

Form 8868 (Rev. January 2025) Department of the Treasury Internal Revenue Service	Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.	OMB No. 1545-0047
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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 instructions.

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

Type or Print	Name of exempt organization, employer, or other filer, see instructions. THE FINDLAY-HANCOCK COUNTY COMMUNITY FOUNDATION	Taxpayer identification number (TIN) 34-1713261
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 101 W. SANDUSKY STREET, 207	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FINDLAY, OH 45840	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return 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
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	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)

The books are in the care of **BRIAN TREECE**
101 WEST SANDUSKY STREET, STE 207 - FINDLAY, OH 45840

Telephone No. **(419) 425-1100** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☒ 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 ☐ Final return

☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 0.
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.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0.

Form **990**

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.

2024
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Inspection

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ 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) 101 W. SANDUSKY STREET	Room/suite 207	G Gross receipts \$ 59,992,357.	
	City or town, state or province, country, and ZIP or foreign postal code FINDLAY, OH 45840		H(a) Is this a group return for subordinates? ☐ Yes ☒ No	
	F Name and address of principal officer: BRIAN TREECE SAME AS C ABOVE		H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions	
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527			H(c) Group exemption number	
J Website: WWW.COMMUNITY-FOUNDATION.COM			L Year of formation: 1988 M State of legal domicile: OH	
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other				

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 FOR ALL IN THE		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	14
	6 Total number of volunteers (estimate if necessary)	6	283
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	46,889.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	45,889.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,083,048.	Current Year 23,691,903.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,497,184.	7,072,613.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	365,297.	207,741.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,945,529.	30,972,257.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,733,188.
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)		1,213,836.	1,312,256.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		846,566.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,350,025.	1,279,110.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,297,049.	8,129,526.
19 Revenue less expenses. Subtract line 18 from line 12		1,648,480.	22,842,731.
Net Assets or Fund Balances			Beginning of Current Year
	20 Total assets (Part X, line 16)	158,590,213.	195,029,537.
	21 Total liabilities (Part X, line 26)	7,510,273.	7,809,287.
	22 Net assets or fund balances. Subtract line 21 from line 20	151,079,940.	187,220,250.

Part II	Signature Block
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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	Richard Brown	11/11/2025
	Signature of Officer	Date
	RICHARD BROWN, CFO	
	Type or print name and title	

Paid Preparer Use Only	Preparer's name ANDREW SMITH, CPA	Preparer's signature ANDREW SMITH, CPA	Date 11/10/25	Check ☐ if self-employed	PTIN P01518894
	Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN 41-0746749			
	Firm's address 301 S.W. ADAMS STREET, SUITE 1000 PEORIA, IL 61602			Phone no. (309) 671-4500	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

432001 12-10-24

Form **990** (2024)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE FINDLAY-HANCOCK COUNTY COMMUNITY FOUNDATION WILL IMPROVE THE QUALITY OF LIFE FOR ALL IN THE COMMUNITY.

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 ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,538,160. including grants of \$ 5,538,160.) (Revenue \$)
GRANTMAKING ORGANIZATION:
AS A COMMUNITY FOUNDATION FOR THE ENTIRE COUNTY, THE ORGANIZATION FUNDS A WIDE RANGE OF INITIATIVES AND PROJECTS. USING ITS UNRESTRICTED AND FIELD OF INTEREST FUNDS, THE FOUNDATION CAN RESPOND TO PROPOSALS SUBMITTED BY NONPROFITS AND GOVERNMENT ENTITIES. IT ALSO MAKES INVESTMENTS IN LONG-TERM INITIATIVES THAT IMPROVE THE QUALITY OF LIFE IN THE COMMUNITY AND OFFER SYSTEM CHANGE SOLUTIONS TO PRIORITY AREAS. A MAJORITY OF THE FOUNDATION'S GRANTS ARE DETERMINED BY THE CHARITABLE INTERESTS OF IT'S DONORS.

4b (Code:) (Expenses \$ 419,437. including grants of \$) (Revenue \$)
THE FAMILY CENTER BUILDING:
THE FOUNDATION HAS A SUPPORTING ORGANIZATION THAT OPERATES A MULTI-TENANT NONPROFIT CENTER. THE BUILDING PROVIDES OFFICE AND MEETING SPACES FOR NONPROFIT TENANTS AT FAIR MARKET RENTS, RESULTING IN LOWER ADMINISTRATIVE COSTS FOR THE TENANTS AND MORE RESOURCES TO PROVIDE SERVICES TO THEIR CLIENTS. THERE IS SIGNIFICANT SYNERGY AMONG NONPROFITS, AND THE BUILDING OFFERS A ONE-STOP OPTION FOR CLIENTS TO RECEIVE MULTIPLE SERVICES IN ONE LOCATION.

4c (Code:) (Expenses \$ 413,443. including grants of \$) (Revenue \$)
ORGANIZATIONAL STRENGTHENING:
THE FOUNDATION PROVIDES MULTIPLE OPPORTUNITIES FOR LOCAL NONPROFITS TO IMPROVE THE SYSTEMS THAT SUPPORT THEIR MISSION, INITIATIVES, AND PROGRAMS. THESE OPPORTUNITIES INCLUDE INDUSTRY-SPECIFIC WORKSHOPS, PROFESSIONAL COACHING, PROFESSIONAL SERVICES ASSISTANCE, CAPACITY BUILDING STRATEGIES, AND OTHER RESOURCES FOR NONPROFITS.

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

4e Total program service expenses 6,371,040.

**THE FINDLAY-HANCOCK COUNTY COMMUNITY
FOUNDATION**

Form 990 (2024)

34-1713261 Page **3****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> ? See instructions	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 Rev. Proc. 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. See instructions</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	

THE FINDLAY-HANCOCK COUNTY COMMUNITY
FOUNDATION

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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 the 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 line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash 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 on 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 ComplianceCheck 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	15
b Enter the number of Forms W-2G included on 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	X

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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	14
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	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	3b	X
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	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?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
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?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	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?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
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?	14a	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 the 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
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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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

☒ X**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 1a 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 12		
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?	2	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?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	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?	7a	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?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	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	9	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?	10a	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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe on 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	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	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	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on 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?	16a	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?	16b	

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
BRIAN TREECE - (419) 425-1100
101 WEST SANDUSKY STREET, STE 207, FINDLAY, OH 45840

**THE FINDLAY-HANCOCK COUNTY COMMUNITY
FOUNDATION**

Form 990 (2024)

34-1713261 Page **7**

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(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) BRIAN TREECE PRESIDENT & CEO	40.00 4.00			X				168,600.	0.	15,778.
(2) RICHARD BROWN CHIEF FINANCIAL OFFICER	40.00 4.00			X				152,356.	0.	14,448.
(3) KIMBERLY BASH COMMUNITY ENGAGEMENT OFFICER	40.00 0.00				X			109,883.	0.	11,721.
(4) BEVERLY DOWLING TREASURER	1.00 0.00	X		X				0.	0.	0.
(5) CHRISTINA RODRIGUEZ TRUSTEE	1.00 0.00	X						0.	0.	0.
(6) CHRIS WARD TRUSTEE (FROM 08/24)	1.00 0.00	X						0.	0.	0.
(7) ED READING TRUSTEE	1.00 1.00	X						0.	0.	0.
(8) FRANK COSIANO TRUSTEE	1.00 0.00	X						0.	0.	0.
(9) ROD WALTON TRUSTEE (FROM 08/24)	1.00 0.00	X						0.	0.	0.
(10) GINGER JONES TRUSTEE	1.00 1.00	X						0.	0.	0.
(11) JOHN LIVINGSTON VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(12) KELLY SHROLL SECRETARY	1.00 0.00	X		X				0.	0.	0.
(13) PATTY LUCAS CHAIRPERSON	2.00 1.00	X		X				0.	0.	0.
(14) BILL CONLISK TRUSTEE	1.00 0.00	X						0.	0.	0.
(15) ALISSA PRESTON TRUSTEE	1.00 0.00	X						0.	0.	0.
(16) DON ESSEX TRUSTEE (THRU 11/24)	1.00 1.00	X						0.	0.	0.
(17) GARY WILSON TRUSTEE (THRU 05/24)	1.00 0.00	X						0.	0.	0.

THE FINDLAY-HANCOCK COUNTY COMMUNITY
FOUNDATION

Form 990 (2024)

34-1713261 Page 9

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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	23,691,903.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f				23,691,903.		
Program Service Revenue			Business Code				
	2 a						
	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)			5,060,962.		46,889.	5014073.
	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				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	29,020,100.				
	c Gain or (loss)	7c	2,011,651.				
	d Net gain or (loss)			2,011,651.			2011651.
	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			Business Code				
	11 a RELATED PARTY MANAGEMENT		900099	149,227.	149,227.		
	b ADMINISTRATIVE FEES		541200	54,724.	54,724.		
	c MISCELLANEOUS		900099	3,790.	3,790.		
	d All other revenue						
	e Total. Add lines 11a-11d			207,741.			
12 Total revenue. See instructions				30,972,257.	207,741.	46,889.	7025724.

**THE FINDLAY-HANCOCK COUNTY COMMUNITY
FOUNDATION**

Form 990 (2024)

34-1713261 Page **10****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

☒ X

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	5,538,160.	5,538,160.		
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	351,182.	122,914.	80,772.	147,496.
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	795,157.	278,305.	182,886.	333,966.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	44,460.	15,561.	10,226.	18,673.
9 Other employee benefits	37,823.	13,238.	8,699.	15,886.
10 Payroll taxes	83,634.	29,272.	19,236.	35,126.
11 Fees for services (nonemployees):				
a Management				
b Legal	8,009.	2,803.	1,842.	3,364.
c Accounting	51,431.		29,830.	21,601.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	471,169.		471,169.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	83,257.	29,140.	19,149.	34,968.
12 Advertising and promotion	98,047.			98,047.
13 Office expenses	26,182.	9,164.	6,022.	10,996.
14 Information technology	49,494.	17,323.	11,384.	20,787.
15 Royalties				
16 Occupancy	105,300.	36,855.	24,219.	44,226.
17 Travel	1,265.	443.	291.	531.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,271.	795.	522.	954.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	84,097.	29,434.	19,342.	35,321.
23 Insurance	13,237.		7,835.	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 FEDERAL UBI TAX	9,637.		9,637.	
b PROGRAMS & INITIATIVES	123,062.	123,062.		
c INTERNAL GRANTS	104,264.	104,264.		
d STAFF DEVELOPMENT	28,892.	10,112.	6,645.	12,135.
e All other expenses SEE SCH O	19,496.	10,195.	2,214.	7,087.
25 Total functional expenses. Add lines 1 through 24e	8,129,526.	6,371,040.	911,920.	846,566.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

**THE FINDLAY-HANCOCK COUNTY COMMUNITY
FOUNDATION**

Form 990 (2024)

34-1713261 Page **11**

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	510,923.	1	353,531.
	2 Savings and temporary cash investments	4,412,317.	2	6,995,804.
	3 Pledges and grants receivable, net		3	19,364,348.
	4 Accounts receivable, net	32,622.	4	56,838.
	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	60,388.	9	10,678.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	874,941.		
	b Less: accumulated depreciation	169,102.		
		789,937.	10c	705,839.
	11 Investments - publicly traded securities	129,983,140.	11	149,045,044.
	12 Investments - other securities. See Part IV, line 11	22,352,945.	12	18,111,167.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	447,941.	15	386,288.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	158,590,213.	16	195,029,537.	
Liabilities	17 Accounts payable and accrued expenses	62,869.	17	13,418.
	18 Grants payable	695,941.	18	620,539.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,751,463.	25	7,175,330.
	26 Total liabilities. Add lines 17 through 25	7,510,273.	26	7,809,287.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	150,604,732.	27	186,714,569.
	28 Net assets with donor restrictions	475,208.	28	505,681.
	Organizations that do not follow FASB ASC 958, check here ☐ 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	151,079,940.	32	187,220,250.
	33 Total liabilities and net assets/fund balances	158,590,213.	33	195,029,537.

Form **990** (2024)

THE FINDLAY-HANCOCK COUNTY COMMUNITY
FOUNDATION

Form 990 (2024)

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	30,972,257.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,129,526.
3	Revenue less expenses. Subtract line 2 from line 1	3	22,842,731.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	151,079,940.
5	Net unrealized gains (losses) on investments	5	13,308,920.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	500.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-11,841.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	187,220,250.

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: ☐ Cash ☒ Accrual ☐ Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		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:		
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	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:		
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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		

Form 990 (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☒

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s).
- | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
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| Total | | | | | | |
- LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 01-14-25 Schedule A (Form 990) 2024

**THE FINDLAY-HANCOCK COUNTY COMMUNITY
FOUNDATION**

Schedule A (Form 990) 2024

34-1713261 Page 2

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3547661.	6229090.	4018973.	3083048.	23691903.	40570675.
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	3547661.	6229090.	4018973.	3083048.	23691903.	40570675.
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)						17718686.
6 Public support. Subtract line 5 from line 4.						22851989.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	3547661.	6229090.	4018973.	3083048.	23691903.	40570675.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3110702.	5674495.	3561911.	3569005.	5014073.	20930186.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			7,237.	18,971.	46,889.	73,097.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	75,032.	63,755.	71,481.	365,297.	207,741.	783,306.
11 Total support. Add lines 7 through 10						62357264.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	36.65 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	43.91 %
16a 33 1/3% support test - 2024. 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		☒
b 33 1/3% support test - 2023. 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		☐
17a 10% -facts-and-circumstances test - 2024. 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		☐
b 10% -facts-and-circumstances test - 2023. 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		☐
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		☐

Schedule A (Form 990) 2024

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

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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 ☐

**THE FINDLAY-HANCOCK COUNTY COMMUNITY
FOUNDATION**

Schedule A (Form 990) 2024

34-1713261 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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>		

THE FINDLAY-HANCOCK COUNTY COMMUNITY
FOUNDATION

Schedule A (Form 990) 2024

34-1713261 Page 5

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting 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 0.015 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 0.035.	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**THE FINDLAY-HANCOCK COUNTY COMMUNITY
FOUNDATION**

Schedule A (Form 990) 2024

34-1713261 Page 7

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

Schedule B
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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

Organization type (check one):

- Filers of:

Form 990 or 990-EZ
- Section:

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization
- Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,138,212.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		\$ 15,000,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		\$ 3,136,648.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D

(Form 990)

(Rev. December 2024)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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	78	
2 Aggregate value of contributions to (during year)	2,552,606.	
3 Aggregate value of grants from (during year)	1,932,276.	
4 Aggregate value at end of year	30,934,705.	
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?	☒ Yes	☐ 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?	☒ Yes	☐ 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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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?

☐ Yes

☐ No

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes

☐ No

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.

1b 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

\$

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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THE FINDLAY-HANCOCK COUNTY COMMUNITY

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange program

e☐ Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 140,424,738. | 132,189,005. | 162,965,934. | 144,434,447. | 126,429,679. |
| b Contributions | 17,754,631. | 2,111,016. | 3,140,339. | 4,311,935. | 3,351,417. |
| c Net investment earnings, gains, and losses | 18,708,624. | 19,751,600. | -27,766,865. | 18,982,703. | 20,149,668. |
| d Grants or scholarships | 5,494,530. | 5,853,339. | 4,486,382. | 3,851,616. | 5,507,048. |
| e Other expenditures for facilities and programs | 401,125. | 7,773,544. | 1,664,021. | 911,535. | -10,731. |
| f Administrative expenses | | | | | |
| g End of year balance | 170,992,338. | 140,424,738. | 132,189,005. | 162,965,934. | 144,434,447. |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 5.4000 %

b Permanent endowment 94.5050 %

c Term endowment .0950 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) Unrelated organizations?

(ii) Related organizations?
- | | Yes | No |
|--------|-----|----|
| 3a(i) | | X |
| 3a(ii) | | X |
| 3b | | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		99,761.		99,761.
b Buildings		155,645.	73,865.	81,780.
c Leasehold improvements		519,814.	60,645.	459,169.
d Equipment				
e Other		99,721.	34,592.	65,129.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				705,839.

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	18,111,167.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	18,111,167.	

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, line 13, col. (B))		

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, line 15, col. (B))	

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	58,274.
(3) FUNDS HELD FOR AGENCIES	6,730,768.
(4) LEASE LIABILITY	386,288.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	7,175,330.

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 ... ☒

THE FINDLAY-HANCOCK COUNTY COMMUNITY

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:
THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A)(2).

SCHEDULE F
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

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

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	EXPENDITURES		55,503.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	EXPENDITURES		14,518.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		5,098,460.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	INVESTMENTS		9,821,372.
3 a Subtotal	0	0			14,989,853.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			14,989,853.

THE FINDLAY-HANCOCK COUNTY COMMUNITY

Schedule F (Form 990) (Rev. 12-2024) FOUNDATION

34-1713261

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

THE FINDLAY-HANCOCK COUNTY COMMUNITY

Schedule F (Form 990) (Rev. 12-2024) **FOUNDATION**

34-1713261

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Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

Schedule F (Form 990) (Rev. 12-2024)

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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)*

☐

Yes

☒

No

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 THE PFIC INVESTMENT DID NOT GENERATE ANY UNRELATED BUSINESS TAXABLE INCOME.

SCHEDULE I
(Form 990)

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
50 NORTH 339 E. MELROSE AVE. FINDLAY, OH 45840	23-7083593	501(C)3	40,998.	0.			RECREATION/SPORTS/LEISURE
ALL SAINTS PARISH P.O. BOX 89 NEW RIEGEL, OH 44853	72-1597319	501(C)3	10,000.	0.			HEALTH/DISEASE/DISORDER
AMERICAN RED CROSS, HANCOCK COUNTY CHAPTER - 125 FAIR ST. - FINDLAY, OH 45840	53-0196605	501(C)3	14,000.	0.			HUMAN SERVICE
ARCADIA LOCAL SCHOOLS 19033 STATE ROUTE 12 ARCADIA, OH 44804	34-6400056	GOVERNMENT	18,940.	0.			EDUCATIONAL
ARLINGTON LOCAL SCHOOL DISTRICT, SUPERINTENDENT - 336 S. MAIN ST - ARLINGTON, OH 45814	34-6400064	GOVERNMENT	18,524.	0.			EDUCATIONAL
ARLINGTON SCHOOL FOUNDATION 201 E LIBERTY STREET ARLINGTON, OH 45814	26-2824361	501(C)3	7,291.	0.			EDUCATIONAL

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 102.
- 3 Enter total number of other organizations listed in the line 1 table

**THE FINDLAY-HANCOCK COUNTY COMMUNITY
FOUNDATION**

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATED CHARITIES 1800 N. BLANCHARD ST. SUITE 104 FINDLAY, OH 45840	34-6400067	501(C)3	12,426.	0.			HUMAN SERVICE
BLANCHARD VALLEY CENTER 1700 E. SANDUSKY ST. FINDLAY, OH 45840	34-6400608	GOVERNMENT	48,456.	0.			HOUSING/SHELTER
BLANCHARD VALLEY HEALTH FOUNDATION 1900 S. MAIN ST. FINDLAY, OH 45840	34-1370522	501(C)3	33,711.	0.			HUMAN SERVICE
BLANCHARD VALLEY HEALTH SYSTEM 1900 S. MAIN ST. FINDLAY, OH 45840	34-1369963	501(C)3	24,941.	0.			DIVERSITY
BOWLING GREEN STATE UNIVERSITY FOUNDATION, INC. - MILETI ALUMNI CENTER, ALUMNI DRIVE - BOWLING GREEN, OH 43403	34-6007199	501(C)3	955,950.	0.			RECREATION/SPORTS/LEISURE
CANCER PATIENT SERVICES 1800 N. BLANCHARD ST. SUITE 120 FINDLAY, OH 45840	34-4491513	501(C)3	38,737.	0.			HEALTH/DISEASE/DISORDER
CATHOLIC CHARITIES DIOCESE OF TOLEDO, INC. - 1933 SPIELBUSCH AVE. - TOLEDO, OH 43604	34-4428254	501(C)3	50,000.	0.			RELIGION
CHILDREN'S MENTORING CONNECTION 1800 N. BLANCHARD ST. SUITE 126 FINDLAY, OH 45840	34-1151270	501(C)3	15,356.	0.			YOUTH DEVELOPMENT
CHILDREN'S MUSEUM OF FINDLAY PO BOX 207 FINDLAY, OH 45840	46-2370956	501(C)3	10,650.	0.			YOUTH DEVELOPMENT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY MISSION OF FINDLAY, OHIO 510 W. MAIN CROSS ST. FINDLAY, OH 45840	51-0137853	501(C)3	180,400.	0.			HOUSING/SHELTER
CITY OF FINDLAY, AUDITOR 318 DORNEY PLZ. ROOM 114 FINDLAY, OH 45840	34-6400448	GOVERNMENT	36,765.	0.			ENVIRONMENT/GREEN PROGRAMS/ANIMALS
CITY OF FINDLAY, FIRE DEPARTMENT 720 S. MAIN ST. FINDLAY, OH 45840	34-6400448	GOVERNMENT	70,143.	0.			SAFETY
COLLEGE FIRST CHURCH OF GOD 1100 N. MAIN ST. FINDLAY, OH 45840	34-4431294	501(C)3	13,166.	0.			RELIGION
CONCORDIA LUTHERAN CHURCH 1431 6TH ST. FINDLAY, OH 45840	34-0922023	501(C)3	13,200.	0.			RELIGION
CORNERSTONE BAPTIST CHURCH 8360 COUNTY ROAD 140 FINDLAY, OH 45840	34-1966504	501(C)3	9,500.	0.			RELIGION
CORY-RAWSON LOCAL SCHOOLS 3930 COUNTY ROAD 26 RAWSON, OH 45881	34-6401124	GOVERNMENT	30,850.	0.			EDUCATIONAL
CRIME PREVENTION ASSOCIATION OF FINDLAY-HANCOCK COUNTY - 200 W. CRAWFORD ST. - FINDLAY, OH 45840	34-1610699	501(C)3	7,748.	0.			SAFETY
DORCAS CAREY PUBLIC LIBRARY 236 E. FINDLAY ST. CAREY, OH 43316	34-6400392	GOVERNMENT	5,300.	0.			EDUCATIONAL

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY RESOURCE CENTER OF NORTHWEST OHIO, INC. - 1941 CARLIN ST. - FINDLAY, OH 45840	34-1475943	501(C)3	28,185.	0.			MENTAL HEALTH/HARMFUL SUBSTANCE USE
FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS RD. KANSAS CITY, MO 64129	44-0610626	501(C)3	10,000.	0.			YOUTH DEVELOPMENT
FINDLAY AREA YOUTH FOR CHRIST 10111 STATE ROUTE 224 W. FINDLAY, OH 45839	34-1033475	501(C)3	21,439.	0.			YOUTH DEVELOPMENT
FINDLAY ART LEAGUE 117 W. CRAWFORD ST. FINDLAY, OH 45840	34-6539352	501(C)3	7,918.	0.			ARTS/CULTURE/HUMANITIES
FINDLAY CITY SCHOOLS 1100 BROAD AVE. FINDLAY, OH 45840	34-6400447	GOVERNMENT	205,397.	0.			EDUCATIONAL
FINDLAY-HANCOCK COUNTY CHAMBER ALLIANCE FOUNDATION - 123 EAST MAIN CROSS STREET - FINDLAY, OH 45840	34-1170594	501(C)3	8,571.	0.			RECREATION/SPORTS/LEISURE
FINDLAY-HANCOCK COUNTY PUBLIC LIBRARY - 206 BROADWAY - FINDLAY, OH 45840	34-6400446	GOVERNMENT	78,647.	0.			EDUCATIONAL
FINDLAY HOPE HOUSE FOR THE HOMELESS, INC - 1800 N. BLANCHARD ST. SUITE 106 - FINDLAY, OH 45840	34-1655764	501(C)3	52,114.	0.			HOUSING/SHELTER
FIRST LUTHERAN CHURCH 109 E. LINCOLN ST. FINDLAY, OH 45840	34-4430714	501(C)3	10,679.	0.			RELIGION

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST PRESBYTERIAN CHURCH OF FINDLAY - 2330 S. MAIN ST. - FINDLAY, OH 45840	34-4427937	501(C)3	58,272.	0.			RELIGION
FOCUS RECOVERY AND WELLNESS COMMUNITY - 509 TRENTON AVE. - FINDLAY, OH 45840	34-1967974	501(C)3	8,548.	0.			NONPROFIT CAPACITY BUILDING
POSTORIA VISION 2020, INC. 342 PERRY ST. POSTORIA, OH 44830	74-3098676	501(C)3	35,000.	0.			RECREATION/SPORTS/LEISURE
FRIENDS OF CASA/GAL OF HANCOCK COUNTY - 209 W. MAIN CROSS ST. - FINDLAY, OH 45840	34-1776015	501(C)3	7,350.	0.			HUMAN SERVICE
FRIENDS OF THE FINDLAY HANCOCK COUNTY PUBLIC LIBRARY - 206 BROADWAY - FINDLAY, OH 45840	34-1189089	501(C)3	67,391.	0.			EDUCATIONAL
GATEWAY CHURCH 9555 COUNTY ROAD 9 FINDLAY, OH 45840	03-0377816	501(C)3	9,300.	0.			RELIGION
GLIDING STARS OF FINDLAY P.O. BOX 1561 FINDLAY, OH 45839	88-3147972	501(C)3	9,500.	0.			DIVERSITY
GOOD HOPE LUTHERAN CHURCH P.O. BOX 379 ARLINGTON, OH 45814	34-1211824	501(C)3	10,000.	0.			RELIGION
GRACE PRESBYTERIAN CHURCH P.O. BOX 270010 LAS VEGAS, NV 89127	46-2909257	501(C)3	80,000.	0.			RELIGION

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY OF FINDLAY/HANCOCK COUNTY - 1200 COMMERCE PKWY. - FINDLAY, OH 45840	34-1864802	501(C)3	75,900.	0.			HOUSING/SHELTER
HANCOCK CHRISTIAN CLEARING HOUSE 1800 N. BLANCHARD ST. SUITE 107 FINDLAY, OH 45840	34-1756789	501(C)3	144,509.	0.			HUMAN SERVICE
HANCOCK COUNTY ADAMHS BOARD 438 CARNAHAN AVE. FINDLAY, OH 45840	34-6400608	501(C)3	14,210.	0.			DIVERSITY
HANCOCK COUNTY AGRICULTURAL SOCIETY - 1017 E. SANDUSKY ST. - FINDLAY, OH 45840	34-4445804	501(C)3	55,300.	0.			YOUTH DEVELOPMENT
HANCOCK COUNTY EDUCATIONAL SERVICE CENTER - 7746 COUNTY ROAD 140 - FINDLAY, OH 45840	34-1364351	501(C)3	24,000.	0.			EDUCATIONAL
HANCOCK COUNTY VETERANS SERVICES 1100 E. MAIN CROSS ST. FINDLAY, OH 45840	34-6400608	GOVERNMENT	5,584.	0.			EDUCATIONAL
HANCOCK HISTORICAL MUSEUM 422 W. SANDUSKY ST. FINDLAY, OH 45840	23-7065550	501(C)3	28,112.	0.			ARTS/CULTURE/HUMANITIES
HANCOCK PARKS FOUNDATION 1424 E. MAIN CROSS ST. FINDLAY, OH 45840	34-1621283	501(C)3	398,254.	0.			RECREATION/SPORTS/LEISURE
HANCOCK PROPERTIES FOUNDATION, INC. - 101 W. SANDUSKY ST. SUITE 207 - FINDLAY, OH 45840	27-0121577	501(C)3	8,040.	0.			HUMAN SERVICE

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HANCOCK PUBLIC HEALTH 2225 KEITH ROMICK PKWY FINDLAY, OH 45840	34-6400608	GOVERNMENT	80,974.	0.			FOOD/NUTRITION
HHWP COMMUNITY ACTION COMMISSION 1637 TIFFIN AVE. FINDLAY, OH 45840	34-0979444	501(C)3	100,000.	0.			TRANSPORTATION
HUMANE SOCIETY & SPCA OF HANCOCK COUNTY - 4550 POSTORIA AVE. - FINDLAY, OH 45840	23-7254442	501(C)3	8,350.	0.			ENVIRONMENT/GREEN PROGRAMS/ANIMALS
LEE MEMORIAL HEALTH SYSTEM FOUNDATION DBA LEE HEALTH FOUNDATION - 9800 S. HEALTHPARK DR. SUITE 405 - FORT MYERS, FL	65-0645343	501(C)3	10,000.	0.			HUMAN SERVICE
LIBERTY-BENTON LOCAL SCHOOLS, SUPERINTENDENT - 9190 COUNTY ROAD 9 - FINDLAY, OH 45843	34-6406285	GOVERNMENT	18,045.	0.			EDUCATIONAL
LIVING HOPE CHURCH 2515 HEATHERWOOD DR. FINDLAY, OH 45840	34-1611606	501(C)3	22,000.	0.			RELIGION
MACKLIN INTERGENERATIONAL INSTITUTE - 15100 BIRCHAVEN LN. - FINDLAY, OH 45840	30-0109669	501(C)3	26,430.	0.			YOUTH DEVELOPMENT
MARATHON CENTER FOR THE PERFORMING ARTS - 200 W. MAIN CROSS - FINDLAY, OH 45840	46-0912382	501(C)3	189,083.	0.			ARTS/CULTURE/HUMANITIES
MAZZA MUSEUM INTERNATIONAL ART FROM PICTURE BOOKS - 1000 N. MAIN ST. - FINDLAY, OH 45840	34-4431169	GOVERNMENT	59,358.	0.			ARTS/CULTURE/HUMANITIES

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MCCOMB LOCAL SCHOOLS - SUPERINTENDENT - 328 S. TODD ST. - MCCOMB, OH 45858	34-6400859	GOVERNMENT	18,438.	0.			EDUCATIONAL
MCCOMB PUBLIC LIBRARY 113 S. TODD ST. MCCOMB, OH 45858	34-6400858	GOVERNMENT	28,496.	0.			EDUCATIONAL
MEMORIAL UNITED METHODIST CHURCH 601 CENTRE ST. FERMANDINA BEACH, FL 32034	59-0949258	501(C)3	15,000.	0.			RELIGION
MIRACLE LEAGUE OF FINDLAY 15360 SHORELINE DR. THORNVILLE, OH 43076	47-3432261	501(C)3	25,000.	0.			INDIVIDUAL WITH DISABILITIES
NAMI HANCOCK COUNTY 305 W. HARDIN ST. FINDLAY, OH 45840	27-1489970	501(C)3	10,400.	0.			MENTAL HEALTH/HARMFUL SUBSTANCE USE
NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DR. SUITE 500 ALPHARETTA, GA 30009	58-1493949	501(C)3	100,000.	0.			RELIGION
NEW CREATION LUTHERAN CHURCH 8127 E. MAIN ST. OTTAWA, OH 45875	34-1689172	501(C)3	10,000.	0.			HEALTH/DISEASE/DISORDER
OHIO STATE PARKS FOUNDATION P.O. BOX WESTERVILLE, OH 43086	86-2157935	501(C)3	15,000.	0.			RECREATION/SPORTS/LEISURE
OPEN ARMS DOMESTIC VIOLENCE AND RAPE CRISIS CENTER - P.O. BOX 496 - FINDLAY, OH 45839	34-1308480	501(C)3	65,764.	0.			SAFETY

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OWENS COMMUNITY COLLEGE FOUNDATION 30335 OREGON ROAD PERRYSBURG, OH 43551	20-1625785	501(C)3	10,000.	0.			YOUTH DEVELOPMENT
PROCLAIM HOPE P.O. BOX 770 NEW PROVIDENCE, NJ 07974	41-1635421	501(C)3	10,000.	0.			RELIGION
RIVERDALE LOCAL SCHOOLS 20613 STATE ROUTE 37 MOUNT BLANCHARD, OH 45867	34-6408690	GOVERNMENT	16,740.	0.			EDUCATIONAL
SALVATION ARMY, FINDLAY 301 CENTER ST. FINDLAY, OH 45840	13-5562351	501(C)3	9,600.	0.			HUMAN SERVICE
ST. ANDREW'S UNITED METHODIST CHURCH - 120 W. SANDUSKY ST. - FINDLAY, OH 45840	34-4431171	501(C)3	26,030.	0.			RELIGION
ST. JOHN'S EVANGELICAL LUTHERAN CHURCH - 1701 TIFFIN AVE. - FINDLAY, OH 45840	34-0908057	501(C)3	23,033.	0.			RELIGION
ST. JOHN THE BAPTIST CATHOLIC CHURCH - 109 N. MAIN ST. - GLANDORF, OH 45848	34-4442882	501(C)3	20,000.	0.			HEALTH/DISEASE/DISORDER
ST. MARK'S UNITED METHODIST CHURCH 800 S. MAIN ST. FINDLAY, OH 45840	34-4444244	501(C)3	20,500.	0.			HUMAN SERVICE
ST. MARY PARISH 320 STATE ST. LEIPSIC, OH 45856	34-4434022	501(C)3	10,000.	0.			HEALTH/DISEASE/DISORDER

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ST. MICHAEL THE ARCHANGEL CATHOLIC PARISH - 750 BRIGHT RD. - FINDLAY, OH 45840	34-4434729	501(C)3	32,407.	0.			RELIGION
ST. PAUL'S CHURCH 218 E. SANDUSKY ST. FINDLAY, OH 45840	34-6401265	501(C)3	18,000.	0.			RELIGION
TEXARKANA BAPTIST CHILDREN'S HOME 5401 E. 9TH ST. TEXARKANA, AR 71854	71-0408618	501(C)3	7,500.	0.			HOUSING/SHELTER
THE FOUNDATION OF GREAT LAKES GENERAL CONFERENCE - P.O. BOX 1132 - FINDLAY, OH 45839	31-1610743	501(C)3	20,000.	0.			RELIGION
THE TIFFIN COMMUNITY FOUNDATION 31 S. WASHINGTON ST. TIFFIN, OH 44883	34-1405286	501(C)3	9,000.	0.			EDUCATIONAL
TOLEDO OPERA ASSOCIATION 425 JEFFERSON AVE. SUITE 601 TOLEDO, OH 43604	34-6556139	501(C)3	10,000.	0.			ARTS/CULTURE/HUMANITIES
UNITED WAY OF GREATER TEXARKANA 214 SPRUCE ST. TEXARKANA, TX 75504	71-0239389	501(C)3	30,000.	0.			HUMAN SERVICE
UNITED WAY OF HANCOCK COUNTY 318 W. MAIN CROSS ST. 2ND FLOOR FINDLAY, OH 45840	34-6408694	501(C)3	85,389.	0.			HUMAN SERVICE
UNIVERSITY OF FINDLAY, ADVANCEMENT 1000 N. MAIN ST. FINDLAY, OH 45840	34-4431169	501(C)3	14,931.	0.			EDUCATIONAL

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UNIVERSITY OF FINDLAY, GRANTS MANAGER - 1000 N.MAIN ST. - FINDLAY, OH 45840	34-4431169	501(C)3	91,850.	0.			COMMUNITY DEVELOPMENT
VAN BUREN LOCAL SCHOOLS 217 S. MAIN ST. VAN BUREN, OH 45889	34-6401498	GOVERNMENT	63,514.	0.			EDUCATIONAL
VILLAGE OF ARCADIA 104 S. GIBSON ST. ARCADIA, OH 44804	34-6400057	GOVERNMENT	40,058.	0.			ENVIRONMENT/GREEN PROGRAMS/ANIMALS
VILLAGE OF ARLINGTON 204 N. MAIN ST. ARLINGTON, OH 45814	34-6400065	GOVERNMENT	30,410.	0.			RECREATION/SPORTS/LEISURE
VILLAGE OF JENERA 103 S. MAIN ST. JENERA, OH 45841	34-1883495	GOVERNMENT	49,000.	0.			COMMUNITY DEVELOPMENT
VILLAGE OF MCCOMB 210 E. MAIN ST. MCCOMB, OH 45858	34-6400860	GOVERNMENT	18,306.	0.			COMMUNITY DEVELOPMENT
VILLAGE OF MT. BLANCHARD 103 EAST CLAY STREET MT. BLANCHARD, OH 45867	34-6400935	GOVERNMENT	46,578.	0.			RECREATION/SPORTS/LEISURE
VILLAGE OF MT. CORY 109 S. MAIN ST. MT. CORY, OH 45868	34-6719609	GOVERNMENT	25,000.	0.			RECREATION/SPORTS/LEISURE
VILLAGE OF VAN BUREN P.O. BOX 275 VAN BUREN, OH 45889	36-2032010	GOVERNMENT	14,000.	0.			RECREATION/SPORTS/LEISURE

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WBGU-TV, PUBLIC TELEVISION 245 TROUPE ST. BOWLING GREEN, OH 43403	34-6007199	501(C)3	7,350.	0.			EDUCATIONAL
WELCOME TO A NEW LIFE 1219 WEST MAIN CROSS SUITE 201 FINDLAY, OH 45840	83-2662972	501(C)3	11,450.	0.			MENTAL HEALTH/HARMFUL SUBSTANCE USE
WEST OHIO FOOD BANK P.O. BOX 1566 LIMA, OH 45802	34-1587528	501(C)3	5,744.	0.			FOOD/NUTRITION
WOMEN'S RESOURCE CENTER 1011 N. MAIN ST. FINDLAY, OH 45840	34-1781994	501(C)3	16,700.	0.			HUMAN SERVICE
WOOD COUNTY HOSPITAL 950 W. WOOSTER ST. BOWLING GREEN, OH 43402	34-4440884	501(C)3	37,176.	0.			HEALTH/DISEASE/DISORDER
YMCA OF FINDLAY 300 E. LINCOLN ST. FINDLAY, OH 45840	34-4428263	501(C)3	358,694.	0.			CHILDCARE

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Schedule I (Form 990) (Rev. 12-2024)

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 GRANTS
BASED ON THE ORGANIZATION'S SPENDING POLICY. ALL GRANTS ARE APPROVED AND/OR
REVIEWED BY THE ORGANIZATION'S BOARD PER THEIR OPERATING POLICIES. 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.

SCHEDULE J
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information
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.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	THE FINDLAY-HANCOCK COUNTY COMMUNITY FOUNDATION	Employer identification number	34-1713261
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Part I Questions Regarding Compensation

	Yes	No
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. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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	1b	
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?	2	X
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. ☒ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ 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?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
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?	5a	X
b Any related organization?	5b	X
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?	6a	X
b Any related organization?	6b	X
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	7	X
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	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

THE FINDLAY-HANCOCK COUNTY COMMUNITY

Schedule J (Form 990) (Rev. 12-2024) **FOUNDATION**

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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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Schedule J (Form 990) (Rev. 12-2024)

SCHEDULE O
(Form 990)

(Rev. December 2024)

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 Form 990-EZ.

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

OMB No. 1545-0047

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:
COMMUNITY.

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 PRESIDENT & CEO.

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.

FORM 990, PART VI, SECTION B, LINE 15:
LINE 15A: THE BOARD OF TRUSTEES ACTIVELY MONITORS AND EVALUATES THE
PRESIDENT & CEO. THE BOARD OF TRUSTEES IS RESPONSIBLE FOR HIRING THE
PRESIDENT & CEO AND MANAGING PERFORMANCE. THIS INCLUDES SETTING GOALS,
PROVIDING FEEDBACK AND SETTING COMPENSATION. THE BOARD OF TRUSTEES HAS
EMPOWERED THE BOARD EXECUTIVE COMMITTEE TO MANAGE THIS PROCESS AS DEFINED
IN THE PRESIDENT & CEO EVALUATION PROCESS. THE EXECUTIVE COMMITTEE IS
COMPRISED OF THE BOARD CHAIR, VICE CHAIR, TREASURER, AND SECRETARY. THE
BOARD AND EXECUTIVE COMMITTEE MEETINGS WERE DOCUMENTED IN MEETING MINUTES.
WITH THE PRESIDENT & CEO TRANSITION OCCURING IN 2020, THE BOARD CREATED AND
STAFFED A SEARCH COMMITTEE WHO ENGAGED A SEARCH FIRM (WAVERLY PARTNERS) TO
ASSIST WITH THE SEARCH. THE SEARCH FIRM WORKED WITH THE BOARD TO SET A
SALARY AND BENEFITS PACKAGE FOR THE PRESIDENT & CEO THAT REFLECTED THE
FOUNDATION'S COMPENSATION PHILOSOPHY AND WAS COMPARABLE TO LIKE POSITIONS.
THE BOARD OF TRUSTEES APPROVED THE COMPENSATION FOR THE NEW PRESIDENT &
CEO.

THE ORGANIZATION PERIODICALLY HIRES A CONSULTANT TO CONDUCT A SALARY
REVIEW. THE CONSULTANT LAST REVIEWED THE SALARIES IN 2022 FOR
IMPLEMENTATION IN JANUARY 2023. THE EXECUTIVE COMMITTEE REVIEWS SALARY AND
BENEFIT REPORTS THAT ARE PREPARED BY A HUMAN RESOURCES AND EMPLOYEE
BENEFITS SOLUTIONS FIRM. 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 THE SPECIFIC MARKET IN WHICH IT
COMPETES. RELATIVE INTERNAL VALUES FOR POSITIONS ARE DETERMINED THROUGH THE
USE OF THE EVALUATION OF EACH ROLE, INCLUDING SCOPE AND IMPACT, LATITUDE OF
ACTION, WORKING RELATIONSHIPS, DECISION MAKING AND KNOWLEDGE AND SKILL.

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.
THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2022. THE PROCESS WILL BE

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) (Rev. 12-2024)

Name of the organization	THE FINDLAY-HANCOCK COUNTY COMMUNITY FOUNDATION	Employer identification number	34-1713261
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COMPLETED AGAIN IN 2025.

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2022.

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

THE ORGANIZATION'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE PROVIDED FOR REVIEW UPON REQUEST. THE ORGANIZATION'S ANNUAL REPORT, WHICH IS MAILED TO FUND REPRESENTATIVES AND MANY 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.

THE ORGANIZATION HAS A POLICY REGARDING THE PUBLIC AVAILABILITY OF ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:	
MISCELLANEOUS EXPENSES:	
PROGRAM SERVICE EXPENSES	6,826.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	3,044.
TOTAL EXPENSES	9,870.

MEMBERSHIP & DUES:	
PROGRAM SERVICE EXPENSES	3,369.
MANAGEMENT AND GENERAL EXPENSES	2,214.
FUNDRAISING EXPENSES	4,043.
TOTAL EXPENSES	9,626.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	19,496.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-11,841.

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 AUDIT FIRM HAS 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)
(Rev. January 2025)
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.

OMB No. 1545-0047

Open to Public
Inspection

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
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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	

THE FINDLAY-HANCOCK COUNTY COMMUNITY

Schedule R (Form 990) (Rev. 1-2025) FOUNDATION

34-1713261 Page 3

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	104,107.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

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

[illegible]

THE FINDLAY-HANCOCK COUNTY COMMUNITY
FOUNDATION

Schedule R (Form 990) (Rev. 1-2025)

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

(This area is intentionally left blank for supplemental information.)