# \*\* PUBLIC DISCLOSURE COPY \*\*

Internal Revenue Service

Department of the Treasury

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	or the	e 2015 calendar year, or tax year beginning and e	ending							
	heck if	C Name of organization		D Employer identific	cation number					
	Addres	HUDSON COMMUNITY FOUNDATION								
	Name change	Doing business as		34-1	935499					
	□ Initial □ return □ Final □ return/	49 E. MAIN ST P.O. BOX 944								
	termin ated	, , , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	3,173,096.					
Ļ	Ameno return Applic	HUDSON, OH 44230		H(a) Is this a group re						
	tion _pendin	F Name and address of principal officer: FAIRICK KIKK		for subordinates	=					
	- OV OV	9 49 E. MAIN ST, HUDSON, OH 44236 empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) o	or 527	H(b) Are all subordinates in						
		e: ► WWW • MYHCF • ORG	01 327	H(c) Group exemptio	list. (see instructions)					
		organization: X Corporation	1 Year		M State of legal domicile: OH					
		Summary	<b>=</b> 10a1	57 TOTTING GOT, _ = 0 0 0 1	otato or logar dominino, o ==					
e		Briefly describe the organization's mission or most significant activities: <u>EMPOW</u> MEANINGFUL PHILANTHROPY.	VER SI	MPLE, SMART	AND					
Governance	l	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	sets					
Ver	l	· · · · · ·			17					
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)			17					
Š		Total number of individuals employed in calendar year 2015 (Part V, line 2a)			4					
vitie		Total number of volunteers (estimate if necessary)			2					
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.					
_	b	Net unrelated business taxable income from Form 990-T, line 34	······	7b	0.					
				Prior Year	Current Year					
ne	1	Contributions and grants (Part VIII, line 1h)		5,552,303. 0.	2,846,077.					
Revenue	l	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		252,484.	286,261.					
Вè		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		21,081.	40,758.					
	I	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,825,868.	3,173,096.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,272,067.	1,553,383.					
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
S	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		71,550.	82,650.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
xpe	b	Total fundraising expenses (Part IX, column (D), line 25)	30.							
Ú	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		303,110.	418,470.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,646,727.	2,054,503.					
		Revenue less expenses. Subtract line 18 from line 12		4,179,141.	1,118,593.					
Net Assets or Fund Balances		Total coords (Dad V. Pas 40)		ginning of Current Year 14,568,699.	End of Year 15,312,103.					
Sse	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		53,242.	369,629.					
Net /	21 22	Net assets or fund balances. Subtract line 21 from line 20		14,515,457.	14,942,474.					
Pa	art II	Signature Block								
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules t, and complete. Declaration of preparer (other than officer) is based on all information of whi			knowledge and belief, it is					
uue,	COLLEC	t, and complete. Declaration of preparer (other than officer) is based on all information of will	icii preparei	ilas ally kilowieuge.						
Sigi	n	Signature of officer		Date						
Her		PATRICK KIRK, TREASURER								
		Type or print name and title								
Paid	Ī	Print/Type preparer's name  CHRISTOPHER B. ANDERSON  Preparer's signature		Oate Check if self-employ	PTIN P00226559					
	arer	Firm's name MALONEY + NOVOTNY LLC		Firm's EIN	34-0677006					
	Only	Firm's address 4774 MUNSON STREET NW, SUITE 402 CANTON, OH 44718-3634			30) 966-9400					
— Mav	the IF	RS discuss this return with the preparer shown above? (see instructions)		, i nono no. ( 5	X Yes No					
)										

	Check if Schedule O contains a response or n	ote to any line in this Part III		
1	Briefly describe the organization's mission:  EMPOWER SIMPLE, SMART AND	MEANINGFUL PHIL	ANTHROPY.	
2	Did the organization undertake any significant progra	am services during the year w	hich were not listed on	
	the prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on Schedule C			
3	Did the organization cease conducting, or make sign of "Yes," describe these changes on Schedule O.	nificant changes in how it con	ducts, any program services?	Yes X No
4	Describe the organization's program service accomp	olishments for each of its thre	e largest program services, as measured b	y expenses.
	Section 501(c)(3) and 501(c)(4) organizations are req	uired to report the amount of	grants and allocations to others, the total	expenses, and
	revenue, if any, for each program service reported.  (Code:) (Expenses \$1, 915, 11	O - including grants of C	1,553,383. ) (Revenue \$	
<del>1</del> a	ORGANIZED AND OPERATED AS			
	ENGAGE IN PROGRAMS & ACTIV			
	HUDSON, OHIO. EXTENDING FI			ID
	CONTRIBUTIONS TO QUALIFIED	ORGANIZATIONS	IN THE COMMUNITY OF	
	HUDSON, OHIO.			
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
			, (1818), (1818)	<i>,</i>
4d	Other program services (Describe in Schedule O.)			
	(Expenses \$ including gran	ots of \$ 915,110.	) (Revenue \$	)
	Total program service expenses $\triangleright$ 1,	<b>J</b> ⊥J,⊥⊥U•		

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# Part IV Checklist of Required Schedules

1 is the organization described in section 501(c)(3) or 4947(a)(1) other than a private foundation)?  1				Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributors?  3 Did the organization required to complete Schedule C, Part I  4 Section 501(c)(3) organizations. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public direct ("I Yes," complete Schedule C, Part I  5 Is the organization assection 501(c)(4) 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule C, Part III  6 Did the organization maintain any donor advised funds or any similar funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide advice on the distribution or investment or amounts in such funds or accounts for which denors have the right to provide advice on the distribution or investment in such funds or accounts for which denors have the right to provide advice on the distribution or investment in such funds or accounts for which denors have the right to provide advice on the distribution or investment in such funds or accounts for which denors have the right to provide advice on the distribution or investment in such funds or accounts for the repair.  7	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2 Ix be organization required to complete Schedule B, Schedule C Contributions?  3 JUST the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part II  4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II  5 Is the organization assection 501(c)(4) of 501(c)(5) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as adefined in Revenue Procedule C, Part III revenue in Revenue Procedule D strains and the requirements as defined in Revenue Procedule B1912 If 'Yes,' complete Schedule C, Part III revenue Procedule or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such thands or accounts? If 'Yes,' complete Schedule D, Part II is Did the organization maintain collections of works of art, historical treasures, or other similar assects? If 'Yes,' complete Schedule D, Part II is Did the organization maintain collections of works of art, historical treasures, or other similar assects? If 'Yes,' complete Schedule D, Part II is Did the organization and part X, in provide credit counseling, dieth management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV if If the organization in a maintain organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V if If the organization report an amount for investments or other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part V if If the organization report an amount for investments or the securities in Part X, line 10? If 'Yes,' complete Schedule D, Part V in 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		If "Yes." complete Schedule A	1	Х	
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5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99-18? If "Yes," complete Schedule C, Part III organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receiver or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Schedule D, Part III II Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount for investments or serves or custodial account liability, serve as a custodian for amounts not listed in Part X, ion extended organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V II If the organization report an amount for investments of the schedule D, Part V, III II I			4		x
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Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  16 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? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	15				
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Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	16				
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			16		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? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18				
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
complete Schedule G. Part III	19				
Complete ochedule d. Fait III		complete Schedule G. Part III	19		Х

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# Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes." complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
		26		x
27	complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		27		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	21		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	00-		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00.		<sub>V</sub>
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<b>₩</b>
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			٠,,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			٠,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			٠,,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

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#### Statements Regarding Other IRS Filings and Tax Compliance Part V

a Initiation fees and capital contributions included on Part VIII, line 12		Check it Schedule O contains a response of note to any line in this Part v					Щ
be Enter the number of Forms W2Cs included in line 1s. Enter-O+ in not applicable			ı	1 4		Yes	No
c Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statsments, field for the calendar year ending with or within the year covered by this return  If the second provided in the calendar year ending with or within the year covered by this return  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-field see instructions  If the sum of lines 1a and 2a is greater than 250, you may be required to e-field see instructions  If the sum of lines 1a and 2a is greater than 250, you may be required to e-field see instructions  If the sum of lines 1a and 2a is greater than 250, you may be required to e-field see instructions  If the sum of lines 1a and 2a is greater than 250, you may be required to e-field see instructions  If the sum of lines 1a and 2a is greater than 250, you may be required to e-field see instructions  If the sum of lines 1a and 2a is greater than 250, you may be required to e-field see instructions  If the sum of lines 1a and 2a is greater than 250, you may be required to e-field see instructions  If the sum of lines 1a and 2a is greater than 250, you may be required to e-field see instructions  If the sum of lines 1a and 2a is greater than 250, you may be required to e-field see instructions  If the sum of lines 1a and 2a is greater than 250, you may be required to e-field see instructions 3a.  If the sum of lines 2a and 2a is greater than 250, you may be required to e-field see instructions 3a.  If the sum of lines 2a and 2a is greater than 250, you may be required to e-field see instructions 3a.  If the sum of lines 2a and 2a is greater than 250, you may be required to e-field see instruction seed and 2a is greater than 250, you and 3a and 2a and 2a is greater than 250.  If the sum of lines 2a and 2a is greater than 250, you and 2a an				4	4		
Gambling winnings to prize winners?  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  ### A					4		
2a Effect 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  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e_ritig (see instructions)  3a bd the organization have unrelated business gross income of \$1,000 or more during the year?  3a X  X  If "Yes," has it filed a Form 990-T for this year? if "No," to line 3b, provide an explanation in Schedule O  3b Hamilian and the search of the foreign country. See instructions to require calendary ear, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. See instructions for filing requirements for FiniCEM Form 114, Report of Foreign Bank and Financial accounts (FBAR).  5b Was the organization a parity to a prohibitate tax shelter transaction at any time during the tax year?  5c Was the organization a parity to a prohibitate tax shelter transaction at any time during the tax year?  5c Was the organization have organization file Form 888617?  5c Was the organization and parity of prohibitate that shelt transaction at any time during the tax year?  5c Was any contributions that were not tax deductible as charitable contributions.  6c Was the "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible ontributions under section 170(c).  8d Was "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  7a Was of the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?  7b If "Yes," did the organization mention of the value of the goods or services provided.  7a W	С			ole gaming	4.	v	
filed for the calendary year ending with or within the year covered by this return	0-		 I	 I	10	Λ	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a A at my time during the calendary year, did the organization fave 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 in Schedule O  3b —  4a At any time during the calendary year, did the organization have un 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 accounts (FBAR).  5b If "Yes," the organization are that the age is a party to a prohibited tax shelter transaction?  5c in "Yes," to line 5a or 5b, did the organization file form 8886-T?  6b Did any taxebib party notify the organization file form 8886-T?  6c If "Yes," to line 5a or 5b, did the organization file form 8886-T?  6c Joses the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6c Jose the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).  8c Juli the organization expressed eductible contributions under section 170(c).  8c Juli the organization notify the donor of the value of the goods or services provided?  9c Juli the organization netwer asymmetri necess of 3f5 made party as a contribution and party for goods and services provided to the payor?  7d If "Yes," did the organization notify the donor of the value of the goods or services provided?  7d If If Yes, and the properties of the properties of the property of t	Za		20	1			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_file (see instructions) 3	h			I	-	x	
3a   X    b   1' Yes, 'has it flied a Form 990-T for this year?   1' No, 'r to like 3b, provide an explanation in Schedule O    4a   Al 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; PS    5a   1' Yes, '' enter the name of the foreign country    5a   1' Yes, '' enter the name of the foreign country    5a   X    5b   1' Yes, '' enter the name of the foreign country    5a   X    5b   1' Yes, '' enter the name of the foreign country    5a   X    5b   1' Yes, '' enter the name of the foreign country    5a   X    5b   1' Yes, '' enter the name of the foreign country    5a   X    5b   1' Yes, '' to line 5 aor 5b, did the organization file Form 8886-T?  5c   1' Yes, '' to line 5 aor 5b, did the organization file Form 8886-T?  6b   1' Yes, '' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6b   1' Yes, '' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170cl.  8c   1' Yes, '' did the organization necise a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7c   1' Yes, '' did the organization receive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7b   1' Yes, '' did the organization with the year and the goods of the goods and services provided to the payor?  7c   X   Yes, '' did the organization with yellow or did the organization and partly for goods and services provided to the payor?  7c   X   Yes, '' did the organization sell, exchange, or otherwise dispose of targible personal property for which it was required?  7d   1' Yes, '' another with year and yer premiums, directly or indirectly,	b				20	25	
b If "Yes," has it flied a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly and the provided of the provided in the provided of the provided in the prov	3a				3a		х
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)?  5 If "Yes," enter the name of the foreign country.  5 Was the organization apparation or party to a prohibited tax shelter transaction at any time during the tax year?  5 If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5 If "Yes," to line 5a or 5b, did the organization file Form 8886-T7  6 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?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9 Organizations that may receive deductible contributions under section 170(c).  10 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  10 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  11 Pyes," did the organization notify the donor of the value of the goods or services provided?  12 Did the organization received a contribution of circlety or indirectly, to pay premiums on a personal benefit contract?  12 Did the organization news are such as a contribution of underty, to pay premiums on a personal benefit contract?  13 Did the progenization received a contribution of qualified intellectual property, did the organization file a Form 1098 C?  14 Did the organization have excess business hold							
triancial account in a foreign country (such as a bank account, securities account, or other financial account)?  b   f "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).  55   Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  c   f "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  65   X   X   See instructions or 5b, did the organization file Form 8886-T7  a 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?  66   X   X    b   f "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  7   Organizations that may receive deductible contributions under section 170(c).  8   Did the organization receive a payment in excess of \$55 made party as a contribution and party for goods and services provided to the payor?  7   Typanization receive a payment in excess of \$55 made party as a contribution and party for goods and services provided to the payor?  8   Did the organization receive a payment in excess of \$55 made party as a contribution and party for goods and services provided to the payor?  9   If "Yes," indicate the number of Forms 8282 filed during the year  9   Did the organization, during the year, pay premiums on a personal benefit contract?  10   Did the organization received a contribution of qualified intellectual property, did the organization flee from 1088-07 and the organization received a contribution of acid, both as a payment in excess payment in excess business boldings at any time during the year?  9   Sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a d							
b   1" Yes," indicate the number of Forms 2822 filed during the year  b   1" Yes," indicate the number of Forms 2822 filed during the year  c   1" Yes," indicate the number of Forms 2822 filed during the year  b   1" He organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization thave excess business holding at any time during the year?  b   1" Yes," did not expenditude the description of the organization of the organization of the payor?  b   1" Yes," did not expenditude the suppression of the organization of the payor?  b   1" Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  c   1" Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  c   1" Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  c   1" Yes," did the organization include with every solicitation and partly for goods and services provided to the payor?  b   1" Yes," 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?  b   1" Yes," did the organization receive a payment in excess of \$75 made partly as a contribution of the goods or services provided?  c   1" Yes," indicate the number of Forms 8282 filed during the year  d   1" Yes," indicate the number of Forms 8282 filed during the year  e   1"   1"   1"   1"   1"   1"   1"   1					4a		Х
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?    So	b			,			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes," to line 5a or 5b, did the organization file Form 8886:T7  6 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?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization set payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 Did the organization set, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7 C If "Yes," indicate the number of Forms 8282 filed during the year  8 If "Yes," indicate the number of Forms 8282 filed during the year  9 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 To X  9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  8 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1088-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Section 501(c)(7) organizations. Enter:  a initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  1 Did  10 b  10 b  10		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
til "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a X  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 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?  7 If "Yes," did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 If "Yes," inclicate the number of Forms 8282 filed during the year of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7 If Did the organization received a contribution of qualified intellectual property, did the organization file Form 8399 as required?  8 If the organization received a contribution of qualified intellectual property, did the organization file Form 8399 as required?  9 If the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organizations maintaining donor advised funds.  10 Did the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
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?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  P Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 To X  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  Sponsoring organization make any taxable distributions under section 4966?  B A X  Did the sponsoring organization make any taxable distributions under section 4966?  Section 501(c)(7) organizations. Erriter:  a Initiation fees and capital contributions included on Part VIII, line 12  Gross income from mothers sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization fling Form 990 in lieu of Form 1041?  13b Section 501(c)(29) qualified nonprofit health plans in more than one state?  Note.	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  8 If "Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0?  8 Sponsoring organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0?  8 Sponsoring organization maintaining donor advised funds.  9 Sponsoring organization maintaining donor advised funds.  10 If the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Section 501(c)(7) organizations. Enter:  10 Gross receipts, included on Form 990, Part VIII, line 12  10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Gross income from other sources (Do not net amounts due or paid to other sources against amounts 4047(a)(f) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12 Section 501(c)(2) qualified nonprofit health insurance issueers.  13a If "Yes," enter the amount of tax exempt interest received or accrued during the year  14b Did the organization is licensed to issue qualified health plans in more than o	С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 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?  7 D Id the organization rotify the donor of the value of the goods or services provided?  7 D Id the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Iffed during the year  8 D Id the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  1 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?  2 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 D Did the sponsoring organization make any taxable distributions under section 4966?  9 S Sponsoring organizations make any taxable distributions under section 4966?  9 S Sponsoring organizations. Enter:  a linitiation fees and capital contributions included on Part VIII, line 12  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders.  5 Section 501(c)(12) organizations. Enter:  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12 Section 501(c)(12) organization in screen the o	6a						
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Form 990 (2015)							<u> </u>
	D	in 103, has trilled a Form 120 to report these payments? If "No," provide an explanation in Schedul	₩U			990	(2015)

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 in Schedule O. See instructions.

<u> </u>						X				
Sec	tion A. Governing Body and Management									
		ı			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17							
	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 in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	anv other							
	officer, director, trustee, or key employee?			2		х				
3	Did the organization delegate control over management duties customarily performed by or under the									
3	of officers, directors, or trustees, or key employees to a management company or other person?			,		x				
				3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		_				
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X				
6	Did the organization have members or stockholders?			6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			x				
	more members of the governing body?									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	olders, or							
	persons other than the governing body?									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
а	a The governing body?									
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 read	ched a	at the							
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re									
	(The social Disquisition in an analysis of the regarder of the internal re-	. 0.7.0.0			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such ch									
_				10b						
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	DCIO	re ming the form:	1 Ia						
				100	Х					
	, 9		Aliata O	12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	, -			v	1				
	in Schedule O how this was done			12c	X					
13	Did the organization have a written whistleblower policy?			13	X	$\vdash$				
14	Did the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and approva	I by in	dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	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 in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent v	vith 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	e its p	participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatio	า'ร							
	exempt status with respect to such arrangements?			16b						
Sec	tion 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 (or 1024 if applicable), 990, and 990-T	(Sect	ion 501(c)(3)s only) av	ailable	)					
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain	in Sc	hedule O)							
19										
	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 boo	ks an	d records:							
	FUND ADMINISTRATOR - 330-655-1566		-							
	49 E. MAIN STREET, HUDSON, OH 44236									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)  Name and Title	(B) Average			(( Pos	C) ition			(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per week					s both or/trus		compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BRIAN BISHOP	2.00		_		<u> </u>	1 0	ш.			
BOARD MEMBER		Х						0.	0.	0.
(2) SHAWN LYDEN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(3) RICHARD WARFIELD	2.00									
BOARD MEMBER		Х						0.	0.	0.
(4) PATRICK KIRK	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) PAT MYERS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(6) PAT CARROLL	2.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(7) WILLIAM SEDLACEK	2.00								_	
BOARD MEMBER		Х						0.	0.	0.
(8) KENT MCMATH	2.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(9) JOHN PRELAC	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) JANIE LEHMAN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) JANE HAAG	2.00								•	
BOARD MEMBER	0.00	Х	_					0.	0.	0.
(12) JAN GUSICH	2.00								0	0
BOARD MEMBER	2 00	Х						0.	0.	0.
(13) DREW FORHAN	2.00			,,					0	0
PRESIDENT/CHAIRMAN	2 00	Х		Х				0.	0.	0.
(14) JON TAYLOR	2.00	37							0	0
BOARD MEMBER	2 00	Х						0.	0.	0.
(15) WILLIAM WOOLDREDGE BOARD MEMBER	2.00	Х						0.	0.	^
	2 00	Λ						0.	0.	0.
(16) TOM SPEAKS BOARD MEMBER	2.00	Х						0.	0.	0
(17) KEVIN VAILLANCOURT	2.00	Λ		<u> </u>	$\vdash$	$\vdash$		0.	0.	0.
BOARD MEMBER	4.00	Х						0.	0.	0.
DOING MINDIN	1	Λ		<u> </u>	<u> </u>		l	1 0.	U • I	Form <b>990</b> (2015)

532007 12-16-15

Form **990** (2015)

34-1935499

Section A. Officers, Directors, Trust	tees, Key Emp	<u>oloy</u>	ees,	and	l Hi	ghes	st C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an						(D) Reportable compensation	(E)  Reportable compensation		(F) Estimate amount	
	week (list any hours for related organizations below line)	tee or director		Officer Officer			tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		other ompensa from th organizat and relat	ation ne tion ted
(18) LISA DREW	40.00	<u> </u>	i s	#0	Key	물 물	요			+		
EXECUTIVE DIRECTOR	40.00	<u> </u>		Х				33,705.	0	+		0.
		<u> </u>								$\perp$		
		<u> </u>								+		
		<u> </u>								$\perp$		
1b Sub-total								33,705.				0.
c Total from continuation sheets to Part VII  d Total (add lines 1b and 1c)								33,705.				0.
2 Total number of individuals (including but no compensation from the organization							io re	eceived more than \$100,	000 of reportable			0
										_	Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so										3	3	х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	•								•	4		X
5 Did any person listed on line 1a receive or a	ccrue comper	nsati	on fr	om	any	unre	elate	ed organization or individ	dual for services			
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	<u>ə J f</u> d	or st	ıch r	oers	on				.   5	)	X
1 Complete this table for your five highest co										sation	from	
the organization. Report compensation for t	ne calendar ye	<u>ear e</u>	enair	ig w	itn c	or wi	tnin	the organization's tax y	ear.		(C)	
Name and business	address	NC	ONE	<u> </u>				Description of s	services	Com	pensatio	n
2 Total number of independent contractors (in		ot lir	nited	d to t	_	_	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	zation 🕨					<u>)</u>					<u>990</u> /	(0015)

532008

		(2015) HUDSOI	34-1935	499 Page <b>9</b>				
Pa	rt V	III Statement of Reven	ue					
		Check if Schedule O conta	ins a response o	or note to any lir	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
e Contributions, Gifts, Grants and Other Similar Amounts	1	a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions gifts, grants similar amounts not included abov Noncash contributions included in lines 1. h Total. Add lines 1a-1f	1b 1c 1d 1d 1e s, and e 1f 2, a-1f:\$	011,490.	2,846,077.			512 - 514
Program Service Revenue	1	b	nue					
	3 4 5	Investment income (including of other similar amounts) Income from investment of tax Royalties	exempt bond p	roceeds	286,261.			286,261.
	1	b Less: rental expenses	(i) Securities	(ii) Other				
	,	assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss)						
Other Revenue	8	d Net gain or (loss)  a Gross income from fundraising including \$  contributions reported on line Part IV, line 18	events (not of 1c). See a	40,758.				
	9	b Less: direct expenses  Net income or (loss) from fundi Gross income from gaming act Part IV, line 19  b Less: direct expenses	raising events ivities. See a	<b>&gt;</b>	40,758.			40,758.
	10	<ul> <li>Net income or (loss) from gami</li> <li>Gross sales of inventory, less r</li> <li>and allowances</li> <li>Less: cost of goods sold</li> <li>Net income or (loss) from sales</li> </ul>	eturns a b of inventory	<b>&gt;</b>				
		Miscellaneous Revenue a b		Business Code				

▶ 3,173,096.

d All other revenue e Total. Add lines 11a-11d .....

**12 Total revenue**. See instructions.

# Form 990 (2015) HUDSON COMMUNITY FOUNDATION Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp		er organizations must con	nplete column (A).	
	Check if Schedule O contains a respons	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,553,383.	1,553,383.		
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	33,705.	11,123.	11,122.	11,460.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	40.004	40.00	12.252	
7	Other salaries and wages	42,324.	13,966.	13,968.	14,390.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6 601	0 105	0 105	0.051
10	Payroll taxes	6,621.	2,185.	2,185.	2,251.
11	Fees for services (non-employees):				
а	Management	000	0.0	100	
	•	200.	80.	120.	
	Accounting	13,970.	5,588.	8,382.	
	, , , , , , , , , , , , , , , , , , , ,				
е	, F	122 640	120 640		
f	Investment management fees	132,640.	132,640.		
g	Other. (If line 11g amount exceeds 10% of line 25,				
40	column (A) amount, list line 11g expenses on Sch O.)	7,829.			7,829.
12	Advertising and promotion	6,462.	1,234.	2,822.	2,406.
13	Office expenses	14,015.	4,625.	4,765.	4,625.
14	Information technology	14,013.	4,023.	4,703.	4,025.
15	Royalties	36,940.	9,393.	18,133.	9,414.
16 17	Occupancy	30,540.	5,555.	10,133.	J, 111.
	Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials				
10	Conferences, conventions, and meetings				
19 20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,642.	2,911.	5,821.	2,910.
23	Insurance	17,074.	13,196.	1,910.	1,968.
23 24	Other expenses. Itemize expenses not covered	= : , 0 ; 2 0		=,5200	_,,,,,,,
_7	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	COMMUNITY EVENTS	163,263.	163,263.		
b	FUNDRAISING	6,527.	,		6,527.
c	OUTSIDE SERVICES	3,860.	1,274.	1,274.	1,312.
d	IN-TOWN/TRAVEL	3,292.	,	2,561.	731.
-		756.	249.	250.	257.
25	Total functional expenses. Add lines 1 through 24e	2,054,503.	1,915,110.	73,313.	66,080.
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)				
					000

Form **990** (2015)

Form 990 (2015)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			699,675.	1	1,030,623.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			356,175.	3	267,916.
	4	Accounts receivable, net				4	-
	5	Loans and other receivables from current and fo					
	-	trustees, key employees, and highest compensa		<i>' ' ' '</i>			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
w		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	Donate del compositore del defende del deconocidado de conserva				9	
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	150.899.			
	l b	Less: accumulated depreciation	10b	150,899. 76,181.	86,360.	10c	74.718.
	11	Investments - publicly traded securities			13,426,489.	11	74,718. 13,938,846.
	12	Investments - other securities. See Part IV, line 1		, , ,	12	.,,.	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal			14,568,699.	16	15,312,103.
	17	Accounts payable and accrued expenses			, ,	17	, , , , , , , , , , , , , , , , , , , ,
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
w	22	Loans and other payables to current and former					
Ęį		key employees, highest compensated employee					
Liabilities						22	
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D			53,242.	25	369,629.
	26	Total liabilities. Add lines 17 through 25			53,242.	26	369,629.
		Organizations that follow SFAS 117 (ASC 958	), chec	k here ▶ X and			
S		complete lines 27 through 29, and lines 33 an	d 34.				
ğ	27	Unrestricted net assets			13,693,810.	27	14,182,309.
3ala	28	Temporarily restricted net assets			821,647.	28	760,165.
Ē	29					29	
Ē		Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 🔲			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
٩ss	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			14 515 455	32	14 040 474
Z	33			·····	14,515,457.	33	14,942,474.
	34	Total liabilities and net assets/fund balances		14,568,699.	34	15,312,103.	

Form **990** (2015)

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,17		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,05		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,11		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,51		
5	Net unrealized gains (losses) on investments	5	-37	75,1	<u>89.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-31	L <b>6,</b> 3	<u>87.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	14,94	12,4	<u>74.</u>
Pai	rt 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 X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Forr	n <b>990</b>	(2015)

532012

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HUDSON COMMUNITY FOUNDATION

Employer identification number 34-1935499

Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	e instructions.			
Γhe	organ	ization is not a private found	ation because it is: (I	For lines 1 through 11, c	heck 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 or 990-EZ).)								
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	or the benefit of a col	llege or university owned	d or operat	ed by a go	vernmental unit describe	ed in		
		section 170(b)(1)(A)(iv). (C		· ,	•	, 0				
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).			
	X	An organization that norma	•				• •	oublic described in		
•		section 170(b)(1)(A)(vi). (C	•	a. part or no capport.	o a go		anne or morn and goneran p			
8		A community trust describe		(1)(A)(vi). (Complete Par	t II )					
9	Ħ	An organization that norma				contribution	ns membership fees an	d aross receipts from		
Ū		activities related to its exen	•	•			· ·	•		
		income and unrelated busin	•	•			* *	-		
		See section 509(a)(2). (Con		(1000 000tion on taxy in	m baomo	ooo aoqan	od by the organization o	area carro co, roro.		
10		An organization organized a	•	ively to test for public sa	fety See	section 50	19(a)(4).			
11	Ħ	An organization organized a	•	•	•			nurnoses of one or		
•		more publicly supported or	•	•	•		•	•		
		lines 11a through 11d that	-					orioon and box in		
а		Type I. A supporting orga	* *			-	•	aivina		
_		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	_				
		organization. You must o	., .		inajonty c	,, tilo diloo		.pporting		
b		Type II. A supporting org	= -		tion with it	s supporte	d organization(s), by hay	vina		
-		control or management o								
		organization(s). You mus			o po.oo		mor or manage are eapp	33.134		
С		Type III functionally inte			in connect	tion with, a	and functionally integrate	ed with.		
_		its supported organization					• •			
d		Type III non-functionally		•				ration(s)		
_		that is not functionally int						• •		
		requirement (see instructi	-	-	•					
е		Check this box if the orga	•	-						
•		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
f	Ente	er the number of supported of	* *	,	-					
q		vide the following information	•							
		i) Name of supported	(ii) EIN	(iii) Type of organization		rganization		(vi) Amount of		
		organization		(described on lines 1-9 above (see instructions))	listed i		support (see	other support (see		
				above (see instructions))	Yes	No	instructions)	instructions)		
_	_									
Γota	ıl							l		

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

# 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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	3990110.	2498455.	1371263.	5552303.	2846077.	16258208.	
2	Tax revenues levied for the organ-							
	ization'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	3990110.	2498455.	1371263.	5552303.	2846077.	16258208.	
	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)						7997377.	
6	Public support. Subtract line 5 from line 4.						8260831.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total	
	Amounts from line 4	3990110.	2498455.	1371263.	5552303.		16258208.	
8	Gross income from interest,							
_	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	61.166.	119,117.	141.786.	252,484.	286,261.	860,814.	
9	Net income from unrelated business		,					
_	activities, whether or not the							
	business is regularly carried on		977.	1,192.			2,169.	
10	Other income. Do not include gain		_	, -			,	
	or loss from the sale of capital							
	assets (Explain in Part VI.)	215,469.	298,158.	345,016.	50,266.	40,758.	949,667.	
11		•	,	•	ŕ		18070858.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First five years. If the Form 990 is for	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	organization, check this box and stop	~			•			
Sec	ction C. Computation of Publi							
14	Public support percentage for 2015 (li	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	45.71 %	
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	43.94 %	
16a	33 1/3% support test - 2015. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	k and	
	16a 33 1/3% support test - 2015. 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	b 33 1/3% support test - 2014. 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	- 2015. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,	
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Pa	t VI how the orgar	nization	
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		▶□	
b	10% -facts-and-circumstances test	- 2014. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and	<b>stop here.</b> Explair	in Part VI how the	<u></u> _	
	organization meets the "facts-and-circ	umstances" test.	The organization q	ualifies as a public	ly supported orgar	nization	▶□	
18	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 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 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) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(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 bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization'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						
<b>c</b> 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) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(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>b</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 in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
check this box and stop here						<b>&gt;</b>
Section C. Computation of Public	Support Per	centage				
15 Public support percentage for 2015 (lin	ne 8, column (f) di	ivided by line 13, c	olumn (f))		15	Ç
16 Public support percentage from 2014					16	
Section D. Computation of Invest						
17 Investment income percentage for 20	<b>15</b> (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	(
18 Investment income percentage from 2					18	(
<b>19a 33 1/3% support tests - 2015.</b> If the						7 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2014. If the	•			•	•	
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	structions	▶∟

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
- CE		
3с		
4a		
4b		
12		
4c		
70		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pai	Supporting Organizations (Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in 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 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		
Sec	tion 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			
800	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		V	NI-
	Did the executation provide to each of its supported executations, but he lost day of the fifth month of the		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			
2	the organization maintained a close and continuous working relationship with the supported organization(s).  Purposes of the relationship described in (2), did the examination's supported organizations have a	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	tion 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. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions)		
2	Activities Test. Answer (a) and (b) below.	uctions).	Yes	No
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 in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? 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		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	g			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. <b>See instructions.</b> All						
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion 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					
Sect	ion 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):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other						
	factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
_3_	Subtract line 2 from line 1d	3					
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by .035	6					
7	Recoveries of prior-year distributions	7					
_8_	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions)	6					
7	Check here if the current year is the organization's first as a non-functionally	/-integra	ted Type III supporting orga	nization (see			
	instructions).	-					

Schedule A (Form 990 or 990-EZ) 2015

Par	t V │ Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations <sub>(continued)</sub>	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	}	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
C+:	on E. Distribution Allocations (assinaturations)	Excess Distributions	Underdistributions	Distributable
Secu	on E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI	Suppler									ne 10: P	art II line	17a or 17	h· Part III	ige <b>o</b>
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)														
SCHEDU	JLE A,	PART	II,	LINE	10,	EXPL.	ANATI	ON FO	OR OT	HER	INCOM	Œ:		
OTHER	INCOME	1												
2011 A	MOUNT:	\$	215,	469.										
2012 A	MOUNT:	\$	298,	158.										
2013 A	MOUNT:	\$	345,	016.										
2014 A	MOUNT:	\$	50,2	66.										
2015 A	MOUNT:	\$	40,7	58.										
-														

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

HUDSON COMMUNITY FOUNDATION 34-1935499 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 X 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 or 990-EZ), 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, 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. Do not 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

# HUDSON COMMUNITY FOUNDATION

34-1935499

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		\$150,643.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$60,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  \$ 156,325.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# HUDSON COMMUNITY FOUNDATION

34-1935499

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Name, audress, and Zir + 4	\$130,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 883,177.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$09,350.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

# HUDSON COMMUNITY FOUNDATION

34-1935499

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	l if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	VARIOUS MARKETABLE SECURITIES	_	
1		_	
			12/14/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	MARKETABLE SECURITIES	_	
4		_	
		\$\$\$	12/11/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	VARIOUS MARKETABLE SECURITIES		
5		_	
		\$\$\$	12/31/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	MARKETABLE SECURITIES	_	_
8		_	
		\$\$	11/20/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
523/53 10-26	. 45		90 990-F7 or 990-PF) (2015)

Name of organization Employer identification number HUDSON COMMUNITY FOUNDATION 34-1935499 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HUDSON COMMUNITY FOUNDATION

**Employer identification number** 34-1935499

Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds of	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	55	
2	Aggregate value of contributions to (during year)	2,275,961.	
3	Aggregate value of grants from (during year)	1,419,571.	
4	Aggregate value at end of year	9,210,133.	
5	Did the organization inform all donors and donor advisors in wr	riting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be u	ised only
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpose o	onferring
Pa	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a certif	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic struc	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	ter 8/17/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the o	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	<u> </u>	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing conse	ervation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservati	on easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	•	
9	In Part XIII, describe how the organization reports conservation	•	· · · · · · · · · · · · · · · · · · ·
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the	ne organization's accounting for
Dai	conservation easements.  't III   Organizations Maintaining Collections of A	Art Historical Treasures or Oth	par Similar Assats
ı a	Complete if the organization answered "Yes" on Form 9		iei oliillai Assets.
12	If the organization elected, as permitted under SFAS 116 (ASC		ont and balance sheet works of art
Id			
	historical treasures, or other similar assets held for public exhibits to the feature to its financial statements that describe	,	ce of public service, provide, in Part XIII,
L	the text of the footnote to its financial statements that describe		and belongs about works of out biotoxical
b	If the organization elected, as permitted under SFAS 116 (ASC	**	
	treasures, or other similar assets held for public exhibition, edu	acation, or research in furtherance of publ	iic service, provide the following amounts
	relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		
•			
2	If the organization received or held works of art, historical treas	•	gairi, provide
_	the following amounts required to be reported under SFAS 116	· ·	<b>b</b> ¢
a	Revenue included on Form 990, Part VIII, line 1  Assets included in Form 990, Part X		

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

	t III Organizations Maintaining C	ollections of Art		asures, or Othe	r Sim		S (contin		age <b>∠</b>
3	Using the organization's acquisition, accession								
3	(check all that apply):	on, and other records	, check any or the i	Ollowing that are a s	igililica	ant use or its	Collection	ILCITIS	
_	Public exhibition		L con or ove	hanaa neaseasa					
a		d		hange programs					
b	Scholarly research	е	Other						
C	Preservation for future generations								
4	Provide a description of the organization's co						XIII.		
5	During the year, did the organization solicit or		•	•	ır asset	:s	_	_	7
Б.	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatio	n answered "Yes" o	n Form	990, Part IV,	line 9, or		
12	Is the organization an agent, trustee, custodia		any for contributions	e or other assets not	includ	ed			
Ia	on Form 990, Part X?		•			_	Yes		No
h	If "Yes," explain the arrangement in Part XIII					∟	165		_ INO
b	ii res, explain the arrangement in Fart Alli a	and complete the long	owing table.		Г		Amount		
•	Beginning balance				H	1c	Amoun		
	Additions during the year				··· ⊢	1d			
						1e			
_	Distributions during the year					1f			
t 20	Ending balance					<del>"  </del>	Yes	$\overline{}$	No
						∟	res		_ NO □
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete in								
	11   Complete	(a) Current year	(b) Prior year	(c) Two years back		ree years back	(e) Four	woore	hack
4.	Designing of year belongs	13,693,810.	8,893,914.	<del></del>		3,637,766.		years	Dauk
	Beginning of year balance	2,628,360.	5,806,291.			4,451,685.	1		
	Contributions	-209,910.	547,974.	1,237,541.		491,101.	+		
	Net investment earnings, gains, and losses	-209,910.	347,374.	1,237,341.		491,101.			
	Grants or scholarships								
е	Other expenditures for facilities	1 000 051	1 554 360	1 045 004		1 560 510			
	and programs	1,929,951.	1,554,369.	1,045,084.		1,768,512.			
	Administrative expenses	11 100 000	10.500.010	0.000.014					
g	End of year balance	14,182,309.	13,693,810.	· · ·		6,812,040.			
2	Provide the estimated percentage of the curr	•	(line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment	100.00	_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are held ar	nd administered for t	he orga	anization			
	by:							Yes	No
	(i) unrelated organizations						3a(i)		X
	feet a second second						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				. 3b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part X	, line 1	0.			
	Description of property	(a) Cost or ot	, , , , , ,	' '	Accum		(d) Bool	k valu	е
		basis (investm	ent) basis	(other) de	eprecia	ition			
1a	Land								
b	Buildings								
	Leasehold improvements		15	0,899.	76	,181.	7	<b>4,</b> 7	<u> 18.</u>
d	Equipment								
	Other								
Total	Add lines 1a through 1e (Column (d) must or	aual Form 000 Port V	/ column (P) line 1	00)			7.	4.7	18.

Schedule D (Form 990) 2015 HUDSON COMMU	JNITY FOUNI	DATION	34	-1935499	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes" of					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	-of-year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 11c. See Form 990,	Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	-of-year market v	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶					
Part IX Other Assets.					
Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 11d. See Form 990,	Part X, line 15.		
(a) [	Description			(b) Book va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15)		<b></b>		
Part X Other Liabilities.	10.,				
Complete if the organization answered "Yes" of	on Form 990. Part IV	, line 11e or 11f. See Form	n 990, Part X. line 25.		
1. (a) Description of liability		(b) Book value	235, 1 3.175, 1110 20.		
1-7 = 5551.51.51.51.51		1-7 = - 211 1 212 2	4		

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	FUNDS HELD AS AGENCY ENDOWMENTS	369,629.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	369,629.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Scho	edule D (Form 990) 2015 HUDSON COMMUNITY FOUNDATION	N		34-1	1935499 <sub>Page</sub> 4
	t XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re		LJJJ Fage
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ı <b>.</b>	•		
1	Table of the second of the sec			1	2,356,968.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-375,189.		
b	Donated services and use of facilities		37,200.		
С	Recoveries of prior year grants		-		
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d	·		2e	-337,989
3	Subtract line <b>2e</b> from line <b>1</b>			3	2,694,957
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	132,640.		
b	Other (Describe in Part XIII.)	4b	132,640. 345,499.		
С	Add lines <b>4a</b> and <b>4b</b>	. —		4c	478,139
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,173,096.
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	1,929,951.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	37,200.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)	1 1			
е	Add lines 2a through 2d			2e	37,200.
3	Subtract line 2e from line 1			3	1,892,751.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	132,640.		
b	Other (Describe in Part XIII.)	4b	29,112.		
С	Add lines <b>4a</b> and <b>4b</b>		•	4c	161,752.
5				5	2,054,503.
Pa	rt XIII Supplemental Information.				•
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			; Part 〉	(, line 2; Part XI,
PAI	RT V, LINE 4:				
<u>USI</u>	E OF ENDOWMENT FUNDS,				
THI	E FOUNDATION USES ITS ENDOWMENT FUNDS TO PR	ROMOTE	THE BETTER	MEN	г оғ
HUI	SON BY EMPOWERING SIMPLE, SMART AND MEANIN	NGFUL E	HILANTHROP	Y. I	ENDOWMENT
FUI	NDS ARE APPROPRIATED BASED ON AN APPROVAL I	PROCESS	THROUGH T	HE	
FO	JNDATION'S BOARD OF DIRECTORS.				
PAI	RT X, LINE 2:				

FIN 48 (ASC 740) FOOTNOTE,

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELATED

BUSINESS ACTIVITIES. NO PROVISION FOR FEDERAL INCOME TAX WAS RECORDED FOR

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

Part I

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

HUDSON COMMUNITY FOUNDATION

Employer identification number 34-1935499

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

<ul> <li>Indicate whether the organization rais</li> <li>Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> </ul>	e Solicitat	ion of	non-g gover	overnment grants nment grants		
<ul> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	art VII) or entity in connection with prividuals or entities (fundraisers) pursu	ofessi	onal fu	undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total  3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from req	gistration

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

Schedule G (Form 990 or 990-EZ) 2015

		of fundraising event contributions and gr						greater than	n \$5,0	00.
			(a) Event #1 TOAST OF HUDSON	(b) Event #2	2	(c) Other events		(d) Total add col. (a	) thro	
4			(event type)	(event type	e)	(total number)		col. (	(c))	
Revenue			40 550							- ^
Rev	1	Gross receipts	40,758.					4(	) , 7	58.
	2	Less: Contributions								
	3	Gross income (line 1 minus line 2)	40,758.					4 (	7.	58.
	4	Cash prizes								
	5	Noncash prizes								
seuses	6	Rent/facility costs								
Direct Expenses	7	Food and beverages								
О	8	Entertainment								
	9	Other direct expenses	II.							
	10	,						4.0		
Pa	11 rt l	Net income summary. Subtract line 10 from I  Gaming. Complete if the organization		990 Part IV line	19 or re	norted more than		4(	7.	58.
	•	\$15,000 on Form 990-EZ, line 6a.	answered res on rollin	330, 1 art 17, mic	10, 01 10	ported more trian				
4			(a) Pingo	(b) Pull tabs/ins	stant	(c) Other gamin	<u>, (</u>	d) Total ga	ming	(add
Revenue			(a) Bingo	bingo/progressive	bingo	(c) Other gamin	g cc	ol. (a) throu	igh co	il. (c))
Re	1	Gross revenue								
ses	2	Cash prizes								
Direct Expenses	3	Noncash prizes								
Direct	4	Rent/facility costs								
	5	Other direct expenses								
			Yes %	Yes	%	Yes	_ %			
	6	Volunteer labor	No	No		No				
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)				<b>-</b>			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)				<b>•</b>			
_	F4									
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming a No," explain:	ctivities in each of these s	states?				Yes		No
	_									
		ere any of the organization's gaming licenses re	evoked, suspended or ter	minated during th	ne tax yea	ar?		Yes		No
	_									
	_									
3208	2 09	)-14-15				Schedule G	(Form	990 or 990	0-F <i>7</i> )	2015

Sch	edule G (Form 990 or 990-EZ) 2015 HUDSON COMMUNITY FOUNDATION 34-	1935499	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
•	The first half and address of the person time propared the organization of gamming operations and resolutions		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name ▶		
	Name -		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	s Is the organization required under state law to make charitable distributions from the gaming proceeds to		
٠	retain the state gaming license?	Yes	☐ No
r	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line	ines 9 9b 10	h 15h
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		5, 105,
PA	RT II, LINES 4-10, ADDITIONAL INFORMATION FOR SPECIAL EVENTS:		
TH	E FOUNDATION PARTNERS WITH ANOTHER SECTION 501(C)(3) CHARITY FO	OR THIS	
FU	NDRAISING EVENT. THE OTHER ORGANIZATION SELLS THE TICKETS AND	INCURS	
TH	E EXPENSES FOR THE EVENT. THEREFORE, WE HAVE SHOWN \$0 ON LINES	4	
TH	ROUGH 10 IN PART II.		

Schedule G (Form 990 or 990-EZ) HUDSON COMMUNITY FOUNDATION	34-1935499 Page 4
Schedule G (Form 990 or 990-EZ) HUDSON COMMUNITY FOUNDATION  Part IV Supplemental Information (continued)	
Very start	

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2015

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2015)

HUDSON CO		OUNDATION					34-1935499
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t		-			-		
criteria used to award the grants or assis							X Yes  No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	_			•	anization answered "`	Yes" on Form 990, Part	IV, line 21, for any
recipient that received more than \$					(f) Method of	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I ",
Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AKRON CHILDREN'S HOSPITAL							
FOUNDATION - ONE PERKINS SQUARE -							
AKRON, OH 44308	23-7114013	501(C)(3)	12,500.	0.			PROGRAMS
AMERICAN FLORAL ENDOWMENT							
1601 DUKE STREET							
ALEXANDRIA, VA 22314	23-6268380	501(C)(3)	30,000.	0.			PROGRAMS
BALDWIN WALLACE UNIVERSITY 275 EATLAND RD. BEREA, OH 44017	34-0714629	501(C)(3)	22,121.	0.			PROGRAMS
BLAST GLIOPLASTOMA 2383 S. MAIN STREET AKRON, OH 44319	46-4523294	501(C)(3)	10,000.	0.			PROGRAMS
HUDSON CITY SCHOOLS FOUNDATION STADIUM FUND - P.O. BOX 473 - HUDSON, OH 44236	23-7327818	501(C)(3)	13,975.	0.			PROGRAMS
BREAKTHROUGH CHARTER SCHOOLS 3615 SUPERIOR AVENUE, SUITE 3103A CLEVELAND, OH 44114	20-4948838	501(C)(3)	10,000.	0.			PROGRAMS
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations	•	•	e line 1 table				44.

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

Cantinuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)  (a) Name and address of organization or government  (b) EIN  (c) IRC section if applicable  (d) Amount of cash grant  (e) Amount of non-cash assistance  (b) EIN  (c) IRC section if applicable  (d) Amount of cash grant  (e) Amount of non-cash assistance  (b) EIN  (b) EIN  (c) IRC section if applicable  (d) Amount of cash grant  (b) EIN  (d) Amount of non-cash assistance  (b) EIN  (c) IRC section if applicable  (d) Amount of non-cash assistance  (b) EIN  (c) IRC section if applicable  (d) Amount of non-cash assistance  (b) EIN  (e) Amount of non-cash assistance  (b) EIN  (d) EIN  (e) Amount of non-cash assistance  (b) EIN  (d) EIN  (e) Amount of non-cash assistance  (b) EIN  (d) EIN  (e) Amount of non-cash assistance  (b) EIN  (c) IRC section if applicable  (d) Amount of non-cash assistance  (b) EIN  (d) EIN  (e) Amount of non-cash assistance  (b) EIN  (e) Amount of non-cash assistance  (b) EIN  (c) EIN  (d) Amount of non-cash assistance  (b) EIN  (c) EIN  (d) Amount of non-cash assistance  (e) Amount of non-cash assistance  (f) Method of non-cash assistance  (h) Purpose of grant or non-cash assistance  (h) EIN  (h) EIN										
` '	(b) EIN			non-cash	valuation (book, FMV,					
BYZANTINE CATHOLIC DIOCESE OF PARMA - 1900 CARLTON RD - PARMA, OH 44134	34-1180594	501(C)(3)	100,000.	0.			PROGRAMS			
CALIFORNIA POLYTECHNIC STATE UNIVERSITY FOUNDATION - ONE GRAND AVENUE - SAN LUIS OBISPO, CA 93407	20-4927897	501(C)(3)	50,000.	0.			PROGRAMS			
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106	34-1018992	501(C)(3)	22,121.	0.			PROGRAMS			
CHAUTAUQUA INSTITUTION P.O. BOX 28 CHAUTAUQUA, NY 14722	16-0758844	501(C)(3)	7,500.	0.			PROGRAMS			
CHRIST THE BRIDEGROOM MONASTERY 17485 MUMFORD ROAD BURTON, OH 44021	34-1180594	501(C)(3)	35,245.	0.			PROGRAMS			
CLEVELAND MUSEUM OF NATURAL HISTORY - 1 WADE OVAL DRIVE - CLEVELAND, OH 44106	34-0714338	501(C)(3)	50,000.	0.			PROGRAMS			
CLEVELAND STATE UNIVERSITY FOUNDATION - 2121 EUCLID AVE., UN556 - CLEVELAND, OH 44115	34-1316665	501(C)(3)	44,243.	0.			PROGRAMS			
CORNERSTONE BIBLE FELLOWSHIP 36300 CENTER RIDGE RD NORTH RIDGEVILLE, OH 44039	20-0807795	501(C)(3)	5,965.	0.			PROGRAMS			
COUNCIL FOR A PARLIAMENT OF THE WORLD'S RELIGIONS - 70 E. LAKE STREET, SUITE 205 - CHICAGO, IL 60601	36-3605228	501(C)(3)	103,588.	0.			PROGRAMS			

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CUYAHOGA VALLEY NATIONAL PARK									
ASSOCIATION - 1403 W. HINES HILL									
ROAD - PENINSULA, OH 44264	34-1917257	501(C)(3)	52,500.	0.			PROGRAMS		
DECETIVATION HIDGON									
DESTINATION HUDSON 89 FIRST ST., SUITE 205									
HUDSON, OH 44236	46-4779805	501(C)(3)	5,711.	0.			PROGRAMS		
FIRST CHURCH OF CHRIST SCIENTIST									
1460 WAGAR RD.	24 6526205	F01/G)/2)	44 242				DD CGD 11/G		
ROCKY RIVER, OH 44116	34-6536305	501(C)(3)	44,243.	0.			PROGRAMS		
FIRST CONGREGATIONAL CHURCH									
47 AURORA STREET									
HUDSON, OH 44236	34-0762813	501(C)(3)	20,000.	0.			PROGRAMS		
FLASHES OF HOPE									
6009 LANDERHAVEN DRIVE MAYFIELD HEIGHTS, OH 44124	04-3648694	501/C)/3)	7,500.	0.			PROGRAMS		
MAIFIEDD REIGHIS, OR 44124	04-3040094	301(0)(3)	7,300.	0.			FROGRAMS		
FOURTH PRESBYTERIAN CHURCH									
126 E CHESTNUT STREET									
CHICAGO, IL 60611	36-2167080	501(C)(3)	10,000.	0.			PROGRAMS		
GARRETT EVANGELICAL THEOLOGICAL SEMINARY - 2121 SHERIDAN RD -									
EVANSTON, IL 60201	36-2167085	501 (C) (3)	11,200.	0.			PROGRAMS		
177M516N, 11 00201	30 2107003	301(0)(3)	11,200.				I ROGRIND		
GREEN AMERICA									
1612 K STREET, NW SUITE 600									
WASHINGTON, DC 20006	52-1660746	501(C)(3)	12,000.	0.			PROGRAMS		
DROVE GIMY GOLLEGE									
GROVE CITY COLLEGE									
GROVE CITY, PA 16127	25-1065148	501(C)(3)	10,000.	0.			PROGRAMS		

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HARRY E. SHELDON CALVARY CAMP									
4411 LAKE ROAD									
CONNEAUT, OH 44030	31-1629166	501(C)(3)	25,000.	0.			PROGRAMS		
HOLY TRINITY ANGLICAN CHURCH									
55 ATTERBURY BOULEVARD									
HUDSON, OH 44236	20-0509445	501(C)(3)	11,000.	0.			PROGRAMS		
HUDSON ATHLETIC BOOSTER CLUB									
6766 ST. REGIS BOULEVARD									
HUDSON, OH 44236	23-7327818	501(C)(3)	21,000.	0.			PROGRAMS		
HUDSON CITY SCHOOLS									
2386 HUDSON-AURORA ROAD	34-6001451	115	6,800.	0.			PROGRAMS		
HUDSON, OH 44236	34-6001431	113	0,800.	0.			PROGRAMS		
HUDSON COMMUNITY FIRST									
P.O. BOX 515									
HUDSON, OH 44236	20-5505327	501(C)(3)	6,000.	0.			PROGRAMS		
HUDSON FIRE DEPARTMENT ASSOCIATION									
PO BOX 2193									
HUDSON, OH 44236	72-1571163	501(C)(3)	181,051.	0.			PROGRAMS		
AND GENERAL GUARANT GOVERN									
LAKE CENTER CHRISTIAN SCHOOL 12893 KAUFMAN AVENUE NW									
HARTVILLE, OH 44632	34-0973906	501(C)(3)	100,000.	0.			PROGRAMS		
	21 03,0300		100,000.						
LAUREL LAKE FOUNDATION									
200 LAUREL LAKE DRIVE									
HUDSON, OH 44236	34-1779303	501(C)(3)	17,000.	0.			PROGRAMS		
LEADERSHIP HUDSON									
P.O. BOX 1078									
HUDSON, OH 44236	46-2335168	501(C)(3)	5,838.	0.			PROGRAMS		

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
MARIETTA COLLEGE OFFICE OF ADVANCEMENT MARIETTA, OH 45750	31-4379584	501(C)(3)	22,121.	0.			PROGRAMS	
MY TOUCHSTONES NFP 835 DIVISION STREET NORTHBROOK, IL 60062	61-1533460	501(C)(3)	15,000.	0.			PROGRAMS	
OLD TRAIL SCHOOL PO BOX 827 BATH, OH 44210	34-0737805	501(C)(3)	22,000.	0.			PROGRAMS	
ORPHANS PRAYER INC. 319 RAVENNA STREET HUDSON, OH 44236	26-2691118	501(c)(3)	11,525.	0.			PROGRAMS	
SANTA MARIA DEL MAR CATHOLIC CHURCH - P.O. BOX 130 - FLAGLER BEACH, FL 32136	59-1791389	501(C)(3)	15,000.	0.			PROGRAMS	
ST. MARY CHURCH 340 NORTH MAIN STREET HUDSON, OH 44236	34-0714516	501(C)(3)	92,427.	0.			PROGRAMS	
SUMMA HEALTH SYSTEM FOUNDATION 525 E. MARKET STREET AKRON, OH 44304	34-1219001	501(C)(3)	25,000.	0.			PROGRAMS	
THE SALVATION ARMY OF SUMMIT COUNTY - P.O. BOX 1047 - AKRON, OH 44309	22-2406433	501(c)(3)	6,500.	0.			PROGRAMS	
TROUT UNLIMITED, INC. 1777 NORTH KENT STREET, SUITE 100 ARLINGTON, VA 22209	38-1612715	501(C)(3)	10,000.	0.			PROGRAMS	

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NITED WAY OF GREATER STARK COUNTY							
NC 401 MARKET AVENUE N -							
ANTON, OH 44702	13-4254191	501(C)(3)	18,000.	0.			PROGRAMS
WESTERN RESERVE ACADEMY							
.15 COLLEGE STREET							
HUDSON, OH 44236	34-0714390	501(C)(3)	7,639.	0.			PROGRAMS

(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 non-cash assistance
	recipients	Casii giant	Casii assistance	(Soon, 1 mv, appraisal, striol)	
Part IV Supplemental Information. Provide the information	on required in Part I, line	e 2, Part III, columi	n (b), and any other ac	Iditional information.	
PART I, LINE 2:					
MONITORING THE USE OF GRANT FUN	DS,				
		TDECEMBE OF	DG AND TDG		
ALL ORGANIZATIONS ARE QUALIFIED	BI USING GO	IDESTAR.O	RG AND IRS		
DETERMINATION LETTERS.					
_					

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

HUDSON COMMUNITY FOUNDATION

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

**Employer identification number** 34-1935499

Pai	rt I Types of Property								
		(a) Check if applicable		(c) Noncash contrib amounts reporte Form 990, Part VIII	ed on	<b>(d)</b> Method of de noncash contribu		•	s
1	Art - Works of art		TECHIO CONTINUATOR	Tomicoo, rait viii	<u>1, III 10 19</u>				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7									
8	Boats and planes Intellectual property								
9		Х	21	1 011	490	FAIR MARKET	772	LIIR	
	Securities - Publicly traded		21	1,011,	, = ) 0 •	PAIN MARKET	V A.		
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
40	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz	-	•						
	for which the organization completed Form 828	33, Part IV, [	Donee Acknowledg	gementL	29				
								Yes	No
30a	During the year, did the organization receive by								
	must hold for at least three years from the date		•	•					
	exempt purposes for the entire holding period?						30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?							X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?						32a	Х	
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in o	column (c) f	or a type of proper	ty for which column	n (a) is che	ecked,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see t	the Instruct	tions for Form 990	).		Schedule M	(Form	990) (	2015)

Schedule M (Form 990) (2015)

#### **SCHEDULE O**

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.
➤ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>

2015
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

HUDSON COMMUNITY FOUNDATION

Employer identification number 34-1935499

FORM 990, PART VI, SECTION B, LINE 11:

BEFORE SIGNING THE FORM 990, IT IS REVIEWED BY THE FINANCE COMMITTEE AND

THEN PRESENTED TO THE EXECUTIVE COMMITTEE FOR APPROVAL. IT IS SIGNED BY THE

TREASURER AND FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEMBER IS GIVEN THE CONFLICT OF INTEREST POLICY ALONG WITH AN ACKNOWLEDGEMENT FORM. EACH BOARD MEMBER IS REQUIRED TO DISCLOSE, IN WRITING, ANY CONFLICTS OF INTEREST AND SIGN THE ACKNOWLEDGEMENT FORM. THIS PROCESS IS DONE ANNUALLY DURING THE FIRST BOARD MEETING OF THE CALENDAR YEAR. ANY CONFLICTS ARE VERBALLY DISCLOSED AND DISCUSSED BEFORE A VOTE.

DURING THE YEAR, BOARD MEMBERS MUST VOTE ON GRANTS MADE BY HUDSON COMMUNITY FOUNDATION AND ARE ASKED IF THERE ARE ANY CONFLICTS OF INTEREST BEFORE VOTING.

FORM 990, PART VI, SECTION B, LINE 15A:

DETERMINATION OF COMPENSATION,

THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED BY THE

PRESIDENT/CHAIRMAN.

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

HUDSON COMMUNITY FOUNDATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF

INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S

ANNUAL REPORTS ARE AVAILABLE ON ITS WEBSITE AT WWW.MYHCF.ORG. HUDSON

COMMUNITY FOUNDATION IS ALSO REGISTERED WITH GUIDESTAR, WHO PUBLISHES THE

45

FORM 990 WHEN IT BECOMES AVAILABLE.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Form 88	68 (Rev. 1-2014)					Page 2		
If you	are filing for an Additional (Not Automatic) 3-Month	Extension, c	omplete only Part II and check th	is box		<b>X</b>		
	nly complete Part II if you have already been granted a							
If you	are filing for an Automatic 3-Month Extension, com	plete only Pa	art I (on page 1).					
Part I	Additional (Not Automatic) 3-Month	Extension	of Time. Only file the origin	nal (no co	pies need	ed).		
			Enter filer's	s identifyin	g number, s	ee instructions		
Type or	Name of exempt organization or other filer, see ins	structions.		Employe	identification	n number (EIN) or		
orint								
ile by the	HUDSON COMMUNITY FOUNDATION		34-193	35499				
due date for	Number, street, and room or suite no. If a P.O. box 49 E. MAIN ST P.O. BOX 944	Social se	curity numbe	r (SSN)				
eturn. See nstructions								
	HUDSON, OH 44236							
						011		
Enter the	e Return code for the return that this application is for	(file a separat	e application for each return)			0 1		
Applicat	ion	Return	Application			Return		
ls For		Code	Is For			Code		
Form 99	0 or Form 990-EZ	01						
Form 99	0-BL	02	Form 1041-A			08		
Form 47	20 (individual)	03	Form 4720 (other than individual)			09		
Form 99	0-PF	04	Form 5227			10		
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069					
Form 99	0-T (trust other than above)	06	Form 8870			12		
STOP! D	o not complete Part II if you were not already gran		natic 3-month extension on a prev	iously filed	l Form 8868.			
	FUND ADMINIST							
<ul><li>The b</li></ul>	ooks are in the care of $\blacktriangleright$ $49$ E. MAIN ST	REET -	HUDSON, OH 44236					
Telep	hone No. ► 330-655-1566	_	Fax No. ►					
<ul><li>If the</li></ul>	organization does not have an office or place of busin	ess in the Un	ited States, check this box			▶ 🔲		
<ul><li>If this</li></ul>	is for a Group Return, enter the organization's four di	git Group Exe	mption Number (GEN)	If this is fo	the whole g	roup, check this		
oox ►	. If it is for part of the group, check this box		ch a list with the names and EINs o	f all membe	ers the extens	sion is for.		
	equest an additional 3-month extension of time until							
<b>5</b> Fo	r calendar year $2015$ , or other tax year beginning		, and endir	ng		<u>.</u>		
6 If t	he tax year entered in line 5 is for less than 12 months	s, check reaso	on: Initial return	Final r	eturn			
	Change in accounting period							
	ate in detail why you need the extension							
<u>M</u>	ORE TIME IS REQUIRED TO FIL	E A COM	PLETE AND ACCURATE	E RETU	RN.			
_								
_								
_								
	his application is for Forms 990-BL, 990-PF, 990-T, 47	'20, or 6069, o	enter the tentative tax, less any			0		
_	nrefundable credits. See instructions.	8a	\$	0.				
	his application is for Forms 990-PF, 990-T, 4720, or 60							
	ax payments made. Include any prior year overpayment allowed as a credit and any amount paid					0		
	previously with Form 8868.					0.		
	lance due. Subtract line 8b from line 8a. Include you			•				
EF	TPS (Electronic Federal Tax Payment System). See in		I have a soluted to a Deat III a	8c	\$	0.		
	_		t be completed for Part II o	-				
Under per it is true,	nalties of perjury, I declare that I have examined this form, inc correct, and complete, and that I am authorized to prepare th	cluding accomp is form.	anying schedules and statements, and t	o the best of	my knowledge	and belief,		
Signature	Title 1	TREAS	JRER	Date	<b>•</b>			
					-	368 (Rev. 1-2014)		