

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JOHNSON COUNTY COMMUNITY FOUNDATION INC.		D Employer identification number 35-1797437
	Doing business as		E Telephone number 317-738-2213
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	398 SOUTH MAIN STREET		G Gross receipts \$ 14,364,188.
	City or town, state or province, country, and ZIP or foreign postal code FRANKLIN, IN 46131		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: GAIL RICHARDS SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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			If "No," attach a list. See instructions
J Website: ▶ JCCF.ORG			H(c) Group exemption number ▶
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	M State of legal domicile: IN

Part I Summary

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 2020 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	50
	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)	Prior Year 3,145,026.	Current Year 2,362,812.
	9 Program service revenue (Part VIII, line 2g)	26,861.	28,950.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	845,018.	2,308,848.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-14,263.	37,014.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,002,642.	4,737,624.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,267,169.
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)		335,522.	359,078.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 92,064.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		401,129.	307,390.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,003,820.	2,186,935.	
19 Revenue less expenses. Subtract line 18 from line 12	1,998,822.	2,550,689.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 32,990,527.	End of Year 37,098,546.
	21 Total liabilities (Part X, line 26)	2,838,815.	3,107,860.
	22 Net assets or fund balances. Subtract line 21 from line 20	30,151,712.	33,990,686.

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	Date			
	GAIL RICHARDS, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name ANGELA N. CRAWFORD, CPA	Preparer's signature ANGELA N. CRAWFORD,	Date 09/19/21	Check if self-employed <input type="checkbox"/>	PTIN P00573197
	Firm's name ▶ BLUE & CO., LLC	Firm's EIN ▶ 35-1178661	Phone no. 812-522-8416		
Firm's address ▶ 813 WEST SECOND STREET SEYMOUR, IN 47274					

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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? [X] Yes [] No If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 1,833,702. including grants of \$ 1,520,467.) (Revenue \$ 28,950.) 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 1,833,702.

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> ?	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 Revenue Procedure 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>		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>	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>		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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		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>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
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>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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	17		
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.			
b Enter the number of voting members included on line 1a, above, who are independent	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
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?		X	
b Each committee with authority to act on behalf of the governing body?		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in 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	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			85,836.	0.	2,608.	
(2) THELMA SLISHER CFO	40.00			X			70,865.	0.	2,141.	
(3) GAYLE ALLARD BOARD MEMBER	1.00	X					0.	0.	0.	
(4) CHRIS BEIL BOARD MEMBER	1.00	X					0.	0.	0.	
(5) CHRIS COSNER BOARD MEMBER	1.00	X					0.	0.	0.	
(6) VIRGINIA DAVIS PAST CHAIR	1.00	X					0.	0.	0.	
(7) JAY GOAD BOARD MEMBER	1.00	X					0.	0.	0.	
(8) MARCIA GROSSNICKLE SECRETARY	2.00	X		X			0.	0.	0.	
(9) RYAN HADDAN BOARD MEMBER	1.00	X					0.	0.	0.	
(10) BOB HEUCHAN VICE CHAIR	2.00	X		X			0.	0.	0.	
(11) MIKE JARVIS BOARD MEMBER	1.00	X					0.	0.	0.	
(12) DAN NICOSON BOARD MEMBER	1.00	X					0.	0.	0.	
(13) DAVID PAYNE BOARD MEMBER	1.00	X					0.	0.	0.	
(14) ELAINE PESTO BOARD MEMBER	1.00	X					0.	0.	0.	
(15) TODD PRITCHETT BOARD MEMBER	1.00	X					0.	0.	0.	
(16) SUSIE QUALLS TREASURER	2.00	X		X			0.	0.	0.	
(17) BOB ROMACK CHAIR	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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) STEVE SPENCER BOARD MEMBER	1.00	X						0.	0.	0.
(19) KRISTA TAGGART BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								156,701.	0.	4,749.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								156,701.	0.	4,749.

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	9,534.				
	b	Membership dues	1b					
	c	Fundraising events	1c	19,950.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	68,146.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,265,182.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 168,139.				
	h	Total. Add lines 1a-1f			2,362,812.			
Program Service Revenue	2 a	ADMINISTRATIVE FEE REVENUE	Business Code	900099	28,950.	28,950.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			28,950.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			496,055.		496,055.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					11,419,797.			
	b	Less: cost or other basis and sales expenses	7b	9,604,595.	2,409.			
c	Gain or (loss)	7c	1,815,202.	-2,409.				
d	Net gain or (loss)			1,812,793.		1,812,793.		
8 a	Gross income from fundraising events (not including \$ 19,950. of contributions reported on line 1c). See Part IV, line 18	8a		56,574.				
				19,560.				
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events			37,014.		37,014.		
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			4,737,624.	28,950.	0.	2,345,862.	

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	1,256,926.	1,256,926.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	263,541.	263,541.		
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	161,450.	55,813.	74,080.	31,557.
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	159,273.	55,061.	73,080.	31,132.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	15,910.	5,500.	7,300.	3,110.
10 Payroll taxes	22,445.	7,759.	10,299.	4,387.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,325.	752.	485.	88.
c Accounting	11,975.	6,794.	4,382.	799.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	15,656.		15,656.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	43,928.	24,922.	16,074.	2,932.
12 Advertising and promotion	10,973.	6,705.		4,268.
13 Office expenses	19,669.	7,358.	8,820.	3,491.
14 Information technology	20,895.	926.	19,863.	106.
15 Royalties				
16 Occupancy	5,393.	2,607.	2,202.	584.
17 Travel	458.	236.	195.	27.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,020.	4,127.	3,423.	470.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,953.	10,355.	13,743.	5,855.
23 Insurance	11,476.	5,179.	4,821.	1,476.
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	108,514.	108,514.		
b REPAIRS AND MAINTENANCE	8,072.	3,902.	3,296.	874.
c ANNUAL REPORT	4,365.	4,365.		
d DUES AND SUBSCRIPTIONS	3,879.	1,341.	1,780.	758.
e All other expenses	2,839.	1,019.	1,670.	150.
25 Total functional expenses. Add lines 1 through 24e	2,186,935.	1,833,702.	261,169.	92,064.
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	24,475.	1	17,060.
	2 Savings and temporary cash investments	2,848,759.	2	3,302,195.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	7,903.	9	2,466.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,290,538.		
	b Less: accumulated depreciation	10b 372,071.	942,460.	10c 918,467.
	11 Investments - publicly traded securities	27,100,170.	11	30,454,317.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,066,760.	15	2,404,041.
16 Total assets. Add lines 1 through 15 (must equal line 33)	32,990,527.	16	37,098,546.	
Liabilities	17 Accounts payable and accrued expenses	39,951.	17	55,862.
	18 Grants payable		18	
	19 Deferred revenue	8,600.	19	35,671.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	2,790,264.	21	3,016,327.
	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	2,838,815.	26	3,107,860.
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	2,380,321.	27	2,597,066.
	28 Net assets with donor restrictions	27,771,391.	28	31,393,620.
	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	30,151,712.	32	33,990,686.
	33 Total liabilities and net assets/fund balances	32,990,527.	33	37,098,546.

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	4,737,624.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,186,935.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,550,689.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30,151,712.
5	Net unrealized gains (losses) on investments	5	1,075,639.
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	212,646.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	33,990,686.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1381741.	1986995.	2052634.	3145026.	2362812.	10929208.
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	1381741.	1986995.	2052634.	3145026.	2362812.	10929208.
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)						3392374.
6 Public support. Subtract line 5 from line 4.						7536834.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	1381741.	1986995.	2052634.	3145026.	2362812.	10929208.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	408,360.	477,034.	487,884.	632,028.	496,055.	2501361.
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.)	21,030.	37,895.	39,690.	27,069.	56,574.	182,258.
11 Total support. Add lines 7 through 10						13612827.
12 Gross receipts from related activities, etc. (see instructions)					12	132,177.
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 2020 (line 6, column (f), divided by line 11, column (f))	14	55.37 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	57.04 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
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>		
1		
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>		
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?		
1		
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>		
2		
3 By reason of the relationship described in 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>		
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.		
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>	Yes	No
2a		
b Did the activities described in 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>		
2b		
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>		
3a		
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>		
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).		

Schedule A (Form 990 or 990-EZ) 2020

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 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

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

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

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

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

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

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

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

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>97,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>121,801.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>68,146.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>800,000.</u>	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/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 159,909.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 49,296.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 104,286.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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
9	PUBLIC SECURITIES _____ _____ _____	\$ <u>49,296.</u>	<u>12/21/20</u>
10	PUBLIC SECURITIES _____ _____ _____	\$ <u>104,286.</u>	<u>09/30/20</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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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

2020

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 value of 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 with multiple questions (1-9) regarding conservation easements, including purpose, monitoring, and reporting requirements. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

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 with questions 1a, 1b, and 2 regarding the reporting of art and historical treasures. Includes fields for revenue and assets included.

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	27,060,554.	22,367,238.	24,219,961.	20,935,927.	19,946,180.
b Contributions	1,072,089.	1,850,766.	1,098,013.	1,878,176.	1,249,357.
c Net investment earnings, gains, and losses	3,362,276.	4,023,972.	-1,894,889.	2,991,800.	1,600,530.
d Grants or scholarships	955,431.	797,387.	669,018.	1,040,183.	1,308,290.
e Other expenditures for facilities and programs					
f Administrative expenses	401,890.	384,035.	386,829.	545,759.	551,850.
g End of year balance	30,137,598.	27,060,554.	22,367,238.	24,219,961.	20,935,927.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 4.7000 %
 - b Permanent endowment 64.8900 %
 - c Term endowment 30.4100 %
- 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 checked="" 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.	227,487.	129,513.
c Leasehold improvements		126,449.	54,237.	72,212.
d Equipment		105,714.	90,347.	15,367.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				918,467.

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	2,404,041.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,404,041.

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	6,408,046.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,075,639.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	799,029.	
e	Add lines 2a through 2d	2e		1,874,668.
3	Subtract line 2e from line 1	3		4,533,378.
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	15,656.	
b	Other (Describe in Part XIII.)	4b	188,590.	
c	Add lines 4a and 4b	4c		204,246.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		4,737,624.

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	2,569,072.
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	461,748.	
e	Add lines 2a through 2d	2e		461,748.
3	Subtract line 2e from line 1	3		2,107,324.
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	15,656.	
b	Other (Describe in Part XIII.)	4b	63,955.	
c	Add lines 4a and 4b	4c		79,611.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		2,186,935.

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, 2020 AND 2019, 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	442,188.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	337,281.
SPECIAL EVENTS	19,560.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	799,029.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

CUSTODIAL ACCOUNT INCOME 188,590.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS 19,560.

ADMIN FEES 442,188.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 461,748.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

CUSTODIAL ACCOUNT EXPENSES 63,955.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

JOHNSON COUNTY COMMUNITY FOUNDATION INC.

Employer identification number

35-1797437

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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
		GOLF OUTING		2	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	29,650.	46,874.	76,524.
	2	Less: Contributions	19,950.		19,950.
	3	Gross income (line 1 minus line 2)	9,700.	46,874.	56,574.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	4,388.		4,388.
	6	Rent/facility costs	4,450.		4,450.
	7	Food and beverages	4,577.		4,577.
	8	Entertainment			
	9	Other direct expenses	1,182.	4,963.	6,145.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			19,560.
11	Net income summary. Subtract line 10 from line 3, column (d)			37,014.	

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			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**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

2020

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACCESS JOHNSON COUNTY PUBLIC TRANSIT - 3500 N MORTON STREET - FRANKLIN, IN 46131	35-1087227	501(C)(3)	7,208.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DR STE 900 ARLINGTON, VA 22202	13-1623888	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN HEART ASSOCIATION, INC PO BOX 78851 PHOENIX, AZ 85062-8851	13-5613797	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 50037-0839	53-0196605	501(C)(3)	20,905.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ANGELCARE INC 1952 SARATOGA DRIVE GREENWOOD, IN 46142	30-0512399	501(C)(3)	7,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BEATS FOR BRISTOL INC 1694 WILLIAMSBURG LANE FRANKLIN, IN 46131	45-2322730	501(C)(3)	13,500.	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 ▶ 78.

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

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

Schedule I (Form 990) 2020

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF JOHNSON COUNTY - 101 N HURRICANE - FRANKLIN, IN 46131	31-0896365	501(C)(3)	18,352.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BRIDGES ALLIANCE OF JOHNSON COUNTY PO BOX 147 WHITELAND, IN 46184	83-2546576	501(C)(3)	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CANCER SUPPORT COMMUNITY 5150 W 71ST STREET INDIANAPOLIS, IN 46268	35-1902427	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTER GROVE ATHLETIC BOOSTER CLUB 3526 MULLINEX RD GREENWOOD, IN 46143	23-7802469	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTER GROVE EDUCATION FOUNDATION 2789 TROJAN LANE GREENWOOD, IN 46143	35-2062408	501(C)(3)	22,815.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHILDREN'S BUREAU, INC 1575 DR MARTIN LUTHER KING JR ST INDIANAPOLIS, IN 46202	35-1061264	501(C)(3)	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHRISTIAN CHAPEL CHURCH, INC 6828 W STATE RD 44 MORGANTOWN, IN 46160	35-1402960	CHURCH	10,170.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF FRANKLIN FIRE DEPARTMENT 1800 THORNBURGH LN FRANKLIN, IN 46131	35-6001034	GOVERNMENTAL	5,259.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CLARK-PLEASANT EDUCATION FOUNDATION - 50 CENTER ST - WHITELAND, IN 46184	46-1152297	501(C)(3)	15,000.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COFFEEHOUSE FIVE 323 MARKET PLZ GREENWOOD, IN 46142	27-1465445	501(C)(3)	9,300.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COVENANT BAPTIST THEOLOGICAL SEMINARY - 1501 26TH ST - OWENSBORO, KY 42303	61-1156499	501(C)(3)	8,000.	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)	8,235.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DOLLYWOOD FOUNDATION ATTN:OPERATIONS DEPARTMENT PIGEON FORGE, TN 37863	62-1348105	501(C)(3)	17,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
EDINBURGH COMMUNITY SCHOOL CORP 300 S KEELEY ST EDINBURGH, IN 46124		GOVERNMENTAL	5,083.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
EDINBURGH FIRE AND RESCUE 202 S WALNUT ST EDINBURGH, IN 46124	35-6001015	GOVERNMENTAL	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
EDINBURGH MINISTERIAL ASSOCIATION PO BOX 83 EDINBURGH, IN 46124	35-1666392	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIRST PRESBYTERIAN CHURCH 100 E MADISON FRANKLIN, IN 46131	35-6024282	CHURCH	38,117.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRANKLIN COMMUNITY SCHOOL CORP 2600 CUMBERLAND DRIVE FRANKLIN, IN 46131	35-1079238	GOVERNMENTAL	43,739.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANKLIN EDUCATION CONNECTION PO BOX 903 FRANKLIN, IN 46131	35-2082528	501(C)(3)	18,557.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRANKLIN HERITAGE, INC. 57 N MAIN ST FRANKLIN, IN 46131	31-1109732	501(C)(3)	5,461.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRANKLIN PARKS & RECREATION 396 BRANIGIN BLVD FRANKLIN, IN 46131	82-1805776	GOVERNMENTAL	11,115.	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)	15,480.	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)	32,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOOD CHEER FUND PO BOX 237 FRANKLIN, IN 46131	35-1870921	501(C)(3)	22,088.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOOD NEWS MISSION 2716 E WASHINGTON STREET INDIANAPOLIS, IN 46201	35-0999233	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GREENWOOD CHRISTIAN CHURCH 2045 S AVERITT RD GREENWOOD, IN 46143	35-1095331	CHURCH	8,000.	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)	5,000.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY OF JOHNSON COUNTY, INC. - 401 MOORELAND DRIVE - NEW WHITELAND, IN 46184	20-3407734	501(C)(3)	11,852.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HUMANE SOCIETY JOHNSON COUNTY 3827 N GRAHAM ROAD FRANKLIN, IN 46131	31-0970405	501(C)(3)	7,692.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HURRICANE CONGREGATIONAL CHURCH FOUNDATION, INC. - 3620 N HURRICANE RD - FRANKLIN, IN 46131	35-6037805	CHURCH	6,926.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
IMAGINATION LIBRARY OF JOHNSON COUNTY - 600 WALNUT STREET - FRANKLIN, IN 46131	85-0936201	501(C)(3)	17,976.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INDIANA MASONIC HOME 690 S STATE STREET FRANKLIN, IN 46131	35-2187477	501(C)(3)	23,417.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INDIANA STATE POLICE 100 N SENATE AVE INDIANAPOLIS, IN 46204	35-6000158	GOVERNMENTAL	5,479.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INDIANAPOLIS CHAMBER ORCHESTRA 4603 CLARENDON RD STE 36 INDIANAPOLIS, IN 46208	31-1132072	501(C)(3)	10,945.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INDIANAPOLIS SYMPHONY ORCHESTRA 32 E WASHINGTON STREET INDIANAPOLIS, IN 46204	35-0998627	501(C)(3)	5,000.	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)	70,875.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNSON AND SHELBY COUNTY VASIA 5 E JEFFERSON STREET FRANKLIN, IN 46131	82-3774996	GOVERNMENTAL	7,450.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JOHNSON COUNTY 4H COUNCIL 484 N MORTON STREET FRANKLIN, IN 46131	35-1804724	501(C)(3)	7,684.	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)	26,319.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JOHNSON COUNTY LEARNING CENTER 430 N US 31 WHITELAND, IN 46184	01-0970299	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JOHNSON COUNTY PUBLIC LIBRARY 49 E MONROE ST FRANKLIN, IN 46131	35-1396015	GOVERNMENTAL	7,076.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JOHNSON COUNTY SENIOR SERVICES INC 731 S STATE ST FRANKLIN, IN 46131	35-1474817	501(C)(3)	92,318.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JOHNSON MEMORIAL HOSPITAL FOUNDATION - PO BOX 549 - FRANKLIN, IN 46131	35-1635296	501(C)(3)	6,150.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JOHNSON MEMORIAL HOSPITAL GUILD 1125 W JEFFERSON ST FRANKLIN, IN 46131	35-0025465	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KIDS IN CRISIS INTERVENTION TEAM PO BOX 806 FRANKLIN, IN 46131	45-3713547	501(C)(3)	20,530.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEADERSHIP JOHNSON COUNTY 101 BRANIGIN BLVD FRANKLIN, IN 46131	35-0868086	501(C)(3)	22,232.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MARC ADAMS SCHOOL OF WOODWORKING 5504 E 500 N FRANKLIN, IN 46131	35-1866902		27,509.	0.			TO FURTHER CHRITABLE PURPOSES OF THE ORGANIZATION
MEALS ON WHEELS, INC. PO BOX 40969 INDIANAPOLIS, IN 46240	35-1182075	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MIDWEST FOOD BANK 6450 S BELMONT ST INDIANAPOLIS, IN 46217	41-2120170	501(C)(3)	17,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MOODY BIBLE INSTITUTE OF CHICAGO 820 N LASALLE BLVD CHICAGO, IL 60610	36-2167792	501(C)(3)	15,000.	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)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NINEVEH HENSLEY JACKSON UNITED SCHOOL CORPORATION - 802 S INDIAN CREEK DR - TRAFALGAR, IN 46181	35-1073801	GOVERNMENTAL	5,133.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
OTTERBEIN SENIOR LIFE 1070 W JEFFERSON ST FRANKLIN, IN 46131	35-0875209	501(C)(3)	5,445.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PACK AWAY HUNGER, INC 5230 PARK EMERSON DR STE A INDIANAPOLIS, IN 46203	27-1438579	501(C)(3)	10,252.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROSTATE CANCER FOUNDATION 1250 FOURTH ST STE 360 SANTA MONICA, CA 90401-1353	95-4418411	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RESOURCES OF HOPE INC 410 US 31 WHITELAND, IN 46184	83-0840230	501(C)(3)	6,400.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RILEY CHILDREN'S FOUNDATION 30 S MERIDIAN ST STE 200 INDIANAPOLIS, IN 46204	35-0868147	501(C)(3)	7,888.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ROSE HULMAN DEPT. OF CHEMICAL ENGINEERING - 5500 WABASH AVE - TERRE HAUTE, IN 47803-3920	35-0868149	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SHEPHERD COMMUNITY INC 4107 E WASHINGTON ST INDIANAPOLIS, IN 46201	35-1765846	501(C)(3)	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SOCIETY OF WOMEN ENGINEERS PO BOX 5940 CAROL STREAM, IL 60197	13-1947735	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST CHRISTOPHER CATHOLIC CHURCH 5301 W 16TH ST INDIANAPOLIS, IN 46224	35-0877565	CHURCH	13,614.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST ROSE OF LIMA CATHOLIC CHURCH 114 LANCELOT DR FRANKLIN, IN 46131	53-0196617	CHURCH	13,614.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TABERNACLE CHRISTIAN CHURCH 198 N WATER ST FRANKLIN, IN 46131	31-0923347	CHURCH	9,327.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ANDREWS HARVEY FOUNDATION INC 1101 MACLAREN CT FRANKLIN, IN 46131	85-1314464	501(C)(3)	7,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE REFUGE 1150 SOUTHPARK DRIVE GREENWOOD, IN 46143	26-3072986	501(C)(3)	5,508.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE SALVATION ARMY RED SHIELD CENTER - JOHNSON COUNTY - GREENWOOD, IN 46142	36-2167910	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE SOCIAL OF GREENWOOD 550 POLK AVE GREENWOOD, IN 46142	35-1476552	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TRAFALGAR UNITED METHODIST CHURCH PO BOX 37 TRAFALGAR, IN 46181	27-0264680	CHURCH	6,455.	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)	19,609.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNITED WAY OF JOHNSON COUNTY PO BOX 153 FRANKLIN, IN 46131	35-1082600	501(C)(3)	32,248.	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
WALL THAT HEELS 1686 PREIDT CIRCLE FRANKLIN, IN 46131	85-3705514	501(C)(3)	5,000.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHEELER MISSION MINISTRIES 205 E NEW YORK ST INDIANAPOLIS, IN 46204	46-0672646	501(C)(3)	13,000.	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	160	263,541.	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

2020

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	5	168,139.	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

- 30a During the year, did the organization receive by contribution any property reported 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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2020

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

SCHEDULE M, LINE 32B:

STOCK GIFTS ARE SOLD BY THE BROKER

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2020

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 III, LINE 2, NEW PROGRAM SERVICES:

WITH THE GRANTS RECEIVED FROM THE LILLY ENDOWMENT INC.'S GIFT VII

INITIATIVE, THE COMMUNITY FOUNDATION HAS LAUNCHED AN EMPLOYER RESOURCE

NETWORK (ERN), A 14-YEAR OLD, NATIONALLY TESTED PROGRAM THAT PLACES

SUCCESS COACHES IN THE WORKPLACE OF PARTICIPATING COMPANIES. THE

SUCCESS COACH IS A CONFIDENTIAL RESOURCE THAT EMPLOYEES CAN ACCESS ON A

PREDICTABLE, ONGOING BASIS. SUCCESS COACHES SERVE AS A DIRECT CONDUIT

TO COMMUNITY RESOURCES THAT PROVIDE RELIEF FOR MANY ISSUES INCLUDING

RELIABLE TRANSPORTATION, WORKPLACE CONFLICT, CHILDCARE, HOUSING

CHALLENGES, FAMILY CHALLENGES, ETC. WHILE THE FOCUS IS ON ENTRY-LEVEL

AND LOW-WAGE EMPLOYEES, THE SERVICES WILL BE AVAILABLE TO ALL WHO WORK

FOR ERN MEMBER COMPANIES.

PRIOR TO THE PANDEMIC, THE UNEMPLOYMENT RATE WAS LESS THAN 3% AND WHILE

THAT WAS OUTSTANDING, IT WAS CREATING RECRUITMENT AND RETENTION ISSUES

FOR BUSINESSES ACROSS JOHNSON COUNTY, HENCE THE IDEA OF LAUNCHING AN

ERN PROGRAM TO HELP ALLEVIATE THOSE ISSUES. WITH THE ONGOING HEALTH

CRISIS AND HIGHER UNEMPLOYMENT RATES, NEW ISSUES HAVE SURFACED AMONGST

BUSINESSES AND EMPLOYEES MAKING AN ERN EVEN MORE CRITICAL.

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

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

Schedule O (Form 990 or 990-EZ) 2020

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

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

CUSTODIAL ACCOUNT ACTIVITY	-124,635.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	337,281.
TOTAL TO FORM 990, PART XI, LINE 9	212,646.

FORM 990, PART XII, LINE 2C

Name of the organization

JOHNSON COUNTY COMMUNITY FOUNDATION INC.

Employer identification number

35-1797437

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