Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

Ā	For	the 2009 calendar year, or tax year beginning OCT 1, 2009 and ending				
				EP 30, 2		
В	Check applic	able: Please	ľ	D Employer id	lentif	ication number
г	Ad	use IRS dress label or TITIDON CONTINUES CONTINUES				
L	ch	ange print or TORON COUNTY COMMUNITY FOUNDATION				
Ļ	ch	ange Doing Business As		. 3	8-3	3160009
Ļ	lret	See Number and street (or P.O. box if mail is not delivered to street address) Room.	Stite	E Telephone n		
L	—Jate	Instruct P.O. BOX 56				-269-2850
Ĺ	An ret	ended tions. City or town, state or country, and ZIP + 4		G Gross receipts \$		2,602,327.
L	AP Lio	BAD AXE, MI 48413		H(a) Is this a gr		
	per	F Name and address of principal officer: KARL KRAUS		for affillates		Yes X No
		SAME AS C ABOVE	1			
1	Tax-e	exempt status: X 501(c) (3 ) ◀ (insert no.) 4947(a)(1) or 527	[			
J		site: ► N/A		II IVO, att	acn a	list. (see instructions)
K	Form	of organization: X Corporation	Voor of	H(c) Group exer	mptic	on number
	art		Teal OI	ionnation: 193	7 /   [	M State of legal domicile: MI
- A1	1	Briefly describe the organization's mission or most significant activities: RECV. At	NID A	DMTN DI	INTIN	C EOD
ğ		PUBLIC WELFARE OF THE PEOPLE OF HURON COUNTY	V M	DHIM. E	טאנ	S FUR
Ē	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of	I , P.			
Š	3				1	1
Ğ	4	Number of voting members of the governing body (Part VI, line 1a)	• • • • • • • • • • • • • • • • • • • •	•••••	3	12
જ	5	Number of independent voting members of the governing body (Part VI, line 1b)	•	·		12
Activities & Governance	6	Total number of employees (Part V, line 2a)	•••••		5	0
<u>Ş</u> .	7a	Total gross unrelated business results for the Branch Bran	• • • • • • • • • • • • • • • • • • • •		6	0
Ř	10	3. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.			7a	0.
<u>`</u>	"	Net unrelated business taxable income from Form 990-T, line 34	·····		7ь	0.
	8	Contributions and grants (Bart VIII Har 41)		Prior Year		Current Year
Revenue	9	Contributions and grants (Part VIII, line 1h)	ļ	<u>, 384,13</u>	8.	131,772.
Ş	1	Program service revenue (Part VIII, line 2g)				
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-110,92	0.	156,320.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		273,21		288,092.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	47,45	0.	51,990.
	14	Benefits paid to or for members (Part IX, column (A), line 4)				
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)		9,26	3.	8,800.
ĕ	108	Professional fundraising fees (Part IX, column (A), line 11e)				
ᄶ	1	Total fundraising expenses (Part IX, column (D), line 25)				
	17	Other expenses (Part IX, column (A), lines 11a·11d, 11f·24f)		48,60		52,267.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		105,31	7.	113,057.
<u>_                                    </u>	19	Revenue less expenses. Subtract line 18 from line 12		167,90	1.	175,035.
Net Assets or Fund Balances				ning of Current Y		End of Year
Sse	20	Total assets (Part X, line 16)		1,854,04	1.	2,079,347.
et P	21	Total liabilities (Part X, Ilne 26)		1,44	3.	1,121.
- <u>-                                  </u>	22	Net assets or fund balances. Subtract line 21 from line 20		1,852,59	8.	2,078,226.
	iđ []					
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	ents, and edge	to the best of my kno	wledg	e and belief, it is true, correct,
٠.		. /////				
Sigr		Signature of officer			6/	<u>//</u>
Her	е	· ·		Date '	l	
		KARL KRAUS, EXECUTIVE DIRECTOR Type or print name and title				
			10:			
Paid		Preparer's signature Joy A. Kem CPA 1/10/11	Check self-	II Pr	eparer ee inst	's identifying number ructions)
Prep	arer's		employ	/ed 🕨 🔲	16	ructions)
Use (	Only	vours if DRINING & NARTKER, P.C.		EIN ►		
		address, and				
N. 4	4E - 15	ZIP+4 BAD AXE, MICHIGAN 48413		Phone no.	· (9	89) 269-9909
<u>iviay</u>	tne il	RS discuss this return with the preparer shown above? (see instructions)				. X Yes No

	Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission:		
	RECEIVE AND ADMINISTER FUNDS FOR PUBLIC WELFARE OF THE PEOPLE	OF HURC	)N
	COUNTY, MICHIGAN.		
2	Did the organization undertake any significant program services during the year which were not listed on		
-	the prior Form 990 or 990-EZ?	Yes X	Z No
	If "Yes," describe these new services on Schedule O.	L	7 IAO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X	Z Na
	If "Yes," describe these changes on Schedule O.	103	21110
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 30,950 • including grants of \$ 30,950 • ) (Revenue \$ SCHOLARSHIPS		)
4b	(Code: ) (Expenses \$ 21,040 · including grants of \$ 21,040 · ) (Revenue \$		)
	GRANTS TO NONPROFIT AGENCIES		
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		)
			<del></del>
ld	Other program services. (Describe in Schedule O.)		•
	(Expenses \$\frac{\text{including grants of \$}}{\text{Policy (Revenue \$}}}) (Revenue \$)		
e	Total program service expenses ▶\$ 51,990.		

		,	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?	_2	X					
3	Did 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 I	3		х				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	1	Х				
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5						
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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 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? If "Yes," complete Schedule D, Part II.	7		x				
8	Schedule D, Part III							
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide							
10	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х				
	If "Yes," complete Schedule D, Part V	10	Х					
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	х					
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.							
•	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.							
•	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.							
•	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.							
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.							
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses							
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.							
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	X					
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No							
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional							
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X				
148	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х				
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I			.,				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		X				
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	l l		v				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		<u>X</u>				
	located outside the United States? If "Yes," complete Schedule F, Part III	40		X				
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX,	16						
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			- 41				
	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				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u>X</u>				
		<u> </u>	200 /					

Form 990 (200. HURON COUNTY COMMUNITY FOUNDATION

Part IV Checklist of Required Schedules (continued)

21	The state of the s		Yes	No
00	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	The state of the s			
23	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
20	to tak vii, decitor A, line 3, 4, 01 3 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
24	Schedule J	23		X
24	a 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 25  Did the organization invest any proceeds of taxeyearms bonds boyed a taxeyearms in the control of the con	24a		Х
	and the state of the process of tax exempt boilds beyond a temporary benon exception?	24b		
	and the very to defere		1	
	any tax-exempt bonds?	24c		
25:	Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year?	24d		Ĺ
	Section 501 (c)(3) and 501 (c)(4) organizations. Did the organization engage in an excess benefit transaction with a			!
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
•	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			
26		25b		X
	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_X_
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III			
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	27		X
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? # "Voc." complete Catalata D. C. C.			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	28b		X
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	_	1	**
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		Х
	contributions? If "Yes," complete Schedule M		1	v
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		<u>X</u>
	If "Yes," complete Schedule N, Part I			v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X
	Schedule N, Part II	20		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u>X</u> _
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	vvas the organization related to any tax-exempt or taxable entity?	33	_	<u>^</u> _
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	is any related organization a controlled entity within the meaning of section 512(b)(13)?	34	<del></del> }-	
	If "Yes," complete Schedule R, Part V, line 2	35	İ	Х
36	Section by (C)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	33	_	<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	00	-+	<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 192	<u> </u>	- -	
	Note. All Form 990 filers are required to complete Schedule O.	38	х	

Form 990 (2009) HURON COUNTY COMMUNITY FOUNDATION
Part V Statements Regarding Other IRS Filings and Tax Compliance

	1a Enter the number reported in Box 3 of Form 1006, Assembly 1006	1		Yes	No
	1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter :0. if not applicable				
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a	_1		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and r	1b	0		
	(gambling) winnings to prize winners?	eportable gaming			
:	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	i i	1c	X	
	med for the calendar year ending with or within the year covered by this return				
	is at least one is reported on line 2a, did the organization file all required federal amplayment to under	2a	0		
	The second of the second secon		\$20000000		333333
3	2.0 the organization have unrelated business gross income of \$1,000 or more during the year assert	instructions)			
	The first of the source of the state of the			<u> </u>	<u>X</u>
4	At any time during the calendar year, did the organization have an interest in organization and				
	interrollar doccount in a foreign country (such as a bank account, securities account, or other figure int.	authority over, a			.,
			4a		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. Report of Foreign F	Ponk and	-		
	i martela Accounts,				
5	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		_		<b></b>
	The state of the s		. <u>5</u> a		X
•	by Tax-Exempt Entity Regarders in the control of the contro	ding Prohibited			_X_
	Tat official framsaction				
6	and did it.	a organization solicit	. <u>5</u> c		
	A commodition that well that deductible a		6a		Х
ŗ	The state of the s		1 7		
7	Total for tax dedicable?		6b		
, a	The time time to the deductible contributions links easion 470/4				
-	and payment to core a payment in excess of \$75 made partly as a contribution and partly to a	oods and services			*******
b	promote to the payor		7a		Х
c	The area of garacterior flothly till dollor of till valide of the good or contines are side at		7b		
_	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?  If "Yes " Indicate the number of Forms 82826 it"	a raciji a d			
d	" 1 50) Indicate the number of Forms 8282 filed during the year	}	7c	*****	X
е	bio the organization, during the year, receive any funds, directly or indirectly to pay premiums on a pay	roonal	- 1		
	Dorroll Contract :				
f	Transport of the Year Day Dieminas directly or indirectly on a series of the contract of t	. =			X
g	The state of the s		7f		<u>X</u> _
h	the of our of our of our of the organization file a Farm 1000 of		1		<u>X</u>
8	The state of the s	a car	7h		<b>∧</b>
	and a superior of a control advised fund maintained by a sponsoring organization, have expense	S business holdings			
	and during trie year?		8	·	X
9	opolisoring organizations maintaining donor advised funds				~ 
a b	Did the organization make any taxable distributions under section 4966?		9a	**************************************	X
10	and the destribution to a donor, donor advisor, or related person?		9b		X
-					
b	Initiation fees and capital contributions included on Part VIII, line 12	0a			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:	Ob			
a	Gross income from members or charabeleless		]		
b	Gross income from members or shareholders	la			
-	Gross income from other sources (Do not net amounts due or paid to other sources against				
12a	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	b			
b			12a		
	12 the trib critical of tax exempt interest received or accrued during the year	!b │		<b></b>	<b>***</b>

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. Section A. Governing Body and Management

	1a Enter the number of voting members of the governing body	11	10	Yes	s No					
	- Line the horizon of voting members that are independent	1a   1b	12 12							
	- Side any officer, director, trustee, or key employee have a family relationship or a hyperson at the same and the same a									
	and the second tradece? Of May ellibloade?									
					<u> </u>					
	and the state of t		l l							
	The state of the s	4			X					
	a material diversion of the organization of th	on see was niec	1? 4 5	+	X					
	Taranti naro members di stockholders /									
	governing body?									
					X					
,	and a strong undertaken of the meetings held or written actions undertaken	furing the year	7b		X					
	-y me resonnig.									
	a The governing body?  b Each committee with authority to act on behalf of the governing back 2		0-	Х						
,			8a	$+\frac{\Lambda}{X}$	<del> </del>					
ξ	A THE PARTY OF THE			_ A	├					
-	- 13 annual of the maining additions in the name and address to but the a		9		Х					
<u> </u>	ction B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code )	9							
				Yes	No					
10	a Does the organization have local chapters, branches, or affiliates?		10a	1	X					
11	The strong of the consistent with those of the eventual of									
	o members of the court of this Fulli sau to all members of the course is a first of the	g the form?	11	Х						
12	The process if ally, used by Itle organization to review this Farm one		F-00000000							
	The state of the s	******************	12a		X					
(	to conflicts?	l give rise	[							
13	in Schedule O how this is done									
14					X					
15	and destruction policy of whiteli document telephon and destruction policy.			Х						
	The state of the s	y independent								
а	The state of the s		\$500000000							
b b	The organization of the Executive Director, or too management official		15a	***********	X					
_		***************************************	15b		X					
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)									
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year?	nt with a								
b	if "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluation in joint venture arrangements under configuration to devaluation to evaluation to evalua		16a		X					
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization to evaluate exempt status with respect to such exempts.	te its participatio	on							
	exempt status with respect to such arrangements?	ration's								
Sec	tion C. Disclosure		16b							
17	List the states with which a copy of this Form 990 is required to be filed ►MI									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 000 and 000 T (or	244 1601								
	The standard of the seaver and the s	り(3)s only) av	/ailable for							
	Own website Another's website X Hoor request									
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, and	int of the								
				cial						
	State the name, physical address, and telephone number of the person who possesses the books and n $AMY\ BRAUN\ -\ 989-269-6431$	ecords of the or	ganization: 🕨		<u> </u>					
<del></del>	P.O. BOX 56, BAD AXE, MI 48413									

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

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. Use Schedule J-2 if additional space is needed.

• 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) (B)		(C)											
Name and Title Avera								(D)	(E)	(F)			
7	hours	10	hec		sitio		aka	Reportable	Reportable	Estimated			
	per	r	1	T Call	I	T	T	compensation from	compensation	amount of			
	week	Individual trustee or director						450	from related organizations	other			
		0.0	8		1	Satted		organization	(W-2/1099-MISC)	compensation from the			
		arste	l tr		8	mage.	1	(W-2/1099-MISC)	(** = 1000 111100)	organization			
		E E	Institutional trustee	<u>_</u>	g.	S 25				and related			
	1	ig.	퇱	Officer	Key employee	Highest compensated employee	l E			organizations			
KARL KRAUS		-			├-	1 -	Γ						
EXEC. DIRECTOR	10.00	x						0.000					
BRENT WEHNER	10.00	<u> </u>	$\vdash$			├-	⊢	8,800.	0.	0.			
TRUSTEE	0.00	X			1								
JEANETTE HAGEN	0.00	^		_	_	<u> </u>	_	0.	0.	0.			
TRUSTEE	0.00	X			i			1					
CRAIG OSENTOSKI	0.00	1		_		_	-	0.	0.	0.			
TRUSTEE	0.00	х		- 1						· · · · · · · · · · · · · · · · · · ·			
MARVIN KOCIBA	0.00					-	_	0.	0.	0.			
TRUSTEE	0.00	x		ł	ı								
JOHN MOORE	0.00	^		-	$\dashv$			0.	0.	0.			
TRUSTEE	0.00	х			- 1								
CLARK BROCK	0.00		-+			-		0.	0.	0.			
TRUSTEE	0.00	х			1								
ALLAN NIETZKE	0.00	$\Delta$		$\dashv$	$\dashv$			0.	0.	0.			
TRUSTEE	0.00	v											
TOM KREH	0.00	^	-  -			$\dashv$		0.	0.	0.			
TRUSTEE	0.00	$\mathbf{x}$				ł	- [	,					
CHRISTOPHER BOYLE	0.00	$\stackrel{\wedge}{\rightarrow}$	$\dashv$	$\dashv$	$\dashv$	-		0.	0.	0.			
TRUSTEE	0.00	x											
NANCY KROHN	0.00	^	$\dashv$			-	-	0.	0.	0.			
TRUSTEE	0.00	$\mathbf{x}$	- 1			-	İ						
MIKE LEPAGE	0.00	-		$\dashv$	+	+		0.	0.	0 <u>.</u>			
TRUSTEE	0.00	x					- [		_ [				
MELISSA GUZA	0.00	-	+	+	+			0.	0.	0.			
TRUSTEE	0.00	x	1										
			+			$\dashv$	$\dashv$	0.	0.	0.			
			ł										
		-+-	- -	+	+	+	+	<del></del>					
								ł					
		十	+	+	+								
	1						-						
		+	+			_	+						
				1									
332007 02-04-10													

Fo	rm 990 (2009) HURON CO	UNTY CO	MMI	JN.	IT:	Y ]	FO	UN.	DATION	38-31	60009 Page 8
	art VII Section A. Officers, Directors, Tru	ustees, Key E	mple	yee	es, a	nd l	High	iest	Compensated Employ	rees (continued)	, ago
	(A) Name and title	Average hours			Pos k all	C) itior	1		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
_		per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W·2/1099·MIS	
	Total						$\sqcup$	_	0.000		
2	Total number of individuals (including but no compensation from the organization ▶	t limited to the	se li	stec	d ab	ove)	wh	o red	8 , 800 . ceived more than \$100,	000 in reportable	0. 0.
3	Did the organization list any former officer, of line 1a? If "Yes," complete Schedule J for su	ch individual									Yes No
<b>4</b> 5	For any individual listed on line 1a, is the sun and related organizations greater than \$150, Did any person listed on line 1a receive or actine organization? If "Yes," complete Schedulting Buddenstein	000? <i>If "Yes,"</i> crue compens	com	<i>plet</i> n fro	e So om a	chec iny t	<i>dule</i> Unre	<i>J fo.</i> lated	r such Individual d organization for servic	es rendered to	4 X
	tion b. independent Contractors										
1	Complete this table for your five highest com the organization. NONE	pensated inde	pen	den	t co	ntra	ctor	s tha		100,000 of compe	
	Name and business a	ddress							(B) Description of se	rvices	(C) Compensation
<u> </u>											
2	Total number of independent contractors (inc \$100,000 in compensation from the organizat	luding but not ion	limit	ed I	to th	ose 0	liste	ed a	bove) who received mo	re than	

288,092.

96,153.

Total revenue. See instructions.

0.

Page 10

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) Total expenses (C) Management and (B) (D) Fundraising Do not include amounts reported on lines 6b, Program service 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 21,040. 21,040. organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 30,950 30,950. the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members ..... 4 Compensation of current officers, directors, 8,800. trustees, and key employees 8,800. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages ..... Pension plan contributions (include section 401(k) and section 403(b) employer contributions) ....... Other employee benefits 9 10 Payroll taxes 11 Fees for services (non-employees): a Management Legal Accounting Lobbying Professional fundraising services, See Part IV, line 17 Investment management fees Other ..... 3,757. 3,757.12 Advertising and promotion 1,278.1,278.Office expenses 13 Information technology 14 Royalties ..... 15 Occupancy ..... 16 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 1,375. 1,375. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates ..... 21 171. 171. 22 Depreciation, depletion, and amortization ..... 1,152. 1,152. 23 Insurance Other expenses, Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) INVESTMENT EXPENSES 22,596. 22,596. CONTRACTED SERVICES 14,616. 14,616. 6,357.  $6,\overline{357}.$ PROFESSIONAL FEES d MEMBERSHIPS 940. 940. TELEPHONE 25. 25. All other expenses  $\overline{0}$  . 113,057. 51,990. 61,067. Total functional expenses. Add lines 1 through 24f 25 joint costs. Check here if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Form 990 (2009)
Part X Balance Sheet

	-T				(A) Beginning of year		(B) End of year
	1	The state of the s			36,958.	1	14,344.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		***************************************		4	
	5	Receivables from current and former officers, di	rector	s, trustees, kev			
		employees, and highest compensated employe of Schedule L	es. Co	mplete Part II		_	
	6	Receivables from other disqualified persons (as	define	d linder section		5	
		4958(f)(1)) and persons described in section 498	58 <b>(c)</b> (3	)(B). Complete			
છ	7	Notes and loans receivable, net		6			
Assets	8	Inventories for sale or use	• • • • • • • • •			7	
Š	9	Prepaid expenses and deferred charges	• • • • • • • • • •	••••••••••••		8_	
	1	Land, buildings, and equipment: cost or other	 I			9	
		basis. Complete Part VI of Schedule D	40-	22 157			
	h	Less: accumulated depreciation	108	22,157. 21,773.			
	11	Investments - publish traded acquities	100	21,113.		10c	384.
	12	investments - publicly traded securities	 	***************************************	1,816,528.	_11_	2,064,619.
	13	Investments - other securities. See Part IV, line 1		12			
	14	Investments · program-related. See Part IV, line		13			
	15	Intangible assets	•••••			14	
	16	Other assets. See Part IV, line 11			3 05 4 0 4	15	
	17	Total assets. Add lines 1 through 15 (must equa	il line :	(4)	1,854,041.	16	2,079,347. 1,121.
	18	Accounts payable and accrued expenses	• • • • • • • • • • • • • • • • • • • •		1,443.	17	1,121.
	19	Grants payable		18			
	20	Deferred revenue		19			
vs i	21	Tax-exempt bond liabilities				20	
ıţi	22	Escrow or custodial account liability. Complete P	art IV	of Schedule D		21	
Liabilities		Payables to current and former officers, directors	, trusi	ees, key employees,			
ן ב		highest compensated employees, and disqualifie of Schedule L					
	23	***************************************				22	
	24	Secured mortgages and notes payable to unrelate	ed thi	d parties		23	
ŀ	25	Unsecured notes and loans payable to unrelated	third j	parties		24	
1	26	Other liabilities. Complete Part X of Schedule D	• • • • • • • • • • • • • • • • • • • •			25	
		Organizations that follow SEAS 117 about the		▼ -	1,443.	26	1,121.
s		Organizations that follow SFAS 117, check her lines 27 through 29, and lines 33 and 34.	e –	△ and complete			
ဦ	27	Unrestricted not coasts		ļ.			
aga	28	Unrestricted net assets	•••••		1 050 -	27	<u> </u>
9	29	Temporarily restricted net assets	•••••		1,852,598.	28	2,078,226.
Š						29	~~~
누		Organizations that do not follow SFAS 117, che complete lines 30 through 34.	ck he	re 🟲 📖 and			
\$							
SS	31	Capital stock or trust principal, or current funds			30		
⋖	32	Paid-in or capital surplus, or land, building, or equ	pmen	t tund		31	
ž	33	Retained earnings, endowment, accumulated inco	me, c	rother funds		32	
1	34	Total liabilities and not posets (fine distributions and not posets (fine distributions)	••••••			33	2,078,226.
	<u>~</u>	Total liabilities and net assets/fund balances	· · · · · · · · · · · · · · · · · · ·		1,854,041.	34	2,079,347.

	- manetal otatements and neporting			
			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
b	Were the organization's financial statements audited by an independent accountant?		х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	2b	Λ.	<del> </del>
	review, or compilation of its financial statements and selection of an independent accountant?	2c		х
	if the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	20		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			***************************************
			ļ	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	3a		<u> X</u>
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь		

Form **990** (2009)

## **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, ► See separate instructions.

OMB No. 1545-0047

Inspection

Name of the organization

HURON COUNTY COMMUNITY FOUNDATION

Employer identification number

<b>88.88</b>	90°90'100	Danasa	HURON	COUNTY COMMU	NITY	FOUND	ATION	···		38	<u>3-3160</u>	2000	)
	irt I	Reasor	tor Public Cr	narity Status (All organ	izations m	ust comp	lete this pa	art.) See in	structions				
The 1 2	organ	A church, c	onvention of churc	on because it is: (For lines	rches des	cribed in s	k only one section 17	box.) '0(b)(1)(A)	(i).				
3	H	A bospitat o	scribed in section	170(b)(1)(A)(ii). (Attach S	ichedule E	.)							
4	Ħ	A medical re	r a cooperative fic	spital service organization	i described	in sectio	n 170(b)(1	l)(A)(iii).	<b></b>				
7		city, and sta	ste:	on operated in conjunction	n with a no	spitai des	cribed in s	ection 17	0(b)(1)(A)(	iii). Enter ti	he hospita	il's nar	ne,
5		An organiza	tion operated for t	he benefit of a college or i	university o	owned or	operated b	y a govern	nmental ur	nit describe	ed in		
		section 17	0(b)(1)(A)(iv). (Con	nplete Part II.)							,		
6		A federal, st	ate, or local gover	nment or governmental ur	nit describe	ed in secti	ion 170(b)	(1)(A)(v).					
7	X	An organiza	tion that normally	receives a substantial part	t of its sup	port from	a governm	nental unit	or from th	e general p	ublic desc	cribed	in
_		section 170	(b)(1)(A)(vi). (Com	plete Part Ii.)									
8	H	A communit	y trust described i	n section 170(b)(1)(A)(vi)	. (Complete	e Part II.)							
9		An organizat	tion that normally	receives: (1) more than 33	1/3% of it	s support	from cont	ributions, i	membersh	ip fees, an	d gross re	ceipts	from
		activities rela	ated to its exempt	functions - subject to cert	ain except	lions, and	(2) no mor	re than 33	1/3% of it	s support f	rom aross	Inves	tment
		Poo postion	Unrelated busines	s taxable income (less sec	ction 511 to	ax) from b	usinesses	acquired l	by the org	anization a	fter June 3	30, 193	75.
10			509(a)(2). (Compl										
11	一	An organizat	tion organized and	operated exclusively to te	est for pub	ilc safety.	See secti	on 509(a)(	4).				
•	_	more publici	v supported organ	operated exclusively for t izations described in sect	ion 500(a)	oi, to peri	iorm the it	inctions of	, or to car	ry out the p	ourposes o	of one	or
		describes th	e type of supporti	ng organization and comp	iete lines 1	1 of Section	ion ous(a)( ib. 11b	(2). See se	ction 509	(a)(3). Che	ck the box	that	
		а 🔲 Туре			c Typ			toprotod		~ [	Treat III - 2	O15	
е				hat the organization is no	t controlled	directly a	or indirect!	y by one o	r moro die	ua	Type III • (	Jiner	_
		foundation n	nanagers and othe	r than one or more public	lv supporte	ed organiz	ations des	cribed in s	ection 50	Q(a)(1) or e	ersons ou ootion EAA	หลางกา เลง แบล	[1 <b>]</b>
f		If the organiz	ation received a v	ritten determination from	the IRS th	at it is a T	voe I. Tvo	all. or Tvo	e III	3(a)(1) 01 5	ection 508	i(a)(2).	
		supporting o	rganization, check	this box			,, ,, ,,,		·				
g		Since Augus	t 17, 2006, has th	e organization accepted a	ny gift or c	ontributio	n from any	of the fol	owing per	sons?		• • • • • • • • • • • • • • • • • • • •	
		(i) A perso	n who directly or i	ndirectly controls, either a	lone or tog	ether with	persons o	described	in (ii) and (	(iii) below.	:	Yes	No
		the gov	erning body of the	supported organization?							11g(i)		
		(ii) A family	member of a pers	son described in (i) above?	? <u></u>						11afii)		
		(III) A35% (	controlled entity o	f a person described in (i)	or (ii) abov	e?	•••••				11g(iii)		
h		Provide the f	ollowing information	on about the supported or	ganization	(s).							
(0)	Nama o	f supported	(ii) EIN	(III) Type of	Viv) to the c		(v) Did vo	u notify the	fuil le	the			
(17)		ization	(11) E114	organization	in col. (i) lis	sted in you	organizai	u nouty the tion in col.	(vi) is organizație	on in col.	(vii) Am		f
	•			(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	(I) organiz U.S	ed in the	supi	port	
				(see instructions))	Yes	No	Yes	No	Yes	No			
						-							
				<b> </b>									
									1				
		i											
													-
otal.													

Schedule A (Form 990 or 990 EZ) 2009 HURON COUNTY COMMUNITY FOUNDATION 38-3160009 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

<u> </u>	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and					121.=	(7) 10101
	membership fees received. (Do not				<u> </u>		
	include any "unusual grants.")	205,301.	239,951.	178,356.	384,138.	131,772.	1139518.
2	Tax revenues levied for the organ-	1,11					
	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	205,301.	239,951.	178,356.	384,138.	131,772.	1139518.
5	The portion of total contributions				·		
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						474,443.
_6_	Public support. Subtract line 5 from line 4.						665,075.
	ction B. Total Support	r					
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	205,301.	239,951.	178,356.	384,138.	131,772.	1139518.
8	Gross income from interest,						-
	dividends, payments received on						
	securities loans, rents, royalties	4.7.50		_		•	
_	and income from similar sources	41,632.	36,074.	51,504.	50,502.	60,165.	239,877.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain	ı					
	or loss from the sale of capital	·				ļ	
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10						1379395.
	Gross receipts from related activities,				<u>[</u>	12	
13	First five years. If the Form 990 is for	the organization's	tirst, second, third	, fourth, or fifth ta	x year as a sectior	1 501(c)(3)	. —
Sec	organization, check this box and stop ition C. Computation of Publi	c Support Per	centage	*******	*		<b>&gt;</b>
	Public support percentage for 2009 (li			-l (6)			40.01
15	Public support percentage from 2008	Schedule A. Dort I	nded by line 11, co	olumn (1))		14	48.21 %
16a	33 1/3% support test - 2009.if the or	conecule A, Fait I	check the boy on	ling 12 and ling 1	f in 22 1/20/	15	48.61 %
	stop here. The organization qualifies a	as a publicly suppor	orted organization	inte 10, and inte 12	+ 15 33 1/3% OF MC	ore, check this box	and ►X
b	33 1/3% support test - 2008.If the or	roanization did not	check a box on lin	e 13 or 160 and li	no 15 io 22 1/2%		
	and stop here. The organization quali	fies as a publicly s	inported organizat	tion	116 13 15 33 17370	or more, check this	S DOX
17a	10% -facts-and-circumstances test	- 2009.If the organ	nization did not ch	eck a box on line :		nd line 14 in 1004 e	
	and if the organization meets the "fact	s-and-circumstanc	es" test, check thi	s box and ston he	ro, roa, or rob, ar are. Explain in Dad	IV how the event	r more,
	meets the "facts-and-circumstances" t	est. The organizati	on qualifies as a n	ubliciv supported	organization	TV STOW THE OTGANI	ZatiOH
b	10% -facts-and-circumstances test	- 2008. If the organ	nization did not ch	eck a box on line t	13.16a.16h or17	a and line 15 is 10	
	more, and if the organization meets the	e 'facts and circun	nstances* test. che	eck this box and e	ton here. Evoluin	in Part IV how the	770 OI
	organization meets the "facts and circ	umstances" test. T	he organization or	alifies as a public	v supported organ		▶□
18	Private foundation. If the organization	did not check a b	ox on line 13, 16a.	16b, 17a, or 17h	check this box an	nization nd see instructions	
	····			, , , , , , , , , , , , , , , , , , , ,		dule A (Form 990 c	

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

# Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

 $_{k}$  I

HURON COUNTY COMMUNITARY

**Employer identification number** 

D	art I Organizations Maintaining Donor Advise	NITY FOUNDATION	38-3160009
	The state of the s	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	4	
2	Aggregate contributions to (during year)	834.	
3	Aggregate grants from (during year)	950.	
4	Aggregate value at end of year	76,382.	
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advised	fundo
	are the organization's property, subject to the organization's	exclusive least control?	v .
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds are be use	X Yes No
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other way	ed only
_	IIIIQ6(MISSIDI6 Offvata benetit?		[
Pε	rt II Conservation Easements. Complete if the org	onization on succeed Waster Carrotte	X Yes No
1	Purpose(s) of conservation easements held by the organization	anization answered Tes to Form 990, Par	IV, line 7.
	Preservation of land for public use (e.g., recreation or pl		
	Protection of natural habitat		ically important land area
	Preservation of open space	Preservation of a certifie	d historic structure
2		,	
-	Complete lines 2a through 2d if the organization held a qualification of the tax year	ed conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		
_	Total acceptance of a constant		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stru	cture included in (a)	20
d	required at	fter 8/17/06	24
3	number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the or	ganization during the tax
	year >		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it is	nolds?	Yes No
6	orall and volunteer nours devoted to monitoring, inspecting, a	nd enforcing conservation easements durin	a the year
7	Amount of expenses incurred in monitoring, inspecting, and er	forcing conservation easements during the	Vear • \$
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170/b)/d	IVR)(i)
	and section 1 / 0(h)(4)(B)(ii)?		
9	in Part Aiv, describe now the organization reports conservation	n easements in its revenue and expense eta	tement and balance about and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the	organization's association for
~~~	CONSCIVATION CASEMENTS.		
Par	Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	r Similar Assets
	Complete if the organization answered "Yes" to Form 99	90, Part IV, line 8.	, on man Addets,
1a	If the organization elected, as permitted under SFAS 116, not t	o report in its revenue statement and balan	ce cheet works of art. biotoxical
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of public	service provide in Doy VIV the text of
	the restricte to its infancial statements that describes these ite	ms.	
b	If the organization elected, as permitted under SFAS 116, to re	DOIT in its revenue statement and balance of	
	or other similar assets held for public exhibition, education, or r	esearch in furtherance of public condes	nieet works of art, historical treasures,
	moso items.		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>~</b> ^
	(ii) Assets included in Form 990, Part X		5 \$
	If the organization received or held works of art, historical treasu		<b>•</b> •
	the following amounts required to be reported under SFAS 116	roleting to those there-	n, provide
а	Revenues included in Form 990 Part VIII line 1	retaining to these items;	
b.	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X	••••••	• \$
			▶ \$

. *	• •					t ,	ζ,	` <i>(</i>	
		OUNTY COMMU				3160009		<b>2</b>	
Pa	rt III Organizations Maintaining C	ollections of Art	, Historical Tr	easures, or Ot	her Similar As	sets (conti	nued)		
3	Using the organization's acquisition, accessi-	on, and other records	, check any of the	following that are a	significant use of	its collection	Items		
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
þ	Scholarly research	е	Other						
C	c Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further ti	ne organization's ex	xempt purpose in F	Part XIV.			
5	During the year, did the organization solicit o	r receive donations of	art, historical trea	sures, or other simi	lar assets				
	to be sold to raise funds rather than to be ma					Yes		10	
Pa	rt IV Escrow and Custodial Arran		e if organization ar	swered "Yes" to F	orm 990, Part IV, li	ne 9, or			
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ry for contribution	s or other assets n	ot included				
	on Form 990, Part X?				***************************************	Yes	N	lo	
b	If "Yes," explain the arrangement in Part XIV								
						Amount			
C	Beginning balance		***************************************		1c				
d	Additions during the year		***************************************	***************************************	1d				
е	Distributions during the year			************	1e				
f	Ending balance		***************************************		1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	1?	***************************************		Yes		ło	
	If "Yes," explain the arrangement in Part XIV.								
Pa	TV Endowment Funds. Complete in	the organization ansv	wered "Yes" to For	m 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ck (e) Four	years bac	ck	
1a	Beginning of year balance	1,796,828.1							
b	Contributions	109,120.							
¢	Net investment earnings, gains, and losses	183,378.							
d	Grants or scholarships	49,664.	46,450.						
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	24,682.	37,468.						
g	End of year balance								
2	Provide the estimated percentage of the year	r end balance heid as:							
	Board designated or quasi-endowment		%						
b	Permanent endowment ► 100.00	%							
		%							
За	Are there endowment funds not in the posses	ssion of the organizati	on that are held a	nd administered for	the organization				
	by:						Yes N	_	
	(i) unrelated organizations						X		
	(ii) related organizations		• • • • • • • • • • • • • • • • • • • •		*******	3a(ii)	X	ζ_	
b	If "Yes" to 3a(ii), are the related organizations	listed as required on	Schedule R?	•••••		Зь			
4	Describe in Part XIV the intended uses of the							_	
Hai	t VI Investments - Land, Building		······································	Part X, line 10.					
	Description of investment	(a) Cost or oth	er (b) Cost	or other (c)	Accumulated	(d) Book	value		

basis (investment)

basis (other)

22,157.

depreciation

21,773.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 

Schedule D (Form 990) 2009

384.

1a Land
b Buildings
c Leasehold improvements
d Equipment

e Other .....

Part VII Investments - Other Securities. See	Form 990, Part X, line 12	•	
(a) Description of security or category (including name of security)	(b) Book value	(c) Me	thod of valuation: d·of·year market value
Financial derivatives			
Closely-held equity interests			-
Other			
atal (Oal/h) and a second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of t			
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related. See	e Form 990, Part X, line 13		
(a) Description of investment type	(b) Book value		hod of valuation:
		Cost or end	l-of-year market value
,			
otal. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 1	5.		
	escription		(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) line 1	5.)		
otal. (Column (b) must equal Form 990, Part X, col (B) line 1 Part X Other Liabilities. See Form 990, Part X, lin	e 25.		
Part X Other Liabilities. See Form 990, Part X, lin (a) Description of liability	e 25.	(b) Amount	<b>&gt;</b>
Cart X Other Liabilities. See Form 990, Part X, lin  (a) Description of liability	e 25.		<b>&gt;</b>
Cart X Other Liabilities. See Form 990, Part X, lin  (a) Description of liability	e 25.		
Cart X Other Liabilities. See Form 990, Part X, lin  (a) Description of liability	e 25.		
Part X Other Liabilities. See Form 990, Part X, lin (a) Description of liability	e 25.		<b>▶</b>
Part X Other Liabilities. See Form 990, Part X, lin (a) Description of liability	e 25.		<b>&gt;</b>
Part X Other Liabilities. See Form 990, Part X, lin (a) Description of liability	e 25.		
Part X Other Liabilities. See Form 990, Part X, lin	e 25.		
Part X Other Liabilities. See Form 990, Part X, lin (a) Description of liability	e 25.		
Part X Other Liabilities. See Form 990, Part X, lin (a) Description of liability	e 25.		
Part X Other Liabilities. See Form 990, Part X, lin (a) Description of liability	e 25.		

uncertain tax positions under FIN 48.

Sch	nedule D (Form 990) 2009 HURON COUNTY COMMUNITY F	OUNDATTO	N	38_1	3160009 Page 4
P	ATTAN Reconciliation of Change in Net Assets from Form 99	0 to Audited	Financial St	etemont	2 Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)			atement	
2	Total expenses (Form 990, Part IX, column (A), line 25)	•••	2	-	288,092.
3	excess or (deficit) for the year. Subtract line 2 from line 1		اما		113,057.
4	Net unrealized gains (losses) on investments				175,035.
5	Donated services and use of facilities		5		50,593.
6	Investment expenses	***************************************	6		
7	Prior period adjustments	***********************	7		
8	Other (Describe in Part VIV.)		اما	······································	
9	Total adjustments (net). Add lines 4 through 8	*******************	9		50,593.
10	CACCESS OF [GB][CI]) FOR THE VERY DEPARTMENT FINANCIAL STATEMENTS. Combine lines	0 10	1		000 000
Pa	Reconciliation of Revenue per Audited Financial State	ments With	Revenue ner	Return	223,020.
1	rotal revenue, gains, and other support per audited financial statements		novembe per	1	305,307.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		***************************************		303,307.
а	Net unrealized gains on investments	2a	50,593	<b>1</b>	
b	Donated services and use of facilities	2h			
c	Recoveries of prior year grants	20		$\dashv$	
d	Other (Describe in Part XIV.)	24		-	
6	Add lines 2a through 2d			. 2e	50,593.
3	Coolidat into Le Hotti lille 1	******************		3	254,714.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	***************************************	•••••	·   3	234,114.
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	33,378		
c	Add lines 4a and 4b			4-	33,378.
	Total tovellue. Add intes 3 and 4c. (This must equal Form 90). Port 1 line 19 )			1 1	200 000
Pa	**************************************	ments With	Fynansas na	P Dotur	200,092.
1	Total expenses and losses per audited financial statements		реличе ре	1	90,239.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				30/233.
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		-	
C	Other losses	20		-	
d	Other (Describe in Part XIV.)	24			
е	Add lines 2a through 2d			2е	0
3	Coolact line 24 ItOM line 1		***************************************	3	90,239.
4	randants included on Form 990, Part IX, line 25, but not on line 1.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		307233.
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
IJ	Other (Describe in Part XIV.)	4b	22,818		
	Add lines 4a and 4b			4c	22,818.
5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part Lling 18.)			5	113,057.
	Cupplemental information				
Comp	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part XI, lines 8; Part XII, lines 8; Part XII, lines 8; Part XIII, lines 8; Part X	t III, lines 1a and	4: Part IV. lines	th and 2h	Part V line At Dort
,	- 1 CO AND HIS ALL ON VIT BIRDS SO SUB 4D, SUU HAIL SUU HAGE AR AND ALE				
PAK	T V, LINE 4: ENDOWMENT FUNDS ARE INVESTE	D AND TH	E EARNING	S ARE	USED
TO	FUND LOCAL PROJECTS AND SCHOLARSHIPS.				
				··	·
מאם	T VII I IN AD COMME				
PAR	T XII, LINE 4B - OTHER ADJUSTMENTS:				
ACE	NOV ENDOMMENT FUND INCOME 10700				
1101	NCY ENDOWMENT FUND INCOME: 10782.				
INV	ESTMENT EXPENSES NETTED WITH INVESTMENT	INCOME - '	2506		<del>-</del>
	TAY TAY TO THEN I	LINCOPIE, A	.2370.		
יםעם	P VIII I THE AD ADVER				
PAR'	Y XIII, LINE 4B - OTHER ADJUSTMENTS:				
932054			·	Schedule	D (Form 990) 2009

3

Schedule D Part XIV	Form 99) Suppl	10) 2009 <mark>emental I</mark>	nforn	HURON ( nation (con	COUNT: tinued)	Y COMMUNITY	Y FOUNDAT	ION	38-3160009	Page 5
				ID EXPE		222.				
INVEST	MENT	EXPENS	SES	NETTED	WITH	INVESTMENT	r income:	22596.		
		-								
										<u></u>
				<u></u>	=					
			<del></del>							

 $e^{-\ell_{i}-1} = j \cdot 3$ 

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

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

Inspection

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

OMB No. 1545-0047	2009	Open to Public

Schedule I (Form 990) 2009 2 | DESIGNATED FUND AND THERE Employer identification number IS NO RESTRICTION ON ITS 38-3160009 GRANT MADE FROM DONOR (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ame and address of organization (b) EIN (c) IRC section if applicable cash grant assistance or government assistance and address of organization (b) EIN (c) IRC section (d) Amount of non-cash grant assistance organization of assistance organization of non-cash assistance other) 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 PURPOSE. Enter total number of section 501(c)(3) and government organizations 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 ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 000 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. HURON COUNTY COMMUNITY FOUNDATION 501(C)(3) criteria used to award the grants or assistance? ....... 38-1359545 General Information on Grants and Assistance Enter total number of other organizations 1 (a) Name and address of organization SACRED HEART CATHOLIC CHURCH 311 WHITELAM STREET Name of the organization BAD AXE, MI 48413 Parti Partil က

177

Schedule I (Form 990) 2009 (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. THE Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Ø ADDRESS ELIGIBILITY FOR SCHOLARSHIPS AND GRANTS. APPLICANTS MUST SUBMIT FOLLOW-UP PROCEDURES ARE ALSO OUTLINED IN LINE 2: DISTRIBUTION POLICIES ARE IN PLACE WHICH DESCRIPTION OF THE PROJECT AND MAY BE REQUESTED TO MAKE AN ORAL (d) Amount of non-cash assistance Ö HURON COUNTY COMMUNITY FOUNDATION 30,950 (c) Amount of cash grant (b) Number of recipients 8 PRESENTATION TO THE BOARD. (a) Type of grant or assistance SCHEDULE I, PART I, Schedule I (Form 990) 2009 POLICIES SCHOLARSHIPS Part III

i ř t

Page 2

38-3160009

1.1 . 5.

932102 02-02-10

## **SCHEDULE O**

+ 1 + C +

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

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

Attach to Form 990.

2009 Open to Public Inspection

+ 10 4 1

Employer identification number Name of the organization 38-3160009 HURON COUNTY COMMUNITY FOUNDATION FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND BOARD OF TRUSTEES. FORM 990, PART VI, SECTION C, LINE 19: INFORMATION IS AVAILABLE UPON REQUEST AT THE ORGANIZATIONS BUSINESS OFFICE.

990

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

# 2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

Current Year Deduction	0.	• 0	171.	171.			
				6 0			
Current Sec 179							
Accumulated Depreciation	1,264.	789.	19,250.	21,602.			
Basis For Depreciation	1,264.	789.	19,250. 854.	22,157.			
Reduction In Basis				.0			
Bus % Excl							
Unadjusted Cost Or Basis	1,264.	789.	19,250.	22,157.			
No.	7.1	17	17				
Life	. o o	5.00	3.00				
Method			SI.				
Date Acquired	020603SI	031003SL	010102SI 010808SL				
Description	MANAGEMENT AND GENERAL 1PRINTER	۲	SOFTWARE 4COMPUTER	* 990 PAGE 10 TOTAL MANAGEMENT AND GEN * GRAND TOTAL 990 PAGE 10 DEPR			
Asset No.		7	- T				

(D) - Asset disposed

928102 06-24-09