Firm's name

Firm's address ▶

For Paperwork Reduction Act Notice, see the separate instructions.

**Use Only** 

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Form	334	,

(Rev January 2020)

**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047 2019

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public

Open to Public

► Go to www.irs.gov/Form990 for instructions and the latest information! Internal Revenue Service 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 Check if applicable D Employer identification number Doing business as Marathon Center for the Performing Arts 46-0912382 Address change Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number (419) 423-2787 x107 Initial return 20 W Main Cross Street П Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Findlay, OH 45840 G Gross receipts \$ Amended return F Name and address of principal officer Same as C above Application pending H(a) Is this a group return for subordinates? Yes No H(b) Are all subordinates included? ☐ Yes ☐ No 501(c) ( Tax-exempt status √ 501(c)(3) ) < (insert no ) **□ 4947(a)(1)** or If "No," attach a list (see instructions) Website: ► mcpa.org H(c) Group exemption number L Year of formation 2012 M State of legal domicile OH Part I Summary Briefly describe the organization's mission or most significant activities: Premier destination for diverse ars programming, education and entertainment. MCPA also strives to enrich lives and strengthen the economic vitality of the community, 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) 3 11 Number of independent voting members of the governing body (Part VI, line 1b) 14 4 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 147 6 6 Total number of volunteers (estimate if necessary) . . . . . 123 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a Net unrelated business taxable income from Form 990-T, line 39 b 7b **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . 3,349,449 1,817,192 9 Program service revenue (Part VIII, line 2g) 942,129 584,231 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 2,930 1,699 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 122 -1,450 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,300,760 12 2,401,672 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,834,400 210,248 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) 630,879 15 617,327 Professional fundraising fees (Part IX, column (A), line 11e) . 16a h Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,018,082 1,455,873 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,469,809 2,297,000 19 Revenue less expenses. Subtract line 18 from line 12 -2,169,049 104,672 **End of Year Beginning of Current Year** 17,230,719 20 Total assets (Part X, line 16) 17,510,441 1,958,209 21 Total liabilities (Part X, line 26) . 2,335,936 22 Net assets or fund balances. Subtract line 21 from line 20 15,174,505 15,272,509 Part II Signature Block 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, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here <u>Heather J. Clow</u> 4/19/21 Type or print name and title Date Print/Type preparer's name Preparer's signature Check | If Paid self-employed Preparer

Firm's EIN ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No NO 112 RECEIVED Cat Form **990** (2019) JUN 01 2021

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Form 99	90 (2019) Page <b>2</b>
Part	
1	Check if Schedule O contains a response or note to any line in this Part III
•	See Schedule O
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	•
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exponses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,862,947 including grants of \$) (Revenue \$\$
	Scheduling and hosting professional arts related performances which are open to the general public.
-	
4b	(Code:) (Expenses \$176,968 including grants of \$) (Revenue \$122,502)
	Other activities in program services include collaborating with local arts groups to assist in production of their arts performances
	and arts education events. This also includes rental activities of space at the center (examples: Weddings, business meetings, etc.)
4c	(Code) (Expenses \$ 210,248 including grants of \$) (Revenue \$)
	Contributions made to the Hancock County Performing Arts Center Foundation.
	······································
4d	Other program services (Describe on Schedule O )
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 2,250,163

Part	V Checklist of Required Schedules			
	• • • • • • • • • • • • • • • • • • •		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	<b>√</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	7	
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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		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		<b>√</b>
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		<b>✓</b>
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		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V </i>	10	✓	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<b>✓</b>
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	_	1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>✓</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>/</b>
Ь	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		<b>√</b>
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		<b>✓</b>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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		<b>✓</b>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		/
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		<b>1</b>
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		<b>✓</b>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
С	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		<b>✓</b>
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		<b>✓</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	<b>✓</b>	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	1	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 83  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

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 147			ш
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>✓</b>	
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			لـــِــا
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3a 3b		✓
b		30		
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?	- <u>-</u>		7
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>*</b>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
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	<del>-</del>	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<del></del>		
	required to file Form 8282?	7с		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>1</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
^	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a	—	
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	35		1
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		<u>!</u>
а	Note: See the instructions for additional information the organization must report on Schedule O.	134		1
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			لبا
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
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		<b>✓</b>
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<del></del>		~~
10	If "Yes," complete Form 4720, Schedule O.	10		

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ın	struc	
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 14			ľ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			
3	Did 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?	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4_		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a_		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	<b>√</b>	
b	Each committee with authority to act on behalf of the governing body?	8b	<b>✓</b>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
		40	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	<b>√</b>	
b		120	•	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	<b>√</b>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	$\overline{}$	
b	Other officers or key employees of the organization	15b		✓
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160		
l.	with a taxable entity during the year?	16a		<del>                                     </del>
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16h		
Secti	on C. Disclosure	16b		L
17	Let 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.  ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and rec Randall Ward, 200 W Main Cross Street, Findlay, OH 45840 (419) 423-2787 x107	cords	•	

Form	aan	(2019)	

Part VII	Compensation of Officers, Directo	rs, Trustees	, Key Employees,	Highest	Compensated	Employees,	, and
	Independent Contractors			_	-		

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above

Check this box if heither the organization hol	any relate	u org	arıız	auc	m C	ompe	ınsa	ited any current o	officer, director,	or trustee.
==.				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average hours per week	box, office	unles er and	s pe d a d	rson	than on the street that the st	an tee)	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Rodney Walton	5									
Chairman		✓		✓						
(2) Christie Ranzau	2									
Vice-Chair		✓		✓						
(3) Karen Cline	2									
Secretary / Treasurer	T	✓		✓						
(4) Don Bruce	2									
Director	T	✓								
(5) Erika Dietsch-Brokamp	2									
Director		✓								•
(6) Darın Fields	2									
Director		1								
(7) Heather Grainger	2									
Director	T	✓								
(8) Tom Kaczynski	2									
Director	Ī	✓								
(9) Donald Malarky	2									
Director		✓								
(10) Sarah Palmer	2									
Director		1								
(11) Edward Reading	2									
Director	Ī	✓								
(12) Stacey Reineke	2									
Director		✓								
(13) Donna Ridenour	2									
Director	<u> </u>	1								
(14) Patrick Sadowski	2									
Director	<b>†</b>				1	1				

Part	MI Section A. Oπicers, Directors,	rustees,	Ney I	zmį	pio	yee	s, an	a F	lignest Compe	nsated	Emplo	yees (contin	ued)
	(A)	(B)				C) ition			(D)	<b>4</b> 5		<b></b>	
	Name and title	(do not check more than o					( <b>D</b> ) Reportable	(E) Report		(F) Estimated amo	unt		
		hours	officer and a director/trust						compensation	sation	of other		
		per week (list any	익궁	'n	ç	<u>۵</u>	a 높	ਰ	from the organization	from re organiza		compensatio from the	n
		hours for	dire	囂	Officer	en	ghes	Former	(W-2/1099-MISC)	(W-2/1099		organization a	
		related organizations	Individual trustee or director	Institutional trustee		Key employee	e t cor	`				related organiza	tions
		below	nst	를		yee	npei						
		dotted line)	8	stee			Highest compensated employee						
(15) I	Heather Clow	40		H	-	-	<u> </u>	_					
3	tive Director				1				95,422				
32	Devin Parker ce Director	40			<b>✓</b>				65,264				
(17)												_	
(18)													
(19)				<u> </u>									
(20)													
(21)													
				_		_					<u>'</u>		
35-7		<b></b>											
(23)													
(24)												-	
(25)													
1b	Subtotal		<u> </u>		L		<u> </u>	<u> </u>	160,686				
c	Total from continuation sheets to Part							<b>&gt;</b>	•			-	
d	Total (add lines 1b and 1c)							<b>&gt;</b>	160,686				
2	Total number of individuals (including but		to th	ose	lıst	ed	above	e) w	ho received more	e than \$1	00,000	of	
	reportable compensation from the organi	zation >					_					1	
_	51.11											$\overline{}$	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							mpi	oyee, or highes	t compe	nsated	3	
4	For any individual listed on line 1a, is the							n a	nd other comper	 neation fr	om tha		<u>*</u>
7	organization and related organizations												
	ındıvıdual	·										4	<u>✓</u>
5	Did any person listed on line 1a receive of												
<u> </u>	for services rendered to the organization	? If "Yes," c	ompi	ete	Scr	nedu	ıle J f	or s	uch person .		·. :	5	<u>✓</u>
	on B. Independent Contractors											#100.00v	
1	Complete this table for your five high compensation from the organization. Repo												
	(A) Name and business add							Ĺ	(B) Description of serv			(C) Compensation	
									·· <del>·</del>			·	
								$\sqsubseteq$					
												···	
	· · · · · · · · · · · · · · · · · · ·												
2	Total number of independent contractor							th	ose listed above	e) who			1
	received more than \$100,000 of compens	ation from t	the or	gan	izat	ion l	<b>&gt;</b>						- 1

Part	VIII	Statement of Revenue						_
		Check if Schedule O contains a resp	ons	se or note to any		rt VIII		<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	1a	Federated campaigns 1	а					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1	b	31,450				
اغ ي	C		С	382,500				
if s	d	· · · · · · · · · · · · · · · · · · ·	d					
S, E	е	,	е					
Sign	f	All other contributions, gifts, grants,						
를 를		h <del></del>	lf	1,403,242				
풀질	g	Noncash contributions included in lines 1a–1f		\$ 700				
2 E	h	T-4-1 Add by 44	g	\$ 700 •	1,817,192			
-		I otal. Add lines 1a-1f	Ť	Business Code	1,017,132			
e	2a	Event Revenue - Shows	<u> </u>	711110	422,776			
ان کے	b	Pental income		711110	122,502		-	
Se	C	Concessions		711110	38,953			
gram Ser Revenue	d			İ				
Program Service Revenue	е							
F	f	All other program service revenue .						
	g	Total. Add lines 2a-2f		▶	584,231			
	3	Investment income (including divider						
		other similar amounts)			1,699			
	4	Income from investment of tax-exempt	DOI	na proceeas				
	5	Royalties	Т	(ii) Personal				
	6a	Gross rents 6a	$\dashv$	(ii) r craoriai				
	b	Less rental expenses 6b	_					
	C	Rental income or (loss) 6c						
	d	Net rental income or (loss)		🕨				
	7a	Gross amount from (i) Securities		(II) Other				
		sales of assets 19,9	326				•	
		other than inventory 7a	,20					
e e	b	Less cost or other basis						
er Revenue		and sales expenses 7b -18,4	$\overline{}$					
Be	С.	Gain or (loss) 7c -1,4	150		4450	-		
	d	_	<del>.</del>	🕨	-1450			
흉	8a	Gross income from fundraising events (not including \$						
		of contributions reported on line						
			a l					
	b	Less: direct expenses 8	b					
	С	Net income or (loss) from fundraising e	ever	nts ▶				
	9a	Gross income from gaming						
		activities. See Part IV, line 19 . 9	)a	_				
	b		b					
	С	Net income or (loss) from gaming activ	/itie	s <b>&gt;</b>				
	10a	Gross sales of inventory, less	_					
	<b>L</b>		0а   0b					
	b	Less cost of goods sold <u>10</u> Net income or (loss) from sales of inve		n/ 🕨				
		The modifie of (1000) from sales of file	T	Business Code		<del></del>		
Miscellaneous Revenue	11a		ŀ	223				
scellaneo Revenue	b		}					-
ella	c			· · · · ·	•••			
isc	d	All other revenue						
Σ	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions .			2,401,672			

## Part IX Statement of Functional Expenses

ection 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	e or note to any line	ın this Part IX .		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	210,248	210,248		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members .				
5	Compensation of current officers, directors, trustees, and key employees	157,618	156,042	1,576	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	374,151	342,660	3,762	27,729
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	39,734	39,337	397	
10	Payroll taxes	59,376	58,782	594	
11	Fees for services (nonemployees):			· _	
а	Management	5,145	5,094	51	
b	Legal	3,667	3,630	37	
С	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	51,772	51,254	518	
13	Office expenses	26,723	26,456	267	
14	Information technology		···		
15	Royalties				
16	Occupancy	155,428	153,874	1,554	
17	Travel			'	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	26,718	26,451	267	
20	Interest	75,487	74,732	755	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	504,315	499,272	50,432	
23	Insurance	21,816	21,598	218	·
24	Other expenses. Itemize expenses not covered			1	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				Í
_		558,575	558,575	<del></del>	
a	Event Expenses	11,130	11,019	111	
b	Development Expenses Other Operating Expenses	15,097	14,946	151	
c d	Outsi Operating Expenses	13,097	17,540		
e e	All other expenses	·	<del></del>	<del></del>	
25	Total functional expenses. Add lines 1 through 24e	2,297,000	2,253,969	60,691	27,729
26	Joint costs. Complete this line only if the	2,237,000			2,,,23
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

For	n 990 (20	019)			Page <b>11</b>
P	art X	Balance Sheet			<u></u>
	•	Check if Schedule O contains a response or note to any line in this Par	tX		🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	60,105	1	76,850
	2	Savings and temporary cash investments	284,334	2	555,899
	3	Pledges and grants receivable, net	1,241,549	3	1,060,649
	4	Accounts receivable, net	140,958	4	60,856
	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	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	58,303	9	277,489
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D 10a 17,411,880			
	Ь	Less: accumulated depreciation 10b 2,212,903	15,617,622	10c	15,198,977
	11	Investments—publicly traded securities	······································	11	
	12	Investments – other securities. See Part IV, line 11	-	12	
	13	Investments—program-related See Part IV, line 11 .		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	107,570	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	17,510,442	16	17,230,719
	17	Accounts payable and accrued expenses	24,502	17	4,515
	18	Grants payable		18	
	19	Deferred revenue	190,198	19	386,279
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
ap		controlled entity or family member of any of these persons		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties	2,081,315		1,809,366
	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	39,921		-241,950
	26	Total liabilities. Add lines 17 through 25	2,335,936	26	1,958,209
Jces		Organizations that follow FASB ASC 958, check here ► ☐ and complete lines 27, 28, 32, and 33.			
ala I	27	Net assets without donor restrictions	13,791,299	27	14,181,392
ä	28	Net assets with donor restrictions	1,383,206	28	1,091,117
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
¥.	32	Total net assets or fund balances	15,174,506	32	15,272,509
ž	33	Total liabilities and net assets/fund balances	17,510,442	33	17,230,719

Total liabilities and net assets/fund balances . .

17,230,719 Form **990** (2019)

17,510,442

101111 99					Page I∠
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		. $\square$
1	Total revenue (must equal Part VIII, column (A), line 12)	t equal Part VIII, column (A), line 12)			101,672
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,2	297,000
3	Revenue less expenses. Subtract line 2 from line 1	3		1	04,672
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		15,1	74,506
5	Net unrealized gains (losses) on investments				
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		15,2	272,509
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>.                                     </u>
				Yes	No 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," e	xplain	ın		
	Schedule O.		]	_	_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 22	<b>√</b>	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npıled	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?		2t	<u> </u>	<b>↓</b> ✓
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted or	na	1	
	separate basis, consolidated basis, or both:		1		
	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			١.	
	the audit, review, or compilation of its financial statements and selection of an independent account			<u>·</u>	┵
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on	1	1 1
	Schedule O.			_	_
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in t			,
	Single Audit Act and OMB Circular A-133?		. <u>3</u> 2	1	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	audits .	. 3t	<u>'                                    </u>	

Form **990** (2019)

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chantable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

**Hancock County Performing Arts Center** 46-0912382 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 university. An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. C its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2015 Calendar year (or fiscal year beginning in) ▶ (c) 2017 (b) 2016 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 434,602 8,101,482 3,598,657 1,892,481 1,040,235 15,067,457 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . 415,962 464,378 511,788 406,753 1,798,881 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 8.101.482 850,564 4.063.035 2.404.269 1,446,988 16,866,338 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) . . . . Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 8,101,482 4,063,035 2,404,269 1,446,988 850.564 16,866,338 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . 4,394 3,739 4,223 2,930 1,699 16,985 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI) . . 11 Total support. Add lines 7 through 10 16,833,322 12 Gross receipts from related activities, etc. (see instructions) . . . 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 14 99.89 % 99.80 % Public support percentage from 2018 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 15 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . .  $\square$ 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . . . . . . . . ightharpoonup17a 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checked th						nder Part Jl.
<u> </u>	If the organization fails to qualify	under the te	sts listed beli	ow, please co	omplete Part I	l.)	
	on A. Public Support	4			1 1 1 1 1 1		
Calen 1	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						1
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						<b>!</b>
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
•	Total. Add lines 1 through 5				<del>//  </del>		<del></del>
6 7a	Amounts included on lines 1, 2, and 3			<del>                                     </del>	<u> </u>		<del> </del>
	received from disqualified persons .						
b	Amounts included on lines 2 and 3	<del></del> .					<del>                                     </del>
.,	received from other than disqualified			/			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u>~</u>	line 6.)						<u>L</u>
	on B. Total Support	(-) 0045	(1) 0010	(-) 0047	( ) 0040	4 ) 0040	T (0 =
Galen 9	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
10a	Gross income from interest, dividends,						<del>                                     </del>
100	payments received on securities loans, rents,						
	royalties, and income from similar sources .			1			
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						-
	acquired after June 30, 1975						
С	Add lines 10a and 10b	<u>/</u>					
11	Net income from unrelated business						Ì
	activities not included in line 10b, whether						
	or not the business is regularly carried on				<del>                                     </del>		
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9/10c, 11,				<del> </del>		
	and 12.)						
14	First five years. If the Form 990 is for th	e organization	n's first, secon	d, third, fourth	or fifth tax ve	ar as a section	on 501(c)(3)
	organization, check this box and stop her	-					🏲 🗖
Secti	on C. Computation of Public Suppor	t Percentag	е	_			<del>_</del>
15	Public support percentage for 2019 (line 8					15	%
16	Public support percentage from 2018 Sch			<u> </u>	<u> </u>	16	%
	on D. Computation of Investment Inc						
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						
L	17 is not more than 331/3%, check this box a 331/3% support tests—2018. If the organiz		_			-	_
b	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization die		-		, ,		
	realization in the organization an	u		, <u> </u>			

#### 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.)

Section A. An Supporting Organizations	Section	A. All	Supporting	g Organization:
--	---------	--------	------------	-----------------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (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 <b>Part VI</b> when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> 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		
þ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	<b></b>	
c	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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	-4c		
5а	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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
þ	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		لــــ
c	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 <b>Part VI</b> .	9c		
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		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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).			
<del></del>		1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			ľ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			!
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			'
	the organization maintained a close and continuous working relationship with the supported organization(s)	<u> </u>	—	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard	3	—	
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ctions	e)
· a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	,,,,,,,		٠,٠
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	see in	structi	(ano
2	Activities Test. Answer (a) and (b) below.		Yes	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
ŭ	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	_	
3	Parent of Supported Organizations. Answer (a) and (b) below.	<u></u> -		<u> </u>
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	<del></del>	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	_ <del></del> _		
-	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule	A (Earm	000 ~	- 000 E	マ つりゅつ

Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	g tru nizat	st on Nov. 20, 1970 (exp ions must complete Sec	laın ın Part VI). <b>See</b> tions A through E.
Section A—Adjusted Net Income	_	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</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	<del></del>	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Mınımum 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-functional instructions).	ly int	egrated Type III support	ing organization (see
manucuonai.			

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	rage :			
Secti	Section D—Distributions						
1_	Amounts paid to supported organizations to accomplish	exempt purposes					
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	rted					
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations				
4	Amounts paid to acquire exempt-use assets			<del></del>			
5	Qualified set-aside amounts (prior IRS approval required)						
- 6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.	<del></del>					
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	<del> , , , , , , , , , , , , , </del>			
	(provide details in Part VI). See instructions.	The state of the s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
9	Distributable amount for 2019 from Section C, line 6		<del></del>				
10	Line 8 amount divided by line 9 amount	-	<del></del>				
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) 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 <b>Part VI</b> ). See instructions						
3	Excess distributions carryover, if any, to 2019						
a	From 2014	· · · ·					
b	From 2015						
c	From 2016						
d	From 2017			· · · · · · · · · · · · · · · · · · ·			
e	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years		<del></del>				
h	Applied to 2019 distributable amount						
i	Carryover from 2014 not applied (see instructions)		,				
j	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 Underdistributions of prior years  Applied to 2019 distributable amount						
	Remainder. Subtract lines 4a and 4b from 4						
- 5		· -					
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 <b>Part VI</b> . See instructions.						
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j and 4c.		·····				
8	Breakdown of line 7.						
a	Excess from 2015						
b	Excess from 2016 .		·				
c	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 17.
r art 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.)
	·
	,

#### SÇHEDULE 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.

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Homos	ok County Borforming Arts Contor			proyer identification flumber
	ck County Performing Arts Center			46-0912382
Par				r Accounts.
	Complete if the organization answered '			
		(a) Donor advised fund	ds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year) .			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	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 th	e organization's exclusive le	gal control?	🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, a	nd donor advisors in writing	that grant fun	ds can be used
	only for charitable purposes and not for the benef			
	conferring impermissible private benefit?		<u> </u>	· · · · · 🗌 Yes 🗎 No
Par	Conservation Easements.		-	· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answered "	Yes" on Form 990, Part I	V, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that a	apply).	
	Preservation of land for public use (for example, recre	eation or education) 🔲 Pres	servation of a h	istorically important land area
	☐ Protection of natural habitat	☐ Pres	servation of a c	ertified historic structure
	☐ Preservation of open space			
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation of	contribution in t	the form of a conservation
	easement on the last day of the tax year.	·		Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easement	s		2b
С	Number of conservation easements on a certified h			2c
d	Number of conservation easements included in			
_				2d
3	Number of conservation easements modified, trans		ed, or terminat	· · · · · · · · · · · · · · · · · · ·
	tax year ►	one and the second second	.00, 01 (0111111101	iod by the organization during the
4	Number of states where property subject to conser	vation easement is located I	<b>&gt;</b>	
5	Does the organization have a written policy reg			 on, handling of
_	violations, and enforcement of the conservation ear			
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, ar	nd enforcina con	servation easements during the year
	<b>&gt;</b>	g,		and your
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and	enforcing cons	ervation easements during the year
-	<b>▶</b> \$	g,, a		and just
8	Does each conservation easement reported on line	2(d) above satisfy the require	ements of secti	on 170(b)(4)(B)(i)
Ū				Yes   No
9	In Part XIII, describe how the organization reports of			
•	balance sheet, and include, if applicable, the text of			
	organization's accounting for conservation easeme			
Part	III Organizations Maintaining Collections	of Art. Historical Treas	ures, or Othe	er Similar Assets.
	Complete if the organization answered "		•	
12	If the organization elected, as permitted under FAS			atement and halance sheet works
Ia	of art, historical treasures, or other similar assets			
	service, provide in Part XIII the text of the footnote			
b	If the organization elected, as permitted under FAS			
D	art, historical treasures, or other similar assets held			
		•	· ·	·
	(i) Revenue included on Form 990 Part VIII line 1			<b>▶</b> \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X			\$
2	If the organization received or hold works of ort	historical traceures or eth		to for financial com provide the
2	If the organization received or held works of art, following amounts required to be reported under FA			to ioi iiriariciai gain, provide the
_				<b>▶ ¢</b>
a	Assets included in Form 000. Bort V	• • • • • • •		\$

Part	III Organizations Maintaining	Collections of	Art, Historical 1	reasures, or C	ther Similar As:	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply)		ner records, chec	k any of the follo	wing that make si	gnificant use of its
а	☐ Public exhibition		d 🗌 Loan	or exchange prog	gram	
b	☐ Scholarly research		e 🗌 Other			
С	☐ Preservation for future generations	S				
4	Provide a description of the organiza XIII.	ition's collections a	and explain how t	hey further the or	ganızation's exem	pt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rathe	r than to be mainta				r Yes No
Part	Complete if the organization 990, Part X, line 21.		' on Form 990, F	Part IV, line 9, o	r reported an am	ount on Form
1a	Is the organization an agent, trustee included on Form 990, Part X?					ot ☐ Yes ☐ No
b	If "Yes," explain the arrangement in F	art XIII and comple	ete the following to	able:	Ar	mount
С	Beginning balance			1	С	· <del></del>
d	Additions during the year				d	<del></del>
е	Distributions during the year			) <del></del>	е	
f	Ending balance				f	
2a	Did the organization include an amou	nt on Form 990, Pa	art X, line 21, for e	scrow or custodi	al account liability	? 🗌 Yes 📗 No
b	If "Yes," explain the arrangement in F	art XIII. Check here	e if the explanation	n has been provid	ded on Part XIII .	<u></u> 🗆
Par					<del></del>	
	Complete if the organization	n answered "Yes'	' on Form 990, F	Part IV, line 10.	<u> </u>	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	6,817,397	3,465,824	<del></del>	+	<del> </del>
þ	Contributions	210,247	2,820,000	746,14	937,954	500,000
С	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	-23,240	-6,779	0
g	End of year balance	6,705,382	6,343,697	3,465,824	1,507,338	499,959
2	Provide the estimated percentage of	the current year en	d balance (line 1g	, column (a)) held	as:	
а	Board designated or quasi-endowme	nt ▶ 70	%			
b	Permanent endowment ▶	30 %	•			
С	Term endowment ▶ %	)				
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.			
3a	Are there endowment funds not in th	e possession of th	e organization tha	at are held and a	dministered for the	e
	organization by:					Yes No
	(i) Unrelated organizations					3a(i) ✓
	(.,					3a(ii) ✓
b	If "Yes" on line 3a(ii), are the related of	-	· ·			3b
4	Describe in Part XIII the intended use		n's endowment fo	unds.		
Part						
	Complete if the organization	n answered "Yes"	on Form 990, F			Part X, line 10.
	Description of property	(a) Cost or oth (investme	1 ' '		Accumulated depreciation	(d) Book value
1a	Land					
b	Buildings			16,933,989	(1,942,932)	14,991,057
С	Leasehold improvements			41,149	(12,345)	28,804
d	Equipment			274,515	(194,483)	80,032
е	Other			162,227	(63,144)	99,083
Total.	Add lines 1a through 1e. (Column (d) i	nust equal Form 99	90, Part X, column	(B), line 10c.) .	•	15,198,977

Part VII	Investments – Other Securities.			
	Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		hod of valuation -of-year market value
(1) Financial				
	neld equity interests			
(3) Other				
(A)				<u> </u>
		<del> </del>		<del></del>
(C)				<del></del>
(E)				
(F)		<u> </u>		<del></del>
(G) (H)	······································			
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶			<del></del>
Part VIII	Investments – Program Related.  Complete if the organization answered "Yes" on For	000 Dort IV Ivo	- 11- C F	000 Part V line 10
		T		<del></del> -
	(a) Description of investment	(b) Book value		hod of valuation -of-year market value
(1)	·····			
(2)				
(3)	·		<u> </u>	
(4)				
(5)				<del></del>
(6)				
(7)		<del>                                     </del>		<del></del>
(8)	·			
(9)	mn (b) must equal Form 990, Part X, col. (B) line 13.) .			<del></del>
Part IX	Other Assets.	<u> </u>		
T GIT IX	Complete if the organization answered "Yes" on For	rm 990. Part IV. lin	e 11d. See Form	990. Part X. line 15.
	(a) Description	<u>,,</u>		(b) Book value
(1)	<del></del>	<del></del>		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	<u></u>			
(9)				<u> </u>
	mn (b) must equal Form 990, Part X, col. (B) line 15.)	<u> </u>	<u> ▶</u>	L
Part X	Other Liabilities.  Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	e 11e or 11f. See	e Form 990, Part X,
1.	line 25. (a) Description of liability	<del></del>	<del></del>	(b) Book value
(1) Federal in		<del></del> .		(n) Book value
	icome taxes	<del></del> _	<del></del>	
(2)		<del></del>		
(3)				
(4) (5)	<u> </u>			
(6)				
(7)		<del></del>		
(8)		<del></del>	<del></del>	· · · · · · · · · · · · · · · · · · ·
(9)		<del></del>		
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			
	r uncertain tax positions. In Part XIII, provide the text of the footn	ote to the organization	n's financial stateme	nts that reports the
	s liability for uncertain tax positions under FASB ASC 740. Check			

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 Schedule D (Form 990) 2019
Schedule D (Form 990) 2019

Schedule D (For	m 990) 2019	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
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#### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

OMB No 1545-0047 2019

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Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

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

Name of the organization **Hancock County Performing Arts Center**  Employer identification number 46-0912382

Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art-Works of art		- <del></del>	<u> </u>	<del></del>			_
2	Art—Historical treasures .					_		
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock .							
11	Securities – Partnership, LLC, or trust interests					-		
12	Securities-Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial	)						
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ( Facility Maintenance )	<b>/</b>	1	700.00	FMV/Cost			
26	Other ► ()						-	
27	Other ► ()							
28	Other ► (	h., 4h.a. a	ranization dumps the tour	for contributions for	<del></del>			
29	Number of Forms 8283 received which the organization completed				29			
	Which the organization completed	1 01111 0200	, raitiv, bonce nothowice	ogement		1	Yes	No
20-	During the year, did the organizat	uon roooiva	by contribution any prope	erty reported in Bart I. lines	1 through	$\Box$	-	
30a	28, that it must hold for at least the						1	
	to be used for exempt purposes f					30a	<del></del>	<del></del> -
ь	If "Yes," describe the arrangemen		o notating posteds					Ť٦
31	Does the organization have a		stance policy that require	es the review of any no	nnstandard			
	contributions?					31		<u>√</u>
32a	Does the organization hire or use contributions?	•	_			32a		✓
b	If "Yes," describe in Part II							
33	If the organization didn't report an describe in Part II.	amount in	column (c) for a type of pro	perty for which column (a) i	s checked,			

Schedule M (	Form 990) 2019 Pag	је <b>2</b>
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received	r
	or a combination of both. Also complete this part for any additional information.	
		<del></del>
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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.

OMB No 1545-0047 2019

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

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Name of the organization Employer identification number **Hancock County Performing Arts Center** 46-0912382 Form 990, Part III, ine 1 - Organization's Mission The Organization (1) fosters the development of an appreciation for the dramatic, dance and musical arts in and around the Hancock County, Ohio community; (2) fulfills the community's artistic obligations with a focus on the highest possible standards of performance; and (3) provides educational programs and opportunities for new artistic talent. Form 990, Part VI, Lina 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 Darin Fields works for the University of Findlay; Chair Rodney Walton works for Premier Bank, one of two banks which holds the organizations deposits. Director Patrick Sadowski is also the organization's legal counsel. 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 Finance Committee for review and approval. Upon review and approval, the Finance Director files the Form 990. Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts Each new member of the Board of Directors reviews the Conflict of Interest policy and signs an 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 - Other Organization Documents Publicly Available The organization will disclose nonprivileged documents upon request.

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization	Employer identification number
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# SCHEDULE I (Form 990)

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

▶ Attach to Form 990.

OMB No 1545-0047	∠ U ■ S  Open to Public
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**%** □

✓ Yes

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Employer identification number

46-0912382

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

the selection criteria used to award the grants or assistance?

General Information on Grants and Assistance

Hancock County Performing Arts Center

Partl

Department of the Treasury Internal Revenue Service Name of the organization

7	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	zation's procedur	es tor monitoring	the use of grant ful	nds in the United	States		
Part	Grants and Other Assistance to Domestic (Part IV, line 21, for any recipient that received	ssistance to Do		ations and Dom an \$5,000. Part I	l <b>estic Governm</b> I can be dupliດຜ	<b>Drganizations and Domestic Governments.</b> Complete if the organization more than \$5,000. Part II can be duplicated if additional space is needed.	the organization answ pace is needed.	<b>Organizations and Domestic Governments.</b> Complete if the organization answered "Yes" on Form 990, more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a)	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) I Arts F	(1) Hancock County Performing Arts Foundation	36-4824227	501(c)3	210,248				Build the Endowment
(2)								
6	(6)							
4							)	
<u>©</u>								
9								
3								,
<b>®</b>								
6								
<u>6</u>			,		•			
(11)					:			
(12)								
3 2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov rganizations listed	ernment organizat	ions listed in the li	ne 1 table			-
For Pa	For Paperwork Reduction Act Notice, see the Instructions for Form	see the Instructions	s for Form 990.		Ö	Cat No 50055P		Schedule I (Form 990) (2019)

Grants and Other Assistance to Domestic Individuals. Complete If the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated If additional space is needed. Schedule I (Form 990) (2019)

Part III Grants ar

				-	
(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information i	equired in Part I, lin	ie 2; Part III, columr	ı (b); and any other additi	히
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# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Hancock County Performing Arts Center

Related Organizations and Unrelated Partnerships

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

► Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990.

OMB No 1545-0047 2019 Open to Public Inspection

Employer identification number 46-0912382

Part I	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	ganization answered "Yes	" on Form 990, Pa	rt IV, line 33.		,
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)			_			
(2)	(2)					
(3)	(3)					
(4)	(4)		-			
(5)	(9)		-			
(9)	(6)		,			
Part II	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.	mplete if the organization ix year.	answered "Yes" o	n Form 990, Pa	rt IV, line 34, bec	ause it had

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charrty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) lled /?
			-			Yes	Ŷ
(1) Hancock County Performing Arts Center Foundation 200 W Main Cross St., Findlay, OH 45840, 36-4824227	Contribution	픙	501(c)3		A/N/A		,
(2)			-				
(9)		•					
(6)			_				
(5)							
(9)							
ω)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ō	Cat No	Cat No 50135Y		Schedule R (Form 990) 2019	Form 990	) 2019

(k) Percentage ownership (i) Section 512(b)(13) controlled Š 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. entity? Yes Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line because it had one or more related organizations treated as a partnership during the tax year. (i) General or managing partner? Yes No (h) Percentage ownership (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) end-of-year assets (g) Share of (h)
Disproportionate
allocations? Ŷ (f) Share of total Yes псоте (g) Share of end-of- | year assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d) Direct controlling (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512—514) entity (c)
Legal domicile
(state or foreign country) (d)
( Direct controlling entity Primary activity (c) Legal domicile (state or foreign country) (b) Pnmary activity (a) Name, address, and EIN of related organization (a) Name, address, and EIN of related organization Part IV Part III E 9 9 3 9 € 9 8 ල € 티

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Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				_	Yes	8
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	th one or more related organ	izations listed in Part	ts II–IV?			_
a Receipt of (i) interest. (ii) annuties. (iii) royalties. or (iv) rent from a controlled entity				1a		<b> </b>
<b>b</b> Gift. grant. or capital contribution to related organization(s)			•	q <del>-</del>	<b>\</b>	
				ç	+	
				<u>ا</u> د	$\dagger$	• ,
d Loans or loan guarantees to or for related organization(s)				P		<b>&gt;</b>
e Loans or loan guarantees by related organization(s)				1e		/
					<u> </u>	_
f Dividends from related organization(s)				  =	-	<b>\</b>
a Sale of assets to related organization(s)				10	$\vdash$	>
				+	t	
	•			≣ ;	$\dagger$	<u>,</u>
I Exchange of assets with related organization(s)				=		>
j Lease of facilities, equipment, or other assets to related organization(s)				Ę.		<b>&gt;</b>
				:	$\dashv$	$\neg$
K Lease of facilities, equipment, or other assets from related organization(s)				¥	+	<b>,</b>
l Performance of services or membership or fundraising solicitations for related organization(s)	ation(s)			=		<b>&gt;</b>
m Performance of services or membership or fundraising solicitations by related organization(s)	tion(s)			Ē		>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				두	$\vdash$	>
o Sharing of paid employees with related organization(s)				9	L	/
		•	•		T	
Beimhilisement haid to related organization(s) for exper-				٤	╁	۱,
Total Total Control of the Control o					$\dagger$	• -
d neimbursement paid by related organization(s) for expenses				5	+	<b>\</b>
					+	٦
<ul> <li>Other transfer of cash or property to related organization(s)</li> </ul>				÷	+	<b>\</b>
s Other transfer of cash or property from related organization(s)				1s	_	<b>&gt;</b>
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	must complete this line, inclu	uding covered relation	nships and transaction	on thres	shods	ن
(a)	(g)	9	€			
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	g amount i	involve	g
Hancock County Performing Arts Foundation						
,	b-Grant/Gift	210,248 Cash	Cash			
(2)						
(3)						- [
(4)				i		
(5)						
(9)						
			Schedule R (Form 990) 2019	{Form	990) 2	919

Unrelated Organizations Taxable as a Partnership. Complete of 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)	ē	9	5	(9)	ε		3	1	6	-
Name, address, and EIN of entity	Primary activity	Legal domicile		Are all partners			Disproportionate	Code V—UBI		_
		(state or toreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	total income	end-ot-year assets	allocations	of Schedule K-1 (Form 1065)	managing partner?	ownership
			sections 512-514)	Yes No			Yes No		Yes No	
(1)								í		
(2)	i									
(6)	<u> </u>									
(4)						!				
(5)										
(9)					-					
ω										
(8)					-					
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)	-									
								Schei	dule R (For	Schedule R (Form 990) 2019

Schedule R (I	Form 990) 2019	Page <b>5</b>
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	
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