Form **8868**

(Rev. January 2025)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

File a separate application for each return. Department of the Treasury Go to www.irs.gov/Form8868 for the latest information. Internal Revenue Service Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or THE FINDLAY-HANCOCK COUNTY COMMUNITY **Print** 34-1713261 FOUNDATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 101 W. SANDUSKY STREET, 207 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 45840 FINDLAY, OH Enter the Return Code for the return that this application is for (file a separate application for each return) 07 Application Is For Return **Application Is For** Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) Form 990-T (corporation) 14 Form 1041-A 80 Form 990-T (governmental entities) 15 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information.

	Plan Name			
	Plan Number			
	Plan Year Ending (MM/DD/YYYY)			
Part	II - Automatic Extension of Time To File for Exempt Organizations (see instructions)			
Т	The books are in the care of BRIAN TREECE			
	101 WEST SANDUSKY STREET, STE 207 - FINDL	AY,	OH 4	5840
٦	Telephone No. (419)425-1100 Fax No			
•	f the organization does not have an office or place of business in the United States, check this box			
•	f this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)	is is fo	r the wh	ole group, check this
box	a If it is for part of the group, check this box and attach a list with the names and TINs of all	memb	ers the e	extension is for.
1	I request an automatic 6-month extension of time until NOVEMBER 15 , 20 25 , to file the	e exem	npt orga	nization return for
	the organization named above. The extension is for the organization's return for:			
	X calendar year 20 24 or			
	tax year beginning, 20, and ending			, 20
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Fin	al retur	'n	
	Change in accounting period			
За	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less			
	any nonrefundable credits. See instructions.	3a	\$	15,000.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			_
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2025)

Зс

15,000.

Form	990-T	E	Exempt Organization Business Income Tax Retur	n	OMB No. 1545-0047
			(and proxy tax under section 6033(e))		0004
		For cal	endar year 2024 or other tax year beginning, and ending, and ending Go to www.irs.gov/Form990T for instructions and the latest information.	·	2024
	nent of the Treasury Revenue Service		Open to Public Inspection for 501(c)(3) Organizations Only		
A	Check box if		o not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3) Name of organization (ployer identification number
	address changed.		THE FINDLAY-HANCOCK COUNTY COMMUNITY		
	mpt under section	Print	FOUNDATION		34-1713261
	501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.		oup exemption number e instructions)
Щ	408(e) 220(e)	1,700	101 W. SANDUSKY STREET, 207	_	
	408A530(a) 529(a)529A		City or town, state or province, country, and ZIP or foreign postal code FINDLAY, OH 45840	F	Check box if
			ok value of all assets at end of year		an amended return.
G CI	neck organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust 6417(d)(1)(A) Applicable entity	_ State	college/university
H CI	neck if filing only to	o claim		ent amo	ount from Form 3800
			ation filing a consolidated return with a 501(c)(2) titleholding corporation		
	. , , , ,		ed Schedules A (Form 990-T)		1
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
			d identifying number of the parent corporation		
L Th	ne books are in car		BRIAN TREECE Telephone number	(419)425-1100
Part	t I Total Unr	relate	d Business Taxable Income		
1	Total of unrelated	d busine	ess taxable income computed from all unrelated trades or businesses (see instructions)	. 1	46,907.
2	Reserved			2	
3	Add lines 1 and 2	2		3	46,907.
4			(see instructions for limitation rules) STMT 1 STMT 2		18.
5			taxable income before net operating losses. Subtract line 4 from line 3		46,889.
6			ing loss. See instructions	6	
7			ess taxable income before specific deduction and section 199A deduction.	_	46,889.
8	Subtract line 6 fro		5 erally \$1,000, but see instructions for exceptions)		1,000.
9			eduction. See instructions		1,000.
10			ines 8 and 9	10	1,000.
11			able income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	45,889.
Part					
1	Organizations ta	axable a	as corporations. Multiply Part I, line 11 by 21% (0.21)	1	9,637.
2	Trusts taxable a	t trust i	rates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11, fro	m:	Tax rate schedule or Schedule D (Form 1041)	2	
3			ons		
4a			, Part I , line 3, column (q)		
b			instructions		
5				5	
6			acility income. See instructions gh 6 to line 1 or 2, whichever applies	7	9,637.
7 Part					5,057.
1a			rations attach Form 1118; trusts attach Form 1116)		
b	Other credits (see				
С	,		Attach Form 3800 (see instructions) 1c		
d			mum tax (attach Form 8801 or 8827)		
е	Total credits. Ac	dd lines	1a through 1d	1e	
2	Subtract line 1e f	from Pa	rt II, line 7	2	9,637.
За	Amount from For	m 4255	, Part I, line 3, column (r) (see instructions)		
b	Amount due from				
С	Amount due from				
d	Amount due from			-	
e	Other amounts d	•		-	^
f 4			lines 3a through 3e	3f	0.
4			nd 3f (see instructions). Check if includes tax previously deferred under x amount here	4	9,637.
LHA			x amount here	<u> </u>	Form 990-T (2024)

Form 9								Page 2
Part	III	Tax and Payments (continued)						
5		ent net 965 tax liability paid from Form 965-A, Part II, column (k)				5		0.
6 a	Paym	nents: Preceding year's overpayment credited to the current year	ır	6a	7,496.			
b	Curre	ent year's estimated tax payments. Check if section 643(g) elect	ion					
		es		6b				
С	Tax d	leposited with Form 8868		6c	15,000.	-		
d		gn organizations: Tax paid or withheld at source (see instruction				-		
е		up withholding (see instructions)				-		
f		t for small employer health insurance premiums (attach Form 8	,			-		
g		ive payment election amount from Form 3800				-		
h		nent from Form 2439				-		
i		t from Form 4136				-		
j		r (see instructions)					2.2	406
7		payments. Add lines 6a through 6j				7		<u> 496.</u>
8		nated tax penalty (see instructions). Check if Form 2220 is attac				8		
9		due. If line 7 is smaller than the total of lines 4, 5, and 8, enter a				9	10	250
10		payment. If line 7 is larger than the total of lines 4, 5, and 8, en				10	14,8	859. 0.
11 Part		the amount of line 10 you want: Credited to 2025 estimated to Statements Regarding Certain Activities and Otl		12,8!		11		<u> </u>
					· · · · · · · · · · · · · · · · · · ·			Τ
1		y time during the 2024 calendar year, did the organization have					Yes	S No
		a financial account (bank, securities, or other) in a foreign count	•	-	•			
		EN Form 114, Report of Foreign Bank and Financial Accounts. I	i res, entertr	ne name o	the foreign country			х
2	here	g the tax year, did the organization receive a distribution from,	or was it the are	antar of a	transforor to a			<u> </u>
2		g the tax year, did the organization receive a distribution from, in trust?	J	,	,			Х
		in trust? s," see instructions for other forms the organization may have t						125
3		the amount of tax-exempt interest received or accrued during t			\$			
4		available pre-2018 NOL carryovers here \$			ny post-2017 NOL car	rvover		
•		n on Schedule A (Form 990-T). Don't reduce the NOL carryover					a	
5		2017 NOL carryovers. Enter the Business Activity Code and ava	-	-	· ·		<i>y</i> .	
		mounts shown below by any NOL claimed on any Schedule A,	=		•			
		Business Activity Code	,		ilable post-2017 NOL		/er	
		•		\$	•			
				\$				
				\$				
				\$				
6 a	Rese	rved for future use						
b		rved for future use						
Part	V	Supplemental Information						
Provide	e any a	dditional information. See instructions.						
C:~~	U	nder penalties of perjury, I declare that I have examined this return, including accompa prects and applete. Declaration of preparer (other than taxpayer) is based on all infor	anying schedules and mation of which prep	d statements, a parer has any l	and to the best of my knowled knowledge.	dge and b	elief, it is true,	
Sign Here		11/11/2025				ay the IRS	discuss this return	n with
пеге		MULLAND DYOWN	CFO				shown below (see	
	8	ianature of officer 198 Date	Title		ins	structions)? X Yes	No
		Print/Type preparer's name Preparer's signature		Date	Check i	f PTIN	J	
Paid					self-employed			
Prepa	arer		H, CPA	11/10	<u> </u>		01518894	
Use C	Only	Firm's name CLIFTONLARSONALLEN LLP	ATTT - 12	\ <u> </u>	Firm's EIN	4.	1-07467	<u>49</u>
		301 S.W. ADAMS STREET,	SUITE 10	000	,	200	\ CD4 4:	- 0 0
		Firm's address PEORIA, IL 61602			Phone no. (309) 671-45	
							Form 990-	(2024)

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS - FALCON STRATEGIC PARTNERS V, LP	N/A	1.
CHARITABLE CONTRIBUTIONS - FALCON PRIVATE CREDIT OPPORTUNITIES VI, LP	N/A	17.
TOTAL TO FORM 990-T, PART I,	LINE 4	18.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT 2
	CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT		
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2019 YEAR 2020 YEAR 2021 YEAR 2022 YEAR 2023		
TOTAL CARE	RYOVER RENT YEAR 10% CONTRIBUTIONS	18	
	TRIBUTIONS AVAILABLE NCOME LIMITATION AS ADJUSTED	18 4,591	-
EXCESS 100	NTRIBUTIONS)% CONTRIBUTIONS ESS CONTRIBUTIONS	0 0 0	_
ALLOWABLE	CONTRIBUTIONS DEDUCTION		18
TOTAL CONT	TRIBUTION DEDUCTION		18

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2024

Department of the Treasury Internal Revenue Service 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).

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

	Name of the organization THE FINDLAY-HANCOCK COUNTY COMMUNITY FOUNDATION				
related business activity code (see instructions) 900	003		D Sequence:	1 of 1	
escribe the unrelated trade or business INVESTMENT	TN PA	RTNERSHIP			
	111 111		(D) F	(O) No.	
Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net	
Gross receipts or sales					
_ess returns and allowances c Balance	1c				
Cost of goods sold (Part III, line 8)	2				
Gross profit. Subtract line 2 from line 1c					
Capital gain net income (attach Schedule D (Form 1041 or Forr	1 1				
1120)). See instructions	4a	40,489.		40,489	
Net gain (loss) (Form 4797) (attach Form 4797). See instruction	s 4b				
Capital loss deduction for trusts	4c				
ncome (loss) from a partnership or an S corporation (attach					
statement) STATEMENT 3		6,418.		6,418	
Rent income (Part IV)	6				
Unrelated debt-financed income (Part V)					
nterest, annuities, royalties, and rents from a controlled					
organization (Part VI)	8				
nvestment income of section 501(c)(7), (9), or (17)					
organizations (Part VII)	9				
Exploited exempt activity income (Part VIII)					
Advertising income (Part IX)	11				
Other income (see instructions; attach statement)					
Total. Combine lines 3 through 12	13	46,907.		1 16 007	
II Doductions Not Taken Elecurbora See instru			uations Doductio	•	
Deductions Not Taken Elsewhere. See instruction directly connected with the unrelated business	uctions fo s income	r limitations on ded		•	
directly connected with the unrelated business Compensation of officers, directors, and trustees (Part X)	uctions fo s income	r limitations on ded	1	•	
directly connected with the unrelated business Compensation of officers, directors, and trustees (Part X) Salaries and wages	uctions fo s income	r limitations on ded	1 2	•	
directly connected with the unrelated business Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance	uctions fo s income	r limitations on ded	1 2 3	•	
directly connected with the unrelated business Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts	uctions fo s income	r limitations on ded	1 2 3 4	•	
directly connected with the unrelated business Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions	uctions fo s income	r limitations on ded	1 2 3 4 5	•	
directly connected with the unrelated business Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses	uctions fo s income	r limitations on ded	1 2 3 4 5	•	
directly connected with the unrelated business Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions	uctions fo s income	r limitations on ded	1 2 3 4 5 6	•	
directly connected with the unrelated business Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return	uctions fo s income	r limitations on ded	1 2 3 4 5 6	•	
directly connected with the unrelated business Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion	uctions fo s income	r limitations on ded	1 2 3 4 5 6 8b 9	•	
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directly connected with the unrelated business Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX)	uctions fo s income	r limitations on ded	1 2 3 4 5 6 8b 9 10 11 11 12	•	
directly connected with the unrelated business Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement)	uctions fo s income	r limitations on ded	1 2 3 4 5 6 8b 9 10 11 12 13	ns must be	
directly connected with the unrelated business Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement) Total deductions. Add lines 1 through 14	uctions fo s income	r limitations on ded	1 2 3 4 5 6 8b 9 10 11 12 13 14	ns must be	
directly connected with the unrelated business Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement) Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction	uctions fo s income	r limitations on ded	1 2 3 4 5 6 6 8b 9 10 11 12 13 14 15 3,	ns must be	
directly connected with the unrelated business Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement) Total deductions. Add lines 1 through 14	uctions fo s income	r limitations on ded	1 2 3 4 5 6 6 8b 9 10 11 12 13 14 15 3, 16	46,907 ns must be 0 46,907	

	ule A (Form 990-T) 2024					ľ	age 2
Part		hod of inventory valua	tion				
1	Inventory at beginning of year				1		
2	Purchases				2		
3	Cost of labor				3		
4	Additional section 263A costs (attach statement)				4		
5	Other costs (attach statement)				5		
6	Total. Add lines 1 through 5				6		
7	Inventory at end of year				7		
8	Cost of goods sold. Subtract line 7 from line 6. Enter l	here and in Part I, line	2	L	8		
9	Do the rules of section 263A (with respect to property					Yes	No
Part	, , , ,		_		<u>/) </u>		
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See instru	uctions.			
	A 🔛						
	В 🔛						
	c						
	D						
		A	В	С		D	
2	Rent received or accrued						
а	From personal property (if the percentage of						
	rent for personal property is more than 10%						
	but not more than 50%)						
b	From real and personal property (if the						
	percentage of rent for personal property exceeds						
	50% or if the rent is based on profit or income)						
С	Total rents received or accrued by property.						
	Add lines 2a and 2b, columns A through D						
4 5	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E.		, line 6, column (B)				0.
Part			, (2)				
1	Description of debt-financed property (street address, of		Check if a dual-use. See	instructions.			
	A	, ,,,					
	В						
	c 🗔						
	D						
		Α	В	С		D	
2	Gross income from or allocable to debt-financed						
	property						
3	Deductions directly connected with or allocable						
	to debt-financed property						
а	Straight line depreciation (attach statement)						
b	Other deductions (attach statement)						
С	Total deductions (add lines 3a and 3b,						
	columns A through D)						
4	Amount of average acquisition debt on or allocable						
	to debt-financed property (attach statement)						
5	Average adjusted basis of or allocable to debt-						
J	financed property (attach statement)						
6	Divide line 4 by line 5	%	%		%		%
7	Gross income reportable. Multiply line 2 by line 6		70		/0		70
8	Total gross income (add line 7, columns A through D)		rt I line 7 column (A)				0.
J	Total gross moone (and line 1, columns A unough b)	. LING HEIE AND UN FA	, mic r, column (A)				•
9	Allocable deductions. Multiply line 3c by line 6				Ι		
10	Total allocable deductions. Add line 9, columns A thr	ough D. Enter here an	d on Part Lline 7, colum	nn (B)	I		0.
11	Total dividends-received deductions included in line						0.

1

Schedule A (Form 990-T) 2024 Page 3 Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 5. Part of column 4 1. Name of controlled 2. Employer 3. Net unrelated 4. Total of specified 6. Deductions directly that is included in the identification payments made connected with organization income (loss) controlling organizanumber (see instructions) income in column 5 tion's gross income (1) (2)(3)(4)Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated 9. Total of specified 10. Part of column 9 11. Deductions directly that is included in the income (loss) payments made connected with controlling organization's (see instructions) income in column 10 gross income (1) (2) (3)(4)Add columns 5 and 10. Add columns 6 and 11. Enter here and on Part I, Enter here and on Part I, line 8, column (B). line 8, column (A). 0 Investment Income of a Section 501(c)(7), (9), or (17) Organization Part VII (see instructions) 1. Description of income 5. Total deductions 2. Amount of 3. Deductions 4. Set-asides and set-asides income directly connected (attach statement) (attach statement) (add cols 3 and 4) (1) (2)(3)(4)Add amounts in Add amounts in column 2. Enter column 5. Enter here and on Part I, here and on Part I. line 9, column (A). line 9, column (B). Totals Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Description of exploited activity: 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 4 Gross income from activity that is not unrelated business income 5 5 Expenses attributable to income entered on line 5 6 6 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12

Schedule A (Form 990-T) 2024

Part	IX Advertising Income				Page 4
1	Name(s) of periodical(s). Check box if reporting two	o or more periodicals on a	consolidated basi	S.	
	A				
	В 🔲				
	c 🗌				
	D				
Enter	amounts for each periodical listed above in the corre	enonding column			
LIILGI	amounts for each periodical listed above in the corre			С	
_		Α	В		D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Part	I, line 11, column (A)			0.
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Part	I, line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	-				
	line 4 showing a loss or zero, do not complete		1		
	lines 5 through 7, and enter -0- on line 8		1		
5	Readership costs		-		
6	Circulation income		1		
7	Excess readership costs. If line 6 is less than		1		
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter -0-				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
_			alar O bara and		
а	Add line 8, columns A through D. Enter the greater				0.
Part	X Compensation of Officers, Directors	ore and Truetope /	! t t \		<u> </u>
ıaıı	Compensation of Officers, Direct	ors, and rrustees	ee instructions)		4.0
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	•				
Total	Enter here and on Part II, line 1				0.
Part		ti.a.a.\			<u> </u>
ıaıı	See ins	tructions)			
			<u></u>		<u> </u>

FORM 990-T (A)	INCOME (LOSS)	FROM PARTNERSHIPS	STATEMENT 3
DESCRIPTION			NET INCOME OR (LOSS)
FALCON STRATEGIC PARTNER (LOSS) FALCON PRIVATE CREDIT OP BUSINESS INCOME (LOSS) FALCON PRIVATE CREDIT OP AUDAX DIRECT LENDING SOL BUSINESS INCOME (LOSS) MPLX LP - ORDINARY BUSIN	PORTUNITIES VI PORTUNITIES VI UTIONS FUND-C,	, LP - ORDINARY , LP - ROYALTIES LP - ORDINARY	-1,537. -4,897. 172. 10,911. 711.
PRIVATE ADVISORS COINVES BUSINESS INCOME (LOSS) TOTAL INCLUDED ON SCHEDU	TMENT FUND III	LP - ORDINARY	1,058.

SCHEDULE D (Form 1120)

Name

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

THE FINDLAY-HANCOCK COUNTY COMMUNITY

Employer identification number

34-1713261

Did the corporation dispose of any investment	Yes X No								
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.									
Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less									
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga		(h) Gain or (loss) Subtract column (e) from				
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column		column (d) and combine the result with column (g)				
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b									
1b Totals for all transactions reported on									
Form(s) 8949 with Box A checked									
2 Totals for all transactions reported on									
Form(s) 8949 with Box B checked									
3 Totals for all transactions reported on									
Form(s) 8949 with Box C checked					24.				
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4					
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5					
6 Unused capital loss carryover (attach computa	ation)			6					
7 Net short-term capital gain or (loss). Combine	e lines 1a through 6 in column	ı h		7	24.				
Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Than	One Year						
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	949,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)				
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions									

17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns

Note: If losses exceed gains, see Capital Losses in the instructions.

on Form 8949, leave this line blank and go to

8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on

Form(s) 8949 with Box F checked

11 Enter gain from Form 4797, line 7 or 9

Part III Summary of Parts I and II

14 Capital gain distributions

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)

12 Long-term capital gain from installment sales from Form 6252, line 26 or 37

13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h

Schedule D (Form 1120) 2024

22,107.

18,358.

40,465.

40,465.

40,489.

24.

LHA

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Form **8949**Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

Attachm Sequen

2024

Attachment 124

Name(s) shown on return

THE FINDLAY-HANCOCK COUNTY COMMUNITY FOUNDATION

Social security number or taxpayer identification no.

34-1713261

Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	ation as Form 109	you received any 99-B. Either will s	r Form(s) 1099-B o show whether you	or substitute statem r basis (usually you	ent(s) fron r cost) was	n your broker. A su s reported to the IR	bstitute S by your
Part I Short-Term. Transact transactions, see page 2.	ions involving capit	al assets you held	1 year or less are ger	nerally short-term (see	instruction	s). For long-term	
Note: You may aggregate al codes are required. Enter the							
You must check Box A, B, or C below. (If you have more short-term transactions than wil	Check only one bo	e or more of the boxes	oox applies for your short s, complete as many forn	t-term transactions, comp ns with the same box che	lete a separat cked as you n	e Form 8949, page 1, for leed.	each applicable box.
(A) Short-term transactions rep		-	-	· · · · · · · · · · · · · · · · · · ·	Note ab	ove)	
(B) Short-term transactions rep				eported to the IRS			
X (C) Short-term transactions no	(b)	(c)	(d)	(e)	Adiustmer	nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If y	ou enter an amount (g), enter a code in	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the Note below and	column (f). See instructions.	Subtract column (e) from column (d) &
		(Mo., day, yr.)		see Column (e) in	(f) Code(s)	(g) Amount of	combine the result
ALIDAY DIDEOM				the instructions	Code(s)	adjustment	with column (g)
AUDAX DIRECT LENDING SOLUTIONS							
FUND-C, L							24.
10112 0, 1							211
	1						
	1						
2 Totals. Add the amounts in colur	mns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each to	tal here and inclu	ıde on your		ĺ			

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (a) in the separate instructions for how to figure the amount of the adjustment.

423011 12-18-24 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked)

Form **8949** (2024)

Form 8949 (2024) Attachment Sequence No. 12A Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1 Social security number or taxpayer identification no. THE FINDLAY-HANCOCK COUNTY COMMUNITY FOUNDATION 34-1713261 Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Police Service aren't required to report these transactions on Form 8949 (see instructions). codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (a) (b) (c) (d) (e) (h) loss. If you enter an amount **Proceeds** Cost or other Gain or (loss). Description of property Date sold or Date acquired in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) combine the result see *Column (e*) ir Amount of Code(s) with column (g) the instructions adjustment FALCON PRIVATE CREDIT 21,144. OPPORTUNITIES VI AUDAX DIRECT LENDING SOLUTIONS FUND-C, 963. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2024)

22,107.

Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

Department of the Treasury Internal Revenue Service

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

	e(s) shown on return						Ide	ntifying number
	E FINDLAY-HANCOCK C UNDATION	OUNTY COL	MUNT'T'Y					34-1713261
	Enter the gross proceeds from sales	or ovehanges rer	ported to you for	: 2024 on Form(s) :	1000 B or 1000 S	Т		<u> </u>
ıa	(or substitute statement) that you are				1099-0 01 1099-3		1a	
b	Enter the total amount of gain that y							
	MACRS assets						1b	
С	Enter the total amount of loss that ye							
	assets						1c	
Pa	rt I Sales or Exchanges of					-	ions	From Other
	Than Casualty or Thef	t-Most Prope	rty Heia Mo	re inan i Yea	T	·		
2	(a) Description	(b) Date acquired	(C) Date sold	(d) Gross sales	(e) Depreciation allowed or	(f) Cost or othe basis, plus	ner	(g) Gain or (loss) Subtract (f) from the
SE	of property	(mo., day, yr.)	(mo., day, yr.)	price	allowable since acquisition	improvements a expense of sa		sum of (d) and (e)
25	E STATEMENT 4	+			aoquiomon	oxpones or ou		
		+						
3	Gain, if any, from Form 4684, line 39			1	1		3	
4	Section 1231 gain from installment s						4	
5	Section 1231 gain or (loss) from like-						5	
6	Gain, if any, from line 32, from other						6	
7	Combine lines 2 through 6. Enter the	gain or (loss) her					7	18,358.
	Partnerships and S corporations. Iine 10, or Form 1120-S, Schedule K				or Form 1065, Sche	edule K,		
	Individuals, partners, S corporation	•			loss enter the am	ount		
	from line 7 on line 11 below and skip							
	1231 losses, or they were recaptured	•			ng-term capital gai	n on		
	the Schedule D filed with your return	and skip lines 8,	9, 11, and 12 b	elow.				
8	Nonrecaptured net section 1231 loss	ses from prior yea	ırs. See instructi	ons			8	
9	Subtract line 8 from line 7. If zero or	less, enter -0 If li	ne 9 is zero, ent	er the gain from lir	ne 7 on line 12 belo	w. If		
	line 9 is more than zero, enter the an	nount from line 8	on line 12 below	and enter the gain	n from line 9 as a lo	ong-term		
	capital gain on the Schedule D filed	with your return. S	See instructions				9	18,358.
Pa	rt II Ordinary Gains and	Losses (see in	structions)					
10	Ordinary gains and losses not inclu	ded on lines 11 th	arough 16 (inclu	de property held 1	vear or less):			
	Cramary game and record from more		li cagni ro (molat		1			
11	Loss, if any, from line 7	•		•	•		11	()
12	Gain, if any, from line 7 or amount from						12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, lin	nes 31 and 38a					14	
15	Ordinary gain from installment sales						15	
16	Ordinary gain or (loss) from like-kind	exchanges from I	orm 8824			L	16	
17	Combine lines 10 through 16						17	
18	For all except individual returns, enter	er the amount fror	n line 17 on the	appropriate line of	your return and sk	tip lines		
	a and b below. For individual returns	, complete lines a	and b below.					
а	If the loss on line 11 includes a loss	from Form 4684,	line 35, column	(b)(ii), enter that pa	ert of the loss here.	Enter the		
	loss from income-producing property							
	as an employee.) Identify as from "Fo						18a	
b	Redetermine the gain or (loss) on line	e 17 excluding the	e loss, if any, on	line 18a. Enter he	re and on Schedule			
	(Form 1040), Part I, line 4			<u></u>			18b	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2024)

Form 4797 (2024) FOUNDATION

34-1713261

Page 2

Part III Gain From Disposition of Proper	ty Und	er Sections 1245,	1250, 1252	, 12	5 4, and 1255 (se	ee instructions)
19 (a) Description of section 1245, 1250, 1252, 1254,	or 1255 p	property:			(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
Α						
В						
С						
D						
These columns relate to the properties on lines 19A through 19D.		Property A	Property I	В	Property C	Property D
20 Gross sales price (Note: See line 1a before completing.)	20					
Cost or other basis plus expense of sale	21					
Depreciation (or depletion) allowed or allowable	22					
Adjusted basis. Subtract line 22 from line 21	23					
24 Total gain. Subtract line 23 from line 20	24					
25 If section 1245 property:						
a Depreciation allowed or allowable from line 22	25a					
b Enter the smaller of line 24 or 25a	25b					
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
a Additional depreciation after 1975. See instructions	26a					
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b					
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
d Additional depreciation after 1969 and before 1976	26d					
e Enter the smaller of line 26c or 26d	26e					
f Section 291 amount (corporations only)	26f					
g Add lines 26b, 26e, and 26f	26g					
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.						
a Soil, water, and land clearing expenses	27a					
b Line 27a multiplied by applicable percentage	27b					
c Enter the smaller of line 24 or 27b	27c					
28 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a					
b Enter the smaller of line 24 or 28a	28b					
29 If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions	29a					
b Enter the smaller of line 24 or 29a. See instructions	29b					
	•		221 1 6		. "	•
Summary of Part III Gains. Complete property of	columns	A through D through III	ne 29b before (going	to line 30.	
Total gains for all properties. Add property columns	A throu	gh D, line 24			30)
Add property columns A through D, lines 25b, 26g,					31	
32 Subtract line 31 from line 30. Enter the portion from		y or theft on Form 4684	4, line 33. Ente	r the	•	
from other than casualty or theft on Form 4797, line Part IV Recapture Amounts Under Section	e 6 ons 179	9 and 280F(b)(2) W	/hen Busine	ess l	Use Drops to 50	
(see instructions)					T	
					(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allo	wable in	n prior years		33		
Recomputed depreciation. See instructions				34		
35 Recapture amount. Subtract line 34 from line 33. S				35		

FORM 4797	PRO	PERTY HELI	MORE THAN	ONE YEAR	STA	ATEMENT 4
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
FALCON STRATEGIC PARTNERS V, LP FALCON PRIVATE						19,632.
CREDIT OPPORTUNITIES VI, PRIVATE ADVISORS COINVESTMENT FUND						-181.
III L						-1,093.
TOTAL TO 4797, PA	RT I, LINE	2				18,358.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service **Capital Gains and Losses**

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

THE FINDLAY-HANCOCK	COUNTY	COMMUNITY	
FOUNDATION			34-1713261

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes X No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts (h) Gain or (loss) (g) Adjustments to gain (d) (e) to enter on the lines below. Subtract column (e) from or loss from Form(s) 8949, Proceeds Cost column (d) and combine the This form may be easier to complete if you round off cents to whole dollars. (or other basis) Part I, line 2, column (g) (sales price) result with column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on 24. Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7 Long-Term Capital Gains and Losses - Assets Held More Than One Year Part II See instructions for how to figure the amounts (h) Gain or (loss) (g) Adjustments to gain to enter on the lines below. Subtract column (e) from Proceeds Cost or loss from Form(s) 8949, column (d) and combine the This form may be easier to complete if you (sales price) (or other basis) Part II, line 2, column (g) result with column (a) round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on 22,107 Form(s) 8949 with Box F checked 18.358 11 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions 14 40,465 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 40,465. 40,489 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Note: If losses exceed gains, see Capital Losses in the instructions.

Schedule D (Form 1120) 2024

Form **8949**

Sales and Other Dispositions of Capital Assets

2024

ZUZ4

Department of the Treasury Internal Revenue Service File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

Attachment Sequence No. **12A**

OMB No. 1545-0074

Social security number or taxpayer identification no. 34-1713261

Name(s) shown on return

THE FINDLAY-HANCOCK COUNTY COMMUNITY
FOUNDATION

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments of codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

,	and the state of t	nou do jou noou.
	(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see	Note above)
	(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS	

(C) Short-term transactions not reported to you on Form 1099-B 1 Adjustment, if any, to gain or (h) (a) (c) (d) (e) loss. If you enter an amount Proceeds Description of property Date acquired Date sold or Cost or other Gain or (loss). in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of see Column (e) ir combine the result Code(s) with column (g) the instructions adjustment AUDAX DIRECT LENDING SOLUTIONS FUND-C, 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

23011 12-18-24 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2024)

Form 8949 (2024) Attachment Sequence No. 12A Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1 Social security number or taxpayer identification no. THE FINDLAY-HANCOCK COUNTY COMMUNITY FOUNDATION 34-1713261 Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Police Service aren't required to report these transactions on Form 8949 (see instructions). codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (a) (b) (c) (d) (e) (h) loss. If you enter an amount **Proceeds** Cost or other Gain or (loss). Description of property Date sold or Date acquired in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) combine the result see *Column (e*) ir Amount of Code(s) with column (g) the instructions adjustment FALCON PRIVATE CREDIT OPPORTUNITIES VI 21,144 AUDAX DIRECT LENDING SOLUTIONS FUND-C, 963 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2024)

22,107.

above is checked), or line 10 (if Box F above is checked)

Alternative Minimum Tax-Corporations

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form4626 for instructions and the latest information.

Nam	e of corporation	Employer identification number (EIN)					
	THE FINDLAY-HANCOCK COUNTY COMMUNITY						
	FOUNDATION				34-1713	3261	
Α	Is the corporation filing this form a member of a controlled group treated as a single	employ	er under sections 59(k)(1)(D) an	d 52?	Yes	X No	
	If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial						
	statement income or loss for each member of the controlled group treated as a single employer taken into						
	account in the determination of "applicable corporation" under section 59(k)(1)(D).						
В	Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)?						
	If "Yes," the corporation must complete Part V listing the names, EINs, and	separ	ate company financial				
_	statement income or loss for each member of the FPMG under section 59(
Pa	art I Applicable Corporation Determination (Report all am	ounts	in U.S. dollars.)				
	If you have already determined in current or prior years you are an a	pplica					
				ond Precedir	ıg (c) Third	Preceding	
			Year Ended Y	ear Ended	Year	Ended	
1	Net income or loss per applicable financial statement(s) (AFS) (see inst):						
а	Consolidated net income or loss per the AFS of the corporation	1a					
b	Include AFS net income or loss of other includible entities (add						
	net income and subtract net loss)	1b					
С	Exclude AFS net income or loss of excludible entities (add net						
	loss and subtract net income)	1c					
d	Adjustment for certain consolidating entries (see instructions)	1d					
е	Specified additional net income or loss item B. Reserved for future use	1e					
f	AFS net income or loss of all entities in the test group before						
	adjustments. Combine lines 1a through 1d	1f					
2	Adjustments (see instructions):						
а	Financial statements covering different tax years	2a					
b	Corporations that are not included on the taxpayer's consolidated						
	return	2b					
С	Aggregate pro-rata share of adjusted net income from controlled foreign corporations (CFCs) for which the corporation is a U.S. shareholder. If zero or						
	less, enter -0- (attach Schedule A (Form 4626)) (see instructions for special rules						
	if completing this form for an FPMG)	2c					
d	Amounts that are not effectively connected to a U.S. trade or business						
	(see instructions for special rules if completing this form for an FPMG)	2d					
е	Certain taxes	2e					
f	Patronage dividends and per-unit retain allocations (cooperatives only)	2f					
g	Alaska native corporations	2g					
h	Certain credits	2h					
i	Mortgage servicing income	2 i					
j	Tax-exempt entities (organizations subject to tax under section 511)	2 j					
k	Depreciation	2k					
ı	Qualified wireless spectrum	2 l					
m		2m					
n	Adjustments related to bankruptcy and insolvency	2n					
0	Certain insurance company adjustments	20					
р	Adjustment P - Reserved for future use	2 p					
q	Adjustment Q - Reserved for future use	2q					
r	Adjustment R - Reserved for future use	2r					
S	Adjustment S - Reserved for future use	_2s					
z	Other	2z					
3	Specified adjustment. Reserved for future use	3					
4	Total adjustments. Combine lines 2a through 2z	4					
5	AFSI. Combine lines 1f and 4	5	1() (" 5	Τ.			
6	AFSI of first, second, and third preceding tax years. Combine columns (a),						
7	3-year average annual AFSI (see instructions)			7			

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Page 2 Form 4626 (2024) Part I Applicable Corporation Determination (Report all amounts in U.S. dollars.) (continued) Is line 7 more than \$1 billion? Yes. Continue to line 9. No. STOP here and attach to your tax return. Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)? Yes. Continue to line 10. No. Continue to Part II. (a) (b) (c) First Preceding Second Preceding Third Preceding Year Ended Year Ended Year Ended AFSI for purposes of the \$100 million test before adjustments: **a** AFSI from line 5 10a **b** Aggregation differences (see instructions) 10b c Total AFSI for purposes of the \$100 million test before adjustments. Combine lines 10a and 10b 10c Adjustments: a Income not effectively connected to a U.S. trade or business 11a **b** Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions) 11b c Reserved for future use - Other adjustments 1 11c **d** Reserved for future use - Other adjustments 2 11d Total adjustments. Combine lines 11a and 11b 12 12 13 Total AFSI for purposes of the \$100 million test. Combine lines 13 10c and 12 14 14 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13

3-year average annual AFSI for purposes of the \$100 million test

Form **4626** (2024)

15 16

Is line 15 \$100 million or more?

Yes. Continue to Part II.

No. STOP here. Attach to your tax return.

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Form	4626 (2024)		Page 3
Pai	rt II Corporate Alternative Minimum Tax (CAMT)		
1	Net income or loss per AFS (see instructions):		
а	Consolidated net income or loss per the AFS of the corporation	1a	45,889.
b	Include AFS net income or loss of other includible entities (add net income and subtract net loss)	41.	
С	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c	
d	Adjustment for certain consolidating entries (see instructions)		
е	Specified additional net income or loss item D. Reserved for future use		
f	AFS net income or loss before adjustments. Combine lines 1a through 1d		45,889.
2	Adjustments (see instructions):		,
а	Financial statements covering different tax years	2a	
b	Reserved for future use - Adjustment 2b	2b	
c	Corporations that are not included on the taxpayers - consolidated return (see instructions)	0-	
d	The comparation of distribution of adjusted financial statement in comparation and in adjusted in	0-1	
	Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S.		
·		2e	
f	Shareholder. Enter the amount from Part VI, Section II, line 3 Amounts that are not effectively connected to a U.S. trade or business		
'			
9 h	Certain taxes. Enter the amount from Part III, line 7 Patronage dividends and per-unit retain allocations (cooperatives only)		
n :			
	Alaska native corporations	2i	
	Certain credits	2j	
k	Mortgage servicing income	2k	
	Covered benefit plans described in section 56A(c)(11)(B)		
	Tax-exempt entities (organizations subject to tax under section 511)		
n	Depreciation	2n	
0	Qualified wireless spectrum	20	
р	Covered transactions	2p	
q	Adjustments related to bankruptcy and insolvency		
r	Certain insurance company adjustments	2r	
S	AFSI adjustment S - Reserved for future use	_2s	
t	AFSI adjustment T - Reserved for future use	2t	
u	,	2u	40 400
Z	Other STATEMENT 6 *		-40,489.
3	Total adjustments. Combine lines 2a through 2z		-40,489.
4	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3		5,400.
5	Financial statement net operating loss (FSNOL) (see instructions)		F 400
6	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-		5,400.
7	Multiply line 6 by 15% (0.15)	7	810.
8	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)		212
9	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-)	9	810.
10	Regular tax liability (see instructions)	10	9,637.
11	Base erosion minimum tax (see instructions)	11	0.
12	Combine lines 10 and 11	12	9,637.
13	Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form		
	1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13	0.
Pa	rt III Adjustment for Certain Taxes Under Section 56A(c)(5)		T
1	Current income tax provision - Foreign	1	
2	Current income tax provision - Federal	2	
3	Deferred income tax provision - Foreign	3	
4	Deferred income tax provision - Federal	4	
5	Income taxes included in equity method investment income	5	
6 a	Adjustment A - Reserved for future use	6a	
b	Adjustment B - Reserved for future use	6b	
c	Adjustment C - Reserved for future use	6с	
c	Adjustment D - Reserved for future use	6d	
e	Adjustment E - Reserved for future use	6e	
f	Adjustment F - Reserved for future use	6f	
ç	Adjustment G - Reserved for future use	6g	
	n Adjustment H - Reserved for future use	6h	
	: Income taxes in other places	6z	
	Total Combine lines 1 through 67 Enter here and on Part II line 2g	7	

8STATEMENT 5 * SEE ALSO

Form **4626** (2024)

Form 4626 (2024) Page **4**

Pa	rt IV Corpo	rate Alternative Minimum Tax - Foreign Tax Credit		
Sec	tion I - CAM	T Foreign Tax Credit		
1	Domestic corp	oration CAMT foreign income taxes:		
а	Total foreign ta	xes paid or accrued as reported on Form 1118, Schedule B,		
	Part I, column	2(j)		
b	Adjustment			
С	Adjustment			
d	Adjustment	1d	_	
е			_	
f	Adjustment		_	
g	Adjustment			
2	Total domestic	corporation CAMT foreign income taxes. Combine lines 1a through 1g	2	
3	Allowable CFC	CAMT foreign income taxes:		
а	Pro-rata share	of CFC CAMT foreign income taxes from Part IV, Section II, line		
	11, column (n)		4	
b			-	
С	-	ccess foreign taxes (from Part IV, Section III, line 4, column (vii))		
d		AT foreign income taxes. Add lines 3a, 3b, and 3c	3d	
е	0 .	ecified in section 55(b)(2)(A)(i) 3e 15%	2	
f		rata share of adjusted net income from CFCs for which the		
	=	a U.S. shareholder. Enter the amount from Part VI, Section II,		
		uctions) 3f		
g		C limitation (multiply line 3e by line 3f)	3g	
h		CAMT foreign income taxes (lesser of line 3d or line 3g)	3h	
4		e 4 - Reserved for future use	4	
5		e 5 - Reserved for future use	5	
6	Total CAMT for	reign income taxes. Combine lines 2 and 3h. Enter this amount on Part II, line 8.	6	İ

Form **4626** (2024)

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

OMB No. 1545-0184

	rtment of the Treasury al Revenue Service	Go	to www.irs.gov		your tax return. instructions and t	the latest informa	tion.		Attachment Sequence No. 27
Nam	e(s) shown on return							Ide	ntifying number
TH	E FINDLAY-HA	NCOCK C	OUNTY COM	MUNITY					
FO	UNDATION								34-1713261
1a	Enter the gross procee	eds from sales o	or exchanges rep	orted to you for	2024 on Form(s) 1	099-B or 1099-S			
	(or substitute stateme	nt) that you are	including on line	2, 10, or 20				1a	
b	Enter the total amount	t of gain that yo	u are including o	n lines 2, 10, an	d 24 due to the pa	rtial dispositions o	of		
	MACRS assets							1b	
С	Enter the total amount	t of loss that yo	u are including o	n lines 2 and 10	due to the partial	dispositions of MA	CRS		
_	assets		<u> </u>	······		······		_1c	
Pa					or Business are Than 1 Year		-	sions	s From Otner
_		, 0				(e) Depreciation	(f) Cost or o	other	
2	(a) Description of property		(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	allowed or	basis, plu	s	(g) Gain or (loss) Subtract (f) from the
SE		7	(IIIO., day, yr.)	(IIIO., day, yr.)	price	allowable since acquisition	improvements expense of s		sum of (d) and (e)
		•							
3	Gain, if any, from Forn	n 4684 line 30	I		l	l	1	3	
4	Section 1231 gain from							4	
5	Section 1231 gain or (5	
6	Gain, if any, from line							6	
7	Combine lines 2 throu	•	•					7	18,358.
'	Partnerships and S c						dula K		10,3301
	line 10, or Form 1120-	-				11 01111 1005, 30116	dule IX,		
	Individuals, partners,		•			loss ontor the am	ount		
	from line 7 on line 11 b	-	•						
	1231 losses, or they w								
	the Schedule D filed w	vith your return	and skip lines 8,	9, 11, and 12 be	elow.				
8	Nonrecaptured net se	ction 1231 loss	es from prior vea	rs. See instruction	ons			8	
9	Subtract line 8 from lin								
	line 9 is more than zer		•	•	•				
	capital gain on the Scl					***************************************	-	9	18,358.
Da			-						,
Pa	ordinary	Gains and I	_osses (see ins	structions)					
10	Ordinary gains and lo	sses not includ	led on lines 11 th	rough 16 (includ	le property held 1	year or less):			
11	Loss, if any, from line							11	()
12	Gain, if any, from line	7 or amount fro	m line 8, if applic	able				12	
13	Gain, if any, from line	31						13	
14	Net gain or (loss) from	Form 4684, line	es 31 and 38a					14	
15	Ordinary gain from ins							15	
16	Ordinary gain or (loss)	from like-kind e	exchanges from F	orm 8824				16	
17	Combine lines 10 thro							17	
18	For all except individu	al returns, ente	r the amount fron	n line 17 on the	appropriate line of	your return and sl	kip lines		
	a and b below. For inc	lividual returns,	complete lines a	and b below.					
а	If the loss on line 11 in	ncludes a loss fr	rom Form 4684, I	ine 35, column (b)(ii), enter that par	rt of the loss here.	Enter the		
	loss from income-prod	• • • •	•	**	•		•		
	as an employee.) Iden	tify as from "Fo	rm 4797, line 18a	a." See instruction	ons			18a	
b	Redetermine the gain	or (loss) on line	17 excluding the	e loss, if any, on	line 18a. Enter her	e and on Schedule	e 1		
	(Form 1040), Part I, lin	e 4		·····	·····			18b	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2024)

Form 4797 (2024) FOUNDATION

34-1713261

Page 2

Part III Gain From Disposition of Proper	ty Und	er Sections 1245,	1250, 1252	, 12	5 4, and 1255 (se	ee instructions)
19 (a) Description of section 1245, 1250, 1252, 1254,	or 1255 p	property:			(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
Α						
В						
С						
D						
These columns relate to the properties on lines 19A through 19D.		Property A	Property I	В	Property C	Property D
20 Gross sales price (Note: See line 1a before completing.)	20					
Cost or other basis plus expense of sale	21					
Depreciation (or depletion) allowed or allowable	22					
Adjusted basis. Subtract line 22 from line 21	23					
24 Total gain. Subtract line 23 from line 20	24					
25 If section 1245 property:						
a Depreciation allowed or allowable from line 22	25a					
b Enter the smaller of line 24 or 25a	25b					
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
a Additional depreciation after 1975. See instructions	26a					
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b					
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
d Additional depreciation after 1969 and before 1976	26d					
e Enter the smaller of line 26c or 26d	26e					
f Section 291 amount (corporations only)	26f					
g Add lines 26b, 26e, and 26f	26g					
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.						
a Soil, water, and land clearing expenses	27a					
b Line 27a multiplied by applicable percentage	27b					
c Enter the smaller of line 24 or 27b	27c					
28 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a					
b Enter the smaller of line 24 or 28a	28b					
29 If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions	29a					
b Enter the smaller of line 24 or 29a. See instructions	29b					
	•		221 1 6		. "	•
Summary of Part III Gains. Complete property of	columns	A through D through III	ne 29b before (going	to line 30.	
Total gains for all properties. Add property columns	A throu	gh D, line 24			30)
Add property columns A through D, lines 25b, 26g,					31	
32 Subtract line 31 from line 30. Enter the portion from		y or theft on Form 4684	4, line 33. Ente	r the	•	
from other than casualty or theft on Form 4797, line Part IV Recapture Amounts Under Section	e 6 ons 179	9 and 280F(b)(2) W	/hen Busine	ess l	Use Drops to 50	
(see instructions)					T	
					(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allo	wable in	n prior years		33		
Recomputed depreciation. See instructions				34		
35 Recapture amount. Subtract line 34 from line 33. S				35		

FORM 4626	AMT CONTRIBUTIONS	STATEMENT 5
CARRYOVER OF PRIOR Y FOR TAX YEAR 2019 FOR TAX YEAR 2020 FOR TAX YEAR 2021 FOR TAX YEAR 2022 FOR TAX YEAR 2023	EARS UNUSED CONTRIBUTIONS	
TOTAL CARRYOVER CURRENT YEAR CONTRIE	UTIONS	18
TOTAL CONTRIBUTIONS 10% OF TAXABLE INCOM	E AS ADJUSTED	18 4,589
EXCESS CONTRIBUTIONS		
ALLOWABLE CONTRIBUTI	ONS	18
MT CHARITABLE DEDUC EGULAR CONTRIBUTION		18 18
MT CONTRIBUTION ADJ	JSTMENT	

FORM 4626	OTHER AMT ADJUSTMENTS	STATEMENT 6
DESCRIPTION		AMOUNT
ADJUSTED GAIN OR LOSS		-40,489.
TOTAL TO FORM 4626, LINE 2	2Z	-40,489.

FORM 4797	PRO	PERTY HEL	D MORE THA	N ONE YEAR	ST	ATEMENT 7
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
FALCON STRATEGIC PARTNERS V, LP FALCON PRIVATE						19,632.
CREDIT OPPORTUNITIES VI, PRIVATE ADVISORS COINVESTMENT FUND						-181.
III L						-1,093.
TOTAL TO 4797, PA	RT I, LINE	2				18,358.