

Form **990**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2021** calendar year, or tax year beginning and ending

B Check if applicable:	C Name of organization JOHNSON COUNTY COMMUNITY FOUNDATION INC.	D Employer identification number 35-1797437
<input type="checkbox"/> Address change	Doing business as	E Telephone number 317-738-2213
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 398 SOUTH MAIN STREET	
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code FRANKLIN, IN 46131	
<input type="checkbox"/> Final return/terminated	F Name and address of principal officer: GAIL RICHARDS SAME AS C ABOVE	
<input type="checkbox"/> Amended return	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	G Gross receipts \$ 3,440,261.
<input type="checkbox"/> Application pending	J Website: ▶ JCCF.ORG	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1989	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 ▶
		M State of legal domicile: IN

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE STRIVE TO BE THE PHILANTHROPIC LEADER IN IMPROVING OUR COMMUNITY, TODAY AND IN THE		
	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	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	71
	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)	2,362,812.	1,883,072.
	9 Program service revenue (Part VIII, line 2g)	28,950.	31,227.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,308,848.	1,341,865.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	37,014.	-44,729.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,737,624.	3,211,435.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,520,467.	1,801,360.
	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)	359,078.	421,287.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 109,792.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	307,390.	284,523.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,186,935.	2,507,170.
19 Revenue less expenses. Subtract line 18 from line 12	2,550,689.	704,265.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	37,098,546.	40,847,662.
	21 Total liabilities (Part X, line 26)	3,107,860.	3,422,994.
	22 Net assets or fund balances. Subtract line 21 from line 20	33,990,686.	37,424,668.

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 GAIL RICHARDS, PRESIDENT & CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name ANGELA N. CRAWFORD, CPA	Preparer's signature ANGELA N. CRAWFORD,
	Firm's name ▶ BLUE & CO., LLC	Date 09/27/22
	Firm's address ▶ 813 WEST SECOND STREET SEYMOUR, IN 47274	Check if self-employed <input type="checkbox"/> PTIN P00573197
		Firm's EIN ▶ 35-1178661
		Phone no. 812-522-8416

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO ENHANCE THE QUALITY OF LIFE FOR ALL CITIZENS OF JOHNSON COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME BY BUILDING COMMUNITY ENDOWMENTS, ADDRESSING NEEDS THROUGH GRANTMAKING, INCLUDING SCHOLARSHIPS, AND PROVIDING LEADERSHIP ON KEY COMMUNITY ISSUES.

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 No

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

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

4a (Code:) (Expenses \$ 2,127,396. including grants of \$ 1,801,360.) (Revenue \$ 31,227.) OUR MISSION IS TO ENHANCE THE QUALITY OF LIFE FOR ALL CITIZENS OF JOHNSON COUNTY, NOW AND FOR GENERATIONS TO COME, BY BUILDING ENDOWMENT, ADDRESSING NEEDS THROUGH GRANTMAKING, INCLUDING SCHOLARSHIPS, AND PROVIDING LEADERSHIP ON KEY COMMUNITY ISSUES. WE DEMONSTRATE THIS BY PROVIDING GRANTS AND SCHOLARSHIPS IN THE AREAS OF AGRICULTURE, ARTS AND CULTURE, CIVIC AND COMMUNITY DEVELOPMENT, EDUCATION, ENRICHMENT, HEALTH AND HUMAN SERVICES AND SCHOLARSHIPS. WE UTILIZE A VARIETY OF DONOR OPTIONS OR FUNDS INCLUDING, UNRESTRICTED COMMUNITY IMPACT, DESIGNATED, FIELD OF INTEREST AND DONOR ADVISED, TO ACCOMPLISH THESE GOALS.

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 2,127,396.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 18	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes sections 2a through 17, covering topics like employee reporting, tax shelter transactions, and charitable trusts.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	17	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	17	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7a			X
7b			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	
8a		X	
b	Each committee with authority to act on behalf of the governing body?	X	
8b		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
9			X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10a			X
b	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?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11a		X	
b	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	
12a		X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b		X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
13		X	
14	Did the organization have a written document retention and destruction policy?	X	
14		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	
15a		X	
b	Other officers or key employees of the organization	X	
15b		X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
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
16a			X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **IN**
- 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.
 Own website Another's website 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 **THE ORGANIZATION - 317-738-2213**
398 SOUTH MAIN STREET, FRANKLIN, IN 46131

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, 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) GAIL RICHARDS PRESIDENT & CEO	40.00			X				90,766.	0.	2,756.
(2) THELMA SLISHER CFO	40.00			X				75,494.	0.	2,274.
(3) BOB HEUCHAN CHAIR	2.00	X		X				0.	0.	0.
(4) BOB ROMACK PAST CHAIR	1.00	X		X				0.	0.	0.
(5) CHRIS BEIL BOARD MEMBER	1.00	X						0.	0.	0.
(6) CHRIS COSNER BOARD MEMBER	1.00	X						0.	0.	0.
(7) DAN NICOSON BOARD MEMBER	1.00	X						0.	0.	0.
(8) DAVID PAYNE BOARD MEMBER	1.00	X						0.	0.	0.
(9) ELAINE PESTO VICE CHAIR	2.00	X		X				0.	0.	0.
(10) GAYLE ALLARD BOARD MEMBER	1.00	X						0.	0.	0.
(11) JAY GOAD BOARD MEMBER	1.00	X						0.	0.	0.
(12) KRISTA TAGGART BOARD MEMBER	1.00	X						0.	0.	0.
(13) MARCIA GROSSNICKLE SECRETARY	2.00	X		X				0.	0.	0.
(14) MIKE JARVIS BOARD MEMBER	1.00	X						0.	0.	0.
(15) RYAN HADDAN BOARD MEMBER	1.00	X						0.	0.	0.
(16) STEVE SPENCER BOARD MEMBER	1.00	X						0.	0.	0.
(17) SUSIE QUALLS TREASURER	2.00	X		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) TODD PRITCHETT BOARD MEMBER	1.00	X						0.	0.	0.
(19) VIRGINIA DAVIS BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								166,260.	0.	5,030.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								166,260.	0.	5,030.

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

	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>		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>		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>		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	118,099.					
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,764,973.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 67,095.					
	h Total. Add lines 1a-1f							1,883,072.
Program Service Revenue	2 a ADMINISTRATIVE FEE REVENUE	Business Code	900099	31,227.	31,227.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			31,227.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			599,584.			599,584.	
	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	904,218.				
			(ii) Other					
	b Less: cost or other basis and sales expenses	7b	161,937.					
	c Gain or (loss)	7c	742,281.					
d Net gain or (loss)				742,281.			742,281.	
8 a Gross income from fundraising events (not including \$ 118,099. of contributions reported on line 1c). See Part IV, line 18	8a		22,160.					
b Less: direct expenses	8b	66,889.						
c Net income or (loss) from fundraising events				-44,729.			-44,729.	
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	Business Code						
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions				3,211,435.	31,227.	0.	1297136.	

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 ...	1,547,610.	1,547,610.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	253,750.	253,750.		
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	171,290.	70,340.	68,225.	32,725.
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	190,242.	78,123.	75,774.	36,345.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	30,562.	12,550.	12,173.	5,839.
10 Payroll taxes	29,193.	11,988.	11,628.	5,577.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,606.	1,588.	859.	159.
c Accounting	14,492.	8,832.	4,777.	883.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	15,798.		15,798.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	48,011.	29,259.	15,828.	2,924.
12 Advertising and promotion	20,287.	13,187.		7,100.
13 Office expenses	19,394.	8,240.	6,224.	4,930.
14 Information technology	22,859.	1,893.	20,802.	164.
15 Royalties				
16 Occupancy	7,861.	3,669.	3,144.	1,048.
17 Travel	1,496.	944.	470.	82.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	9,950.	6,280.	3,127.	543.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	26,382.	10,838.	10,504.	5,040.
23 Insurance	12,073.	5,433.	4,829.	1,811.
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 PROGRAMS	39,550.	39,550.		
b REPAIRS AND MAINTENANCE	22,554.	10,525.	9,022.	3,007.
c DUES AND SUBSCRIPTIONS	6,327.	2,671.	2,520.	1,136.
d MURAL SUPPLIES	4,428.	2,795.	1,391.	242.
e All other expenses _____	10,455.	7,331.	2,887.	237.
25 Total functional expenses. Add lines 1 through 24e	2,507,170.	2,127,396.	269,982.	109,792.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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	17,060.	1	7,943.
	2 Savings and temporary cash investments	3,302,195.	2	2,850,524.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	6,000.
	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	2,466.	9	2,415.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,314,184.		
	b Less: accumulated depreciation	10b 381,664.		
	11 Investments - publicly traded securities	918,467.	10c	932,520.
	12 Investments - other securities. See Part IV, line 11	30,454,317.	11	34,055,975.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	2,404,041.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	37,098,546.	15	2,992,285.	
		16	40,847,662.	
Liabilities	17 Accounts payable and accrued expenses	55,862.	17	56,647.
	18 Grants payable		18	
	19 Deferred revenue	35,671.	19	15,600.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	3,016,327.	21	3,350,747.
	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		25	
	26 Total liabilities. Add lines 17 through 25	3,107,860.	26	3,422,994.
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	2,597,066.	27	2,775,894.
	28 Net assets with donor restrictions	31,393,620.	28	34,648,774.
	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	33,990,686.	32	37,424,668.
	33 Total liabilities and net assets/fund balances	37,098,546.	33	40,847,662.

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	3,211,435.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,507,170.
3	Revenue less expenses. Subtract line 2 from line 1	3	704,265.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	33,990,686.
5	Net unrealized gains (losses) on investments	5	2,349,440.
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	380,277.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	37,424,668.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
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 Single Audit Act and OMB Circular A-133?		X
3b	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		

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1986995.	2052634.	3145026.	2362812.	1883072.	11430539.
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	1986995.	2052634.	3145026.	2362812.	1883072.	11430539.
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)						3025169.
6 Public support. Subtract line 5 from line 4.						8405370.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	1986995.	2052634.	3145026.	2362812.	1883072.	11430539.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	477,034.	487,884.	632,028.	496,055.	599,584.	2692585.
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.)	37,895.	39,690.	27,069.	56,574.	22,160.	183,388.
11 Total support. Add lines 7 through 10						14306512.
12 Gross receipts from related activities, etc. (see instructions)					12	138,798.
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 2021 (line 6, column (f), divided by line 11, column (f))	14	58.75 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	55.37 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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 (<i>explain in detail in Part VI</i>):		
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 (<i>describe in Part VI</i>). 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 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. 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 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

JOHNSON COUNTY COMMUNITY FOUNDATION INC.

Employer identification number

35-1797437

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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 JOHNSON COUNTY COMMUNITY FOUNDATION INC.	Employer identification number 35-1797437
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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/>	\$ 104,088.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 165,287.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 113,101.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JOHNSON COUNTY COMMUNITY FOUNDATION INC.	Employer identification number 35-1797437
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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/>	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JOHNSON COUNTY COMMUNITY FOUNDATION INC.	Employer identification number 35-1797437
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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
<u>1</u>	PUBLIC SECURITIES _____ _____ _____	\$ <u>54,088.</u>	<u>11/15/21</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization JOHNSON COUNTY COMMUNITY FOUNDATION INC.	Employer identification number 35-1797437
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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)

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

2021

Open to Public Inspection

Name of the organization JOHNSON COUNTY COMMUNITY FOUNDATION INC. Employer identification number 35-1797437

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values for contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for various purposes (land for public use, natural habitat, open space, historically important land area, certified historic structure), a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 7/25/06), and questions 3-9 regarding monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a and 1b regarding reporting requirements, and question 2 regarding financial gain, with associated dollar amount fields.

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 on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	30,137,598.	27,060,554.	22,367,238.	24,219,961.	20,935,927.
b Contributions	738,912.	1,072,089.	1,850,766.	1,098,013.	1,878,176.
c Net investment earnings, gains, and losses	3,888,314.	3,362,276.	4,023,972.	-1,894,889.	2,991,800.
d Grants or scholarships	1,115,282.	955,431.	797,387.	669,018.	1,040,183.
e Other expenditures for facilities and programs					
f Administrative expenses	485,845.	401,890.	384,035.	386,829.	545,759.
g End of year balance	33,163,695.	30,137,598.	27,060,554.	22,367,238.	24,219,961.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 4.5750 %
 - b Permanent endowment 34.6130 %
 - c Term endowment 60.8120 %
- 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 | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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	633,375.	68,000.		701,375.
b Buildings		357,000.	238,992.	118,008.
c Leasehold improvements		166,884.	63,079.	103,805.
d Equipment		88,925.	79,593.	9,332.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				932,520.

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, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

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) BENEFICIAL INTERESTS IN CHARITABLE TRUSTS	2,992,285.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,992,285.

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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	6,463,710.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,349,440.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,191,908.
e	Add lines 2a through 2d	2e	3,541,348.
3	Subtract line 2e from line 1	3	2,922,362.
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	15,798.
b	Other (Describe in Part XIII.)	4b	273,275.
c	Add lines 4a and 4b	4c	289,073.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,211,435.

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	3,029,728.
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	603,664.
e	Add lines 2a through 2d	2e	603,664.
3	Subtract line 2e from line 1	3	2,426,064.
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	15,798.
b	Other (Describe in Part XIII.)	4b	65,308.
c	Add lines 4a and 4b	4c	81,106.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,507,170.

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 IV, LINE 2B:

CUSTODIAL FUNDS REPRESENT FUNDS PLACED ON DEPOSIT WITH THE FOUNDATION BY OTHER ORGANIZATIONS BASED ON THEIR INDIVIDUAL BOARD RESOLUTIONS. THE FOUNDATION ACCOUNTS FOR THESE TRANSFERS AS A LIABILITY IN ACCORDANCE WITH APPLICABLE ACCOUNTING STANDARDS. INCOME IS ADDED TO THESE FUNDS AND PERIODICALLY IN ACCORDANCE WITH THE FOUNDATION'S INVESTMENT ALLOCATION POLICIES.

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENT FUNDS CONSIST OF DONOR-RESTRICTED ENDOWMENTS AND FUNDS DESIGNATED BY THE BOARD AS ENDOWMENTS. INCOME FROM DONOR-RESTRICTED ENDOWMENTS IS RESTRICTED FOR SPECIFIC PURPOSES WITH THE

Part XIII Supplemental Information (continued)

EXCEPTION OF THE AMOUNTS AVAILABLE FOR GENERAL USE. DONOR-RESTRICTED ENDOWMENT FUNDS ARE NOT AVAILABLE FOR GENERAL EXPENDITURE. THE FOUNDATION HAS AN ANNUAL GRANT APPROVAL PROCESS. THIS PROCESS INCLUDES EVALUATING A NUMBER OF FACTORS RELATIVE TO THE SPENDING RATE TO BE APPLIED TO THE FOUNDATION'S FUND BALANCES IN ACCORDANCE WITH ITS SPENDING POLICY. ONCE THE FOUNDATION'S BOARD APPROVES THE SPENDING RATE, THE RELATED DOLLAR AMOUNT OF THE FUNDS BECOMES AVAILABLE FOR GENERAL EXPENDITURES.

PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2021 AND 2020, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ADMIN FEES	536,775.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	588,244.
SPECIAL EVENTS	66,889.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,191,908.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

CUSTODIAL ACCOUNT INCOME 273,275.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS 66,889.

ADMIN FEES 536,775.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 603,664.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

CUSTODIAL ACCOUNT EXPENSES 65,308.

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))	
		GOLF OUTING (event type)	BOURBON TASTING AND (event type)	2 (total number)		
Revenue	1	Gross receipts	26,487.	16,458.	97,314.	140,259.
	2	Less: Contributions	20,967.	9,908.	87,224.	118,099.
	3	Gross income (line 1 minus line 2)	5,520.	6,550.	10,090.	22,160.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	4,835.	3,250.	7,528.	15,613.
	7	Food and beverages	1,689.	12,319.	3,610.	17,618.
	8	Entertainment		8,754.		8,754.
	9	Other direct expenses	816.	5,588.	18,500.	24,904.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				66,889.
11	Net income summary. Subtract line 10 from line 3, column (d)				-44,729.	

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))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	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: _____

**SCHEDULE I
(Form 990)**

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 the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **JOHNSON COUNTY COMMUNITY FOUNDATION INC.** Employer identification number **35-1797437**

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
ASSIST INDIANA 198 E JEFFERSON ST FRANKLIN, IN 46131-2323	82-5164373	501(C)(3)	6,478.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AUTISM COMMUNITY CONNECTION 2455 FAIRVIEW PL #2 GREENWOOD, IN 46142-1344	20-0798452	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BOYS & GIRLS CLUB OF JOHNSON COUNTY - 101 N HURRICANE ST - FRANKLIN, IN 46131	31-0896365	501(C)(3)	6,728.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BPO ELKS LODGE 1818 PO BOX 354 FRANKLIN, IN 46131-3540	35-0875209	501(C)(3)	5,153.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTER GROVE EDUCATION FOUNDATION 2789 TROJAN LANE GREENWOOD, IN 46143	35-2062408	501(C)(3)	25,298.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTER GROVE HIGH SCHOOL 2717 S MORGANTOWN RD GREENWOOD, IN 46143	35-1070802	GOVERNMENTAL	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **62.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2021

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
CENTRAL INDIANA LAND TRUST, INC. 1500 N. DELAWARE ST. INDIANAPOLIS, IN 46202	35-1816493	501(C)(3)	27,248.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHRISTIAN CHAPEL CHURCH, INC 6828 W STATE RD 44 MORGANTOWN, IN 46160	35-1402960	CHURCH	10,103.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF FRANKLIN CLERK-TREASURER'S OFFICE PO BOX 2 FRANKLIN, IN 46131	35-6001034	GOVERNMENTAL	149,864.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF FRANKLIN FIRE DEPARTMENT 1800 THORNBURGH LN FRANKLIN, IN 46131	35-6001034	GOVERNMENTAL	10,217.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CLARK-PLEASANT EDUCATION FOUNDATION - 50 CENTER ST - WHITELAND, IN 46184	46-1152297	501(C)(3)	17,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COVENANT BAPTIST THEOLOGICAL SEMINARY - 1501 26TH ST - OWENSBORO, KY 42303	61-1156499	501(C)(3)	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DISCOVER DOWNTOWN FRANKLIN, INC. 70 E MONROE ST FRANKLIN, IN 46131	20-1392553	501(C)(3)	8,265.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIREFLY CHILDREN & FAMILY ALLIANCE 1575 DR MARTIN LUTHER KING JR ST INDIANAPOLIS, IN 46202	35-1061264	501(C)(3)	16,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIRST PRESBYTERIAN CHURCH 100 E MADISON FRANKLIN, IN 46131	35-6024282	CHURCH	29,934.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
FRANKLIN COMMUNITY HIGH SCHOOL 2600 CUMBERLAND DR FRANKLIN, IN 46131	35-1079238	GOVERNMENTAL	8,737.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRANKLIN EDUCATION CONNECTION PO BOX 903 FRANKLIN, IN 46131	35-2082528	501(C)(3)	24,016.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRANKLIN GOLF CLUB INC PO BOX 39 2555 N HURRICANE RD FRANKLIN, IN 46131	85-4262511	501(C)(3)	8,887.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRANKLIN HERITAGE, INC. 48 E. MADISON FRANKLIN, IN 46131	31-1109732	501(C)(3)	18,854.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GATEWAY SERVICES, INC PO BOX 216 3500 N MORTON STREET FRANKLIN, IN 46131	35-1087227	501(C)(3)	30,255.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GIRLS INC. OF JOHNSON COUNTY 200 E. MADISON STREET FRANKLIN, IN 46131	31-0901598	501(C)(3)	53,918.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GLEANERS FOOD BANK OF INDIANA, INC 3737 WALDEMERE AVENUE INDIANAPOLIS, IN 46241	35-1483868	501(C)(3)	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOOD CHEER FUND INC PO BOX 237 FRANKLIN, IN 46131	35-1870921	501(C)(3)	11,646.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GREAT HARVEST FOOD PANTRY 6766 US HWY N 31 NEW WHITELAND, IN 46184	26-2158745	501(C)(3)	44,100.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
GREENWOOD CHRISTIAN CHURCH 2045 S AVERITT RD GREENWOOD, IN 46143	35-1095331	CHURCH	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GREENWOOD EDUCATION FOUNDATION 605 W SMITH VALLEY RD GREENWOOD, IN 46142	47-2207810	501(C)(3)	27,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GREENWOOD PARKS FOUNDATION INC 100 SURINA WAY GREENWOOD, IN 46143	84-3555332	501(C)(3)	8,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HABITAT FOR HUMANITY OF JOHNSON COUNTY, INC. - 401 MOORELAND DRIVE - NEW WHITELAND, IN 46184	20-3407734	501(C)(3)	41,812.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HUMANE SOCIETY OF JOHNSON COUNTY 3827 N GRAHAM RD FRANKLIN, IN 46131	31-0970405	501(C)(3)	9,515.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HURRICANE CONGREGATIONAL CHURCH FOUNDATION, INC. - 3620 N HURRICANE RD - FRANKLIN, IN 46131	35-6037805	CHURCH	7,473.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
IMAGINATION LIBRARY OF JOHNSON COUNTY - 600 WALNUT ST - FRANKLIN, IN 46131	85-0936201	501(C)(3)	34,992.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INDIANA FFA FOUNDATION 6595 S 125 W TRAFALGAR, IN 46181	35-6056070	501(C)(3)	12,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INDIANA MASONIC HOME INC 690 S STATE ST FRANKLIN, IN 46131	35-2187477	501(C)(3)	23,173.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
INDIANAPOLIS CHAMBER ORCHESTRA 4603 CLARENDON RD STE 36 INDIANAPOLIS, IN 46208	31-1132072	501(C)(3)	10,868.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INDIANA STATE UNIVERSITY FOUNDATION, INC. - FINANCIAL SERVICES 30 N FIFTH ST - TERRE HAUTE, IN 47809	35-6045550	501(C)(3)	11,300.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INDIAN CREEK INTERMEDIATE SCHOOL 1000 S INDIAN CREEK DRIVE TRAFALGAR, IN 46181	35-1073801	GOVERNMENTAL	5,326.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INTERCHURCH FOOD PANTRY OF JOHNSON COUNTY, INC - PO BOX 147 - WHITELAND, IN 46184	35-1909818	501(C)(3)	11,600.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JOHNSON COUNTY COMMUNITY CATS INC 4247 N STATE ROAD 135 FRANKLIN, IN 46131	83-3137576	501(C)(3)	7,165.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JOHNSON COUNTY HISTORICAL SOCIETY 135 N MAIN ST FRANKLIN, IN 46131	35-1410812	501(C)(3)	42,978.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JOHNSON COUNTY PROFESSIONAL FIREFIGHTERS CHARITABLE FOUNDATION INC - 3209 W SMITH VALLEY RD STE 148 - GREENWOOD, IN 46142	84-3546634	501(C)(3)	5,445.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JOHNSON COUNTY PUBLIC LIBRARY 49 E MONROE ST FRANKLIN, IN 46131	35-1396015	GOVERNMENTAL	7,113.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JOHNSON COUNTY PUBLIC LIBRARY FOUNDATION - 49 E MONROE ST - FRANKLIN, IN 46131	35-1462375	501(C)(3)	20,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
JOHNSON COUNTY SENIOR SERVICES 36 W 600 N WHITELAND, IN 46184	35-1474817	501(C)(3)	37,005.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JOHNSON MEMORIAL HOSPITAL FOUNDATION - PO BOX 549 1125 W JEFFERSON ST - FRANKLIN, IN 46131	35-1635296	501(C)(3)	6,835.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KIC-IT PO BOX 806 FRANKLIN, IN 46131	45-3713547	501(C)(3)	24,218.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEADERSHIP JOHNSON COUNTY 101 BRANIGIN BLVD FRANKLIN, IN 46131	35-0868086	501(C)(3)	35,300.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MIDWEST FOOD BANK: INDIANAPOLIS 6450 S BELMONT ST INDIANAPOLIS, IN 46217	41-2120170	501(C)(3)	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NHJ EDUCATIONAL FOUNDATION, INC. 7251 S 500 W TRAFALGAR, IN 46181	35-2420405	501(C)(3)	9,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
OTTERBEIN SENIOR LIFE 1070 W JEFFERSON ST FRANKLIN, IN 46131	35-0875209	501(C)(3)	5,406.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PURDUE UNIVERSITY 401 N. GRANT ST RM 295 WEST LAFAYETTE, IN 47907	36-6002041	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
REACH FOR YOUTH, INC 3505 N. WASHINGTON BLVD INDIANAPOLIS, IN 46201	23-7456842	501(C)(3)	21,899.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
RILEY CHILDREN'S FOUNDATION 30 S MERIDIAN ST STE 200 INDIANAPOLIS, IN 46204	35-0868147	501(C)(3)	9,842.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST CHRISTOPHER CATHOLIC CHURCH 5301 W 16TH ST INDIANAPOLIS, IN 46224	35-0877565	CHURCH	15,694.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST ROSE OF LIMA CATHOLIC CHURCH 114 LANCELOT DR FRANKLIN, IN 46131	53-0196617	CHURCH	15,694.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TABERNACLE CHRISTIAN CHURCH 198 N WATER ST FRANKLIN, IN 46131	31-0923347	CHURCH	10,312.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE ANDREWS HARVEY FOUNDATION INC 1101 MACLAREN CT FRANKLIN, IN 46131	85-1314464	501(C)(3)	10,400.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE REFUGE 1150 SOUTHPARK DRIVE GREENWOOD, IN 46143	26-3072986	501(C)(3)	5,672.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TRAFALGAR UNITED METHODIST CHURCH PO BOX 37 375 S PLEASANT ST TRAFALGAR, IN 46181	35-1131254	CHURCH	5,440.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TURNING POINT DOMESTIC VIOLENCE SERVICES - PO BOX 268 - FRANKLIN, IN 46131	31-0993447	501(C)(3)	38,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNITED WAY OF JOHNSON COUNTY PO BOX 153 594 IRONWOOD DRIVE FRANKLIN, IN 46131	35-1082600	501(C)(3)	13,614.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
UPSTREAM PREVENTION, INC. 3209 W SMITH VALLEY RD SUITE 250 GREENWOOD, IN 46142	47-5502996	501(C)(3)	29,928.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
VILLAGE BIBLE CHURCH 695 PUSHVILLE RD GREENWOOD, IN 46143	45-5463021	CHURCH	35,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WHEELER MISSION MINISTRIES PO BOX 3085 205 E NEW YORK ST INDIANAPOLIS, IN 46204	46-0672646	501(C)(3)	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
YMCA OF GREATER INDIANAPOLIS 615 N. ALABAMA STREET INDIANAPOLIS, IN 46204	35-0868211	501(C)(3)	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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
SCHOLARSHIPS	149	253,750.	0.		

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:

THE ORGANIZATION'S GRANT AND SCHOLARSHIP COMMITTEES REVIEW GRANT AND SCHOLARSHIP APPLICATIONS AND GIVE A RECOMMENDATION TO WHICH ORGANIZATIONS AND STUDENTS WILL RECEIVE A GRANT OR SCHOLARSHIP, AS WELL AS HOW MUCH MONEY EACH ORGANIZATION OR STUDENT WILL RECEIVE. THE GRANT AND SCHOLARSHIP COMMITTEES' RECOMMENDATIONS ARE APPROVED BY THE BOARD OF DIRECTORS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **JOHNSON COUNTY COMMUNITY FOUNDATION INC.** Employer identification number **35-1797437**

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	4	65,095.	FMV
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	X	1	2,000.	FMV
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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

JOHNSON COUNTY COMMUNITY FOUNDATION INC.

Employer identification number

35-1797437

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FUTURE, BY CONNECTING PEOPLE WHO CARE WITH CAUSES THAT MATTER.

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

FORM 990, IS DISTRIBUTED TO ALL BOARD MEMBERS AFTER RECEIPT FROM AUDITORS
AND REVIEWED BY CEO AND CFO. AFTER APPROVAL BY BOARD, PRESIDENT/CEO SIGNS
AND SENDS FORMS IN PER INSTRUCTIONS.

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

THE CONFLICT OF INTEREST POLICY AND FORMS TO BE SIGNED ARE PRESENTED TO THE
BOARD AT THE BEGINNING OF EACH YEAR. THE FORMS ARE THEN REVIEWED FOR ANY
CONFLICTS. IN ADDITION, IF THEY EXIST, CONFLICTS ARE STATED AT COMMITTEE
AND BOARD MEETINGS. FOR EMPLOYEES, THEY SIGNOFF THE CONFLICT OF INTEREST
POLICY WHEN THEY SIGNOFF ON THE PERSONNEL HANDBOOK WHEN HIRED.

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

EXECUTIVE COMPENSATION IS DETERMINED BY LOOKING AT AVERAGE SALARY DATA FOR
NOT-FOR-PROFIT CEO'S AND CFO'S PROVIDED BY THE INDIANA PHILANTHROPY
ALLIANCE ADJUSTED FOR REGION AND ENDOWMENT SIZE. HISTORICAL DATA FOR THE
FOUNDATION AND THE CANDIDATE'S SALARY HISTORY ARE ALSO TAKEN INTO
CONSIDERATION.

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

JOHNSON COUNTY COMMUNITY FOUNDATION MAINTAINS A PUBLIC INSPECTION FILE AT
THE OFFICE WHICH CONTAINS ITS ARTICLES OF INCORPORATION, BYLAWS, MOST
CURRENT AUDITED FINANCIAL STATEMENTS, 990 RETURNS AND CONFLICT OF INTEREST

Name of the organization

JOHNSON COUNTY COMMUNITY FOUNDATION INC.

Employer identification number

35-1797437

POLICY.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CUSTODIAL ACCOUNT ACTIVITY -207,967.

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 588,244.

TOTAL TO FORM 990, PART XI, LINE 9 380,277.

FORM 990, PART XII, LINE 2C

THE OVERSIGHT OF THE AUDIT AND PROCESS USED TO SELECT AN INDEPENDENT ACCOUNTANT DID NOT CHANGE IN THE PRIOR YEAR.