

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A F	or th	e 2012 calendar year, or tax year beginning , 201	2, and endi	ng			, 20	
_		C Name of organization			D Employer ide	ntification	number	
Вс	heck if ap	HUDSON COMMUNITY FOUNDATION			34-1935	499		
	Addre							
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephone nu	mber		
	Initial	return 49 E. MAIN STREET			(330) 655	5-3580		
	Term	City, town or post office, state, and ZIP code	1					
	Amen				G Gross receipt	s \$	3,019	,106.
	Applic	F Name and address of principal officer: GATL TORIN			H(a) Is this a grou	p return for	Yes	X No
	_ pend	49 E. MAIN ST HUDSON, OH 44236			affiliates? H(b) Are all affiliate	es included?	Yes	No
L	Tax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 52	27	If "No," attacl	h a list. (see in	nstructions)	
J	Websi	te: ▶ WWW.MYHCF.ORG	, , , , , ,		H(c) Group exemp	ition number	•	
K	Form o	of organization: X Corporation Trust Association Other	L Year	of formati	ion: 2000 M s	State of lega	al domicile:	ОН
Pa	rt I	Summary						
2		Briefly describe the organization's mission or most significant activities:						
45		"ENRICHING HUDSON FOREVER BY EMPOWERING SIMPLE,	SMART AN	JD ME	ANINGFUL			
nce		PHILANTHROPY."						
rus								
Governance	2	Check this box ▶ ☐ if the organization discontinued its operations or dispose	sed of more th	an 25%	of its net assets	 i.		
త		Number of voting members of the governing body (Part VI, line 1a)				3		16.
Activities &		Number of independent voting members of the governing body (Part VI, line 1b)				4		16.
ivit		Total number of individuals employed in calendar year 2012 (Part V, line 2a),				5		4.
Act		Total number of volunteers (estimate if necessary)				6		100.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12				7a	6	,237.
		Net unrelated business taxable income from Form 990-T, line 34				7b		C
					Prior Year	(Current Y	ear
a	8	Contributions and grants (Part VIII, line 1h)			3,990,11	0.	2,600	,854.
nua		Program service revenue (Part VIII, line 2g)			-10,31	9.		C
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).			-50,34	1.	119	,117.
•		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-53,87	9.	-41	,649.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			3,875,57	-	2,678	,322.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			531,83	1.		,434.
		Benefits paid to or for members (Part IX, column (A), line 4)				0		C
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			36,32	0.	53	,685.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)				0	18867.7	C
xbe	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 67,5	77.	Top Street				
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		329,25	5.	942	,232.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			897,40	6.	1,834	,351.
	19	Revenue less expenses. Subtract line 18 from line 12			2,978,16	5.	843	,971.
ces					ning of Current Y	ear	End of Ye	ar
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		, [7,136,20	0.	8,430	,353.
t As	21	Total liabilities (Part X, line 26)				0		C
ջ문	22	Net assets or fund balances. Subtract line 21 from line 20	<u> </u>		7,136,20	0.	8,430	,353.
Pa	rt II	Signature Block						
Und	der per	nalties of perjury, I declare that I have examined this return, including accompanying sche oct, and complete. Declaration of preparer (other than officer) is based on all information of w	dules and state	ements, a	and to the best of	my knowle	dge and b	elief, it is
iiuc	, сопе	ct, and complete. Declaration of preparer (other than officer) is based on all information of wi	ilicii prepalei il	as arry Ki	lowledge.			
Si~		X Dail later			11	1511	3	
Sig He		Signature of officer			Date			
116	C	GAIL TOBIN TREAS	URER					
_		Type or print name and title						
Paic		Print/Type preparer's name Preparer's signature	Date	./	Check	if PTIN		
	parer	CHRISTOPHER B. ANDERSON	16/1	4/13	self-employe	ed P	002265	559
	Only	Firm's name ► MALONEY + NOVOTNY LLC		9	Firm's EIN 🕨	34-067	7006	
_		Firm's address > 4774 MUNSON STREET NW, SUITE 402 CANTON, OH 44718			Phone no.	330-966	5-9400	
_		RS discuss this return with the preparer shown above? (see instructions)				x		No
For	Pape	rwork Reduction Act Notice, see the separate instructions.			-		Form 990	(2012)

2E1010 1,000

Form 990 (2012) Page 2

Pa		nent of Program Service A if Schedule O contains a r	Accomplishments esponse to any question in this Part III		
1		the organization's mission			
	=	-	EMPOWERING SIMPLE, SMART	AND MEANINGFUL	
	PHILANTHRO	PY."			
_	Did the organi-	zation undertake any signif	ilipont program convices during the ve	or which were not listed on the	
2	prior Form 990		icant program services during the year		Yes X No
3	Did the organ	nization cease conducting	or make significant changes in h		Yes X No
4	If "Yes," describ	be these changes on Sched			
			(4) organizations are required to report each program service reported.	ort the amount of grants and a	allocations to others,
4a	(Code:		559,236. including grants of \$ COMMUNITY FOUNDATION WHICH	838,434.) (Revenue \$	0_)
			IES BENEFITING THE COMMUNI		
			NCIAL AID THROUGH GIFTS, G		
			RGANIZATIONS IN THE COMMUN		
	HUDSON, OH	IO.			
	-				
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d		services (Describe in Sche		Φ ,	
4-		including grasservice expenses ►		Ф)	
40	i otai program	sei vice expenses	⊥,039,⊿30.		

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-ar	Checklist of Required Schedules		1	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_		
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	•		v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Λ_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		Х
6	Part III	3		
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
Ĭ	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
-	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	37	
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	12a	Х	
h	complete Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12a	- 1	
b	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States 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 and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	240		Х
	through 24d and complete Schedule K. If "No," go to line 25	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25 a	(/ (/ (/ C			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	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		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>			
٠.	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	ļ .		
J 2	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		- 21
34	or IV, and Part V, line 1	34		Х
25.0				X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	0.51		
	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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	State mante Departing Other IDC Filings and Tay Compliance			age c
Par				
	Check if Schedule O contains a response to any question in this Part V	• • •		•
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box of Fermi 1000. Enter of in not applicable			
	Effect the number of Forms W-20 included in line 1a. Effect-0- in not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1.0	Х	
2-	reportable gaming (gambling) winnings to prize winners?	1c	Λ	
Za	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 4			
_	etatemente, med for the eatemat year ending min of minim the year evered by the retain.	2b	х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20	Λ	
٥.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
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	4-		v
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	3	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		X
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	4.0		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	4.0		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

JSA 2E1040 1.000

HUDSON COMMUNITY FOUNDATION Form 990 (2012) 34-1935499 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes 16 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 16 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body?............... X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο Х 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х 12c describe in Schedule O how this was done 13 Χ 13 Х 14 14 Did the organization have a written document retention and destruction policy?....... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ 15a The organization's CEO, Executive Director, or top management official 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 Χ 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶_OH, 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | X | Upon request Own website Another's website Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶GAIL TOBIN 49 E. MAIN STREET HUDSON, OH 44236

Part VII

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

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

- 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.

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

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

(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual 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 BOARD MEMBER	2.00	X						C	0	0
(2) WILLIAM CURRIN BOARD MEMBER	2.00	Х						C	0	0
(3) DREW FORHAN BOARD MEMBER	2.00	X						C	0	0
(4) JAN GUSICH BOARD MEMBER	2.00	X						C	0	0
BOARD MEMBER	2.00	X						C	0	0
BOARD MEMBER	2.00	X						C	0	0
(7) SHAWN LYDEN BOARD MEMBER	2.00	X						C	0	0
(8) DAVID SCHWEIGHOEFER BOARD MEMBER	2.00	Х						C	0	0
(9) WILLIAM WOOLDREDGE PRESIDENT EMERITUS	2.00	Х						C	0	0
(10)JILL BACON MADDEN BOARD MEMBER	2.00	Х						C	0	0
(11)KENT MCMATH BOARD MEMBER	2.00	Х						C	0	0
(12) PHILIP TOBIN PRESIDENT	6.00	Х		Х				C	0	0
(13)WILLIAM SEDLACEK BOARD MEMBER	2.00	Х						C	0	0
(14)DONALD THARP CHAIRMAN	5.00	Х		Х				C	0	0

Form **990** (2012)

JSA.

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and H	lig	hest Compensat	ed Employ	yees (çc	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	voerage Position ours per (do not check more than box, unless person is bo officer and a director/tru					an	from	Reportable compensation related organization	on from d	am	(F) timated nount of other pensatio	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		org: and	om the anization d related anization	d
15) GAIL TOBIN SECRETARY/TREASURER	4.00	Х		Х				0		0			(
16) RICHARD WARFIELD	2.00	21		21									
BOARD MEMBER		Х						0		0			(
1b Sub-total								0		0			(
c Total from continuation sheets to Part VII, Se	ection A						\blacktriangleright	0		0			C
d Total (add lines 1b and 1c)							<u> </u>	0		0			(
2 Total number of individuals (including but not reportable compensation from the organization			liste)	d al	bove	e) who	o re	eceived more than	\$100,000	of			
Teportable compensation from the organization			,									Yes	No
3 Did the organization list any former offic	ar diracto	r or	tri	ıeta	ا ۵	kov c	mn	Novee or highes	t compans	ated		163	NO
employee on line 1a? If "Yes," complete Schedu											3		Х
4 For any individual listed on line 1a, is the sorganization and related organizations gre													
individual											4		Х
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5		X
Section B. Independent Contractors											•		
 Complete this table for your five highest com compensation from the organization. Report c year. 													
•													

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \blacktriangleright

Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se to any quest	tion in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
s, G	C	Fundraising events 1c	61,536.				
a git	d	Related organizations 1d					
S. imi	e	Government grants (contributions) . 1e					
i Sign	f	All other contributions, gifts, grants,					
혈美	-	and similar amounts not included above . 1f	2,539,318.				
id of	g	Noncash contributions included in lines 1a-1f: \$					
g g	h	Total. Add lines 1a-1f		2,600,854.			
ne			Business Code	, ,			
Program Service Revenue	2a						
Re	b						
ice	C						
Šer	d						
E	e						
gra	f	All other program service revenue					
Pro	g	Total. Add lines 2a-2f		0			
	3	Investment income (including dividends, intere					
	•	other similar amounts)		119,117.			119,117.
	4	Income from investment of tax-exempt bond pr	_	0			
	5	Royalties • • • • • • • • • • • • • • • • • • •		0			
	•	(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)		0			
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)		0			
Ф	8a	Gross income from fundraising					
ľ	Oa	events (not including \$61,536.					
Ş		of contributions reported on line 1c).					
æ		See Part IV, line 18	299,135.				
Other Revenue	b	Less: direct expenses b	340,784.				
듣	C	Net income or (loss) from fundraising events		-41,649.		6,237.	-47,886.
J		Gross income from gaming activities.		_,,		2,237.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Ju	See Part IV, line 19					
	b	Less: direct expenses b					
	C	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less					
		returns and allowances					
	b	Less: cost of goods sold b					
	C	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d		0			
	12	Total revenue. See instructions		2,678,322.		6,237.	71,231.

34-1935499

Part IX Statement of Functional Expenses

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

_	Check if Schedule O contains a resp				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	838,434.	838,434.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
,	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	49,870.	16,457.	16,457.	16,956.
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	3,815.	1,259.	1,259.	1,297.
11	Fees for services (non-employees):				
а	Management	0			
	Legal	200.	80.	120.	
С	Accounting	5,850.	2,340.	3,510.	
d	Lobbying	0			
е		0			
f	Investment management fees	54,715.	54,715.		
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion	9,745.			9,745.
13	Office expenses	6,117.	991.	1,434.	3,692.
14	Information technology	11,645.	3,843.	3,959.	3,843.
15	Royalties	0		0.5	
16	Occupancy	36,315.	330.	35,645.	340.
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	12,249.		12,249.	
22 23	Depreciation, depletion, and amortization	5,906.	1,949.	1,949.	2,008.
23 24	Insurance	5,500.	1,749.	1,749.	2,000.
∠+	Other expenses. Itemize expenses not covered 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 O.)				
2	COMMUNITY EVENTS	707,882.	707,882.		
-	FUND EXPENSES	66,551.	21,962.	21,962.	22,627.
	OUTSIDE SERVICES	12,252.	4,043.	4,043.	4,166.
	SERVICE CHARGES	8,802.	4,401.	4,401.	, = = 0 •
	All other expenses	4,003.	550.	550.	2,903.
25	Total functional expenses. Add lines 1 through 24e	1,834,351.	1,659,236.	107,538.	67,577.
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				
	following SOP 98-2 (ASC 958-720)	0			

Form 990 (2012) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response t	to an	v guestion in this Part	· X		
_		Chock is constaine a contains a response i	J uii	, quodion in tino i art	(A)	<u> </u>	(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			833,964.	1	921,114.
	2	Savings and temporary cash investments			0	2	0
	3	Pledges and grants receivable, net			3,049,338.	3	1,145,625.
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from current and the					
		trustees, key employees, and highest co					
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers	0	5	0		
	6	Loans and other receivables from other disqualified personal 4958(f)(1)), persons described in section 4958(c)(3)(B).					
		and sponsoring organizations of section 501(c)(9) volu	intary	employees' beneficiary			
Ś		organizations (see instructions). Complete Part II of Sche	dule L		0	_	0
Assets	7	Notes and loans receivable, net			0	7	0
As	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			0	9	0
	Tua	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	153,932.			
	h	Less: accumulated depreciation			123,459.	100	111,210.
	11	Investments - publicly traded securities			3,129,439.		6,252,404.
	12	Investments - other securities. See Part IV, line 11				12	0
	13	Investments - program-related. See Part IV, line 11			13	0	
	14	Intangible assets			14	0	
	15	Other assets. See Part IV, line 11		0	15	0	
	16	Total assets. Add lines 1 through 15 (must equal	line 3	4)	7,136,200.		8,430,353.
	17	Accounts payable and accrued expenses				17	0
	18	Grants payable		18	0		
	19	Deferred revenue			19	0	
	20	Tax-exempt bond liabilities			20	0	
ies	21	Escrow or custodial account liability. Complete Pa			0	21	0
Liabilities	22	Loans and other payables to current and for					
Lia		trustees, key employees, highest compen disqualified persons. Complete Part II of Schedule			0	22	0
	23	Secured mortgages and notes payable to unrelate			0	23	0
	24	Unsecured notes and loans payable to unrelated			0	24	0
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines					
		of Schedule D			0	25	0
	26	Total liabilities. Add lines 17 through 25			0	26	0
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		k here ► X and			
anc	27	Unrestricted net assets			3,021,698.	27	7,193,975.
Fund Balances	28	Temporarily restricted net assets			4,114,502.	28	1,236,378.
Б	29	Permanently restricted net assets		<u></u>	0	29	0
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here 🕨 🔛 and			
Net Assets or	30	Capital stock or trust principal, or current funds .			30		
SSE	31	Paid-in or capital surplus, or land, building, or equ	iipmer	nt fund		31	
¥	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32	
ž	33	Total net assets or fund balances			7,136,200.	33	8,430,353.
_	34	Total liabilities and net assets/fund balances			7,136,200.	34	8,430,353.

Form 990 (2012) Page **12**

	(== :=)					9		
Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,6	78,3	322.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,8	34,3	351.		
3	Revenue less expenses. Subtract line 2 from line 1	3		843,971				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7,136,200				
5	Net unrealized gains (losses) on investments	5		450,182				
6	Donated services and use of facilities	6		(
7	7 Investment expenses							
8	Prior period adjustments	8				0		
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	10		8,4	30,3	353.		
Part								
	Check if Schedule O contains a response to any question in this Part XII				oxdot			
					Yes	No		
1	Accounting method used to prepare the Form 990: CashX 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 con	piled	d 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	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted c	n 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 overs	sight						
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant	?	2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in							
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fort	h in					
	the Single Audit Act and OMB Circular A-133?			3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_	the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits		3b				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047
2012
Open to Public

Department of the Treasury Internal Revenue Service 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. ► See separate instructions.

Open to Public Inspection

Name	ne of the organization Employer identification number										
HUDS	ON	ON COMMUNITY FOUNDATION 34-1935499									
Part		Reason for Publ	ic Charity Status	s (All organizations mu	ıst cor	nplete	this pa	art.) Se	e instru	uctions	
The o	rga	nization is not a priv	ate foundation bed	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)		
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.)									
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 _				nefit of a college or univ	ersity	owned	or ope	erated b	by a go	vernme	ntal unit described in
_	_	section 170(b)(1)(A		-			_				
6	_		•	or governmental unit des							
7 _	X	=	-	es a substantial part of it	s supp	ort fro	m a go	vernme	ental un	it or fro	om the general public
	\neg	described in sectio									
8	_	=		on 170(b)(1)(A)(vi). (Com							
9		_	=	es: (1) more than 331/3%							· -
				exempt functions - sub			-				
				ome and unrelated busi				-		1 511	tax) from businesses
10				ne 30, 1975. See section ted exclusively to test for	-		-		-	`	
11			•	rated exclusively for the		-				-	or to carry out the
٠. ٢		=	-	ipported organizations de			-				
				es the type of supporting					-		
		a Type I		c Type III-Function	-						inctionally integrated
е				the organization is not	-	-			71		, ,
_		-		gers and other than one			-		-	-	•
		509(a)(1) or section		-		·			_		
f		If the organization	received a writte	n determination from th	e IRS	that it	is a Ty	pe I, T	ype II,	or Type	e III supporting
		organization, check	this box								
g		Since August 17, 2	006, has the orgai	nization accepted any gift	t or co	ntributi	on from	any of	the		
		following persons?									·
		(i) A person who	directly or indire	ectly controls, either alor	ne or t	ogethe	er with	person	s desc	ribed in	(ii) Yes No
		and (iii) below,	the governing boo	dy of the supported organ	ization	?					11g(i)
				scribed in (i) above?							11g(ii)
		(iii) A 35% controll	led entity of a pers	on described in (i) or (ii) a	bove?						11g(iii)
h		Provide the following	ng information abo	ut the supported organiza	ation(s).					
(ame of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv)	Is the zation in	(v) Did y			s the zation in	(vii) Amount of monetary
		organization		above or IRC section	col. (i)	listed in overning	in col.	anization . (i) of		rganized	support
				(see instructions))	docu	ment?	your su			U.S.?	
					Yes	No	Yes	No	Yes	No	
(A)											
(B)											
(C)											
(D)											
(E)											
Total											

Form 990 or 990-EZ.

For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012

Part II

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A Public Support

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	752,617.	967,525.	600,598.	3,990,110.	2,600,854.	8,911,704.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	752,617.	967,525.	600,598.	3,990,110.	2,600,854.	8,911,704.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						2,420,201
6	shown on line 11, column (f). Public support. Subtract line 5 from line 4.						3,420,301.
	tion B. Total Support						5,491,403.
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	752,617.	967,525.	600,598.	3,990,110.	2,600,854.	8,911,704.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	108,542.	64,734.	57,637.	61,166.	119,117.	411,196.
9	Net income from unrelated business activities, whether or not the business is regularly carried on					977.	977.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ATCH 1				215,469.	298,158.	513,627.
11	Total support. Add lines 7 through 10						9,837,504.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2012 (li					14	55.82%
15	Public support percentage from 2011					15	51.04%
16a	331/3% support test - 2012. If the o	•					
	this box and stop here . The organization						
b	331/3% support test - 2011. If the c						
47-	check this box and stop here. The organization qualifies as a publicly supported organization						
17a	a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is						
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
	organization			_	-		▶ □
b	10%-facts-and-circumstances test - 2						and line
	15 is 10% or more, and if the orga	•					
	Explain in Part IV how the organizati						-
	supported organization				_	-	>
18	Private foundation. If the organization						
	instructions						

Schedule A (Form 990 or 990-EZ) 2012

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.)

Sec	tion A. Public Support	,		,,		,	
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	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						
_	Add lines 7a and 7b						
	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	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 IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	s a section 501(c)(3)
	organization, check this box and stop here .	<u></u>	<u></u> .		<u></u> .	<u> </u>	▶ 🔲
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2012 (line 8,	column (f) divide	ed by line 13, colur	nn (f))		15	%
16	Public support percentage from 2011 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investmen	t Income Per	centage				
17	Investment income percentage for 2012 (lin					17	%
18	Investment income percentage from 2011	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2012. If the org					e than 331/3%, a	and line
	17 is not more than 331/3%, check thi	s box and stor	here. The org	anization qualifies	s as a publicly	supported organi	zation 🕨 🗌
b	331/3% support tests - 2011. If the orga	nization did not	check a box on	line 14 or line 19	a, and line 16 is	s more than 331/3	3 %, and
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of	did not check	a box on line	14, 19a, or 19b	, check this bo	x and see instru	uctions ►

JSA 2E1221 1.000 Schedule A (Form 990 or 990-EZ) 2012 Page **4**

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

					ATTACHMENT 1	
SCHEDULE A, PART II	- OTHER INCO	ME		_		
DESCRIPTION	2008	2009	2010	2011	2012	TOTAL
OTHER INCOME				215,469.	298,158.	513,627.
TOTALS				215,469	298,158.	513,627.

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.

OMB No. 1545-0047

2012

Name of the organization		Employer identification number				
HUDSON COMMUNITY FO	UNDATION					
		34-1935499				
Organization type (check or	e):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private fo	undation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundate	ation				
	501(c)(3) taxable private foundation					
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000	or more (in money or				
property) from any Special Rules	one contributor. Complete Parts I and II.					
under sections 50	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support 9(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during th \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 11.	ne year, a contribution of				
during the year, to	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
during the year, co not total to more to year for an <i>exclusi</i> applies to this orga	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> 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 of \$5,000 or more during the year					
990-EZ, or 990-PF), but it m	at is not covered by the General Rule and/or the Special Rules does not file Sust answer "No" on Part IV, line 2 of its Form 990; or check the box on line I-PF, to certify that it does not meet the filing requirements of Schedule B (Fo	H of its Form 990-EZ or on				

JSA

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) (2012)

Name of organization HUDSON COMMUNITY FOUNDATION

Employer identification number 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 _		\$620,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_		\$109,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 _		\$200,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
Νο.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
No.		Total contributions	Person X Payroll X Noncash (Complete Part II if there is
No 4	Name, address, and ZIP + 4	\$166,154.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No 4 (a) No.	Name, address, and ZIP + 4	\$166,154.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

Name of organization HUDSON COMMUNITY FOUNDATION

Employer identification number 34-1935499

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 -		\$1,100.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8 _		\$99,049.	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9 _		\$95,166.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 10 _		\$100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
- 10 - (a) No.	(b) Name, address, and ZIP + 4	\$100,000. (c) Total contributions	Person X Payroll Noncash (Complete Part II if there is
(a)		(c)	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)		(c) Total contributions	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

Name of organization HUDSON COMMUNITY FOUNDATION

Employer identification number

34-1935499

Part II Noncash Property (see instructions). Use duplicate copies of Part II 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
2_	VARIOUS MARKETABLE SECURITIES		
		\$\$000.	_12/31/2012
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4_	VARIOUS MARKETABLE SECURITIES		
		\$ <u>166,154.</u>	_VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6_	MARKETABLE SECURITIES		
		\$ <u>142,975</u> .	_11/08/2012
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	VARIOUS MARKETABLE SECURITIES		
		\$\$.	_12/24/2012
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9_	VARIOUS MARKETABLE SECURITIES		
		 \$ <u>95,166.</u>	_VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

me of or	ganization HUDSON COMMUNITY FOUNDAT	'ION		Employer identification number	
				34-1935499	
	<i>Exclusively</i> religious, charitable, etc., in that total more than \$1,000 for the year				
l (For organizations completing Part III, ente contributions of \$1,000 or less for the ye	er the total of <i>excl</i> ear. (Enter this info	<i>usively</i> religious, cha ormation once. See	aritable, etc., instructions.) ►\$	
Į	Use duplicate copies of Part III if additiona	al space is needed	d.		
a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(e) Transf	er of gift		
	Transferee's name, address, and 2	ZIP + 4	Relations	nip of transferor to transferee	
a) No. from					
rom Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(e) Transfe	er of gift		
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
n) No. From Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(e) Transf	er of gift		
	Transferee's name, address, and Z	ZIP + 4	Relations	nip of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

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

► Attach to Form 990. ► See separate instructions.

Employer identification number

HUI	DSON COMMUNITY FOUNDATION		34-1935499
Pa	organizations Maintaining Donor Adviorganization answered "Yes" to Form 9		or Accounts. Complete if the
	organization anoworda 100 to 1011110	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and af year	39.	(4) 1 2112 2112 2112
1 2	Total number at end of year Aggregate contributions to (during year)	624,906.	
3	Aggregate grants from (during year)	321,138.	
3 4	Aggregate value at end of year	2,692,732.	
5	Did the organization inform all donors and donor		in donor advised
3	funds are the organization's property, subject to the	organization's evolusive legal control?	Yes No
6	Did the organization inform all grantees, donors, ar	nd donor advisors in writing that grant for	unds can be used
U	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		
Pa	rt Conservation Easements. Complete if	the organization answered "Yes" to	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recre		n of an historically important land area
	Protection of natural habitat	-	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year.	·	
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified	historic structure included in (a)	2c
d	Number of conservation easements included in (c)	acquired after 8/17/06, and not on a	
	historic structure listed in the National Register		_ 2d
3	Number of conservation easements modified, tran	sferred, released, extinguished, or term	ninated by the organization during the
	tax year ▶		
4	Number of states where property subject to conse	rvation easement is located ▶	
5	Does the organization have a written policy regard	ing the periodic monitoring, inspection,	handling of
	violations, and enforcement of the conservation ea	sements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, in	specting, and enforcing conservation e	asements during the year
	>		
7	Amount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easen	nents during the year
	> \$		
8	Does each conservation easement reported on line	• •	` ' ' ' '
	(i) and section 170(h)(4)(B)(ii)?		Yes L No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue a	and expense statement, and
	balance sheet, and include, if applicable, the text of	•	ncial statements that describes the
Do	organization's accounting for conservation easeme rt Organizations Maintaining Collections		ear Cimiler Accets
га	rt III Organizations Maintaining Collections Complete if the organization answered		iei Siiilidi Assets.
1a	If the organization elected, as permitted under SF	FAS 116 (ASC 958), not to report in it	s revenue statement and balance sheet
	If the organization elected, as permitted under SF works of art, historical treasures, or other similar than the state of the few sections of the state of the st	ar assets held for public exhibition, e	ducation, or research in furtherance of
	public service, provide, in Part XIII, the text of the fo		
b	If the organization elected, as permitted under sworks of art, historical treasures, or other similar public service, provide the following amounts relations.	ar assets held for public exhibition, e ng to these items:	ducation, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII, line 1		 ▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a	rt, historical treasures, or other simila	r assets for financial gain, provide the
	following amounts required to be reported under S		
а	Revenues included in Form 990, Part VIII, line 1 .		 ▶ \$
b	Assets included in Form 990, Part X		▶ \$

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

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 Page **2**

Par	t Organizations Maintaining Coll	ections of	Art,	Historical	Treasu	ıres,	or Ot	her Similar Ass	sets (con	tinued)
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and o	other re	ecords, chec	ck any o	of the	follow	ring that are a sig	ınificant u	se of it	s
а	Public exhibition		d	Loan	or exch	ange	prograi	ms			
b	Scholarly research		е								
C	Preservation for future generations		•								-
4	Provide a description of the organization's	collections	and e	xolain how	they fu	rther	the or	nanization's exem	nt nurnose	in Pa	rt
•	XIII.		ana o	Apidiii iioti	inoy ru			gamzanomo oxom	pr parpoor	, u	
5	During the year, did the organization solicit	or receive d	onation	ne of art his	torical tr	reacii	res or	other similar			
Ū	assets to be sold to raise funds rather than t								Yes	\square N	0
Dar	t IV Escrow and Custodial Arrange										_
ı aı	line 9, or reported an amount on				garnzai	uon e	al iSWC	CG 1C3 (0 1 0)	111 550, 1	art iv	,
	inic 3, or reported air amount on	1 01111 000	, r art	7, 1110 2 1.							—
1a	Is the organization an agent, trustee, custod	lian or other	interm	ediary for c	ontributi	ions d	or other	assets not			
·u	included on Form 990, Part X?								Yes	\square N	
h	If "Yes," explain the arrangement in Part XIII	and comple	ate the	following ta	hle:	• • •			163	IN	U
D	ii res, explain the arrangement iirr art xiii	and compi	oto the	Tollowing ta	DIC.			Amount			—
_	Beginning balance					10		Amount			—
۲ C	Additions during the year										—
u	Distributions during the year										—
	Ending balance										—
20	Did the organization include an amount on I								V		
Za h	If "Yes," explain the arrangement in Part XIII	Chook bor	ail A,	IIIIE Z I !			ovidad	in Dort VIII	Yes	$\vdash \vdash$	0
											—
Par	7.							r ·		ooro bool	<u> </u>
10		irrent year	(D)	Prior year	(C) IW	vo year	s back	(d) Three years back	(e) Four y	ears back	_
1a	Beginning of year balance Contributions										—
b	Net investment earnings, gains,										_
С											
اء.	and losses										—
	Grants or scholarships										_
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rrent year ei	nd bala	ince (line 1g	, columr	n (a))	held as	:			
a	Board designated or quasi-endowment $lacktriangle$ _		_%								
b	Permanent endowment										
С	Temporarily restricted endowment ▶	· %									
_	The percentages in lines 2a, 2b, and 2c sho	-									
За	Are there endowment funds not in the poss	ession of th	e orga	nization that	are hel	ld and	d admir	nistered for the	_		_
	organization by:									es No	<u> </u>
	(i) unrelated organizations								3a(i)		_
_	(ii) related organizations								3a(ii)		_
b	If "Yes" to 3a(ii), are the related organization		-						3b		
4	Describe in Part XIII the intended uses of the										_
Par	t VI Land, Buildings, and Equipment	. See Forn	n 990,	Part X, line	e 10.						_
	Description of property	(a) Cost or (invest		` '	or other ba	asis		cumulated eciation	(d) Book valu	е	
1a	Land										_
b	Buildings										_
С	Leasehold improvements				150,8	99.		41,255.	10	9,644	<u> </u>
d	Equipment				3,0			1,467.		1,566	
е	Other				•						_
Tota	I. Add lines 1a through 1e. (Column (d) musi	t equal Form	1 990, F	Part X, colum	n (B), lir	ne 10	(c).).		11	1,210	_

Schedule D (Form 990) 2012

Page 3 Schedule D (Form 990) 2012

Part VII	Investments - Other Securities. See	Form 990, Part X, line	e 12.
-	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financi	al derivatives		
	-held equity interests		
(3) Other_		-	
		-	
<u>(B)</u>		-	
<u>(C)</u>			
(D) (E)		-	
(F)		-	
(G)			
(H)			
(I)			
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	,	
Part VIII	Investments - Program Related. See	Form 990, Part X, line	e 13.
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(7)			
(8)			
(9)			
(10)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. See Form 990, Part X,	line 15.	
	(a) Description	(b) Book value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col	umn (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X	Other Liabilities. See Form 990, Part	X, line 25.	
1.	(a) Description of liability	(b) Book value	9
	ral income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u> <u>(8)</u>			
(9)			
(10)			
(11)			
	nn (b) must equal Form 990, Part X, col. (B) line 25	5.) ▶	
			ganization's financial statements that reports the organization

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

JSA 2E1270 1.000

Schedule D (Form 990) 2012 Page **4**

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		r age 4
1 ar c	Total revenue, gains, and other support per audited financial statements	1	3,151,004.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	I I	3,131,004.
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
a b			
C C	Recoveries of prior year grants Other (Describe in Part VIII)		
d	Other (Describe in Part XIII.) Add lines 2a through 2d	0-	472 602
e	Add lines 2a through 2d Subtract line 2e from line 1	2e	472,682.
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	2,678,322.
4			
a			
b		4 -	
C E	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	4c	2 670 222
5 Dor4		5	2,678,322.
Part 1	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Total expenses and losses per audited financial statements		1,856,851.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	1,050,051.
a			
b	Prior year adjustments 2b		
C	Other losses 2c		
d	Other (Describe in Part XIII.)		22 500
e	Add lines 2a through 2d Subtract line 2e from line 1	2e	22,500.
3		3	1,834,351.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	_	
_ C	Add lines 4a and 4b	4c	1 004 051
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,834,351.
Part		/ lin n	- 4 b Ob -
	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I' line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro		
inform		1.40	ary additional
	п расп Г		
SE	E PAGE 5		

Schedule D (Form 990) 2012

Page 5

Part XIII Supplemental Information (continued)

FIN 48 (ASC 740) FOOTNOTE,

PART X, LINE 2:

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 THE YEAR ENDED DECEMBER 31, 2012. THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

SCHEDULE G

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Inspection

Name of the organization					Employer identification	on number
HUDSON COMMUNITY FOUNDATIO					34-1935499	
Part I Fundraising Activities. Form 990-EZ filers are				"Yes" to Form 9	90, Part IV, line	17.
1 Indicate whether the organization				activities. Check a	all that apply.	
a Mail solicitations	e		_	non-government g		
b Internet and email solicitation	ons f	Solid	citation of	government grants	S	
c Phone solicitations	g	Spec	cial fundra	ising events		
d In-person solicitations						
2a Did the organization have a writ or key employees listed in Form						Yes No
b If "Yes," list the ten highest paid compensated at least \$5,000 by		(fundraise	ers) pursua	ant to agreements	under which the	fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			•			
List all states in which the organization or licensing.	anization is registered of	or licensed	d to solicit	contributions or	has been notified	it is exempt from

Schedule G (Form 990 or 990-EZ) 2012

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts greater than \$5,00	00.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			TASTE OF HUDSON	HAIL TO CHEFS	10.	(add col. (a) through col. (c))
a)			(event type)	(event type)	(total number)	coi. (c))
Revenue	1	Gross receipts	269,449.	25,005.	66,217.	360,671
_	2	Less: Contributions	46,428.	15,108.		61,536
		Gross income (line 1 minus line 2)	223,021.	9,897.	66,217.	299,135
	4	Cash prizes				
Direct Expenses	5	Noncash prizes				
	6	Rent/facility costs	36,431.	2,637.		39,068
	7	Food and beverages	144,789.	6,090.		150,879
	8	Entertainment	15,075.	750.		15,825
	9	Other direct expenses	28,804.	3,863.	102,345.	135,012
		D: .			_	240 704)
		Direct expense summary. Add lines 4 Net income summary. Combine line 3				(340,784.) -41,649
Pa						· · · · · · · · · · · · · · · · · · ·
		than \$15,000 on Form 990-E		00 10 1 01111 000, 1 01	11v, mio 10, 01 10po	rica more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d))		()
	8	Net gaming income summary. Comb	ine line 1, column d, and	d line 7		
_						
	Is	nter the state(s) in which the organizat the organization licensed to operate g "No," explain:		of these states?		Yes No
	_					
		/ere any of the organization's gaming I				•
t) IT	"Yes," explain:				
	-					

HUDSON COMMUNITY FOUNDATION

Sched	dule G (Form 990 or 990-EZ) 2012	Page 3
11	Does the organization operate gaming activities with nonmembers? Yes	No
12	Does the organization operate gaming activities with nonmembers? 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 operated in:	
а	The organization's facility	%
b	An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ►	
	Address ►	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
		No
b		
	amount of gaming revenue retained by the third party ▶ \$	
С	If "Yes," enter name and address of the third party:	
	Name ►	
	Address ►	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	No
b	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 > \$	
Par		this

Schedule G (Form 990 or 990-EZ) 2012

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2012
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Employer identification number Name of the organization HUDSON COMMUNITY FOUNDATION 34-1935499 Part General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant or government if applicable grant non-cash assistance or assistance cash assistance (1) ACTORS' SUMMIT THEATER 34-1878529 GREYSTONE HALL AKRON, OH 44308 501(C)(3) 10,500 ARTS, CULTURE (2) BALDWIN WALLACE UNIVERSITY C/O DEVELOPMENT OFFICE BEREA, OH 44017-2005 34-0714629 501(C)(3) 17,019 EDITCATIONAL (3) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106 34-1018992 501(C)(3) 17.019 EDUCATIONAL (4) CHAUTAUQUA INSTITUTION P.O. BOX 28 CHAUTAUQUA, NY 14722 16-0758844 501(C)(3) 7,500 ARTS, CULTURE (5) CHRIST COMMUNITY CHAPEL - HUDSON CAMPUS 750 W. STREETSBORO STREET HUDSON, OH 44236 34-1339610 501(C)(3) 10,000. RELIGION (6) CLEVELAND STATE UNIVERSITY FOUNDATION 2121 EUCLID AVE CLEVELAND, OH 44115 34-1316665 501(C)(3) 34.038 EDUCATIONAL (7) COUNCIL FOR A PARLIAMENT OF THE WORLD'S REL 70 E. LAKE STREET, SUITE 205 501(C)(3) 14.539 RELIGION (8) DAMON RUNYON CANCER RESEARCH FOUNDATION ONE EXCHANGE PLAZA NEW YORK, NY 10006 13-1933825 501(C)(3) 20,000 MEDICAL RESEARCH (9) EVEREST SOCCER CLUB BOOSTERS, INC PO BOX 527 HUDSON, OH 44236 04-3683229 501(C)(3) 40,000 SPORTS/LEISURE (10) FIRST CHURCH OF CHRIST SCIENTIST 1460 WAGAR RD. CLEVELAND, OH 44116 501(C)(3) 34,038 RELIGION (11) HOLY TRINITY ANGLICAN CHURCH 55 ATTERBURY BOULEVARD HUDSON, OH 44236 20-0509445 501(C)(3) 10,100. RELIGION (12) HUDSON ATHLETIC BOOSTER CLUB PO BOX 274 HUDSON, OH 44236 23-7327818 501(C)(3) EDITCATIONAL Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

JSA

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

Schedule I (Form 990) (2012)

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2012 **Open to Public**

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number Name of the organization HUDSON COMMUNITY FOUNDATION 34-1935499 Part General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant or government if applicable grant non-cash assistance or assistance cash assistance (1) HUDSON PUBLIC SCHOOLS ENDOWMENT FUND 2386 HUDSON AURORA ROAD HUDSON, OH 44236 501(C)(3) 7,000 EDUCATIONAL (2) MARIETTA COLLEGE OFFICE OF ADVANCEMENT MARIETTA, OH 45750 31-4379584 501(C)(3) 17,019 EDUCATIONAL (3) OLD TRAIL SCHOOL 34-0737805 501(C)(3) PO BOX 827 BATH, OH 44210 15,000. EDUCATIONAL (4) SUMMIT COUNTY SAFE KIDS COALITION AKRON CHILDREN'S HOSPITAL 52-1627574 501(C)(3) 12,500. HUMAN SERVICE (5) WESTERN RESERVE ACADEMY 115 COLLEGE STREET HUDSON, OH 44236 34-0714390 501(C)(3) 21,800. EDUCATIONAL (6) WOUNDED WARRIORS PROJECT TRACK 4899 BELFORT ROAD JACKSONVILLE, FL 32256 20-2370934 501(C)(3) HUMAN SERVICE 20,000. (9) (10) (11) (12) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Schedule I (Form 990) (2012)

HUDSON COMMUNITY FOUNDATION 34-1935499

Schedule I (Form 990) (2012)

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	
	Part III can be duplicated if additional space is needed.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
2					
3					
_4					
_ 5					
_ 6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

MONITORING THE USE OF GRANT FUNDS,

PART I, LINE 2:

ALL ORGANIZATIONS ARE QUALIFIED BY USING GUIDESTAR.ORG AND IRS

DETERMINATION LETTERS.

SCHEDULE M (Form 990)

Noncash Contributions

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

► Attach to Form 990.

OMB No. 1545-0047

2012

Open To Public
Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

	SON COMMUNITY FOU	JNDATION			34-193549			
Par				I		<u>- </u>		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	ivietilou (
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly trad	led X	18.	650,474	4. FMV			
10	Securities - Closely held							
11	Securities - Partnership,							
	or trust interests							
12	Securities - Miscellaneo	us						
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
45	contribution - Other							
15 16	Real estate - Residential Real estate - Commercia							
16 17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supp							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(
26	Other ►(
27	Other ►(\						
28	Other ►(
29			anization during the tax ye	ear for contributions for	r			
	which the organization	completed Form 8283,	Part IV, Donee Acknowledge	gement	29			
							Yes	No
30 a		_	by contribution any prope					
			date of the initial contribu					
_			g period?			30a		X
	If "Yes," describe the ar	_	Carrier and Paris of the Control	a the second				
31	•	• •	tance policy that require					
20 -	contributions?	him on the Allinda	tion or related argonization			31	X	
32 a	•	•	ties or related organization	· •			٦,	
L						32a	X	
	If "Yes," describe in Part		column (c) for a type of pro	porty for which column	(a) is shooked			
33	ii iii o organizalion did N	or report an amount m	column (c) for a type of pro	perty for writeri column	i (a) is checked,			

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

Schedule M (Form 990) (2012)

describe in Part II.

Schedule M (Form 990) (2012) Page **2**

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

USE OF THIRD PARTIES,

PART I, LINE 32B:

THE FOUNDATION USES SECURITIES BROKERS TO SELL DONATED SECURITIES. THE

FEES CHARGED BY THE BROKERS ARE AT OR BELOW THE FAIR MARKET VALUE FOR

SUCH SERVICES.

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization

HUDSON COMMUNITY FOUNDATION

34-1935499

FAMILY RELATIONSHIPS,

FORM 990, PART VI, LINE 2:

PHILIP TOBIN, PRESIDENT, AND GAIL TOBIN, SECRETARY-TREASURER, HAVE A FAMILY RELATIONSHIP.

REVIEW OF FORM 990,

FORM 990, PART VI, LINE 11B:

BEFORE SIGNING THE FORM 990, IT IS REVIEWED BY THE TREASURER, VICE

PRESIDENT AND PRESIDENT. AFTER EACH INDIVIDUAL HAS HAD A CHANCE TO

REVIEW THE RETURN FOR ACCURACY AND COMPLETENESS, IT IS SIGNED AND FILED

WITH THE INTERNAL REVENUE SERVICE.

MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY,

FORM 990, PART VI, 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 PUTTING UP TO A VOTE.

AVAILABILITY OF GOVERNING DOCUMENTS,

FORM 990, PART VI, 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 FORM 990 WHEN IT BECOMES AVAILABLE.

STATEMENT OF REVENUE,

FORM 990, PART VIII, LINE 8C:

FUNDRAISING EVENTS RAISED \$299,135 IN REVENUE AND INCURRED \$340,784 OF EXPENSES, RESULTING IN A LOSS OF \$41,649. OF THE REVENUE, \$61,536 HAS BEEN PROPERLY CLASSIFIED AS DIRECT PUBLIC SUPPORT IN THE FORM OF SPONSORSHIPS. IF THE \$61,536 OF REVENUE WAS CLASSIFIED WITH THE OTHER FUNDRAISING ACTIVITY, IT WOULD HAVE A SHOWN A PROFIT OF \$19,887 ON PART VIII, STATEMENT OF REVENUE AND SCHEDULE G, PART II, FUNDRAISING EVENTS.