written document retention and destruction policy?	14	✓	L.,
15				
а		15a		
b	· · · · ·	15b		✓
16a		16a		
b				
		16b	—	
Secti				
17	List the states with which a copy of this Form 990 is required to be filed ▶ OH			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			501(c)
19	Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inter	est p	olicy,
20	and 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 Randall Ward, 200 W Main Cross Street, Findlay, OH 45840 (419) 423-2787 x107	cords	>	

Form	990	(2019)	

Daga	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the 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 employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above

Check this box if neither the organization nor	any relate	d orga	aniz	atic	n c	ompe	nsa	ited any current	officer, director,	or trustee.
				((C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average					than o		Reportable	Reportable	Estimated amount
	hours					or/trust		compensation	compensation	of other
	per week (list any							from the organization	from related	compensation from the
	hours for	흑호	Strtc	Officer	Эyе	룡율	Former	(W-2/1099-MISC)	organizations (W-2/1099-MISC)	organization and
	related	dua	ᅙ	~	필	st c	4	[`	,	related organizations
	organizations below	٦ <u>څ</u>	at		Key employee	§				
	dotted line)	Individual trustee or director	Institutional trustee		l [®]	ens				,
			ee			Highest compensated employee				•
(1) Rodney Walton	1									
Director		✓		✓				0	0	O
(2) Karen Cline	1									
Director		✓		✓				0	0	
(3) Christie Ranzau	1									
Director		✓		✓	_		_	0	0	
(4) Tom Kaczynski	1									
Director		✓	$ldsymbol{ld}}}}}}$	✓			_	0	0	C
(5) Heather Clow	1									
Executive Director				✓		ļ		0	0	0
(6) Devin Parker	2			١.						
Finance Director				✓				0	0	<u> </u>
(8)			\vdash	-	-	<u> </u>				
_(0)										
(9)										
- 										
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				_	<u> </u>		<u> </u>	,		<u> </u>
(14)										

Part	VII Section A. Officers, Directors, 1	Trustees,	Key I	Ēmį	ploy	yee	s, an	d F	lighest Compe	nsated	Employ	yees (d	Page S Continued
	(A) Name and title	(B) Average hours per week	box,	unles	Pos eck s pe	more rson	than on the state of the state	an	(D) Reportable compensation	(E) Report	able sation	O	(F) ted amount other
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from re organiza (W-2/1099	ations	fro organi	pensation om the zation and organizations
(15)							_						
(16)													
(17)													
(18)								-	,				
(19)													
(20)													
(21)										<u> </u>			
(22)			L										
(23)													
(24)								_					
(25)													
1b c d	Subtotal				· ·			> > >					
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	ho received more	e than \$1	00,000	of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete S										nsated 	3	Yes No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	50,	000	? <i>l</i> i	"Ye	s,"	complete Sched	dule J fo	r such	4	
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co	mpe	nsat	ion	fror	n any	un	related organizat	ion or inc	ividual	-	
Secti	on B. Independent Contractors												
1	Complete this table for your five high compensation from the organization. Repo					•							
	(A) Name and business add	ress							(B) Description of serv	rices		(C) Compens	ation
					_	_							
	Total number of independent contractor	re (includi	na bi	ıt n	0+ 1	ımıt	ed to	\	ose listed show	e) who			

Par	t VIII				t			_
		Check if Schedule O contains a re	spor	ise or note to an				<u> L</u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaigns	1a					
iran Dun	b	Membership dues	1b					
۾ ج	С	Fundraising events	1c	_				
iifts ar A	d	Related organizations	1d	210,247				
ai, G	е	Government grants (contributions)	1e					
S. S.	f	All other contributions, gifts, grants,						
it et		and similar amounts not included above	1f					
草豆	g	Noncash contributions included in lines 1a-1f	4	<u></u>				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f	1g		210,247			
	-"-	Total. Add lines 1a-11	•	Business Code	210,247			
ě	2a			544555				
ž,	ь							
gram Ser Revenue	c							
a s	d			-				
Program Service Revenue	e							
Ę	f	All other program service revenue .						,
	g	Total. Add lines 2a-2f		•	-40,003			
	3	Investment income (including divid						
	_	other similar amounts)						
	4	Income from investment of tax-exem	•	` <u>.</u> }				
	5	Royalties		(ii) Personal				
	60	_		(ii) Fersonal				
	6a b	Gross rents 6a Less rental expenses 6b		1				
	C	Rental income or (loss) 6c						
	ď	Nick words (social series of the set)		<u></u> ▶				
	7a	Gross amount from (i) Security		(II) Other	-			
	/ a	sales of assets						
		other than inventory 7a						i
ē	b	Less. cost or other basis						
Revenue		and sales expenses . 7b						
ě	С	Gain or (loss) . 7c						;
er F	d	Net gain or (loss)		▶				
ŎĘ.	8a	Gross income from fundraising						
O		events (not including \$						
		of contributions reported on line 1c) See Part IV, line 18	0-		`			
		· ·	8a 8b					
	b	Less: direct expenses . Net income or (loss) from fundraising		nts				
	9a	Gross income from gaming	, uvc					
) Ja	activities. See Part IV, line 19 .	9a					,
	b	Less: direct expenses	9b					
		Net income or (loss) from gaming ac	tivitie	es >				
		Gross sales of inventory, less				·		
		returns and allowances	10a					
	b	Less. cost of goods sold .	10b					
	С	Net income or (loss) from sales of in	vento					•
Sn				Business Code				
ne ne	11a							
llan en	b			<u> </u>			-	
scellaneo Revenue	C	All all and an arrangement		-				
Miscellaneous Revenue	d	All other revenue	٠				<u> </u>	<u> </u>
	<u>е</u> 12	Total. Add lines 11a-11d Total revenue. See instructions			170,224			
	14	TOTAL TEVELINE, OCC IIISH UCHOIIS			170,224			

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX. Check if Schedule O contains a response or note to any line in this Part IX. By 89, and 10b of Part VIII. Canst and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Carnats and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 12 Grants and other assistance to foreign organizations, foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation or current officers, directors, trustees, and key employees contributions (include section 40) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Form 99	0 (2019)				Page 10
Check If Schedule C contains a response or note to any line in this Part IX						***
Do not include amounts reported on lines 6h, 7b, 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to domestic organizations and domestic organizations and domestic organizations and domestic powerments. See Part IV, line 22 2 Grants and other assistance to domestic individuals. See Part IV, line 17 and 16 benefits part to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 17 and 16 benefits part to represent the second of the	Section					
### and Other Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation or included above to disqualified persons (as defined under section 4958(i)(i)) and persons described in section 4958(i)(i) and persons in section 4958(i) and in sect	<u></u>					
1 Carets and other assistance to domestic coganizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 15 and 16 3 Benefits part to or for members. 6 Compensation of current officers, directors, trustees, and key employees 7 Compensation of current officers, directors, trustees, and key employees 8 Compensation not included above to disqualified persons (six defined under section 4958()(1)) and persons (secrebed in secrebed in			Total expenses	Program service	Management and	Fundraising
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits pad to or for members Compensation of current officers, directors, trustess, and key employees Compensation not included above to disqualified persons (see defined under section 4956((3))) and persons described in section 4956((3)) and persons described in section 4958((3)) and person				expenses	general expenses	expenses
2 Grants and other assistance to domestic individuals. See Part N, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part N, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Compensation not included above to disqualified persons (as defined under section 4958(f)(f)) and persons described in section 4958(f)(f)). 7 Other salaries and wages 8 Pension plan accrusis and contributions (include section 401(f)) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): 12 Management 13 Legal 14 Legal 15 Persons individuals, see Part IV, line 17 16 Investment management fees 16 Other of the 11g anional exceeds 10% of the 25 column (A) amount, list line 11g expenses on Schedule O.) 17 Advertising and promotion 18 Payments of travel or entertainment expenses for any feddral, state, or local public officials 19 Conferences, conventions, and meetings 11 Information technology 12 Payments of affialates 19 Payments of travel or entertainment expenses for any feddral, state, or local public officials 19 Conferences, conventions, and meetings 10 Information dechnology (A) amount, list line 24e expenses not covered above (Lust miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses not covered above (Lust miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 25e expenses on Covered above (Lust miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Covered above (Lust miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25	•					
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section 401(k) and 403(b) employer contributions) 9 Other employee benefits	7	Other salaries and wages				
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11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion Office expenses information technology 15 Royafties Cocupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings linterest Interest 10 Payments to affiliates 10 Depreciation, depletion, and amortization linsurance 11 Insurance 12 Other expenses. Itemize expenses on toevered above (List miscellaneous expenses on line 24e. If line 24e amount, list line 24e expenses on Schedule O.) a b c d d All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campagin and fundraising solicitation. Check here ▶ If	9	Other employee benefits				
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19 Conferences, conventions, and meetings 20 Interest	10	,	ı			
Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Depreciation, depletion, and amortization Depreciation, and amortization Depreciation	10	•				
Payments to affiliates			-			·
Depreciation, depletion, and amortization Insurance					1	
23		·				
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25 Total functional expenses. Add lines 1 through 24e 104,550 47,410 57,140 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		All other expenses				
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	-	Total functional expenses Add lines 1 through 04s	104 550		47 440	£7.440
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if			104,550		47,410	57,140
fundraising solicitation. Check here ▶ ☐ if		organization reported in column (B) joint costs				

Forr	n 990 (2	019)			Page 1
Р	art X				
		Check if Schedule O contains a response or note to any line in this Pa		<u></u>	
			(A) Beginning of year		(B) End of year
_	1	Cash—non-interest-bearing	- Degitting of year	1	
	2	Savings and temporary cash investments	3,947	2	3,94
	3	Pledges and grants receivable, net		3	0,04
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	······································	6	
Ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	 -	8	
As	9	Prepaid expenses and deferred charges	- · · · · · · · · · · · · · · · · · · ·	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	Ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	6,447,321	12	6,705,38
	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 33)	6,451,268	16	6,709,329
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	<u>.</u>	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	<u> </u>
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	107,570		299,951
	26	Total liabilities. Add lines 17 through 25	107,570	26	299,951
ances		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.			
39	27	Net assets without donor restrictions	3,465,825	27	6,409,37
Ē	28	Net assets with donor restrictions	2,877,873	28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			·· ··· ··· ·· · · · · · · · · · · · ·
Š	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Vet	32	Total net assets or fund balances	6,343,698		6,409,37
_	33	Total liabilities and net assets/fund balances	6.451.268	3434	6.709.33

Total liabilities and net assets/fund balances .

6,409,372

6,709,330

6,451,268 33

orm 9	90 (2019)			Pa	age 12
Par	Reconciliation of Net Assets	•			
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			0,224
2	Total expenses (must equal Part IX, column (A), line 25)	2			4,549
3	Revenue less expenses. Subtract line 2 from line 1	3			5,675
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	4		6,34	3,698
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		6	5,574
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		6,40	9,372
Part	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII				П
-				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," of	explain	<u>-</u>		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		7
	If "Yes," check a box below to indicate whether the financial statements for the year were con	mpiled i	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?		2b		√
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited on	a 🗀		- 1
	separate basis, consolidated basis, or both:				l
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight	of		
	the audit, review, or compilation of its financial statements and selection of an independent account	ant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplain c	n n		
	Schedule O.				لــــا
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in th	ie		
	Single Audit Act and OMB Circular A-133?		3a	1	

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

3b

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

C

Public Charity Status and Public Support

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

• Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Employer identification number

Open to Public Inspection

Hancock County Performing Arts Center Foundation 36-4824227 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). 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 33½% 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

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 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

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

q Provide the following information about the supported organization(s).

supporting organization. You must complete Part IV. Sections A and B.

(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) Hancock County Performing Arts Center	46-0912382	7	1		0	0
(B)						
(C)						
(D)						.
(E)						
Total						

	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	,					
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3.		\				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .						
6	Public support. Subtract line 5 from line 4	/	1				
Secti	on B. Total Support	/		\	•	•	•
Calen	dar year (or fiscal year beginning in) ▶	(a) 20/15	(b) 2016	(c) 2017\	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	/					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	•	•		,	12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			· · · ·		\	🕨 🛚
	on C. Computation of Public Suppor					,	
14	Public support percentage for 2019 (line 6		-			14	%
15 16a	Public support percentage from 2018 Sch 331/3% support test—2019. If the organi- box and stop here. The organization qua	zation did not	check the box	x on line 13, ar	nd line 14 is 3	15 \ 31/3% or more,	
b	331/3% support test—2018. If the organithis box and stop here. The organization	zation did not	check a box o	on line 13 or 16	Sa, and line 15	\	▶ [nore, check ▶ [
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization	eets the "facts facts-and-circ	-and-circumst :umstances" te	ances" test, chest. The organi	neck this box a zation qualifie	and stop here	. Explain in
b	10%-facts-and-circumstances test—26 15 is 10% or more, and if the organization in Part VI how the organization in supported organization.	ition meets the neets the "fac	ne "facts-and-d ts-and-circum	circumstances stances" test.	" test, check The organizat	this box and ion qualifies as	stop here. s a publicly
18	Private foundation. If the organization di						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part III	Supp	ort Sch	edul	e for C	Organizati	ons Descr	ibed in	Section	509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	on A. Public Support			, p	ompioto i ait	··· ,	
Caler	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants")		<u> </u>	Į.			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		1				
	furnished in any activity that is related to the		N				·
	organization's tax-exempt purpose		1\	1			
3	Gross receipts from activities that are not an unrelated trade or business under section 513						-
4	Tax revenues levied for the		•		1		
	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		\	Y			
	organization without charge		$\perp X$				
6	Total. Add lines 1 through 5			\			
7a	Amounts included on lines 1, 2, and 3			\			
	received from disqualified persons		/			_	
b	Amounts included on lines 2 and 3		/	🐧			
	received from other than disqualified	/	ľ	\			
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	<i>[</i>		\			
	•			- \-	-		
8 8	Add lines 7a and 7b			- 			
U	line 6.)			l \			
Secti	on B. Total Support			' 	L		
	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(-, -, -, -, -, -, -, -, -, -, -, -, -, -	(3) 20.0	(6) 2017	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(0) 2010	(i) Total
10a	Gross income from interest, dividends,				<u> </u>		
	payments received on securities loans, rents,				\		
	royalties, and income from similar sources.				\		
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	l l			\		
	acquired after June 30, 1975	1			\		
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether				i '	\	
	or not the business is regularly carried on					\	
12	Other income. Do not include gain or					\	
	loss from the sale of capital assets						
40	(Explain in Part VI.)					<u> </u>	
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the				-	1	n 501(c)(3)
	organization, check this box and stop her			· · · ·		<u>· · · · · · · · · · · · · · · · · · · </u>	▶ □
	on C. Computation of Public Suppor					\ \ \ \ \	
15	Public support percentage for 2019 (line 8						<u>%</u>
16 Sooti	Public support percentage from 2018 Sch					16 \	<u>%</u>
	on D. Computation of Investment Inc					1	0.
17	Investment income percentage for 2019 (I			•	* * * * * * * * * * * * * * * * * * * *	17	%
18	Investment income percentage from 2018					18	<u>%</u>
19a	331/3% support tests – 2019. If the organi 17 is not more than 331/3%, check this box a						
J.							
b	331/3% support tests—2018. If the organiz line 18 is not more than 331/3%, check this b	auon did Not Cl	neck a box on ere. The organi	iirie 14 Or IINe 1 ization qualifica	isa, and line 16	is more than 3	
20	Private foundation. If the organization did						_
	are realizable in the organization di	= U. IUUN A !	IIII III	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	III II II II II II II II II II	, F L

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	<u>.) </u>		
<u>Secti</u>	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	✓	ļ	
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).	2		✓	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		 		
	(b) and (c) below.	3a		✓	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and				
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the				
	organization made the determination.	3b	<u> </u>	<u> </u>	
С	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.	3c	_		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If				
_	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		✓	
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		ļ	
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.	<u> </u>			
.		4c			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"				
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action;				
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	1			
	was accomplished (such as by amendment to the organizing document).				
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a	 	✓	
D	designated in the organization's organizing document?	5b	├──		
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c			
с 6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	30	-		
U	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		1	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	ٿ		 	
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity				
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	_	-	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	⊢ `		Ť	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		1	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		<u> </u>	<u> </u>	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			1	
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		1	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			Ė	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		1	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit				
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		1	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section				
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated				
	supporting organizations)? If "Yes," answer 10b below.	10a		1	
h	Did the organization have any excess hisiness holdings in the tax year? (I se Schedule C. Form 4720 to		1		

determine whether the organization had excess business holdings.)

11 Has the organization accepted a gift or contribution from any of the following persons? a 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? b A family member of a person described in (a) above? c 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. 11b	Part l	V Supporting Organizations (continued)			
a 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? b A family member of a person described in (e) above? c A 35% controlled entity of a person described in (e) above? c A 53% controlled entity of a person described in (e) above? 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations of very discovery organizations and what conditions or restrictions, if any, applied to such powers discovery organization and what conditions or restrictions, if any, applied to such powers diming the tax year? 2 Did the organization organization or restrictions, if any, applied to such powers diming the tax year? 2 Did the organization organization or restrictions, if any, applied to such powers diming the tax year? 2 Did the organization or prestrictions, if any, applied to such powers diming the tax year? 2 Did the organization or prestrictions, if any, applied to such powers diming the tax year. 2 Did the organization organization or such prestrictions or trustees of each of the supporting organization. 3 Section C. Type III Supporting Organizations 1 Were a majority of the organization's supported organization organization or trustees of each of the organization's supported organization or trustees of each of the organization's supported organization or trustees of each of the organization's supported organization or trustees of each of the organization's supported organization or trustees of each of the organization's supported organization or the organization or the organization or the directors or trustees of each of the companization or the case of the supported organization organization organization or the or				Yes	No
below, the governing body of a supported organization? A family member of a person described in (e) above? A 35% controlled entity of a person described in (e) above? If "Yes" to a, b, or c, provide detail in Part VI. The Section B. Type I Supporting Organizations I Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax vejar "I "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax vejar "I "No," describe in Part VI how the supported organization and more than one supported organization. As describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year "I No," describe how the powers to appoint and/or environmental than the supported organization's interferomental directors or trustees allocated among the supported organization's interferomental directors or trustees allocated among the supported organization's interferomental directors or trustees of the supporting organization's interferomental directors or trustees of the supporting organization's interferomental directors or trustees of the supporting organization's under the supporting organization's under the supporting organization and the supporting organization's under the supporting organization and the supporting organization's under the supported organization's under the supported organization's under the supporting organization's under the supported organization's under the	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a person desorthed in (a) above? A 35% controlled entity of a person desorthed in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's effectively operated, supervised, or controlled the granization and what conditions or restrictions, if any, applied to such powers during the tax year and what conditions or restrictions, if any, applied to such powers during the tax year and the organization operate for the benefit card or the purposes of the supported organization of the than the supported organization operate for the person of the supported organization of the trustees of each of the organization organization. 2 Did the organization operate for the benefit card or the purposes of the supported organization(s) that operated, supporting organizations. 1 Were a majority of the organization's supported organization of the s	а				
c 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. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a misjority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's schivles. If the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization specifications and what conditions or restrictions, if any, applied to such powers during the tax year 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(s) that operated. 2 Describe the supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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 in the same persons that controlled or managed the supported organization's and the supporting Organization's under the organization's and the supporting Organization's and the supporting Organization's provided organization's and the supporting Organization's provided organization's and the supporting Organization's provided organization's or the organization's officers, directors, or trustees either 4 pap		below, the governing body of a supported organization?	_		✓
Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year "if "No," "describe in Part VI how the supported organization's directors or trustees at all times during the tax year "if "No," "describe how the powers to appoint and/or remove directors or trustees at all times during the tax year "if "No," "describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year and any appoint and organization or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year and the supported organization of the organization of the organization of the supported organization of the organization of the organization of the supported organization of the organization of the organization of the organization of the supported organization of the supported organization of the organization of the supported organization of the supported organization of the supported organization of the supported					✓
Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? if "No," describe in Part W how the supported organization's defectively 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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year 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 or constituted the supporting organization. 2. Section C. Type II Supporting Organizations 1. Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part W how control or managed the supporting organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization provide to each of its supported organization in Part W how control or managed the supported organization provide to each of its supported organization provided during the prior tax year. (i) a copy of the Form 990 that was most recently field as of the date of ontification, and (ii) coppes of the organization maintained a close and continuous working relationship with the supported during the prior tax year. (i) a copy of the organization of the copy of the organization of the copy of the organization of the copy of th			11c		✓
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	D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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)
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		1
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		1
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supporti	ng organization (see

	le A (Form 990 or 990-EZ) 2019			Page 7					
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)						
Sect	ion D—Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish								
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted						
	organizations, in excess of income from activity								
3									
4	Amounts paid to acquire exempt-use assets								
	Qualified set-aside amounts (prior IRS approval required)		<u> </u>						
- 6 7	Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6.								
		h the annual and a							
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	n the organization is res	sponsive						
9	Distributable amount for 2019 from Section C, line 6								
10									
	Line o amount divided by line 3 amount		(ii)	(iii)					
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019					
1	Distributable amount for 2019 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions								
3	Excess distributions carryover, if any, to 2019								
а	From 2014								
b	From 2015								
С	From 2016								
d	From 2017								
е	From 2018								
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2019 distributable amount			-					
<u>i</u>	Carryover from 2014 not applied (see instructions)								
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2019 from								
	Section D, line 7 ⁻ \$								
	Applied to underdistributions of prior years								
	Applied to 2019 distributable amount								
c	Remainder Subtract lines 4a and 4b from 4.			***					
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.								
7	Excess distributions carryover to 2020. Add lines 3j and 4c.	,							
8	Breakdown of line 7:								
а	Excess from 2015								
b	Excess from 2016	",							
С	Excess from 2017								
d	Excess from 2018 .								
е	Excess from 2019	•							

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.)
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SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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

Name of the organization Employer identification number **Hancock County Performing Arts Center Foundation** 46-0912382 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) . Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?. ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (for example, 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 Total number of conservation easements . 2a Total acreage restricted by conservation easements 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 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB 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 FASB ASC 958 relating to these items: Assets included in Form 990, Part X .

Cat No 52283D

Schedule D (Form 990) 2019

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

Part	Organizations Maintaining	Collections of	Art, Historical T	reasures, or Ot	ther Similar Ass	ets (cont	inue	ed)
3	Using the organization's acquisition, collection items (check all that apply):		ner records, chec	k any of the follow	ving that make sig	jnificant u	se c	of its
а	☐ Public exhibition		d 🗌 Loan	or exchange progr	ram			
b	Scholarly research							
С	Preservation for future generations							
4	Provide a description of the organizat XIII.		and explain how the	hey further the org	ganızation's exemp	ot purpose	e in	Part
5	During the year, did the organization	solicit or receive	donations of art	historical treasure	s or other similar	ı		
	assets to be sold to raise funds rather	than to be mainta				☐ Yes		No
Part								
	Complete if the organization	answered "Yes"	on Form 990, F	Part IV, line 9, or	reported an amo	on F	orm	1
	990, Part X, line 21.							
1a	Is the organization an agent, trustee,		-		r other assets not	_		Ma
h	included on Form 990, Part X? If "Yes," explain the arrangement in Page 1.					∐ Yes	Ш	140
b	ii res, explain the arrangement in Fa	art Am and Comple	te the following to	able.	Δπ	nount		
_	Beginning balance			10	<u> </u>	Ount		
d d	Additions during the year							
e								
f	Ending balance							
2a	Did the organization include an amoun					☐ Yes	П	No
	If "Yes," explain the arrangement in Pa				•		$\bar{\Box}$	
Par								
	Complete if the organization	answered "Yes'	' on Form 990, F	Part IV, line 10.	•			
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four ye	ars b	ack
1a	Beginning of year balance	6,817,397	3,465,824	2,719,687	499,959			0
b	Contributions	210,247	2,820,000	746,145	937,954		500	,000
C	Net investment earnings, gains, and							
	losses	151,764	250,941	62,518	76,204			-41
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs	-39,194	-48,691	-32,280				0
f	Administrative expenses	-434,832	-144,377					0
g	End of year balance	6,705,382	6,343,697	·			499	,959
2	Provide the estimated percentage of t		-	ı, column (a)) held	as.			
a	Board designated or quasi-endowmer).% 					
b		30 %						
С	Term endowment ▶%		200/					
_	The percentages on lines 2a, 2b, and	•						
3a	Are there endowment funds not in the	e possession of th	e organization tha	at are held and ad	Iministered for the	Ye		No
	organization by:						${}^{-}$	140
	(i) Unrelated organizations	•					+	
ь	(ii) Related organizations If "Yes" on line 3a(ii), are the related o	raanizations listad	as required on Se			3a(ii) 3b	\dashv	<u>✓</u>
4	Describe in Part XIII the intended uses					30		
Part	·		ar a cridownient it	u1145.				
· ur	Complete if the organization		on Form 990. F	Part IV. line 11a.	See Form 990. F	art X. lin	e 10	o .
	Description of property	(a) Cost or other	· · ·	· •	Accumulated	(d) Book v		
	, , , ,	(investme	1		epreciation	` '		
1a	Land			· · · · · · · · · · · · · · · · · · ·				
b	Buildings							
С	Leasehold improvements							
d	Equipment							
е	Other							
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90, Part X, column	(B), line 10c).	•			

Part VII	Investments — Other Securities. Complete if the organization answered "Yes" on For	m 990. Part IV. line	e 11b. See Form	990. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Met	hod of valuation -of-year market value
(1) Financial	derivatives			
	reld equity interests			
(3) Other				
(A)	·			
(B)				
(C)				
(D) (E)				
(F)				
(G)				
(H)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 12.) . 🕨			
Part VIII	Investments – Program Related. Complete if the organization answered "Yes" on For	m 990. Part IV. line	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Met	hod of valuation -of-year market value
(1)				
(2)				
(3)	<u> </u>			
_(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.	<u></u>		
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11d. See Form	990, Part X, line 15.
	(a) Description	· ·		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)			.	
(6)				
(7)				
(8)	· ·			
	mn (b) must equal Form 990, Part X, col. (B) line 15).			
Part X	Other Liabilities. Complete if the organization answered "Yes" on For line 25.	m 990, Part IV, line		e Form 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal ır	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				<u> </u>
(8)				· · · · · · · · · · · · · · · · · · ·
(9) Tabal (0 a /)	(h) south and Form 000 Part V and (D) to a 07			
	mn (b) must equal Form 990, Part X, col. (B) line 25)			note that separts the
	r uncertain tax positions. In Part XIII, provide the text of the footness liability for uncertain tax positions under FASB ASC 740. Check			
ga u				P

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)		·
е			2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
Part	XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses p	er Return.
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	· ·
С	Other losses	2c]
ď	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
C	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18)	5
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		
2; Pan	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional ir	nformation.
The in	ended use of the endowment fund is to support the operation of the Hancock	County Performing Arts cen	iter.
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Schedule D (For	m 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	
	······································	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Hancock County Performing Arts Center Foundation

OMB No 1545-0047 2019

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

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

▶ Attach to Form 990.

Open to Public Inspection **Employer identification number**

36-4824227

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2019 (f)
Direct controlling
entity ž Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Yes (f) Direct controlling (e) End-of-year assets ¥ (e)
Public chanty status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. 501(c)3 (d) Exempt Code section (c)
Legal domicile (state
or foreign country) Cat No 50135Y (c) Legal domicile (state or foreign country) (b) Pnmary activity F (b) Pnmary activity Support For, Paperwork Reduction Act Notice, see the Instructions for Form 990. (a)
Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization 200 W Main Cross St. Findlay, OH 45840, 46-0912382 (1) Hancock County Performing Arts Center Partl Part II € 9 9 8 ල € <u>8</u> ල E 0 9 E

Schedule R (F	Schedule R (Form 990) 2019
Part III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(k) Percentage ownership								t IV,	(i) Section 512(b)(13) controlled entity?	o N			_					Schedule R (Form 990) 2019
	0 Z					ļ	-	, Par	Sectio	Yes								Form
(I) General or managing partner?	Xes A							rm 990	(h) Percentage ownership									edule R (
(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	:							Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	(9) Share of Peend-of-year assets o									Sch
(h) Disproportionate allocations?	Yes	-	<u> </u>				ļ	answere r.		_								_
of- of-	_	1						tion a	(f) Share of total income									
(g) Share of end-of- year assets								organiza ig the ta										
(f) Share of total sincome								te if the ust durin	(e) Type of entity (C corp, S corp, or trust)									
Share								mple or tri										1
innant minant (related, ated, ed from nder								rust. Co	(d) Direct controlling entity									
(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)								tion or 1 as a cor										
(d) Direct controlling entity								a Corporal	(c) Legal domicile (state or foreign country)								-4-	
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(c) Legal domicile (state or foreign								s Taxabl ed orgar	(b) Primary activity									
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ctivity								aniz a more								\vdash		1
(b) Pnmary activity								Org	ttion									
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(a) Name, address, and EIN of related organization								Ider line	(a) Name, address, and EIN of related organization									
Name, rela								Part IV	Name									
	E	(2)	<u>6</u>	€	(2)	9	3	Pal			E	8	9	€	(2)	9	Ε	

Page 3

Transactions With Related Organizations. Complete If the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2019

Part V Transactio

	- 1a	1b /			,	1 1d	1d 1d	1d 1e	19 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =																16	16	16	16	1d	16	16	1d
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		· · · · · · · · · · · · · · · · · · ·	· · · · · ·	_	· · · · · · · · · · · · · · · · · · ·	- · · · · · · · · · · · · · · · · · · ·																			1	Irelationships and transaction (d) (d)	Irelationships and transaction (d) (d) Method of determining an	Interest of the manufaction of t	Irelationships and transaction (d) Method of determining an	Irelationships and transaction (d) Method of determining an arrange and transaction (d) Arrange and transaction (d) Arrange and transaction (d)	Irelationships and transaction (d) (d) Method of determining an (a) Method of determining an (d)	Irelationships and transaction (d) Method of determining an (d) Method of determining an (d)
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Receipt of (I) interest, (II) annuities, (III) royalties, or (IV) rent from a controlled entity		rganization(s)	forganization(s)	anization(s)	tion(s)					· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		s)	s)	Dividends from related organization(s)	Dividends from related organization(s)	s)	s)	s)	s)	s)	s)	s)	Dividends from related organization(s)	s)	s)	s)	s)	s)	s)	s)
es, (III) royanies, or		n to related organi.	Gift, grant, or capital contribution from related organization(s)	Loans or loan guarantees to or for related organization(s)	Loans or loan quarantees by related organization(s)			tion(s)	tion(s)	tion(s) ation(s) organization(s) .	tion(s)	tion(s)	Dividends from related organization(s)	tion(s)	Dividends from related organization(s) Sale of assets to related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related Lease of facilities, equipment, or other assets from related Performance of services or membership or fundraising s	tion(s) organization(s) organization(s) . r other assets to re r other assets from r other bip or fundral obership or fundral	tion(s)	Dividends from related organization(s)	Dividends from related organization(s)	Dividends from related organization(s)	Dividends from related organization(s)	tion(s) ation(s) organization(s) organization(s) r other assets to retrother assets from abership or fundrai: mailing lists, or otheraled organization(s) for orga	Dividends from related organization(s)	Dividends from related organization(s)	ton(s) ation(s) organization(s) organization(s) . r other assets to re r other assets from abership or fundrai: mailing lists, or otheralted organization(s) for organization(s) for organization(s) for the from related organization ity from related organization ity from related organization ity from related orgenizes is "Yes," see the	ton(s) organization(s) organization(s) organization(s)	tion(s) ation(s) organization(s) organization(s) . r other assets to re r other assets from thership or fundralimaling lists, or otheralted organization(s) for organization(s) for ty to related organization(s) for ty from related organization(s) for lets "Yes," see the (a) Name of related organization the from related organization t	tion(s) ation(s) organization(s) organization(s) . r other assets to re r other assets from ibership or fundrais mailing lists, or otherelated organization(s) for organization(s) for ty to related organization(s) for ty from related organization (s) for the related	tion(s) ation(s) organization(s) organization(s) . r other assets to re r other assets from hership or fundrais hership or fundrais mailing lists, or other lated organization(s) for organization(s) for ty to related organization(s) for ty from related organity from relate	tion(s) ation(s) organization(s) organization(s) r other assets to re r other assets from abership or fundrais mailing lists, or oth related organization(s) for organization(s) for ty to related organization(s) for ty from related organization ty from related organization the form organization organization the from related organization the form of the factorial organization organization the form of related organization organization organization the factorial organization organizatio	tion(s) ation(s) organization(s) organization(s) r other assets to re r other assets from ibership or fundraismalling lists, or otherelated organization(s) for organization(s) for ty to related organization(s) for the from related organization the from related organ	ation(s) ation(s) organization(s) organization(s) r other assets to re rother assets from ibership or fundrais mailing lists, or oth related organization(s) for corganization(s) for forganization(s) for elated organization (s) for elated organization (s) for the related organization (s) for the rela
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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	(f) Share of		(h) Disproportion	(i) Code V—UBI	(i) General or	(k) Percentage
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Schedule R (F	Form 990) 2019	Page 5
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	
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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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization **Hancock County Perfroming Arts Center Foundation** 36-4824227 Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available The organization will disclose non-privileged documents upon request. Form 990, Part VI, Line 1a - Explanation of Delegated Broad Authority to Committee: NONE Form 990, Part VI, Line 1a - Explanation of Material Differences in Voting Rights: NONE Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc. Director Patrick Sadowski is also the organization's legal cousel Finance Director Devin parker left the organization in December 2019. Form 990, Part VI, Line 11b - Form 990 Review Process The organization's Finance Director compiles the data and prepares the Form 990. The Finance Director circulates the Form 990 to the Governing Body for review and approval. Upon review and approval, the organization files the Form 990 through the Finance Director. Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts Each new member of the Board of Directors reviews the Conflict of Interest policy and signs an acknowledgement. If a conflict of interest arises with a particular Director, such Director will be excused from the discussion about such conflict (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 19 - Disclosure of governing documents, conflict of interest policy and financial statements to public during tax year: No requests were made for the documents

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
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