

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2019** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE FINDLAY-HANCOCK COUNTY COMMUNITY FOUNDATION		D Employer identification number 34-1713261
	Doing business as		E Telephone number (419) 425-1100
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 28,875,588.
	101 W SANDUSKY STREET		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code FINDLAY, OH 45840		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: KATHERINE KREUCHAUF SAME AS C ABOVE		If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.COMMUNITY-FOUNDATION.COM			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1988	M State of legal domicile: OH

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE FINDLAY-HANCOCK COUNTY COMMUNITY FOUNDATION WILL IMPROVE THE QUALITY OF LIFE IN HANCOCK		
	2 Check this box <input type="checkbox"/> 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	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	13
	6 Total number of volunteers (estimate if necessary)	6	211
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	-14,611.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	3,236,650.	4,536,379.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,339,567.	1,040,664.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	59,192.	77,891.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,635,409.	5,654,934.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,604,954.	3,835,098.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	875,488.	1,022,725.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 545,648.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	844,054.	958,962.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,324,496.	5,816,785.	
19 Revenue less expenses. Subtract line 18 from line 12	7,310,913.	-161,851.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 116,494,454.	End of Year 137,898,663.
	21 Total liabilities (Part X, line 26)	9,668,840.	9,900,560.
	22 Net assets or fund balances. Subtract line 21 from line 20	106,825,614.	127,998,103.

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 Here	Signature of officer	Date			
	RICHARD BROWN, CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name WILLIAM M. SCOTT	Preparer's signature WILLIAM M. SCOTT	Date 11/12/20	Check if self-employed <input type="checkbox"/>	PTIN P01537115
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749	Phone no. (419) 244-3711		
	Firm's address ▶ ONE SEAGATE, SUITE 2650 TOLEDO, OH 43604				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

THE FINDLAY-HANCOCK COUNTY COMMUNITY FOUNDATION

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE FINDLAY-HANCOCK COUNTY COMMUNITY FOUNDATION WILL IMPROVE THE QUALITY OF LIFE IN HANCOCK COUNTY BY PARTNERING WITH DONORS IN THEIR PHILANTHROPIC GIVING, ENGAGING IN COLLABORATIVE LEADERSHIP AND RESPONSIBLE GRANTMAKING.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 3,240,823. including grants of \$ 2,628,281.) (Revenue \$) GRANTMAKING ORGANIZATION: AS A COMMUNITY FOUNDATION FOR THE ENTIRE COUNTY, THE ORGANIZATION FUNDS A WIDE RANGE OF INITIATIVES AND PROJECTS. USING THE ORGANIZATION'S UNRESTRICTED FUNDS, THE ORGANIZATION IS ABLE TO RESPOND TO PROPOSALS SUBMITTED BY ORGANIZATIONS IN THE COUNTY. THE ORGANIZATION ALSO MAKES INVESTMENTS IN LONG-TERM INITIATIVES THAT IMPROVE THE QUALITY OF LIFE IN THE COMMUNITY. MANY OF THE ORGANIZATION'S GRANTS ARE DETERMINED BY THE CHARITABLE INTERESTS OF THE ORGANIZATION'S DONORS.

4b (Code:) (Expenses \$ 698,111. including grants of \$ 624,143.) (Revenue \$) THE FAMILY CENTER BUILDING: THE ORGANIZATION HAS A SUPPORTING ORGANIZATION THAT OPERATES A MULTI-TENANT NONPROFIT CENTER. THE BUILDING PROVIDES OFFICE AND MEETING SPACES FOR 12 NONPROFIT TENANTS AT BELOW MARKET RATES RESULTING IN LOWER ADMINISTRATIVE COSTS FOR THE TENANTS AND MORE RESOURCES TO PROVIDE SERVICES TO THEIR CLIENTS. THE ORGANIZATION HAS ASSUMED RESPONSIBILITY FOR THE MORTGAGE ON THE REAL ESTATE.

4c (Code:) (Expenses \$ 613,177. including grants of \$ 582,674.) (Revenue \$) COLLECTIVE IMPACT: THE ORGANIZATION HAS THE COMMITMENT OF INDIVIDUALS FROM DIFFERENT SECTORS TO A COMMON AGENDA FOR SOLVING A COMPLEX SOCIAL PROBLEM IN ORDER TO CREATE LASTING SOLUTIONS. TOWARDS THESE EFFORTS, THE FOUNDATION HAS PARTNERED WITH OTHER FUNDERS TO ADDRESS A VARIETY OF SIGNIFICANT SOCIAL ISSUES. GRANTS WERE AWARDED TO SUPPORT THE CREATION OF A SPECIALTY TEAM FOR PREGNANT WOMEN WITH SUBSTANCE USE DISORDERS AND TO HIRE STAFF FOR THE CENTER FOR CIVIC ENGAGEMENT AT THE UNIVERSITY OF FINDLAY (WHICH COORDINATES AND INTEGRATES THE WORK OF ALL LOCAL COALITION EFFORTS - WORKFORCE, LITERACY, TRANSPORTATION, HUNGER, HOUSING, SAFETY/ABUSE, HEALTH, MENTAL HEALTH/SUBSTANCE USE). FUNDS WERE ALSO AWARDED TO EXPAND THE LEADER IN ME INTO ADDITIONAL CITY AND

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 4,552,111.

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**THE FINDLAY-HANCOCK COUNTY COMMUNITY
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Part IV 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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
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>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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Part IV 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
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? <i>If "Yes," complete Schedule J</i>	23	X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. 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	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V 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 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	24
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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Part V 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		13
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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)?		X
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
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? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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**THE FINDLAY-HANCOCK COUNTY COMMUNITY
FOUNDATION**

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section 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.	10	
b	Enter the number of voting members included on line 1a, above, who are independent	10	
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ OH**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(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 interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
KATHERINE KREUCHAUF - (419) 425-1100
101 W. SANDUSKY STREET, SUITE 207, FINDLAY, OH 45840

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

Check if Schedule O contains a response or note to any line in this Part VII

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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GWEN KUENZLI VICE CHAIR	1.00	X		X			0.	0.	0.	
(2) GARY WILSON CHAIRPERSON	2.00	X		X			0.	0.	0.	
(3) GARRY L. PEIFFER TREASURER	3.00	X		X			0.	0.	0.	
(4) JOHN KOEHLER TRUSTEE	1.00	X					0.	0.	0.	
(5) PATTY LUCAS TRUSTEE	1.00	X					0.	0.	0.	
(6) KIM STUMPP SECRETARY	1.00	X		X			0.	0.	0.	
(7) DAVE THOMAS TRUSTEE	1.00	X					0.	0.	0.	
(8) ED READING TRUSTEE	1.00	X					0.	0.	0.	
(9) RICHARD KIRK TRUSTEE	1.00	X					0.	0.	0.	
(10) GINGER JONES TRUSTEE	1.00	X					0.	0.	0.	
(11) KATHERINE KREUCHAUF PRESIDENT	36.00 4.00			X			154,822.	0.	25,548.	
(12) KAREN SMITH CHIEF FINANCIAL OFFICER	39.00 1.00			X			114,272.	0.	23,162.	

**THE FINDLAY-HANCOCK COUNTY COMMUNITY
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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	4,536,379.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 712,380.				
	h Total. Add lines 1a-1f		4,536,379.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,864,249.			3,864,249.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	20,397,069.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	23,220,654.				
	c Gain or (loss)	7c	-2,823,585.				
d Net gain or (loss)		-2,823,585.			-2,823,585.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a ADMINISTRATIVE FEES	Business Code	541200	65,265.		65,265.	
	b MISCELLANEOUS INCOME		900099	12,626.		12,626.	
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			77,891.			
12 Total revenue. See instructions			5,654,934.	0.	0.	1,118,555.	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, 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 ...	3,835,098.	3,835,098.		
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	317,804.	130,300.	82,629.	104,875.
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	593,488.	243,330.	154,307.	195,851.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	43,166.	17,698.	11,223.	14,245.
9 Other employee benefits	7,112.	2,916.	1,849.	2,347.
10 Payroll taxes	61,155.	25,074.	15,900.	20,181.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,034.	424.	269.	341.
c Accounting	35,439.		23,744.	11,695.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	346,511.		346,511.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	39,817.	16,325.	10,352.	13,140.
12 Advertising and promotion	94,703.			94,703.
13 Office expenses	25,603.	10,497.	6,657.	8,449.
14 Information technology	36,539.	14,981.	9,500.	12,058.
15 Royalties				
16 Occupancy	52,047.	21,339.	13,532.	17,176.
17 Travel	2,539.	1,041.	660.	838.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	2,630.	1,078.	684.	868.
20 Interest	74,463.	74,463.		
21 Payments to affiliates	58,463.	23,970.	15,200.	19,293.
22 Depreciation, depletion, and amortization	17,019.	6,978.	4,425.	5,616.
23 Insurance	12,355.		6,953.	5,402.
24 Other expenses. Itemize expenses not covered 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.)				
a PROGRAMS & INITIATIVES	103,527.	103,527.		
b STAFF DEVELOPMENT	41,832.	17,151.	10,876.	13,805.
c MEMBERSHIP & DUES	12,068.	4,948.	3,138.	3,982.
d MISCELLANEOUS EXPENSE	2,373.	973.	617.	783.
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	5,816,785.	4,552,111.	719,026.	545,648.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	28,709.	1	907,614.
	2 Savings and temporary cash investments	2,195,292.	2	2,717,585.
	3 Pledges and grants receivable, net		3	194,275.
	4 Accounts receivable, net	113,126.	4	48,805.
	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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,490.	9	3,770.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	299,598.		
	b Less: accumulated depreciation	125,727.		
	11 Investments - publicly traded securities	84,509.	10c	173,871.
	12 Investments - other securities. See Part IV, line 11	81,789,815.	11	98,217,292.
	13 Investments - program-related. See Part IV, line 11	32,179,752.	12	35,635,451.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	99,761.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	116,494,454.	15	137,898,663.	
17 Accounts payable and accrued expenses	19,212.	16	137,898,663.	
18 Grants payable	1,001,435.	17	23,146.	
19 Deferred revenue		18	615,123.	
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Loans and other 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		21		
23 Secured mortgages and notes payable to unrelated third parties	1,963,704.	22		
24 Unsecured notes and loans payable to unrelated third parties		23	1,747,140.	
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	6,684,489.	24		
26 Total liabilities. Add lines 17 through 25	9,668,840.	25	7,515,151.	
27 Net assets without donor restrictions	106,301,969.	26	9,900,560.	
28 Net assets with donor restrictions	523,645.			
29 Capital stock or trust principal, or current funds				
30 Paid-in or capital surplus, or land, building, or equipment fund				
31 Retained earnings, endowment, accumulated income, or other funds				
32 Total net assets or fund balances	106,825,614.	27	127,243,406.	
33 Total liabilities and net assets/fund balances	116,494,454.	28	754,697.	
Net Assets or Fund Balances				
Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds		29		
30 Paid-in or capital surplus, or land, building, or equipment fund		30		
31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances	106,825,614.	32	127,998,103.	
33 Total liabilities and net assets/fund balances	116,494,454.	33	137,898,663.	

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**THE FINDLAY-HANCOCK COUNTY COMMUNITY
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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	5,654,934.
2 Total expenses (must equal Part IX, column (A), line 25)	2	5,816,785.
3 Revenue less expenses. Subtract line 2 from line 1	3	-161,851.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	106,825,614.
5 Net unrealized gains (losses) on investments	5	20,845,567.
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	488,775.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	127,998,105.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

THE FINDLAY-HANCOCK COUNTY COMMUNITY

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

(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

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1592973.	659,596.	2840494.	3236650.	4536379.	12866092.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1592973.	659,596.	2840494.	3236650.	4536379.	12866092.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1227311.
6 Public support. Subtract line 5 from line 4.						11638781.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	1592973.	659,596.	2840494.	3236650.	4536379.	12866092.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2097881.	2963180.	3978780.	4640594.	3864249.	17544684.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	63,515.	66,629.	54,582.	59,192.	77,891.	321,809.
11 Total support. Add lines 7 through 10						30732585.
12 Gross receipts from related activities, etc. (see instructions)					12	
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) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	37.87 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	36.06 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 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 organization		<input type="checkbox"/>
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 supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 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) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2018 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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 organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 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? Row 3: By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

THE FINDLAY-HANCOCK COUNTY COMMUNITY

Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section 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 Part VI). 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			
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: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

THE FINDLAY-HANCOCK COUNTY COMMUNITY

Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2015 AMOUNT: \$ 60,946.

2016 AMOUNT: \$ 65,591.

2017 AMOUNT: \$ 54,582.

2018 AMOUNT: \$ 59,192.

2019 AMOUNT: \$ 77,891.

PROGRAM SERVICE REVENUE

2015 AMOUNT: \$ 2,569.

2016 AMOUNT: \$ 1,038.

Schedule A Identification of Excess Contributions Included on Part II, Line 5 2019

**** Do Not File ****
***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
ESTATE OF LARRY RAY	777,766.	163,114.
ALLAN DAVIS ESTATE	915,940.	301,288.
ROBERT AND SUSAN KUHLMAN ESTATE	1,377,561.	762,909.
Total Excess Contributions to Schedule A, Part II, Line 5	1,227,311.	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **THE FINDLAY-HANCOCK COUNTY COMMUNITY FOUNDATION** Employer identification number **34-1713261**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	65	
2 Aggregate value of contributions to (during year)	1,519,436.	
3 Aggregate value of grants from (during year)	1,261,103.	
4 Aggregate value at end of year	19,119,066.	
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 the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

**THE FINDLAY-HANCOCK COUNTY COMMUNITY
FOUNDATION**

Schedule D (Form 990) 2019

34-1713261 Page **3**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) PRIVATE EQUITY FUNDS	13,993,943.	END-OF-YEAR MARKET VALUE
(B) EXCHANGE TRADED FUNDS	21,641,508.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	35,635,451.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY PAYABLE	89,551.
(3) FUNDS HELD FOR AGENCIES	7,425,600.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	7,515,151.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2019

THE FINDLAY-HANCOCK COUNTY COMMUNITY
FOUNDATION

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

THE FINDLAY-HANCOCK COUNTY COMMUNITY
FOUNDATION

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE ORGANIZATION DOES NOT AWARD GRANTS OUTSIDE THE UNITED STATES.

LINE 3

THE FOUNDATION IS NOT REQUIRED TO FILE FORM 5471 SINCE ITS HOLDINGS DID NOT MEET THE 10% THRESHOLD.

LINE 4

THE FOUNDATION IS NOT REQUIRED TO FILE FORM 8621 SINCE IT IS A TAX-EXEMPT ORGANIZATION.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **THE FINDLAY-HANCOCK COUNTY COMMUNITY FOUNDATION** Employer identification number **34-1713261**

Part I General Information on Grants and Assistance

- 1** 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? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HOPE HOUSE 1800 N. BLANCHARD STREET FINDLAY, OH 45840	34-1655764	501(C)(3)	5,616.	0.	N/A	N/A	SUPPORT
CHRISTIAN CLEARING HOUSE 1800 N. BLANCHARD STREET SUITE 107 FINDLAY, OH 45840	37-1756789	501(C)(3)	5,966.	0.	N/A	N/A	GENERAL SUPPORT
MCCOMB LOCAL SCHOOLS 328 S TODD ST MCCOMB, OH 45858	34-6400859	501(C)(3)	7,157.	0.	N/A	N/A	SUPPORT
OPEN ARMS DOMESTIC VIOLENCE AND RAPE CRISIS CENTER - PO BOX 496 - FINDLAY, OH 45839	34-1308480	501(C)(3)	8,000.	0.	N/A	N/A	GENERAL SUPPORT
JACOBS PRIMARY SCHOOL 600 JACOBS AVENUE FINDLAY, OH 45840	34-6400447	170(C)(1)	8,000.	0.	N/A	N/A	SUPPORT
50 NORTH 339 E. MELROSE AVE FINDLAY, OH 45840	23-7083593	501(C)(3)	9,005.	0.	N/A	N/A	SUPPORTING THE EMERGENCY RESPONSE SYSTEMS FOR OLDER ADULTS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶** _____
- 3** Enter total number of other organizations listed in the line 1 table **▶** _____

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

Schedule I (Form 990) (2019)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**THE FINDLAY-HANCOCK COUNTY COMMUNITY
FOUNDATION**

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS, HANCOCK 125 FAIR STREET FINDLAY, OH 45840	53-0196605	501(C)(3)	9,412.	0.	N/A	N/A	SUPPORT
TREVECCA NAZARENE UNIVERSITY 333 MURFREESBORO PIKE NASHVILLE, TN 37210	62-0497990	501(C)(3)	9,500.	0.	N/A	N/A	SUPPORT
WITTENBERG UNIVERSITY 200 W WARD ST SPRINGFIELD, OH 45504	31-0537177	501(C)(3)	9,500.	0.	N/A	N/A	SUPPORT
FAMILY RESOURCE CENTER OF NORTHWEST OHIO INC - 1941 CARLIN ST - FINDLAY, OH 45840	34-1475943	501(C)(3)	9,500.	0.	N/A	N/A	SUPPORT
UNIVERSITY OF TOLEDO 2801 BANCROFT ST TOLEDO, OH 43606	34-6401483	501(C)(3)	9,500.	0.	N/A	N/A	SUPPORT
HANCOCK PARK DISTRICT 1424 EAST MAIN CROSS STREET FINDLAY, OH 45840	34-3400608	501(C)(3)	9,831.	0.	N/A	N/A	SUPPORT
FIRST LUTHERAN CHURCH 109 E. LINCOLN ST. FINDLAY, OH 45840	34-4430714	501(C)(3)	9,872.	0.	N/A	N/A	SUPPORT
RAISE THE BAR HANCOCK COUNTY 123 E MAIN CROSS ST FINDLAY, OH 45840	81-2947202	501(C)(3)	10,000.	0.	N/A	N/A	SUPPORT
ST PIUS X CATHOLIC CHURCH 2950 ILGER AVE TOLEDO, OH 43606	80-0640956	501(C)(3)	10,000.	0.	N/A	N/A	SUPPORT

Schedule I (Form 990)

**THE FINDLAY-HANCOCK COUNTY COMMUNITY
FOUNDATION**

Schedule I (Form 990)

34-1713261

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HANCOCK LITERACY 7746 CR 140 FINDLAY, OH 45840	47-2318404	501(C)(3)	10,000.	0.	N/A	N/A	SUPPORT
CHRIST LUTHERAN CHURCH 116 W. FINDLAY ST. CAREY, OH 43316	34-1242936	501(C)(3)	10,000.	0.	N/A	N/A	NEW WINDOWS
DAYSRING CHURCH 17360 N DIXIE HWY BOWLING GREEN, OH 43402	34-1398714	501(C)(3)	10,000.	0.	N/A	N/A	SUPPORT
NEVADA HEALTH CENTERS INC 1799 MT MARIAH DR LAS VEGAS, NV 89105	94-3199117	501(C)(3)	10,000.	0.	N/A	N/A	RESTRICTED TO "CARE MOBILE"
FIRST UNITED METHODIST CHURCH 234 N MAIN ST KENTON, OH 43326	34-4448803	501(C)(3)	10,000.	0.	N/A	N/A	SUPPORT
CANCER PATIENT SERVICES 1800 N. BLANCHARD STREET FINDLAY, OH 45840	34-4491513	501(C)(3)	11,223.	0.	N/A	N/A	SUPPORT
ARCADIA LOCAL SCHOOLS 19033 S.R. 12 ARCADIA, OH 44804	34-6401501	170(C)(1)	11,500.	0.	N/A	N/A	PROVIDING EARLY LITERACY MENTORING SUPPORT
RIVERDALE LOCAL SCHOOLS 20613 OH-37 MT BLANCHARD, OH 45867	34-6408690	170(C)(1)	11,500.	0.	N/A	N/A	SUPPORT
FINDLAY-HANCOCK COUNTY LIBRARY 206 BROADWAY FINDLAY, OH 45840	34-6400446	501(C)(3)	11,845.	0.	N/A	N/A	SUPPORT

Schedule I (Form 990)

**THE FINDLAY-HANCOCK COUNTY COMMUNITY
FOUNDATION**

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS MENTORING CONNECTION OF HANCOCK COUNTY - 305 E. LINCOLN STREET - FINDLAY, OH 45840	34-1151270	501(C)(3)	12,199.	0.	N/A	N/A	SUPPORT
ARLINGTON LOCAL SCHOOLS 336 SOUTH MAIN STREET ARLINGTON, OH 45814	34-6400064	170(C)(1)	12,498.	0.	N/A	N/A	PROVIDING EARLY LITERACY MENTORING SUPPORT
MAZZA ENTHUSIASTS, UNIVERSITY OF FINDLAY - 1000 N. MAIN STREET - FINDLAY, OH 45840	34-4431169	501(C)(3)	14,000.	0.	N/A	N/A	SUPPORT
LIBERTY BENTON LOCAL SCHOOLS 9190 CR 9 FINDLAY, OH 45840	34-6406285	170(C)(1)	14,874.	0.	N/A	N/A	EXPANDING EARLY EDUCATION AND LITERACY RESOURCES
GRACE PRESBYTERIAN CHURCH 1171 OAKWOOD AVE TOLEDO, OH 43607	34-1472899	501(C)(3)	15,000.	0.	N/A	N/A	SUPPORT
COLLEGE FIRST CHURCH OF GOD 1100 N MAIN ST FINDLAY, OH 45840	34-4431294	501(C)(3)	15,000.	0.	N/A	N/A	SUPPORT
FINDLAY KIWANIS FOUNDATION 337 E LINCOLN ST FINDLAY, OH 45840	34-1607127	501(C)(3)	15,072.	0.	N/A	N/A	SUPPORT
FINDLAY EVANGELICAL FREE CHURCH 2515 HEATHERWOOD DR FINDLAY, OH 45840	34-1611606	501(C)(3)	16,000.	0.	N/A	N/A	SUPPORT
FINDLAY DIGITAL ACADEMY 1219 W MAIN CROSS ST #101 FINDLAY, OH 45840	20-0753962	170(C)(1)	18,191.	0.	N/A	N/A	SUPPORT

Schedule I (Form 990)

**THE FINDLAY-HANCOCK COUNTY COMMUNITY
FOUNDATION**

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOHN'S EVANGELICAL LUTHERAN CHURCH - 1701 TIFFIN AVE - FINDLAY, OH 45840	34-0908057	501(C)(3)	19,979.	0.	N/A	N/A	SUPPORT
ST JOHN THE BAPTIST 5153 N SUMMIT ST TOLEDO, OH 43611	37-1606607	501(C)(3)	20,000.	0.	N/A	N/A	SUPPORT
HABITAT FOR HUMANITY OF FINDLAY/HANCOCK COUNTY - 2042 TIFFIN AVENUE - FINDLAY, OH 45840	58-1285159	501(C)(3)	20,054.	0.	N/A	N/A	SUPPORT
CEDAR CREEK COMMUNITY CHURCH 29129 LIME CITY RD PERRYSBURG, OH 43551	34-1789315	501(C)(3)	20,640.	0.	N/A	N/A	GENERAL SUPPORT
BLANCHARD VALLEY CENTER 1700 E. SANDUSKY ST. FINDLAY, OH 45840	34-6400608	501(C)(3)	23,258.	0.	N/A	N/A	SUPPORT, CARE, REPAIR, AND MAINTENANCE OF THE RESIDENT FACILITIES
MACKLIN INSTITUTE 15100 BIRCHAVEN LANE FINDLAY, OH 43420	30-0109669	501(C)(3)	26,284.	0.	N/A	N/A	SUPPORT
ARTS PARTNERSHIP OF GREATER HANCOCK COUNTY - 618 S. MAIN ST - FINDLAY, OH 45840	34-1278627	501(C)(3)	29,037.	0.	N/A	N/A	GENERAL SUPPPORT
PROCLAIM HOPE PO BOX 770 NEW PROVIDENCE, NJ 07974	41-1635421	501(C)(3)	30,000.	0.	N/A	N/A	SUPPORT
FIRST PRESBYTERIAN CHURCH OF FINDLAY - 2330 S. MAIN ST - FINDLAY, OH 45840	34-4427937	501(C)(3)	34,356.	0.	N/A	N/A	GENERAL SUPPORT

Schedule I (Form 990)

**THE FINDLAY-HANCOCK COUNTY COMMUNITY
FOUNDATION**

Schedule I (Form 990)

34-1713261

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLAGE OF MT. BLANCHARD PO BOX 333 MT BLANCHARD, OH 45867	34-6400935	501(C)(3)	35,000.	0.	N/A	N/A	SUPPORT
HANCOCK REGIONAL PLANNING COMMISSION - 318 DORNEY PLAZA - FINDLAY, OH 45840	34-6400608	501(C)(3)	35,000.	0.	N/A	N/A	SUPPORT
BLANCHARD VALLEY HEALTH FOUNDATION 1900 S. MAIN ST. FINDLAY, OH 45840	34-1370522	501(C)(3)	37,332.	0.	N/A	N/A	PEDIATRIC PROGRAM
UNIVERSITY OF FINDLAY MAZZA MUSEUM 1000 N. MAIN STREET FINDLAY, OH 45840	34-4431169	501(C)(3)	47,759.	0.	N/A	N/A	SUPPORT
CITY MISSION OF FINDLAY 510 W. MAIN CROSS ST. FINDLAY, OH 45840	51-0137853	501(C)(3)	48,603.	0.	N/A	N/A	SUPPORT
CHERRY STREET MISSION 105 17TH ST. TOLEDO, OH 43604	34-1133369	501(C)(3)	50,000.	0.	N/A	N/A	TRADE SCHOOL PROJECT
YMCA 300 E. LINCOLN STREET FINDLAY, OH 45840	34-4428263	501(C)(3)	51,809.	0.	N/A	N/A	GENERAL SUPPORT
HANCOCK PROPERTIES FOUNDATION INC 101 W. SANDUSKY STREET, SUITE 207 FINDLAY, OH 45840	27-0121577	501(C)(3)	75,000.	0.	N/A	N/A	FAMILY CENTER AUDIO VISUAL IMPROVEMENTS
WBGU-TV 245 TROUP AVENUE BOWLING GREEN, OH 43403	34-6007199	501(C)(3)	75,000.	0.	N/A	N/A	SUPPORT

Schedule I (Form 990)

**THE FINDLAY-HANCOCK COUNTY COMMUNITY
FOUNDATION**

Schedule I (Form 990)

34-1713261

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HANCOCK COUNTY PERFORMING ART CENTER - 200 WEST MAIN CROSS STREET - FINDLAY, OH 45840	46-0912382	501(C)(3)	98,691.	0.	N/A	N/A	GENERAL SUPPORT
CITY OF FINDLAY, AUDITOR 318 DORNEY PLAZA FINDLAY, OH 45840	34-6400448	501(C)(3)	100,000.	0.	N/A	N/A	SUPPORT
NATIONAL CHRISTIAN FOUNDATION 2875 W DUB GRNVL RD COLUMBUS, OH 43235	26-1625475	501(C)(3)	100,000.	0.	N/A	N/A	SUPPORT
CATHOLIC CHARITIES DIOCESE OF TOLEDO INC - 1933 SPIELBUSCH AVE - TOLEDO, OH 43604	34-4428254	501(C)(3)	110,000.	0.	N/A	N/A	HELPING HANDS - ST. LOUIS PROJECT
HANCOCK PARKS FOUNDATION 1424 EAST MAIN CROSS STREET FINDLAY, OH 45840	34-1621283	501(C)(3)	124,586.	0.	N/A	N/A	SUPPORT
CHURCHES OF GOD GENERAL CONFERENCE PO BOX 926 FINDLAY, OH 45839	23-6424046	501(C)(3)	136,000.	0.	N/A	N/A	SUPPORT
HANCOCK PUBLIC HEALTH 7748 COUNTY ROAD 140 FINDLAY, OH 45840	34-6400608	170(C)(1)	141,762.	0.	N/A	N/A	SUPPORT
FINDLAY CITY SCHOOLS 1100 BROAD AVENUE FINDLAY, OH 45840	34-6400447	170(C)(1)	159,114.	0.	N/A	N/A	SUPPORT
UNIVERSITY OF FINDLAY 1000 N. MAIN STREET FINDLAY, OH 45840	34-4431169	501(C)(3)	184,560.	0.	N/A	N/A	GENERAL SUPPORT

Schedule I (Form 990)

THE FINDLAY-HANCOCK COUNTY COMMUNITY
FOUNDATION

Part III 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ANNUALLY, THE ORGANIZATION'S BOARD APPROVES A POOL OF MONEY FOR PRESIDENTIAL DISCRETIONARY GRANTS (\$30,000), EDUCATION GRANTS (\$60,000), AND "HANCOCK READS" GRANTS (\$10,000). THE MAXIMUM GRANT AMOUNT FOR THE PRESIDENTIAL DISCRETIONARY POOL IS \$5,000. THE MAXIMUM GRANT AMOUNT FOR AN EDUCATION POOL GRANT IS \$6,000. THERE IS NO INDIVIDUAL MAXIMUM GRANT AMOUNT FOR THE "HANCOCK READS" POOL. THERE IS ALSO A FIELD OF INTEREST FUND THAT HAS A COMMITTEE THAT SOLICITS AND APPROVES GRANTS FOR EARLY LITERACY MENTORING PROGRAMS. THE COMMITTEE CAN AWARD GRANTS UP TO THE AMOUNT

Part IV Supplemental Information

AVAILABLE TO SPEND ANNUALLY. THE AMOUNT TO SPEND IS BASED ON THE ORGANIZATION'S SPENDING POLICY.

THE TRUSTEES HAVE DELEGATED APPROVAL OF THE GRANTS FROM THESE POOLS OF MONEY AND THE FIELD OF INTEREST FUND TO THE PRESIDENT AND THE RESPECTIVE COMMITTEES. THE TRUSTEES REVIEW ALL GRANTS MADE FROM THESE FUNDS BUT DO NOT FORMALLY APPROVE THE GRANTS. ALL OTHER GRANTS ARE APPROVED BY THE ORGANIZATION'S BOARD. GRANTEEES ARE REQUIRED TO SUBMIT A COPY OF THEIR IRS DETERMINATION LETTER WITH THEIR APPLICATION. GRANTEEES ARE REQUIRED TO SUBMIT REPORTS AT 6 MONTH INTERVALS AFTER RECEIVING GRANT FUNDS. A FINAL REPORT IS REQUIRED ONCE THE PROJECT HAS BEEN COMPLETED. A PROCESS IS IN PLACE TO ENSURE THE PROGRAM OFFICERS ARE RECEIVING THE INTERIM AND FINAL REPORTS ON A TIMELY BASIS. PROGRAM OFFICERS REVIEW THE REPORTS FOR DISCREPANCIES. ANY MATERIAL DISCREPANCIES ARE REPORTED TO THE BOARD.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CENTURY HEALTH INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR LINE OF CREDIT. FUNDS WERE RETURNED TO THE FOUNDATION WHEN LINE OF CREDIT WAS NO LONGER REQUIRED

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **THE FINDLAY-HANCOCK COUNTY COMMUNITY FOUNDATION** Employer identification number **34-1713261**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		<input checked="" type="checkbox"/>
2	<input checked="" type="checkbox"/>	
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2019

THE FINDLAY-HANCOCK COUNTY COMMUNITY
FOUNDATION

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KATHERINE KREUCHAUF PRESIDENT	(i)	154,822.	0.	0.	9,533.	16,015.	180,370.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

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 **THE FINDLAY-HANCOCK COUNTY COMMUNITY FOUNDATION** Employer identification number **34-1713261**

Part I 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	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
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	X	16	712,380.	STOCK MARKET
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 ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2019

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization	THE FINDLAY-HANCOCK COUNTY COMMUNITY FOUNDATION	Employer identification number	34-1713261
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 COUNTY BY PARTNERING WITH DONORS IN THEIR PHILANTHROPIC GIVING,
 ENGAGING IN COLLABORATIVE LEADERSHIP AND RESPONSIBLE GRANTMAKING.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
 COUNTY SCHOOLS.

FORM 990, PART VI, SECTION A, LINE 1:
 THE FINANCE AND INVESTMENT COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF
 THE BOARD WHEN HIRING AND/OR REMOVING INVESTMENT MANAGERS.

FORM 990, PART VI, SECTION B, LINE 11B:
 THE BOARD WAS PROVIDED A COPY OF THE FORM 990 TO REVIEW PRIOR TO FILING THE
 FORM 990. THE BOARD WAS GIVEN THE OPPORTUNITY TO ASK QUESTIONS AND PROVIDE
 COMMENTS ABOUT THE FORM 990 TO THE CHIEF FINANCIAL OFFICER AND/OR THE
 PRESIDENT.

FORM 990, PART VI, SECTION B, LINE 12C:
 ANNUALLY OFFICERS, TRUSTEES, COMMITTEE MEMBERS, AND EMPLOYEES ARE PROVIDED
 A COPY OF THE FOUNDATION'S "CONFLICT OF INTEREST, CONFIDENTIALITY, AND
 ETHICAL PRINCIPLES POLICY". EACH PERSON THAT RECEIVES THE POLICY IS ASKED
 TO SIGN A STATEMENT OF AFFIRMATION REGARDING THE POLICY AND COMPLETE A
 QUESTIONNAIRE DISCLOSING ANY CONFLICT OF INTEREST. ALL QUESTIONNAIRES ARE
 REVIEWED BY THE CHIEF FINANCIAL OFFICER FOR ANY POSSIBLE CONFLICTS. IN THE
 EVENT OF A CONFLICT, THE BOARD MEMBER WOULD ABSTAIN FROM VOTING. THIS WOULD
 BE DOCUMENTED IN THE BOARD MINUTES.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization	THE FINDLAY-HANCOCK COUNTY COMMUNITY FOUNDATION	Employer identification number	34-1713261
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FORM 990, PART VI, SECTION B, LINE 15:

LINE 15A: THE BOARD OF TRUSTEES ACTIVELY MONITORS AND EVALUATES THE PRESIDENT. THE BOARD CHAIR AND TWO TRUSTEES COMPRISE THE PERSONNEL COMMITTEE. THE PERSONNEL COMMITTEE REVIEWS SALARY AND BENEFIT REPORTS THAT ARE PREPARED BY A HUMAN RESOURCES AND EMPLOYEE BENEFITS SOLUTIONS FIRM. THE PERSONNEL COMMITTEE MEETINGS WERE DOCUMENTED IN MEETING MINUTES. EVERY THREE YEARS THE ORGANIZATION HIRES A CONSULTANT TO CONDUCT A SALARY REVIEW. THE CONSULTANT LAST REVIEWED THE SALARIES IN 2016 FOR IMPLEMENTATION IN JANUARY 2017. BASE SALARY CONSIDERS THE CONTRIBUTION OF EACH POSITION TO THE FOUNDATION'S OVERALL GOALS. IT ALSO REFLECTS THE COMPETITIVE COMPENSATION PHILOSOPHY IN THE CONTEXT OF THE FOUNDATION'S ROLE AS A COMMUNITY AND PHILANTHROPIC LEADER. THE FOUNDATION TARGETS SALARY RANGE MIDPOINTS TO THE MARKET AVERAGE FOR EACH SPECIFIC MARKET IN WHICH IT COMPETES.

RELATIVE INTERNAL VALUES FOR POSITIONS ARE DETERMINED THROUGH THE USE OF THE FOLLOWING METHODOLOGY:

*SCOPE & IMPACT - THE BREADTH OF THE JOB AND IMPACT OF THE ACTIONS OF THE INCUMBENT WITHIN AND OUTSIDE THE FOUNDATION.

*LATITUDE OF ACTION - THE EXTENT TO WHICH THE POSITION GIVES THE INCUMBENT FREEDOM TO MAKE DECISIONS AND AUTHORITY TO TAKE ACTIONS WITHOUT PRIOR APPROVAL OF THE SUPERVISOR.

*WORKING RELATIONSHIPS - THE EXTENT TO WHICH EFFECTIVE CONTACTS WITH PEOPLE INSIDE AND OUTSIDE THE FOUNDATION ARE ESSENTIAL TO PERFORMANCE IN THE POSITION.

*DECISION MAKING - THE COMPLEXITY OF DECISIONS REQUIRED, THE NUMBER OF FACTORS THE DECISION MAKER MUST TAKE INTO ACCOUNT, THE LEVEL OF INDIVIDUALS INVOLVED, THE TIME PRESSURES, THE CONSEQUENCES OR IMPACT

Name of the organization	THE FINDLAY-HANCOCK COUNTY COMMUNITY FOUNDATION	Employer identification number	34-1713261
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OF THE DECISION, AND THE FREQUENCY WITH WHICH DECISIONS HAVE TO BE MADE.

*KNOWLEDGE AND SKILL - THE EXTENT TO WHICH PROFESSIONAL QUALIFICATIONS, EXPERIENCE, AND SKILLS ARE REQUIRED TO PERFORM THE RESPONSIBILITIES OF THE POSITION.

*MARKET ANALYSIS - THE ACTUAL PAY FOR JOBS OF SIMILAR SCOPE AND CONTENT IN THE SELECTED MARKET. COMPENSATION IS DEEMED "REASONABLE" IF THE AMOUNT PAID WOULD ORDINARILY BE PAID FOR LIKE SERVICES BY LIKE ENTERPRISES UNDER THE CIRCUMSTANCES.

LINE 15B: THE SAME SOURCES OF INFORMATION NOTED ABOVE ARE UTILIZED TO DETERMINE REASONABLE COMPENSATION AND BENEFITS FOR OTHER EMPLOYEES. THE BOARD APPROVES COMPENSATION AS PART OF THE ANNUAL BUDGET PROCESS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE PROVIDED TO ANYONE WHO REQUESTS THEM. THE ORGANIZATION'S ANNUAL REPORT WHICH IS MAILED TO FUND REPRESENTATIVES AND A LARGE NUMBER OF DONORS INCLUDES A CONDENSED CONSOLIDATED STATEMENT OF FINANCIAL POSITION AND STATEMENT OF ACTIVITIES.

THE BOARD APPROVES THE OPERATING BUDGET FOR THE FOLLOWING YEAR IN NOVEMBER. QUARTERLY, BOTH THE FINANCE & INVESTMENT COMMITTEE AND THE BOARD REVIEW INTERNALLY PREPARED FINANCIAL STATEMENTS AND YEAR-TO-DATE ACTUAL COMPARED TO YEAR-TO-DATE BUDGETED OPERATING AMOUNTS. QUARTERLY THE FINANCE & INVESTMENT COMMITTEE MEETS WITH THE ORGANIZATION'S INVESTMENT ADVISOR TO REVIEW INVESTMENT RESULTS.

Name of the organization THE FINDLAY-HANCOCK COUNTY COMMUNITY FOUNDATION	Employer identification number 34-1713261
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THE ORGANIZATION HAS A POLICY REGARDING THE PUBLIC AVAILABILITY OF ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-29,850.
RETURNED GRANTS	518,625.
TOTAL TO FORM 990, PART XI, LINE 9	488,775.

PART XII, LINE 2C

THE AUDIT COMMITTEE IS IN CHARGE OF THE OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE AUDIT COMMITTEE DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION PROCESS. THE FOUNDATION'S CURRENT AUDITORS HAVE BEEN PERFORMING THE FOUNDATION'S AUDIT SINCE 2009. THERE HAS BEEN A ROTATION OF THE AUDIT PARTNER AT LEAST ONCE EVERY FIVE YEARS.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **THE FINDLAY-HANCOCK COUNTY COMMUNITY FOUNDATION** Employer identification number **34-1713261**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE HANCOCK PROPERTIES FOUNDATION - 27-0121577, 101 W. SANDUSKY STREET, SUITE 207, FINDLAY, OH 45840	REAL ESTATE RENTAL	OHIO	501(C)(3)	LINE 12A, I	FINDLAY-HANCOCK COUNTY COMMUNITY FOUNDATION	X	

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

Schedule R (Form 990) 2019

**THE FINDLAY-HANCOCK COUNTY COMMUNITY
FOUNDATION**

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.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE HANCOCK PROPERTIES FOUNDATION	B	163,259.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2019

For calendar year 2019 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE FINDLAY-HANCOCK COUNTY COMMUNITY FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 101 W SANDUSKY STREET, NO. 207</p> <p>City or town, state or province, country, and ZIP or foreign postal code FINDLAY, OH 45840</p>	<p>D Employer identification number (Employees' trust, see instructions.) 34-1713261</p> <p>E Unrelated business activity code (See instructions.)</p>
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C Book value of all assets at end of year: **137,898,663.**

F Group exemption number (See instructions.) ▶ _____

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ **1** Describe the only (or first) unrelated trade or business here ▶ _____ . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶ _____

J The books are in care of ▶ **KATHERINE KREUCHAUF** Telephone number ▶ **(419) 425-1100**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13		
	-14,611.		-14,611.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Depreciation (attach Form 4562)	20	
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	
22 Depletion	22	
23 Contributions to deferred compensation plans	23	
24 Employee benefit programs	24	
25 Excess exempt expenses (Schedule I)	25	
26 Excess readership costs (Schedule J)	26	
27 Other deductions (attach schedule)	27	
28 Total deductions. Add lines 14 through 27	28	0.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-14,611.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	SEE STATEMENT 2 0.
31 Unrelated business taxable income. Subtract line 30 from line 29	31	-14,611.

Part III Total Unrelated Business Taxable Income	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 32 -14,611.
33	Amounts paid for disallowed fringes 33
34	Charitable contributions (see instructions for limitation rules) 34 0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33 35 -14,611.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 36
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 37 -14,611.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 38 1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 39 -14,611.

Part IV Tax Computation	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) 40 0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) 41
42	Proxy tax. See instructions 42
43	Alternative minimum tax (trusts only) 43
44	Tax on Noncompliant Facility Income. See instructions 44
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies 45 0.

Part V Tax and Payments	
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a
b	Other credits (see instructions) 46b
c	General business credit. Attach Form 3800 46c
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 46d
e	Total credits. Add lines 46a through 46d 46e
47	Subtract line 46e from line 45 47 0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) 48
49	Total tax. Add lines 47 and 48 (see instructions) 49 0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 50 0.
51a	Payments: A 2018 overpayment credited to 2019 51a
b	2019 estimated tax payments 51b
c	Tax deposited with Form 8868 51c
d	Foreign organizations: Tax paid or withheld at source (see instructions) 51d
e	Backup withholding (see instructions) 51e
f	Credit for small employer health insurance premiums (attach Form 8941) 51f
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total 51g
52	Total payments. Add lines 51a through 51g 52
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> 53
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed 54
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 55
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> 56

Part VI Statements Regarding Certain Activities and Other Information (see instructions)			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <input type="checkbox"/> _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
59	Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer _____ Date _____ **CHIEF FINANCIAL OFFICER** Title _____

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name WILLIAM M. SCOTT	Preparer's signature WILLIAM M. SCOTT	Date 11/12/20	Check <input type="checkbox"/> if self-employed	PTIN P01537115
	Firm's name <input type="checkbox"/> CLIFTONLARSONALLEN LLP			Firm's EIN <input type="checkbox"/> 41-0746749	
	Firm's address <input type="checkbox"/> ONE SEAGATE, SUITE 2650 TOLEDO, OH 43604			Phone no. (419) 244-3711	

FOOTNOTES

STATEMENT 1

WE HAVE ADJUSTED THE NOL FROM 2018 TO ACCOUNT FOR THE REPEAL OF THE PROVISION FOR AMOUNTS PAID FOR DISALLOWED FRINGES. IN 2018, \$3,360 WAS REPORTED ON LINE 34 OF FORM 990-T FOR DISALLOWED FRINGES, WHICH REDUCED THE NOL CARRYFORWARD TO \$4,316

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 2

<u>TAX YEAR</u>	<u>LOSS SUSTAINED</u>	<u>LOSS PREVIOUSLY APPLIED</u>	<u>LOSS REMAINING</u>	<u>AVAILABLE THIS YEAR</u>
12/31/18	7,676.	0.	7,676.	7,676.
NOL CARRYOVER AVAILABLE THIS YEAR			7,676.	7,676.