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Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning _____, and ending _____

THE COMMUNITY FOUNDATION FOR
CRAWFORD COUNTY

-*5822

Net Asset / Fund Balance at Beginning of Year		<u>25,800,887</u>
Revenue		
Contributions	<u>750,858</u>	
Program service revenue		
Investment income	<u>748,113</u>	
Capital gain / loss	<u>410,077</u>	
Fundraising / Gaming:		
Gross revenue	_____	
Direct expenses	_____	
Net income	_____	
Other income	<u>11,769</u>	
Total revenue		<u>1,920,817</u>
Expenses		
Program services	<u>1,006,174</u>	
Management and general	<u>114,369</u>	
Fundraising	<u>4,803</u>	
Total expenses		<u>1,125,346</u>
Excess / (deficit)		<u>795,471</u>
Changes		<u>-4,334,974</u>
Net Asset / Fund Balance at End of Year		<u><u>22,261,384</u></u>

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Reconciliation of Revenue	
Total revenue per financial statements	<u>1,920,817</u>
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u><u>1,920,817</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>1,126,031</u>
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u><u>1,125,346</u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>27,535,948</u>	<u>23,493,552</u>	
Liabilities	<u>1,735,061</u>	<u>1,232,168</u>	
Net assets	<u><u>25,800,887</u></u>	<u><u>22,261,384</u></u>	<u>-3,539,503</u>

Miscellaneous Information

Amended return _____
Return / extended due date 11/15/23
Failure to file penalty _____

Filing Instructions

THE COMMUNITY FOUNDATION FOR CRAWFORD COUNTY

Exempt Organization Tax Return

Taxable Year Ended December 31, 2022

Date Due: November 15, 2023

Remittance: None is required. Your Form 990 for the tax year ended 12/31/22 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Mizick Miller & Company, Inc.
228 S Sandusky Ave
Bucyrus, OH 44820

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning, 2022, and ending, 20

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **THE COMMUNITY FOUNDATION FOR CRAWFORD COUNTY** EIN or SSN ****-***5822**

Name and title of officer or person subject to tax **LISA WORKMAN
PRESIDENT**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>1,920,817</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (PIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize MIZICK MILLER & COMPANY, INC. to enter my PIN 22222 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date 10/31/23

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date 10/31/23

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

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

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **THE COMMUNITY FOUNDATION FOR CRAWFORD COUNTY**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **254 E MANSFIELD ST**
 City or town, state or province, country, and ZIP or foreign postal code: **BUCYRUS OH 44820**

D Employer identification number: ****-***5822**

E Telephone number: **419-562-3958**

F Name and address of principal officer:
LISA WORKMAN
920 CLOVERDALE AVE
CRESTLINE OH 44827

G Gross receipts \$: **3,638,708**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.CFCRAWFORD.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1985**

M State of legal domicile: **OH**

H(c) Group exemption number _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: BRIDGING PHILANTHROPY WITH CAUSES THAT IMPROVE CRAWFORD COUNTY'S QUALITY OF LIFE	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 12
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5 4
	6 Total number of volunteers (estimate if necessary)	6 88
	7a Total unrelated business revenue from Part VIII, column (C), line 1	7a 0
7b Net unrelated business taxable income from Form 990-T, Part I, line 1	7b 0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 864,392 Current Year: 750,858
	9 Program service revenue (Part VIII, line 2g)	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,362,592 1,158,190
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,309 11,769
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,236,293 1,920,817
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		137,192 153,626
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) 4,803		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		151,463 165,464
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,101,204 1,125,346	
19 Revenue less expenses. Subtract line 18 from line 12	1,135,089 795,471	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 27,535,948 End of Year: 23,493,552
	21 Total liabilities (Part X, line 26)	1,735,061 1,232,168
	22 Net assets or fund balances. Subtract line 21 from line 20	25,800,887 22,261,384

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **LISA WORKMAN** Date: _____
 Type or print name and title: **PRESIDENT**

Paid Preparer Use Only

Print/Type preparer's name: **MATTHEW J ORIANS** Preparer's signature: _____ Date: **11/10/23** Check if self-employed PTIN: *********

Firm's name: **MIZICK MILLER & COMPANY, INC.** Firm's EIN: **** - *** 2868**
 Firm's address: **228 S SANDUSKY AVE BUCYRUS, OH 44820** Phone no.: **419-562-0588**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: BRIDGING PHILANTHROPY WITH CAUSES THAT IMPROVE CRAWFORD COUNTY'S QUALITY OF LIFE

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] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

4a (Code:) (Expenses \$ 926,830 including grants of \$ 806,256) (Revenue \$) GRANTS & CONTRIBUTIONS MADE BASED ON APPLICATION AND REQUESTS SUBMITTED TO THE FOUNDATION

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4b (Code:) (Expenses \$ 79,344 including grants of \$) (Revenue \$) FEES CHARGED FOR THE ADMINISTRATION OF THE ORGANIZATION'S INVESTMENTS WHICH PROVIDE FOR FUTURE GRANT ALLOCATIONS AND EXPENSES NECESSARY TO PROVIDE FUTURE INCOME AS WELL AS THE PURCHASE OF AN INSURANCE CONTRACT FOR FUTURE BENEFIT.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) N/A

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

4e Total program service expenses 1,006,174

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows 1-21 with various questions about organizational requirements and schedules. Includes a large 'DRAFT' watermark.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational reporting requirements.

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Part V check

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Form W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Yes No

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and organizational activities.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

LISA WORKMAN
BUCYRUS

254 E MANSFIELD ST

OH 44820

419-562-3958

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LISA WORKMAN PRESIDENT	35.00 0.00							85,647	0	0
(2) ZACH CHATLAIN TREASURER	1.00 0.00	X		X				0	0	0
(3) CARYL HUGGINS VICE CHAIR	1.00 0.00	X		X				0	0	0
(4) HANNAH JACOBS MEMBER	1.00 0.00	X						0	0	0
(5) KEVIN KIMMEL MEMBER	1.00 0.00	X						0	0	0
(6) WAYNE KOHLER MEMBER	1.00 0.00	X						0	0	0
(7) DOUG LEUTHOLD MEMBER	1.00 0.00	X						0	0	0
(8) BRAD MURTIFF MEMBER	1.00 0.00	X						0	0	0
(9) ADAM PAYNTER MEMBER	1.00 0.00	X						0	0	0
(10) DAWN RATLIFF MEMBER	1.00 0.00	X						0	0	0
(11) DR. JOE SHADEED CHAIRPERSON	1.00 0.00	X		X				0	0	0

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for JENNIFER STIRM and JEFF ZEISLER.

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Summary rows: 1b Subtotal, c Total from continuation sheets to Part VII, Section A, d Total (add lines 1b and 1c). Values shown: 85,647.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a total row for 2 Total number of independent contractors.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	750,858			
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f		750,858			
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		748,113		748,113	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a	(i) Real	(ii) Personal		
		b Less: rental expenses	6b			
		c Rental inc. or (loss)	6c			
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
		b Less: cost or other basis and sales exps.	7b			
		c Gain or (loss)	7c			
		d Net gain or (loss)		410,077	410,077	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
		b Less: direct expenses	8b			
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a ADMINISTRATIVE FEE INCOME-NET	Business Code	11,769		11,769	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		11,769			
12 Total revenue. See instructions		1,920,817	410,077	0	759,882	

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	571,797	571,797		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	234,459	234,459		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0	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)				
7 Other salaries and wages	138,631	105,972	32,659	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	4,483		4,483	
10 Payroll taxes	10,512		10,512	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	20,920	12,420	8,500	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	79,344	79,344		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	6,100		6,100	
14 Information technology	17,200		17,200	
15 Royalties				
16 Occupancy				
17 Travel	353		353	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,623		1,623	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,786	609	8,177	
23 Insurance	5,593		5,593	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FUNDRAISING EXPENSE	4,003			4,003
b REPAIRS & MAINTENANCE	3,756		3,756	
c DUES & LICENSES	3,477		3,477	
d TELEPHONE	3,049		3,049	
e All other expenses	11,260	1,573	8,887	800
25 Total functional expenses. Add lines 1 through 24e	1,125,346	1,006,174	114,369	4,803
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	118,241	2	296,802
	3 Pledges and grants receivable, net	400,000	3	60,000
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 413,893		
	b Less: accumulated depreciation	10b 154,811	265,900	10c 259,082
	11 Investments—publicly traded securities	26,751,806	11	22,877,668
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	27,535,948	16	23,493,552	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable	447,018	18	174,958
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,288,043	25	1,057,210
	26 Total liabilities. Add lines 17 through 25	1,735,061	26	1,232,168
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds	25,800,887	31	22,261,384
	32 Total net assets or fund balances	25,800,887	32	22,261,384
33 Total liabilities and net assets/fund balances	27,535,948	33	23,493,552	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,920,817
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,125,346
3	Revenue less expenses. Subtract line 2 from line 1	3	795,471
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,800,887
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-4,334,974
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	22,261,384

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <u>MODIFIED CASH</u> If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

Name of the organization THE COMMUNITY FOUNDATION FOR CRAWFORD COUNTY	Employer identification number **-***5822
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,594,759	586,044	903,944	864,392	750,858	4,699,997
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,594,759	586,044	903,944	864,392	750,858	4,699,997
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)						
6 Public support. Subtract line 5 from line 4						4,699,997

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	1,594,759	586,044	903,944	864,392	750,858	4,699,997
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	63,033	688,113	43,226	875,532	748,113	3,388,267
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	5,300	9,655	9,274	9,309	11,769	45,307
11 Total support. Add lines 7 through 10						8,133,571

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12 Gross receipts from related activities, etc. (see instructions)	12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	57.79%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	64.38%
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

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Section B. Total Support

Table with 6 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME \$ 33,538

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Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

At tach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

THE COMMUNITY FOUNDATION FOR CRAWFORD COUNTY

Employer identification number

** - *** 5822

Organization type (check one):

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 foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

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General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

Name of organization

THE COMMUNITY FOUNDATION FOR

Employer identification number

-*5822

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	MR. AND MRS. THOMAS M. HOLTHOUSE 1225 S SANDUSKY AVE BUCYRUS OH 44820	\$ 13,912	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DR. & MRS. PETER E. MAYNARD 1011 MARION RD BUCYRUS OH 44820	\$ 22,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DR. JOSEPH AND SUE SHADEED 452 PLEASANT LANE BUCYRUS OH 44820	\$ 26,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CARL ZULAUF 13869 STATE HIGHWAY 231 NEVADA OH 44849	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BUCYRUS KIWANIS CLUB PO BOX 1075 BUCYRUS OH 44820	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	WYNFORD FFA ALUMNI 3288 HOLMES CENTER RD BUCYRUS OH 44820	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization

THE COMMUNITY FOUNDATION FOR

Employer identification number

-*5822

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
7	ANONYMOUS DONOR 254 E MANSFIELD ST BUCYRUS OH 44820	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	MR & MRS JEREMY DUNN 254 E MANSFIELD ST BUCYRUS OH 44820	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	MR & MRS DAVID AUCK 254 E MANSFIELD ST BUCYRUS OH 44820	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	CRESTLINE ATHLETIC BOOSTERS PO BOX 423 CRESTLINE OH 44827	\$ 46,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	MR & MRS ALBERT FULTON 254 E MANSFIELD ST BUCYRUS OH 44820	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	CAROLYN A THATCHER ESTATE 254 E MANSFIELD ST BUCYRUS OH 44820	\$ 300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

THE COMMUNITY FOUNDATION FOR CRAWFORD COUNTY

Employer identification number

-*5822

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions to, Aggregate value of grants from, Aggregate value at end of year, and two Yes/No questions regarding donor advised funds and grant purposes.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for various purposes (land for public use, natural habitat, open space, etc.), a table for conservation easement details (Total number, acreage, etc.), and several Yes/No questions regarding monitoring and reporting.

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and a table for revenue and assets.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	25,130,508	21,806,909	19,943,659	16,559,584	17,285,717
b Contributions	807,225	915,664	974,469	616,797	1,672,657
c Net investment earnings, gains, and losses	-3,182,266	4,321,189	1,664,576	3,716,981	-1,505,990
d Grants or scholarships	806,254	812,552	1,125,686	674,572	576,333
e Other expenditures for facilities and programs					
f Administrative expenses	342,607	286,437	344,503	271,669	241,717
g End of year balance	22,179,824	25,656,525	21,345,055	19,947,120	16,634,334

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 44.96%
- b Permanent endowment %
- c Term endowment 55.04%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		22,153		22,153
b Buildings		323,569	88,862	234,707
c Leasehold improvements				
d Equipment		68,171	65,949	2,222
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 259,082

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

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Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FISCAL AGENT PAYABLE-GALION COM YMCA	304,269
(3) FISCAL AGENT PAYABLE-FR OF CRAW PARK	265,241
(4) FISCAL AGENT PAYABLE-HUMANE SOCIETY	114,424
(5) FISCAL AGENT PAYABLE-CRAWFORD CO CO	86,343
(6) FISCAL AGENT PAYABLE-CRAWFORD PTRSHI	51,093
(7) FISCAL AGENT PAYABLE-BUCYRUS BACKPAC	50,479
(8) FISCAL AGENT PAYABLE-BUCYRUS HISTORI	47,949
(9) FISCAL AGENT PAYABLE-BORN	35,979
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,057,210

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,920,817
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,920,817
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,920,817

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

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

1	Total expenses and losses per audited financial statements		1	1,126,031
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	685	
e	Add lines 2a through 2d		2e	685
3	Subtract line 2e from line 1		3	1,125,346
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 7	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,125,346

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Part XIII Supplemental Information.

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

PART X - OTHER LIABILITIES CONTINUED

DESCRIPTION	BOOK VALUE
FISCAL AGENT PAYABLE-BUCRYUS KIWANIS	26,813
FISCAL AGENT PAYABLE-CRAWFORD CO AG	26,511
FISCAL AGENT PAYABLE-WYNFORD	16,961
FISCAL AGENT PAYABLE-GALION HISTORIC	14,549
FISCAL AGENT PAYABLE-COUNCIL ON AGIN	4,565
FISCAL AGENT PAYABLE-CRAWFORD WORKS	4,488
FISCAL AGENT PAYABLE-CRESTLINE HISTO	4,026
FISCAL AGENT PAYABLE-BUCYRUS YMCA	2,560
CREDIT CARD PAYABLE-UNITED BANK	578
FISCAL AGENT PAYABLE-LITTLE LEAGUE	382

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
At tach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022
**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization **THE COMMUNITY FOUNDATION FOR CRAWFORD COUNTY** Employer identification number ****-***5822**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	AMERICAN RED CROSS EAST CENTRAL OHIO 1849 SUMMERSET DR MARION OH 43302	**--***6605	3	15,600				CHARITABLE
(2)	BUCKEYE CENTRAL SCHOOL ENDOWMENT 1 BUCYRUS OH 44820	**--***0986	3	10,502				CHARITABLE
(3)	BUCYRUS BACKPACK PROGRAM LLC 170 PLYMOUTH ST BUCYRUS OH 44820	**--***1410	3	19,000				CHARITABLE
(4)	COLONEL CRAWFORD SCHOOL ENDOWMENT F 1 BUCYRUS OH 44820		3	16,009				CHARITABLE
(5)	CRAWFORD CO EDUCATIONAL ECON DEV 1 BUCYRUS OH 44820		3	6,446				
(6)	CRAWFORD COUNTY AGRICULTURAL SOCIETY 1 BUCYRUS OH 44820		3	50,000				
(7)	CRAWFORD COUNTY COMMUNITY CONCERT A PO BOX 504 BUCYRUS OH 44820	**--***2867	3	15,000				CHARITABLE
(8)	CRAWFORD PARTNERSHIP FOR EDUC & ECON 117 E MANSFIELD ST BUCYRUS OH 44820	**--***7006	3	38,423				CHARITABLE
(9)	CRAWFORD WORKS 222 E RENSSELAER ST BUCYRUS OH 44820	**--***1149	3	35,000				CHARITABLE

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

At tach to Form 990.

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

Name of the organization THE COMMUNITY FOUNDATION FOR CRAWFORD COUNTY	Employer identification number **-***5822
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Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CRESTLINE SCHOOLS ENDOWMENT FUND 1 CRESTLINE OH 44827		3	9,177				CHARITABLE
(2) ELIZABETH C. HECKERT CHARITABLE END 1 BUCYRUS OH 44820		3	10,900				CHARITABLE
(3) GALION COMMUNITY CENTER YMCA 1 GALION OH 44833		3	12,735				
(4) GALION COMMUNITY EDUCATION FOUNDATI 1 GALION OH 44830		3	5,316				CHARITABLE
(5) GALION COMMUNITY FOUNDATION GRANT 1 GALION OH 44833		3	53,843				
(6) GOVENOR'S IMAGINATION LIBRARY 1 BUCYRUS OH 44820		3	8,050				
(7) HUMANE SOCIETY SERVING CRAWFORD CO 3590 SR 98 BUCYRUS OH 44820	**--***9344	3	6,756				CHARITABLE
(8) JUNIOR ACHIEVEMENT OF NC OHIO 1 CANTON OH 44718		3	10,000				
(9) MURALS ENDOWMENT FUND 1 BUCYRUS OH 44820		3	5,570				CHARITABLE

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

At tach to Form 990.

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

Name of the organization THE COMMUNITY FOUNDATION FOR CRAWFORD COUNTY	Employer identification number * * - * * * 5822
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Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NEW WASHINGTON'S VETERAN'S MEMORIAL 1 NEW WASHINGTON OH 44854		3	20,000				
(2) NORTH CENTRAL STATE COLLEGE FOUND PO BOX 698 MANSFIELD OH 44901	** - *** 0889	3	9,000				CHARITABLE
(3) OHIO BIRD SANCTURY 1 MANSFIELD OH 44903		3	19,670				CHARITABLE
(4) OHIOHEALTH FOUNDATION 1 BUCYRUS OH 44820		3	15,000				
(5)							
(6)							
(7)							
(8)							
(9)							

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIP	119	234,459			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

At tach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022**Open to Public
Inspection**

Name of the organization	THE COMMUNITY FOUNDATION FOR CRAWFORD COUNTY	Employer identification number	** - *** 5822
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FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A COPY OF FORM 990 IS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING OF
THE FORM. BOARD MEMBERS ARE GIVEN TIME TO REVIEW, INQUIRE AND APPROVE.SUBSEQUENT TO FILING, 990 IS MADE AVAILABLE TO THE PUBLIC UPON REQUEST. 990
IS ALSO PRESENTED ON WEBSITE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

SEE ATTACHED CONFLICT OF INTEREST POLICY

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
BOARD PERFORMS ANNUAL REVIEW OF AND APPROVES EXECUTIVE DIRECTOR WAGE

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

ALL OFFICERS OF THE BOARD ARE VOLUNTEERS AND NOT COMPENSATED

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

AVAILABLE UPON REQUEST

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

UNREALIZED GAINS/LOSS	\$ -4,341,122
INTERFUND GIFT-NET	\$ 5,480
SECURITIES ADJUSTMENT	\$ 668
TOTAL	\$ -4,334,974

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

At tach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2022

Attachment
Sequence No. **179**

Name(s) shown on return **THE COMMUNITY FOUNDATION FOR
CRAWFORD COUNTY**

Identifying number
**** - *** 5822**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	8,786

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year			30 yrs.	MM	S/L	
d	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	8,786
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec		Basis for Depr	PerConv Meth	Prior	Current
				%	179Bonus				
Prior MACRS:									
1	COMPUTER & PRINTER	8/16/04	2,395		X	1,197	5 HY S/L	2,395	0
2	DESK	1/10/99	423			423	8 HY S/L	423	0
3	LAP TOP & CAMERA	3/10/99	2,398			2,398	5 HY S/L	2,398	0
4	CHAIRS	4/01/99	563			563	8 HY S/L	563	0
5	SOFTWARE - NPO SOLUTIONS	6/01/99	17,024			17,024	5 HY S/L	17,024	0
6	PROJECTOR	12/16/99	3,655			3,655	5 HY S/L	3,655	0
			<u>26,458</u>			<u>25,260</u>		<u>26,458</u>	<u>0</u>
Other Depreciation:									
8	COMPUTER	1/01/12	397			397	5 MO S/L	397	0
9	LOBBY FURNITURE	1/01/12	3,400			3,400	7 MO S/L	3,400	0
10	FURNITURE	1/01/12	9,844			9,844	7 MO S/L	9,844	0
11	BLINDS	1/01/12	847			847	7 MO S/L	847	0
12	TV-BOARD ROOM	1/01/12	1,150			1,150	7 MO S/L	1,150	0
13	PHONE SYSTEM	1/01/12	2,180			2,180	7 MO S/L	2,180	0
14	REFRIGERATOR	1/01/12	500			500	7 MO S/L	500	0
15	MICROWAVE	1/01/12	160			160	7 MO S/L	160	0
16	SMARTBOARD	1/01/12	2,673			2,673	7 MO S/L	2,673	0
17	OFFICE FURNITURE-JANET	1/04/12	3,169			3,169	7 MO S/L	3,169	0
18	2 BRONZE SIGNS	1/11/12	825			825	7 MO S/L	825	0
19	CREDENZA-JANET	1/12/12	1,770			1,770	7 MO S/L	1,770	0
20	SECURITY SYSTEM	2/06/12	1,300			1,300	7 MO S/L	1,300	0
21	LAND	1/01/12	22,153			22,153	0 -- Land	0	0
22	BUILDING	1/01/12	318,345			318,345	40 MO S/L	79,586	7,959
23	SUMP PUMP	12/01/12	5,224			5,224	40 MO S/L	1,186	131
24	ARTWORK	6/11/13	6,000			6,000	7 MO S/L	6,000	0
25	HEATER IN ENTRY WAY	2/07/14	775			775	7 MO S/L	775	0
26	ASUS LED DISPLAY MONITOR	7/22/15	589			589	5 MO S/L	589	0
27	Computer-Conference room	3/01/17	2,596			2,596	5 MO S/L	2,509	87
28	Computer	10/14/19	1,569			1,569	5 MO S/L	706	314
29	COMPUTER	4/14/22	1,968			1,968	5 MO S/L	0	295
	Total Other Depreciation		<u>387,434</u>			<u>387,434</u>		<u>119,566</u>	<u>8,786</u>
	Total ACRS and Other Depreciation		<u>387,434</u>			<u>387,434</u>		<u>119,566</u>	<u>8,786</u>
Amortization:									
7	WEB SITE	10/04/10	7,885			7,885	5 MO Amort	7,885	0
			<u>7,885</u>			<u>7,885</u>		<u>7,885</u>	<u>0</u>
	Grand Totals		421,777			420,579		153,909	8,786
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>421,777</u>			<u>420,579</u>		<u>153,909</u>	<u>8,786</u>

-*5822

OH Asset Report

FYE: 12/31/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	OH Prior	OH Current	Federal Current	Difference Fed - OH
Prior MACRS:								
1	COMPUTER & PRINTER	8/16/04	2,395	1,197	2,395	0	0	0
2	DESK	1/10/99	423	423	423	0	0	0
3	LAP TOP & CAMERA	3/10/99	2,398	2,398	2,398	0	0	0
4	CHAIRS	4/01/99	563	563	563	0	0	0
5	SOFTWARE - NPO SOLUTIONS	6/01/99	17,024	17,024	17,024	0	0	0
6	PROJECTOR	12/16/99	3,655	3,655	3,655	0	0	0
			<u>26,458</u>	<u>25,260</u>	<u>26,458</u>	<u>0</u>	<u>0</u>	<u>0</u>
Other Depreciation:								
8	COMPUTER	1/01/12	397	397	397	0	0	0
9	LOBBY FURNITURE	1/01/12	3,400	3,400	3,400	0	0	0
10	FURNITURE	1/01/12	9,844	9,844	9,844	0	0	0
11	BLINDS	1/01/12	847	847	847	0	0	0
12	TV-BOARD ROOM	1/01/12	1,150	1,150	1,150	0	0	0
13	PHONE SYSTEM	1/01/12	2,180	2,180	2,180	0	0	0
14	REFRIGERATOR	1/01/12	500	500	500	0	0	0
15	MICROWAVE	1/01/12	160	160	160	0	0	0
16	SMARTBOARD	1/01/12	2,673	2,673	2,673	0	0	0
17	OFFICE FURNITURE-JANET	1/04/12	3,169	3,169	3,169	0	0	0
18	2 BRONZE SIGNS	1/11/12	825	825	825	0	0	0
19	CREDENZA-JANET	1/12/12	1,770	1,770	1,770	0	0	0
20	SECURITY SYSTEM	2/06/12	1,300	1,300	1,300	0	0	0
21	LAND	1/01/12	22,153	22,153	0	0	0	0
22	BUILDING	1/01/12	318,345	318,345	79,586	7,959	7,959	0
23	SUMP PUMP	12/01/12	5,224	224	1,186	131	131	0
24	ARTWORK	6/11/13	6,000	6,000	6,000	0	0	0
25	HEATER IN ENTRY WAY	2/07/14	775	775	775	0	0	0
26	ASUS LED DISPLAY MONITOR	7/22/15	589	589	589	0	0	0
27	Computer-Conference room	3/01/17	2,596	2,596	2,509	87	87	0
28	Computer	10/14/19	1,569	1,569	706	314	314	0
29	COMPUTER	4/14/22	1,968	1,968	0	295	295	0
	Total Other Depreciation		<u>387,434</u>	<u>387,434</u>	<u>119,566</u>	<u>8,786</u>	<u>8,786</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>387,434</u>	<u>387,434</u>	<u>119,566</u>	<u>8,786</u>	<u>8,786</u>	<u>0</u>
Amortization:								
7	WEB SITE	10/04/10	7,885	7,885	7,885	0	0	0
			<u>7,885</u>	<u>7,885</u>	<u>7,885</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>421,777</u>	<u>420,579</u>	<u>153,909</u>	<u>8,786</u>	<u>8,786</u>	<u>0</u>
	Less: Dispositions		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Less: Start-up/Org Expense		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Net Grand Totals		<u>421,777</u>	<u>420,579</u>	<u>153,909</u>	<u>8,786</u>	<u>8,786</u>	<u>0</u>

AM T Asset Report**Form 990, Page 1**

Asset	Description	Date	Cost	Bus Sec	Basis	PerConv	Meth	Prior	Current
		In Service		%					
Prior MACRS:									
1	COMPUTER & PRINTER	8/16/04	2,395		1,197	5	HY S/L	2,395	0
2	DESK	1/10/99	423	X	423	8	HY S/L	423	0
3	LAP TOP & CAMERA	3/10/99	2,398		2,398	5	HY S/L	2,398	0
4	CHAIRS	4/01/99	563		563	8	HY S/L	563	0
5	SOFTWARE - NPO SOLUTIONS	6/01/99	17,024		17,024	5	HY S/L	17,024	0
6	PROJECTOR	12/16/99	3,655		3,655	5	HY S/L	3,655	0
24	ARTWORK	6/13/13	6,000	X	3,000	7	HY 150DB	6,000	0
			<u>32,458</u>		<u>28,260</u>			<u>32,458</u>	<u>0</u>
Other Depreciation:									
8	COMPUTER	1/01/12	0		0	0	HY	0	0
9	LOBBY FURNITURE	1/01/12	0		0	0	HY	0	0
10	FURNITURE	1/01/12	0		0	0	HY	0	0
11	BLINDS	1/01/12	0		0	0	HY	0	0
12	TV-BOARD ROOM	1/01/12	0		0	0	HY	0	0
13	PHONE SYSTEM	1/01/12	0		0	0	HY	0	0
14	REFRIGERATOR	1/01/12	0		0	0	HY	0	0
15	MICROWAVE	1/01/12	0		0	0	HY	0	0
16	SMARTBOARD	1/01/12	0		0	0	HY	0	0
17	OFFICE FURNITURE-JANET	1/04/12	0		0	0	HY	0	0
18	2 BRONZE SIGNS	1/11/12	0		0	0	HY	0	0
19	CREDENZA-JANET	1/12/12	0		0	0	HY	0	0
20	SECURITY SYSTEM	2/06/12	0		0	0	HY	0	0
21	LAND	1/01/12	0		0	0	HY	0	0
22	BUILDING	1/01/12	0		0	0	HY	0	0
23	SUMP PUMP	12/01/12	0		0	0	HY	0	0
25	HEATER IN ENTRY WAY	2/01/14	0		0	0	HY	0	0
26	ASUS LED DISPLAY MONITOR	7/22/15	0		0	0	HY	0	0
27	Computer-Conference room	3/01/17	0		0	0	HY	0	0
28	Computer	10/14/19	0		0	0	HY	0	0
29	COMPUTER	4/14/22	0		0	0	HY	0	0
	Total Other Depreciation		<u>0</u>		<u>0</u>			<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>		<u>0</u>			<u>0</u>	<u>0</u>
	Grand Totals		32,458		28,260			32,458	0
	Less: Dispositions and Transfers		<u>0</u>		<u>0</u>			<u>0</u>	<u>0</u>
	Net Grand Totals		<u>32,458</u>		<u>28,260</u>			<u>32,458</u>	<u>0</u>

Bonus Depreciation Report**Form 990, Page 1**

<u>Asset</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Tax Cost</u>	<u>Bus Pct</u>	<u>Tax Sec 179 Exp</u>	<u>Current Bonus</u>	<u>Prior Bonus</u>	<u>Tax - Basis for Depr</u>
1	COMPUTER & PRINTER	8/16/04	2,395		0	0	1,198	1,197
Grand Total			<u>2,395</u>		<u>0</u>	<u>0</u>	<u>1,198</u>	<u>1,197</u>

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Depreciation Adjustment Report

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	1	COMPUTER & PRINTER	0	0	0
Page 1	1	2	DESK	0	0	0
Page 1	1	3	LAP TOP & CAMERA	0	0	0
Page 1	1	4	CHAIRS	0	0	0
Page 1	1	5	SOFTWARE - NPO SOLUTIONS	0	0	0
Page 1	1	6	PROJECTOR	0	0	0
				<u>0</u>	<u>0</u>	<u>0</u>

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Future Depreciation Report**FYE: 12/31/23**

FYE: 12/31/2022

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Prior MACRS:</u>					
1	COMPUTER & PRINTER	8/16/04	2,395	0	0
2	DESK	1/10/99	423	0	0
3	LAP TOP & CAMERA	3/10/99	2,398	0	0
4	CHAIRS	4/01/99	563	0	0
5	SOFTWARE - NPO SOLUTIONS	6/01/99	17,024	0	0
6	PROJECTOR	12/16/99	3,655	0	0
			<u>26,458</u>	<u>0</u>	<u>0</u>
<u>Other Depreciation:</u>					
8	COMPUTER	1/01/12	397	0	0
9	LOBBY FURNITURE	1/01/12	3,400	0	0
10	FURNITURE	1/01/12	9,844	0	0
11	BLINDS	1/01/12	847	0	0
12	TV-BOARD ROOM	1/01/12	1,150	0	0
13	PHONE SYSTEM	1/01/12	2,180	0	0
14	REFRIGERATOR	1/01/12	500	0	0
15	MICROWAVE	1/01/12	160	0	0
16	SMARTBOARD	1/01/12	2,673	0	0
17	OFFICE FURNITURE-JANET	1/04/12	3,169	0	0
18	2 BRONZE SIGNS	1/11/12	825	0	0
19	CREDENZA-JANET	1/12/12	1,770	0	0
20	SECURITY SYSTEM	2/01/12	1,000	0	0
21	LAND	1/01/12	22,533	0	0
22	BUILDING	1/01/12	18,345	7,958	0
23	SUMP PUMP	12/01/12	5,224	130	0
24	ARTWORK	6/13/13	6,000	0	0
25	HEATER IN ENTRY WAY	2/07/14	775	0	0
26	ASUS LED DISPLAY MONITOR	7/22/15	589	0	0
27	Computer-Conference room	3/01/17	2,596	0	0
28	Computer	10/14/19	1,569	314	0
29	COMPUTER	4/14/22	1,968	394	0
	Total Other Depreciation		<u>387,434</u>	<u>8,796</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>387,434</u>	<u>8,796</u>	<u>0</u>
<u>Amortization:</u>					
7	WEB SITE	10/04/10	7,885	0	0
			<u>7,885</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>421,777</u>	<u>8,796</u>	<u>0</u>

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Asset	Description	Date In Service	Cost	OH
Prior MACRS:				
1	COMPUTER & PRINTER	8/16/04	2,395	0
2	DESK	1/10/99	423	0
3	LAP TOP & CAMERA	3/10/99	2,398	0
4	CHAIRS	4/01/99	563	0
5	SOFTWARE - NPO SOLUTIONS	6/01/99	17,024	0
6	PROJECTOR	12/16/99	3,655	0
			<u>26,458</u>	<u>0</u>

Other Depreciation:

8	COMPUTER	1/01/12	397	0
9	LOBBY FURNITURE	1/01/12	3,400	0
10	FURNITURE	1/01/12	9,844	0
11	BLINDS	1/01/12	847	0
12	TV-BOARD ROOM	1/01/12	1,150	0
13	PHONE SYSTEM	1/01/12	2,180	0
14	REFRIGERATOR	1/01/12	500	0
15	MICROWAVE	1/01/12	160	0
16	SMARTBOARD	1/01/12	2,673	0
17	OFFICE FURNITURE-JANET	1/04/12	3,169	0
18	2 BRONZE SIGNS	1/11/12	825	0
19	CREDENZA-JANET	1/12/12	1,770	0
20	SECURITY SYSTEM	2/01/12	1,000	0
21	LAND	1/01/12	22,533	0
22	BUILDING	1/01/12	18,345	7,958
23	SUMP PUMP	12/01/12	5,224	130
24	ARTWORK	6/13/13	6,000	0
25	HEATER IN ENTRY WAY	2/07/14	775	0
26	ASUS LED DISPLAY MONITOR	7/22/15	589	0
27	Computer-Conference room	3/01/17	2,596	0
28	Computer	10/14/19	1,569	314
29	COMPUTER	4/14/22	1,968	394
	Total Other Depreciation		<u>387,434</u>	<u>8,796</u>
	Total ACRS and Other Depreciation		<u>387,434</u>	<u>8,796</u>

Amortization:

7	WEB SITE	10/04/10	7,885	0
			<u>7,885</u>	<u>0</u>
	Grand Totals		<u>421,777</u>	<u>8,796</u>

Form 990	Two Year Comparison Report	2021 & 2022
For calendar year 2022, or tax year beginning		, ending

Name: THE COMMUNITY FOUNDATION FOR CRAWFORD COUNTY
 Taxpayer Identification Number: ***-***5822

		2021	2022	Differences
Revenue	1. Contributions, gifts, grants	864,392	750,858	-113,534
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue			
	5. Investment income	875,532	748,113	-127,419
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	487,060	410,077	-76,983
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	9,309	11,769	2,460
	12. Total revenue. Add lines 1 through 11	2,236,293	1,920,817	-315,476
Expenses	13. Grants and similar amounts paid	812,549	806,256	-6,293
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	137,192	153,626	16,434
	17. Professional fundraising fees			
	18. Other professional fees	97,186	100,264	3,078
	19. Occupancy, rent, utilities, and maintenance			
	20. Depreciation and Depletion	8,930	8,786	-144
	21. Other expenses	43,347	56,414	11,067
	22. Total expenses. Add lines 13 through 21	1,101,204	1,125,346	24,142
	23. Excess or (Deficit). Subtract line 22 from line 12	1,135,089	795,471	-339,618
Other Information	24. Total exempt revenue	2,236,293	1,920,817	-315,476
	25. Total unrelated revenue			
	26. Total excludable revenue	1,371,901	1,169,959	-201,942
	27. Total assets	27,535,948	23,493,552	-4,042,396
	28. Total liabilities	1,735,061	1,232,168	-502,893
	29. Retained earnings	25,800,887	22,261,384	-3,539,503
	30. Number of voting members of governing body	12	12	
	31. Number of independent voting members of governing body	12	12	
	32. Number of employees	3	4	
33. Number of volunteers	88	88		

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Form **990****Tax Return History****2022**Name THE COMMUNITY FOUNDATION FOR
CRAWFORD COUNTYEmployer Identification Number
-*5822

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	1,594,759	586,044	903,944	864,392	750,858	
Membership dues						
Program service revenue						
Capital gain or loss	516,040	-51,165	432,176	487,060	410,077	
Investment income	643,083	688,313	433,226	875,532	748,113	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	5,300	9,655	9,274	9,309	11,769	
Total revenue	2,759,182	1,232,847	1,778,620	2,236,293	1,920,817	
Grants and similar amounts paid	581,161	674,572	1,125,687	812,549	806,256	
Benefits paid to or for members						
Compensation of officers, etc.	76,650	77,550	78,539			
Other compensation	39,362	42,660	18,296	137,192	153,626	
Professional fees	92,068	105,891	121,936	97,186	100,264	
Occupancy costs						
Depreciation and depletion	13,664	9,788	9,460	8,930	8,786	
Other expenses	36,917	49,610	43,178	45,347	56,414	
Total expenses	839,822	960,072	1,437,098	1,101,204	1,125,346	
Excess or (Deficit)	1,919,360	272,775	341,522	1,135,089	795,471	
Total exempt revenue	2,759,182	1,232,847	1,778,620	2,236,293	1,920,817	
Total unrelated revenue						
Total excludable revenue	1,164,423	646,803	874,676	1,371,901	1,169,959	
Total Assets	18,214,943	22,188,600	23,405,666	27,535,948	23,493,552	
Total Liabilities	1,012,669	1,630,563	1,703,296	1,735,061	1,232,168	
Net Fund Balances	17,202,274	20,558,037	21,702,370	25,800,887	22,261,384	

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 328			14		
TOTAL	\$ <u>328</u>					

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDENDS	\$ 747,785			14	OH	
TOTAL	\$ <u>747,785</u>					

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Federal Statements**Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
UTILITIES	\$ 2,981	\$	\$ 2,981	\$
ANNUAL REPORT	1,841		1,841	
BANK FEES	1,815		1,815	
POSTAGE	1,701		1,701	
ANNUAL MEETING	1,573	1,573		
FUNDRAISING-DONOR APPRECI	800			800
LICENSES & PERMITS	200		200	
SECURITY EXPENSE	182		182	
BOARD & STAFF RECOGNITION	97		97	
CONTINUING EDUCATION	70		70	
TOTAL	<u>\$ 11,260</u>	<u>\$ 1,573</u>	<u>\$ 8,887</u>	<u>\$ 800</u>

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Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
VARIOUS	\$ 166,633
MR. AND MRS. THOMAS M. HOLTHOUSE CASH CONTRIBUTION	13,912
DR. & MRS. PETER E. MAYNARD CASH CONTRIBUTION	22,000
DR. JOSEPH AND SUE SHADEED CASH CONTRIBUTION	26,000
CARL ZULAUF CASH CONTRIBUTION	12,500
BUCYRUS KIWANIS CLUB CASH CONTRIBUTION	12,500
WYNFORD FFA ALUMNI CASH CONTRIBUTION	10,000
ANONYMOUS DONOR CASH CONTRIBUTION	25,000
MR & MRS JEREMY DUNN CASH CONTRIBUTION	20,000
JOHN Q SHUNK ASSOCIATION CASH CONTRIBUTION	10,000
MR & MRS DAVID AUCK CASH CONTRIBUTION	20,000
MR ELIZABETH MCPEEK CASH CONTRIBUTION	5,000
CRAWFORD COUNTY COUNCIL ON AGING CASH CONTRIBUTION	5,000
CRAWFORD COUNTY SPORTS HALL OF FAME CASH CONTRIBUTION	9,000
CRAWFORD COUNTY COMMUNITY CONCERT CASH CONTRIBUTION	6,413
CRESTLINE ATHLETIC BOOSTERS CASH CONTRIBUTION	46,600
ANONYMOUS GIFT CASH CONTRIBUTION	10,300
MR & MRS ALBERT FULTON CASH CONTRIBUTION	25,000
BUCYRUS ELKS LODGE INVITATIONAL INC CASH CONTRIBUTION	5,000
CAROLYN A THATCHER ESTATE	

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Federal Statements**Schedule A, Part II, Line 1(e) (continued)**

Description	Amount
CASH CONTRIBUTION	\$ 300,000
TOTAL	\$ <u>750,858</u>

Schedule A, Part II, Line 8(e)

Description	Amount
DIVIDENDS	\$ 328
TOTAL	\$ <u>747,785</u>
	\$ <u>748,113</u>

Schedule A, Part II, Line 10(e)

Description	Amount
ADMINISTRATIVE FEE INCOME-NET	\$ 11,769
FUNDRAISING < \$5000	
TOTAL	\$ <u>11,769</u>

Federal Statements

Savings - EOY

<u>Description</u>	<u>Amount</u>
CASH IN BANK-CHECKING	\$ <u>296,802</u>
TOTAL	\$ <u><u>296,802</u></u>

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