

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2024

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.

Open to Public Inspection

A For the **2024** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HUDSON COMMUNITY FOUNDATION	D Employer identification number ** - *** 5499
	Doing business as	E Telephone number (330) 655-3580
	Number and street (or P.O. box if mail is not delivered to street address), room/suite, and city or town, state or province, country, and ZIP or foreign country 49 E. MAIN ST P.O. BOX 944 HUDSON, OH 44236	F Gross receipts \$ 9,033,365.
	F Name and address of principal officer: JENESA LUKAC 49 E. MAIN ST, HUDSON, OH 44236	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number

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

J Website: **WWW.MYHCF.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2000** **M** State of legal domicile: **OH**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FOUNDED IN 2000, HUDSON COMMUNITY FOUNDATION'S MISSION IS TO ENHANCE THE OVERALL QUALITY OF		
	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	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	4
	6 Total number of volunteers (estimate if necessary)	6	23
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	5,543,773.	7,949,026.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	635,784.	868,551.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	63,695.	126,226.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,243,252.	8,943,803.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,096,445.	5,486,787.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	157,665.	181,434.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	26,133.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	504,900.	372,347.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,759,010.	6,040,568.	
19 Revenue less expenses. Subtract line 18 from line 12	484,242.	2,903,235.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 30,488,545.	End of Year 35,803,664.
	21 Total liabilities (Part X, line 26)	1,018,838.	1,112,818.
	22 Net assets or fund balances. Subtract line 21 from line 20	29,469,707.	34,690,846.

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 JENESA LUKAC, TREASURER	Date
Paid Preparer Use Only	Preparer's name MARK P. CRAWFORD	Preparer's signature
	Firm's name MALONEY + NOVOTNY LLC	Firm's EIN ** - *** 7006
	Firm's address 4774 MUNSON STREET NW, SUITE 402 CANTON, OH 44718-3634	Phone no. (330) 966-9400

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 [X]

1 Briefly describe the organization's mission:
FOUNDED IN 2000, HUDSON COMMUNITY FOUNDATION'S MISSION IS TO ENHANCE THE OVERALL QUALITY OF LIFE IN THE HUDSON AREA BY INCREASING CHARITABLE GIVING, EDUCATING, AND CONNECTING DONORS TO COMMUNITY NEEDS AND LEADING ON COMMUNITY ISSUES. THE FOUNDATION, SUPPORTED BY HUNDREDS

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
If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 5,795,949. including grants of \$ 5,486,787.) (Revenue \$)
IN 2024, HUDSON COMMUNITY FOUNDATION ADMINISTERED OVER \$27 MILLION IN DONOR CHARITABLE FUNDS, WITH DONORS RECOMMENDING MORE THAN \$5 MILLION IN GRANTS TO APPROXIMATELY 1,000 CHARITABLE ORGANIZATIONS LOCALLY AND ACROSS THE COUNTRY. THROUGH ITS COMMUNITY IMPACT INITIATIVES, THE FOUNDATION ALSO AWARDED \$54,000 IN GRANTS TO SUPPORT LOCAL NONPROFIT PROGRAMS ADDRESSING NEEDS AND ENHANCING QUALITY OF LIFE IN HUDSON. IN ADDITION, THE FOUNDATION PROVIDED GUIDANCE AND SUPPORT TO EMERGING NONPROFIT ORGANIZATIONS TO HELP STRENGTHEN CHARITABLE EFFORTS IN THE COMMUNITY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

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

4e Total program service expenses 5,795,949.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'X' marks indicate 'Yes' answers for questions 1, 2, 6, 9, 10, 11a, 11e, 11f, 12a, 12b, 13, 14a, 14b, 15, 16, 17, 18, 19, 20a, 20b, and 21.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (19); 1b Enter the number of voting members included on line 1a, above, who are independent (19); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
DIRECTOR OF FINANCE - 330-655-3580
49 E. MAIN STREET, HUDSON, OH 44236

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AMY JORDAN PRESIDENT	40.00			X				109,131.	0.	0.
(2) BILL CURRIN BOARD MEMBER	2.00	X						0.	0.	0.
(3) BILL SEDLACEK CHAIRMAN	2.00	X		X				0.	0.	0.
(4) BRAD WRIGHT BOARD MEMBER	2.00	X						0.	0.	0.
(5) DAVID SCHWEIGHOEFER BOARD MEMBER	2.00	X						0.	0.	0.
(6) DEXTER JAMES BOARD MEMBER	2.00	X						0.	0.	0.
(7) JAN GUSICH BOARD MEMBER	2.00	X						0.	0.	0.
(8) JASON BOGNIARD BOARD MEMBER	2.00	X						0.	0.	0.
(9) JENESA LUKAC TREASURER	2.00	X		X				0.	0.	0.
(10) JIM SLUZEWSKI SECRETARY	2.00	X		X				0.	0.	0.
(11) JOHN ARCHER BOARD MEMBER	2.00	X						0.	0.	0.
(12) KARIN STIFLER BOARD MEMBER	2.00	X						0.	0.	0.
(13) LINDSAY BARAN BOARD MEMBER	2.00	X						0.	0.	0.
(14) LISA RADIGAN BOARD MEMBER	2.00	X						0.	0.	0.
(15) MICHELLE CIANCIO BOARD MEMBER	2.00	X						0.	0.	0.
(16) NICK BUZZELLI BOARD MEMBER	2.00	X						0.	0.	0.
(17) PATRICIA MYERS BOARD MEMBER	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PAUL MARTIN BOARD MEMBER	2.00	X						0.	0.	0.
(19) SHARON WHITACRE BOARD MEMBER	2.00	X						0.	0.	0.
(20) TOM SPEAKS BOARD MEMBER	2.00	X						0.	0.	0.
1b Subtotal								109,131.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								109,131.	0.	0.

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 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

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.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c 41,700.					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f 7,907,326.					
	g Noncash contributions included in lines 1a-1f	1g \$4,781,987.					
	h Total. Add lines 1a-1f		7,949,026.				
Program Service Revenue	2 a _____	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)		868,551.			868,551.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ 41,700. of contributions reported on line 1c). See Part IV, line 18	8a		214,890.				
			89,562.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			125,328.			125,328.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code	90099	898.		898.	
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			898.			
12 Total revenue. See instructions			8,943,803.	0.	0.	994,777.	

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	5,486,787.	5,486,787.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	109,131.	38,196.	65,479.	5,456.
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	49,753.	17,413.	29,852.	2,488.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	8,400.	2,940.	5,040.	420.
10 Payroll taxes	14,150.	4,953.	8,489.	708.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	14,630.	5,852.	8,778.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	194,652.	194,652.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	7,116.	2,693.	4,423.	
12 Advertising and promotion	19,297.		19,297.	
13 Office expenses	23,252.	4,907.	16,618.	1,727.
14 Information technology	33,311.	11,659.	18,321.	3,331.
15 Royalties				
16 Occupancy	46,323.	11,581.	23,161.	11,581.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	21,033.	10,517.	10,516.	
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 MISCELLANEOUS	8,442.	3,799.	4,221.	422.
b COMMUNITY EVENTS	4,291.		4,291.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,040,568.	5,795,949.	218,486.	26,133.
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)				

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	3,035,772.	1	4,286,031.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	173,521.	3	133,354.
	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 160,899.		
	b Less: accumulated depreciation	10b 160,899.	10c 0.	0.
	11 Investments - publicly traded securities	27,279,252.	11	31,384,279.
	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)	30,488,545.	16	35,803,664.	
Liabilities	17 Accounts payable and accrued expenses	80,114.	17	9,577.
	18 Grants payable		18	
	19 Deferred revenue	14,549.	19	15,174.
	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	924,175.	25	1,088,067.
	26 Total liabilities. Add lines 17 through 25	1,018,838.	26	1,112,818.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	28,566,387.	27	33,806,662.
	28 Net assets with donor restrictions	903,320.	28	884,184.
	Organizations that do not follow FASB ASC 958, check here <input 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		31	
	32 Total net assets or fund balances	29,469,707.	32	34,690,846.
	33 Total liabilities and net assets/fund balances	30,488,545.	33	35,803,664.

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	8,943,803.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,040,568.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,903,235.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29,469,707.
5	Net unrealized gains (losses) on investments	5	2,481,796.
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	-163,892.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	34,690,846.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2024)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2626950.	3376176.	4681987.	5543773.	7949026.	24177912.
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	2626950.	3376176.	4681987.	5543773.	7949026.	24177912.
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)						7029285.
6 Public support. Subtract line 5 from line 4.						17148627.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	2626950.	3376176.	4681987.	5543773.	7949026.	24177912.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	438,516.	613,875.	508,825.	635,784.	868,551.	3065551.
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.)	495.	79,755.	56,853.	99,700.	215,788.	452,591.
11 Total support. Add lines 7 through 10						27696054.
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 2024 (line 6, column (f), divided by line 11, column (f))	14	61.92	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	61.75	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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. Add lines 1 through 5; 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; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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

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).		

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

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

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

Schedule A (Form 990) 2024

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2020 AMOUNT: \$ 495.
 2021 AMOUNT: \$ 616.
 2022 AMOUNT: \$ 218.
 2023 AMOUNT: \$ 1,333.
 2024 AMOUNT: \$ 898.

SPECIAL EVENTS

2021 AMOUNT: \$ 79,139.
 2022 AMOUNT: \$ 56,635.
 2023 AMOUNT: \$ 98,367.
 2024 AMOUNT: \$ 214,890.

Schedule B (Form 990)

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

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

HUDSON COMMUNITY FOUNDATION

Employer identification number

-*5499

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.

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 HUDSON COMMUNITY FOUNDATION	Employer identification number ** - ***5499
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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	<hr/> <hr/> <hr/>	\$ <u>302,745.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>299,865.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>2,030,311.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>1,550,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>242,744.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HUDSON COMMUNITY FOUNDATION	Employer identification number ** - *** 5499
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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	<hr/> <hr/> <hr/>	\$ <u>347,878.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>335,989.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HUDSON COMMUNITY FOUNDATION	Employer identification number ** - ***5499
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PUBLICLY-TRADED SECURITIES	\$ 302,745.	11/26/24
2	PUBLICLY-TRADED SECURITIES	\$ 299,865.	12/04/24
3	PUBLICLY-TRADED SECURITIES	\$ 2,030,311.	11/25/24
6	PUBLICLY-TRADED SECURITIES	\$ 242,744.	12/19/24
7	PUBLICLY-TRADED SECURITIES	\$ 100,056.	10/29/24
8	PUBLICLY-TRADED SECURITIES	\$ 335,989.	12/23/24

Name of organization HUDSON COMMUNITY FOUNDATION	Employer identification number ** - *** 5499
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

HUDSON COMMUNITY FOUNDATION

Employer identification number

-*5499

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	110	
2 Aggregate value of contributions to (during year)	6,767,687.	
3 Aggregate value of grants from (during year)	4,379,691.	
4 Aggregate value at end of year	21,258,769.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

LHA 432051 01-02-25

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- 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:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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				
b Buildings				
c Leasehold improvements		150,899.	150,899.	0.
d Equipment		10,000.	10,000.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				0.

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. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD AS AGENCY ENDOWMENTS	1,088,067.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,088,067.

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	10,974,548.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,481,796.
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	2,481,796.
3	Subtract line 2e from line 1	3	8,492,752.
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	194,652.
b	Other (Describe in Part XIII.)	4b	256,399.
c	Add lines 4a and 4b	4c	451,051.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	8,943,803.

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	5,753,409.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	5,753,409.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	194,652.
b	Other (Describe in Part XIII.)	4b	92,507.
c	Add lines 4a and 4b	4c	287,159.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	6,040,568.

Part XIII Supplemental Information

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

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. NO PROVISION FOR FEDERAL INCOME TAX WAS RECORDED FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023. THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT CONTRIBUTIONS	190,038.
AGENCY ENDOWMENT GAIN	66,361.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	256,399.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT GRANTS	92,507.
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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BIG BARN BASH (event type)	DRIVE TO THE ENDZONE GALA (event type)	NONE (total number)	
Revenue	1	Gross receipts	230,840.	25,750.	256,590.
	2	Less: Contributions	41,700.		41,700.
	3	Gross income (line 1 minus line 2)	189,140.	25,750.	214,890.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	35,592.		35,592.
	6	Rent/facility costs			
	7	Food and beverages	33,138.		33,138.
	8	Entertainment	2,750.		2,750.
	9	Other direct expenses	18,082.		18,082.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			89,562.
11	Net income summary. Subtract line 10 from line 3, column (d)			125,328.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **HUDSON COMMUNITY FOUNDATION** Employer identification number **** - *** 5499**

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
100 WOMEN STRONG OHIO INC. 102 FIRST STREET, SUITE 204 HUDSON, OH 44236	** - *** 3941	501(C)(3)	16,250.	0.			PROGRAMS
A KID AGAIN INC. 9347 RAVENNA RD. TWINSBURG, OH 44087	** - *** 0073	501(C)(3)	23,500.	0.			PROGRAMS
ADIRONDACK EXPERIENCE OFFICE OF INSTITUTIONAL ADVANCEMENT, PO BOX 99 - BLUE MOUNTAIN LAKE, NY 1281	** - *** 5801	501(C)(3)	21,600.	0.			PROGRAMS
ADIRONDACK LAKES CENTER FOR THE ARTS - PO BOX 205 - BLUE MOUNTAIN LAKE, NY 12812	** - *** 1361	501(C)(3)	5,300.	0.			PROGRAMS
AKRON CHILDREN'S HOSPITAL FOUNDATION - ONE PERKINS SQUARE - AKRON, OH 44308	** - *** 4013	501(C)(3)	97,000.	0.			PROGRAMS
AKRON MARATHON CHARITABLE CORPORATION - 155 E. VORIS STREET - AKRON, OH 44311	** - *** 1773	501(C)(3)	15,000.	0.			PROGRAMS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 127.

3 Enter total number of other organizations listed in the line 1 table 3.

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

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

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AKRON/CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307	**-***9388	501(C)(3)	47,150.	0.			PROGRAMS
AKRON-SUMMIT COUNTY PUBLIC LIBRARY 60 S. HIGH STREET AKRON, OH 44326	**-***0031	501(C)(3)	10,000.	0.			PROGRAMS
ALL ABOUT DANCE COMPETITION BOOSTER CLUB - PO BOX 1831 - STOW, OH 44236	**-***3661	501(C)(3)	6,000.	0.			PROGRAMS
ALLEGHENY COLLEGE 520 N MAIN ST MEADVILLE, PA 16335	**-***5212	501(C)(3)	13,500.	0.			PROGRAMS
AURORA CITY SCHOOLS 102 EAST GARFIELD RD AURORA, OH 44202	**-***4249	115	8,000.	0.			PROGRAMS
BALDWIN WALLACE UNIVERSITY 275 EASTLAND RD BEREA, OH 44017	**-***4629	501(C)(3)	33,460.	0.			PROGRAMS
BEACHWOOD BOARD OF EDUCATION 25100 FAIRMOUNT BLVD BEACHWOOD, OH 44122	**-***0212	501(C)(3)	10,000.	0.			PROGRAMS
BEN CURTIS FAMILY FOUNDATION 1675 EAST MAIN STREET, SUITE 260 KENT, OH 44240	**-***1932	501(C)(3)	13,500.	0.			PROGRAMS
BENTON HALL ACADEMY 5555 FRANKLIN PIKE NASHVILLE, TN 37220	**-***2762	501(C)(3)	19,208.	0.			PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG LOVE NETWORK 136 N. MERCER ROAD BOWLING GREEN, OH 43403	**-***6170	501(C)(3)	12,000.	0.			PROGRAMS
BIRTHING BEAUTIFUL COMMUNITIES (BBC) - 1111 CAREY AVE STE 1 - AKRON, OH 44314	**-***3278	501(C)(3)	20,000.	0.			PROGRAMS
BLUE MOUNTAIN LAKE ASSOCIATION, INC. - 3043 SUPERIOR AVE - CLEVELAND, OH 44114	**-***1231	501(C)(3)	6,000.	0.			PROGRAMS
BOWLING GREEN STATE UNIVERSITY FOUNDATION, INC. - PO BOX 245 - BLUE MOUNTAIN LAKE, NY 12812	**-***7199	501(C)(3)	91,000.	0.			PROGRAMS
BOYS AND GIRLS CLUBS OF NORTHEAST OHIO - PO BOX 72090 OPC833 - AKRON, OH 44307	**-***6214	501(C)(3)	20,000.	0.			PROGRAMS
BOYS HOPE GIRLS HOPE OF NORTHEAST OHIO - 9619 GARFIELD BLVD. - GARFIELD HEIGHTS, OH 44125	**-***4921	501(C)(3)	6,400.	0.			PROGRAMS
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 20871	**-***7229	501(C)(3)	5,250.	0.			PROGRAMS
BUILDING WITH HOPE MINISTRIES 8377 FOREST RIDGE ST. NW MASSILLON, OH 44646	**-***4538	501(C)(3)	8,000.	0.			PROGRAMS
CAMP HO MITA KODA 14040 AUBURN ROAD NEWBURY, OH 44065	**-***2824	501(C)(3)	10,000.	0.			PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANTON NAZARENE CHURCH 522 30TH ST. NW CANTON, OH 44709	**-***3145	501(C)(3)	10,500.	0.			PROGRAMS
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106	**-***8992	501(C)(3)	32,460.	0.			PROGRAMS
CASE-BARLOW FARM PO BOX 2143 HUDSON, OH 44236	**-***2249	501(C)(3)	5,500.	0.			PROGRAMS
CHAUTAUQUA INSTITUTION PO BOX 28 CHAUTAUQUA, NY 14722	**-***8844	501(C)(3)	7,000.	0.			PROGRAMS
CHI OMEGA FOUNDATION 3395 PLAYERS CLUB PARKWAY MEMPHIS, TN 38125	**-***6294	501(C)(3)	8,400.	0.			PROGRAMS
CHRIST COMMUNITY CHAPEL - HUDSON CAMPUS - 750 W. STREETSBORO STREET - HUDSON, OH 44236	**-***9610	501(C)(3)	23,500.	0.			PROGRAMS
CITY OF HUDSON 1140 TEREX ROAD HUDSON, OH 44236	**-***1453	115	31,700.	0.			PROGRAMS
CLEVELAND RAPE CRISIS CENTER 2937 WEST 25TH STREET, 2ND FLOOR CLEVELAND, OH 44113	**-***4315	501(C)(3)	10,000.	0.			PROGRAMS
CLEVELAND STATE UNIVERSITY FOUNDATION - 2121 EUCLID AVE., UN501 - CLEVELAND, OH 44115	**-***6665	501(C)(3)	64,920.	0.			PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBUS ZOOLOGICAL PARK ASSOCIATION - PO BOX 400 - POWELL, OH 43065	**-***0844	501(C)(3)	50,000.	0.			PROGRAMS
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK - 1403 WEST HINES HILL ROAD - PENINSULA, OH 44264	**-***7257	501(C)(3)	16,900.	0.			PROGRAMS
COUNCIL FOR A PARLIAMENT OF THE WORLD'S RELIGIONS - 4422 NORTH RAVENSWOOD AVE, UNIT 1030 - CHICAGO, IL 60640	**-***5228	501(C)(3)	50,000.	0.			PROGRAMS
CYSTIC FIBROSIS FOUNDATION 9700 ROCKSIDE RD. SUITE 110 VALLEY VIEW, OH 44125	**-***0701	501(C)(3)	10,200.	0.			PROGRAMS
DOCTORS WITHOUT BORDERS USA PO BOX 5030 HAGERSTOWN, MD 21741	**-***3452	501(C)(3)	13,250.	0.			PROGRAMS
EDNA HOUSE FOR WOMEN P.O. BOX 602686 CLEVELAND, OH 44102	**-***2872	501(C)(3)	6,000.	0.			PROGRAMS
ELLSWORTH MEADOWS GOLF CLUB 1101 BARLOW ROAD HUDSON, OH 44236	**-***1453	501(C)(3)	9,149.	0.			PROGRAMS
FAIRVIEW CEMETERY ASSOC 45 E. BOSTON MILLS ROAD HUDSON, OH 44236	**-***2305	501(C)(3)	7,500.	0.			PROGRAMS
FAITH LUTHERAN CHURCH 2726 WEST MARKET ST. AKRON, OH 44333	**-***8825	501(C)(3)	40,000.	0.			PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST CHURCH OF CHRIST SCIENTIST 1460 WAGAR RD. ROCKY RIVER, OH 44116	**-***6305	501(C)(3)	64,919.	0.			PROGRAMS
FIRST CHURCH, ELSAH PO BOX 147 ELSAH, IL 62028	**-***0881	501(C)(3)	5,250.	0.			PROGRAMS
FIRST CONGREGATIONAL CHURCH 47 AURORA STREET HUDSON, OH 44236	**-***2813	501(C)(3)	43,599.	0.			PROGRAMS
FIRST PRESBYTERIAN CHURCH OF HUDSON USA - 21 AURORA STREET - HUDSON, OH 44236	**-***4754	501(C)(3)	10,000.	0.			PROGRAMS
FOCUSING PHILANTHROPY 1637 16TH STREET SANTA MONICA, CA 90404	**-***5071	501(C)(3)	25,000.	0.			PROGRAMS
FRIENDS OF BREAKTHROUGH SCHOOLS 3615 SUPERIOR AVENUE CLEVELAND, OH 44114	**-***8838	501(C)(3)	15,000.	0.			PROGRAMS
FRIENDS OF HUDSON PARKS 2297 MIDDLETON ROAD HUDSON, OH 44236	**-***5552	501(C)(3)	8,700.	0.			PROGRAMS
GEORGIA WRITERS MUSEUM PO BOX 3429 EATONTON, GA 31024	**-***7922	501(C)(3)	50,000.	0.			PROGRAMS
GIVEWELL 1714 FRANKLIN ST 100335 OAKLAND, CA 94612	**-***5442	501(C)(3)	50,000.	0.			PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE CHURCH 211 N. CLEVELAND MASSILLON RD AKRON, OH 44333	**-***3982	501(C)(3)	25,000.	0.			PROGRAMS
GRACE HOUSE AKRON INC 475 NORTH HOWARD STREET AKRON, OH 44310	**-***0042	501(C)(3)	16,400.	0.			PROGRAMS
GREATER CLEVELAND FOOD BANK, INC. 13815 COIT ROAD CLEVELAND, OH 44110	**-***2848	501(C)(3)	6,400.	0.			PROGRAMS
GREATER CLEVELAND SPORTS COMMISSION - 334 EUCLID AVE. - CLEVELAND, OH 44114	**-***1131	501(C)(3)	5,200.	0.			PROGRAMS
GROVE CITY COLLEGE 100 CAMPUS DRIVE GROVE CITY, PA 16127	**-***5148	501(C)(3)	10,000.	0.			PROGRAMS
HAVEN OF REST MINISTRIES PO BOX 547 AKRON, OH 44308	**-***0345	501(C)(3)	9,900.	0.			PROGRAMS
HOLY TRINITY ANGLICAN CHURCH 55 ATTERBURY BOULEVARD HUDSON, OH 44236	**-***9445	501(C)(3)	24,000.	0.			PROGRAMS
HOPE LUTHERAN CHURCH 2201 SECOR ROAD TOLEDO, OH 43606	**-***6840	501(C)(3)	8,400.	0.			PROGRAMS
HOPEWELL 147 BELL ST, SUITE 303 CHAGRIN FALLS, OH 44022	**-***8910	501(C)(3)	9,919.	0.			PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOSPICE OF THE WESTERN RESERVE INC. - PO BOX 72101 - CLEVELAND, OH 44197	**-***6377	501(C)(3)	10,500.	0.			PROGRAMS
HUDSON CITY SCHOOLS 76 NORTH HAYDEN PARKWAY HUDSON, OH 44236	**-***1451	115	85,515.	0.			PROGRAMS
HUDSON CITY SCHOOLS FOUNDATION PO BOX 473 HUDSON, OH 44236	**-***8945	501(C)(3)	26,823.	0.			PROGRAMS
HUDSON COMMUNITY FIRST PO BOX 515 HUDSON, OH 44236	**-***5327	501(C)(3)	13,000.	0.			PROGRAMS
HUDSON COMMUNITY LIVING COMPANY 33 S. OVIATT ST. HUDSON, OH 44236	**-***2975	501(C)(3)	300,000.	0.			PROGRAMS
HUDSON COMMUNITY SERVICE ASSOCIATION - PO BOX 1472 - HUDSON, OH 44236	**-***8847	501(C)(3)	6,362.	0.			PROGRAMS
HUDSON MONTESSORI SCHOOL 7545 DAROW ROAD HUDSON, OH 44236	**-***3793	501(C)(3)	14,200.	0.			PROGRAMS
HUDSON UNITED METHODIST CHURCH 2600 HUDSON AURORA ROAD HUDSON, OH 44236	**-***3980	501(C)(3)	18,900.	0.			PROGRAMS
HUDSON-LANDSBERG SISTER CITY PO BOX 1382 HUDSON, OH 44236	**-***9970	501(C)(3)	10,500.	0.			PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IDEASTREAM WVIZ/PBS 1375 EUCLID AVENUE CLEVELAND, OH 44115	**-***3865	501(C)(3)	7,300.	0.			PROGRAMS
INDIAN LAKE THEATER, INC. P.O.BOX 517 INDIAN LAKE, NY 12842	**-***7553	501(C)(3)	5,500.	0.			PROGRAMS
JOHN CARROLL UNIVERSITY 1 JOHN CARROLL BLVD. UNIVERSITY HEIGHTS, OH 44118	**-***4681	501(C)(3)	11,000.	0.			PROGRAMS
KELLEYS ISLAND COMMUNITY CHEST 138 DIVISION ST KELLEYS ISLAND, OH 43438	**-***8229	501(C)(3)	26,000.	0.			PROGRAMS
LAWRENCE SCHOOL 1551 E WALLINGS RD BROADVIEW HEIGHTS, OH 44147	**-***7455	501(C)(3)	10,500.	0.			PROGRAMS
LEBRON JAMES FAMILY FOUNDATION 3800 EMBASSY PARKWAY, SUITE 360 AKRON, OH 44333	**-***6277	501(C)(3)	250,000.	0.			PROGRAMS
LHS FOUNDATION INC 2021 NORTH MCCORD RD. TOLEDO, OH 43615	**-***8593	501(C)(3)	8,400.	0.			PROGRAMS
LIFE21 CHURCH 2100 JEFFERSON RD. NORTHFIELD, MN 55057	**-***5825	501(C)(3)	10,000.	0.			PROGRAMS
MAIN STREET MEDINA 39 PUBLIC SQUARE #305 MEDINA, OH 44256	**-***2645	501(C)(3)	10,000.	0.			PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARIETTA COLLEGE 215 FIFTH STREET MARIETTA, OH 45750	**-***9584	501(C)(3)	32,460.	0.			PROGRAMS
MAYO CLINIC JACKSONVILLE 200 FIRST ST. SW ROCHESTER, MN 55905	**-***7028	501(C)(3)	10,000.	0.			PROGRAMS
NASCAR FOUNDATION ONE DAYTONA BLVD. DAYTONA BEACH, FL 32114	**-***7745	501(C)(3)	75,000.	0.			PROGRAMS
NMAR INC 240 E. LOUDOUN VALLEY PARKWAY PURCELLVILLE, VA 20132	**-***0762	501(C)(3)	75,000.	0.			PROGRAMS
NO SURF HOUSE 874 W KENSINGTON LN STREETSBORO, OH 44241	**-***6060	501(C)(3)	130,000.	0.			PROGRAMS
NORDONIA HILLS VETERANS MEMORIAL PARK FOUNDATION - PO BOX 560157 - MACEDONIA, OH 44056	**-***2411	501(C)(3)	5,500.	0.			PROGRAMS
NORTHSIDE CHRISTIAN CHURCH 7615 RIDGE RD WADSWORTH, OH 44281	**-***0306	501(C)(3)	29,275.	0.			PROGRAMS
NOW I LAY ME DOWN TO SLEEP P.O. BOX 621669 LITTLETON, CO 80162	**-***6322	501(C)(3)	13,000.	0.			PROGRAMS
OHIO UNIVERSITY 020 CHUBB HALL, 1 OHIO UNIVERSITY ATHENS, OH 45701	**-***2113	501(C)(3)	7,000.	0.			PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OLD TRAIL SCHOOL PO BOX 827 BATH, OH 44210	**-***7805	501(C)(3)	21,500.	0.			PROGRAMS
OMNIA INSTITUTE FOR CONTEXTUAL LEADERSHIP - 3338 N. BROADWAY ST - CHICAGO, IL 60657	**-***7286	501(C)(3)	100,000.	0.			PROGRAMS
OPEN M FOUNDATION 941 PRINCETON STREET AKRON, OH 44311	**-***5432	501(C)(3)	10,000.	0.			PROGRAMS
OTTERBEIN UNIVERSITY OFFICE OF DEVELOPMENT, 1 SOUTH GROVE STREET - WESTERVILLE, OH 43081	**-***9532	501(C)(3)	7,000.	0.			PROGRAMS
PARKSIDE CHURCH 7100 PETTIBONE RD. CHAGRIN FALLS, OH 44023	**-***7025	501(C)(3)	20,000.	0.			PROGRAMS
PIANO CLEVELAND 20600 CHAGRIN BOULEVARD, SUITE 610 SHAKER HEIGHTS, OH 44122	**-***4615	501(C)(3)	20,400.	0.			PROGRAMS
PITCCH IN FOUNDATION, INC. PO BOX 38 ALPINE, NJ 07620	**-***8945	501(C)(3)	93,814.	0.			PROGRAMS
PLAYHOUSE SQUARE FOUNDATION 1501 EUCLID AVENUE, SUITE 200 CLEVELAND, OH 44115	**-***4942	501(C)(3)	18,500.	0.			PROGRAMS
PROVIDENCE HOUSE 2050 WEST 32ND STREET CLEVELAND, OH 44113	**-***6325	501(C)(3)	20,000.	0.			PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REDEEMER CHURCH 190 WEST STREETSBORO ST HUDSON, OH 44236	**-***6967	501(C)(3)	16,000.	0.			PROGRAMS
RIVERFRONT PARK ASSOCIATES 800 SOUTH MAIN STREET POINT MARION, PA 15474	**-***8517	501(C)(3)	16,000.	0.			PROGRAMS
ROC SOLID FOUNDATION 5164 W. MILITARY HWY, SUITE 100 CHESAPEAKE, VA 23321	**-***2283	501(C)(3)	25,000.	0.			PROGRAMS
ROCK AND ROLL HALL OF FAME 1100 E 9TH ST CLEVELAND, OH 44114	**-***0995	501(C)(3)	17,500.	0.			PROGRAMS
ROLLETES FOUNDATION 14320 VENTURA BLVD #123 SHERMAN OAKS, CA 91423	**-***0566	501(C)(3)	15,000.	0.			PROGRAMS
SAMARITANS PURSE PO BOX 3000 BOONE, NC 28607	**-***7002	501(C)(3)	15,200.	0.			PROGRAMS
SERENITY RECOVERY NETWORK PO BOX 5467 CINCINNATI, OH 45205	**-***3855	501(C)(3)	10,000.	0.			PROGRAMS
SETON CATHOLIC SCHOOL 6923 STOW ROAD HUDSON, OH 44236	**-***3244	501(C)(3)	18,390.	0.			PROGRAMS
SHARING SACRED SPACES, INC. 1044 NORTH STREET GREENWICH, CT 06831	**-***0100	501(C)(3)	140,000.	0.			PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPIRITUAL LIFE SOCIETY 44 WEST CASE DRIVE HUDSON, OH 44236	**-***6733	501(C)(3)	94,460.	0.			PROGRAMS
ST FRANCIS XAVIER PARISH 606 E WASHINGTON ST MEDINA, OH 44256	**-***2134	501(C)(3)	7,350.	0.			PROGRAMS
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	**-***6012	501(C)(3)	5,400.	0.			PROGRAMS
ST. MARY CHURCH 340 NORTH MAIN STREET HUDSON, OH 44236	**-***4516	501(C)(3)	29,810.	0.			PROGRAMS
ST. PAUL'S EPISCOPAL CHURCH 1361 W MARKET ST, AKRON, OH 44313	**-***4708	501(C)(3)	6,000.	0.			PROGRAMS
STAN HYWET HALL & GARDENS 714 N. PORTAGE PATH AKRON, OH 44303	**-***8536	501(C)(3)	7,500.	0.			PROGRAMS
SUFFIELD FELLOWSHIP CHURCH 1669 E. WATERLOO ROAD MOGADORE, OH 44260	**-***3824	501(C)(3)	10,800.	0.			PROGRAMS
TEMPLE BETH SHALOM PO BOX 2230 HUDSON, OH 44236	**-***3101	501(C)(3)	15,268.	0.			PROGRAMS
THE CITY MISSION 5310 CARNEGIE AVE CLEVELAND, OH 44103	**-***0586	501(C)(3)	6,300.	0.			PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE DOWN SYNDROME ASSOCIATION OF NORTHEAST OHIO - PO BOX 31720 - INDEPENDENCE, OH 44131	**-***0114	501(C)(3)	12,900.	0.			PROGRAMS
THE FUND FOR CHARITABLE GIVING 116 S. COMMONS PITTSBURGH, PA 15212	**-***6043	501(C)(3)	120,173.	0.			PROGRAMS
THE LITTLEST HEROES PO BOX 470188 CLEVELAND, OH 44147	**-***2565	501(C)(3)	6,000.	0.			PROGRAMS
THE NAVIGATORS PO BOX 50740 COLORADO SPRINGS, CO 80949	**-***7896	501(C)(3)	6,000.	0.			PROGRAMS
THE OHIO STATE UNIVERSITY FOUNDATION - PO BOX 710811 - COLUMBUS, OH 43271	**-***5986	501(C)(3)	25,000.	0.			PROGRAMS
THE SALVATION ARMY, SUMMIT COUNTY OH - 190 SOUTH MAPLE STREET - AKRON, OH 44302	**-***6433	501(C)(3)	9,950.	0.			PROGRAMS
UNITED WAY OF SUMMIT COUNTY 37 NORTH HIGH STREET AKRON, OH 44308	**-***9257	501(C)(3)	58,000.	0.			PROGRAMS
UNIVERSITY HOSPITALS PO BOX 94554 CLEVELAND, OH 44101	**-***4775	501(C)(3)	7,500.	0.			PROGRAMS
UNIVERSITY OF AKRON FOUNDATION UNIVERSITY OF AKRON, DEPARTMENT OF AKRON, OH 44325	**-***2924	501(C)(3)	515,000.	0.			PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NOTRE DAME DEPARTMENT OF DEVELOPMENT, 1100 GRAC NOTRE DAME, IN 46556	**-***8188	501(C)(3)	11,500.	0.			PROGRAMS
URBAN VISION 749 BLAINE AVENUE AKRON, OH 44310	**-***0630	501(C)(3)	8,000.	0.			PROGRAMS
VELOSANO PO BOX 933441 CLEVELAND, OH 44193	**-***4585	501(C)(3)	5,500.	0.			PROGRAMS
WASHINGTON AND JEFFERSON COLLEGE 60 S LINCOLN ST WASHINGTON, PA 15301	**-***5601	501(C)(3)	7,500.	0.			PROGRAMS
WITTENBERG UNIVERSITY PO BOX 720 SPRINGFIELD, OH 45501	**-***7177	501(C)(3)	8,400.	0.			PROGRAMS
WORLD CENTRAL KITCHEN 200 MASSACHUSETTS AVE NW, 7TH FLOOR WASHINGTON, DC 20001	**-***1132	501(C)(3)	10,500.	0.			PROGRAMS
WORLD FOOD PROGRAM USA P.O. BOX 96316 WASHINGTON, DC 20090	**-***3435	501(C)(3)	9,000.	0.			PROGRAMS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:
MONITORING THE USE OF GRANT FUNDS,
ALL ORGANIZATIONS ARE QUALIFIED BY USING GUIDESTAR.ORG AND IRS
DETERMINATION LETTERS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

HUDSON COMMUNITY FOUNDATION

Employer identification number

**** - *** 5499**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	50	4,781,987.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a	X	

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2024

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

SCHEDULE M, PART I, LINE 32B:

USE OF THIRD PARTIES,

THE FOUNDATION USES SECURITIES BROKERS TO SELL DONATED SECURITIES. THE FEES CHARGED BY THE BROKERS ARE AT OR BELOW THE FAIR MARKET VALUE FOR SUCH SERVICES.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization HUDSON COMMUNITY FOUNDATION	Employer identification number ** - *** 5499
--	--

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 LIFE IN THE HUDSON AREA BY INCREASING CHARITABLE GIVING, EDUCATING, AND
 CONNECTING DONORS TO COMMUNITY NEEDS AND LEADING ON COMMUNITY ISSUES.
 THE FOUNDATION, SUPPORTED BY HUNDREDS OF LOCAL DONORS AND DONOR ADVISED
 FUNDS, OPERATES FROM AN OFFICE IN THE HISTORIC BALDWIN HOUSE ON
 HUDSON'S VILLAGE GREEN AND IS GOVERNED BY A VOLUNTEER BOARD OF
 DIRECTORS AND LED BY A PROFESSIONAL STAFF.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 OF LOCAL DONORS AND DONOR ADVISED FUNDS, OPERATES FROM AN OFFICE IN THE
 HISTORIC BALDWIN HOUSE ON HUDSON'S VILLAGE GREEN AND IS GOVERNED BY A
 VOLUNTEER BOARD OF DIRECTORS AND LED BY A PROFESSIONAL STAFF.

FORM 990, PART VI, SECTION B, LINE 11B:
 BEFORE SIGNING THE FORM 990, IT IS REVIEWED BY THE FINANCE COMMITTEE AND
 THEN PRESENTED TO THE EXECUTIVE COMMITTEE FOR APPROVAL. IT IS SIGNED BY THE
 TREASURER AND FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:
 EACH BOARD MEMBER IS GIVEN THE CONFLICT OF INTEREST POLICY ALONG WITH AN
 ACKNOWLEDGEMENT FORM. EACH BOARD MEMBER IS REQUIRED TO DISCLOSE, IN
 WRITING, ANY CONFLICTS OF INTEREST AND SIGN THE ACKNOWLEDGEMENT FORM. THIS
 PROCESS IS DONE ANNUALLY DURING THE FIRST BOARD MEETING OF THE CALENDAR
 YEAR. ANY CONFLICTS ARE VERBALLY DISCLOSED AND DISCUSSED BEFORE A VOTE.
 DURING THE YEAR, BOARD MEMBERS MUST VOTE ON GRANTS MADE BY HUDSON COMMUNITY
 FOUNDATION AND ARE ASKED IF THERE ARE ANY CONFLICTS OF INTEREST BEFORE
 VOTING.

FORM 990, PART VI, SECTION B, LINE 15A:
 DETERMINATION OF COMPENSATION,
 THE PRESIDENT'S COMPENSATION IS REVIEWED BY THE CHAIRMAN.

FORM 990, PART VI, SECTION C, LINE 19:
 HUDSON COMMUNITY FOUNDATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF
 INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S
 ANNUAL REPORTS ARE AVAILABLE ON ITS WEBSITE AT WWW.MYHCF.ORG. HUDSON
 COMMUNITY FOUNDATION IS ALSO REGISTERED WITH GUIDESTAR, WHO PUBLISHES THE
 FORM 990 WHEN IT BECOMES AVAILABLE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
 AGENCY ENDOWMENT REVENUE AND EXPENSE -163,892.

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. HUDSON COMMUNITY FOUNDATION	Taxpayer identification number (TIN) ** - *** 5499
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 49 E. MAIN ST P.O. BOX 944	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HUDSON, OH 44236	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **DIRECTOR OF FINANCE**
49 E. MAIN STREET - HUDSON, OH 44236

Telephone No. **330-655-3580** Fax No. _____

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

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **24** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.