Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

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

▶ 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.

OMB No. 1545-0047 Open to Public Inspection

AF	or the	2019 calendar year, or tax year beginning JUL 1, 2019 and	ending JU	JN 30, 2020		
B c	heck if pplicable	C Name of organization		D Employer ide	ntificatio	on number
	Addres change	S COMMUNITY FOUNDATION OF JOHNSON COUNTY				
	Name change	Doing business as		42-15081	.17	
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nur	nber	
	Final return/		L02	319-337-0	483	
	termin- ated			G Gross receipts \$		8,027,181.
	Amend return	CORALVILLE, IA 52241		H(a) Is this a grou	up returr	
	Applica tion pending	F Name and address of principal officer: Shidbin Manakiti		for subordin		
		SAME AS C ABOVE		H(b) Are all subordina		
		mpt status: $X = 501(c)(3) = 501(c) () < (insert no.) = 4947(a)(1) c$	or 527	,		(see instructions)
				H(c) Group exem		
		organization: X Corporation Trust Association Other ►	L Year (of formation: 2000	M Sta	ate of legal domicile: IA
ГС		-	ING NONDR	<u>О</u>		
e		Briefly describe the organization's mission or most significant activities: ASSIST DRGANIZATIONS THROUGH GRANTS TO SUPPORT THEIR WORK AND FUNDR.		0111		
Jano	- ו	Check this box \blacktriangleright if the organization discontinued its operations or dispos		than 25% of its not	accote	
Activities & Governance					3	21
ĝ		Number of independent voting members of the governing body (rait v), interial			4	21
<u>م</u>		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			5	3
itie		Total number of volunteers (estimate if necessary)			6	75
cti∕	7a -	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
Ă		Net unrelated business taxable income from Form 990-T, line 39			7b	0.
				Prior Year		Current Year
¢	8 (Contributions and grants (Part VIII, line 1h)		7,441,49	94.	3,057,304.
Revenue	9 F	Program service revenue (Part VIII, line 2g)			٥.	0 .
eve	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,018,08	32.	1,854,061.
œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-17,10)2.	-1,791.
	12 1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,442,4		4,909,574.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,749,08		2,664,601.
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		271,2		301,498.
ens		Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)				075 700
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		797,6		875,709.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,817,90		3,841,808.
v		Revenue less expenses. Subtract line 18 from line 12		6,624,50		1,067,766.
sets or alances	-	Total assets (Part X, line 16)		ginning of Current Ye 36 , 123 , 63		End of Year 36,582,070.
Asse	1			13,99		29,281
Vet /	1	l otal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		36,109,63		36,552,789,
Pa	art II	Signature Block		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		<u>. −</u>				

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	Signature of officer			Date		
Here	SHELLY MAHARRY, EXECUTIVE DIRECTOR	R				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	DAVID LITTLE	DAVID LITTLE	02/11/21	- self-employed	P01480921	
Preparer	Firm's name 🕒 CLIFTONLARSONALLEN LLP			Firm's EIN 🕨 43	1-0746749	
Use Only	Firm's address 🖕 600 3RD AVENUE SE, SUITE	300				
	CEDAR RAPIDS, IA 52401			Phone no.(319)	363-2697	
May the II	RS discuss this return with the preparer shown abov	ve? (see instructions)			X Yes	No
932001 01-2	0-20 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.			Form 990	(2019)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	m 990 (2019) COMMUNITY FOUNDATION OF JOHNSON COUNTY	42-1	508117 Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	. <u></u>	
1	Briefly describe the organization's mission:		
	ASSISTING NONPROFIT ORGANIZATIONS THROUGH GRANTS TO SUPPORT T		
	AND FUNDRAISING. WE CONNECT THOSE WHO CARE WITH THOSE WHO NEED	D	
2	Did the organization undertake any significant program services during the year whi	ich were not listed on the	
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it condu	ucts, 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 l		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of g		al expenses, and
4-	revenue, if any, for each program service reported.	2 664 601 \ (0.)
4a	(Code:) (Expenses \$3,060,859. including grants of \$ ENCOURAGE JOHNSON COUNTY CITIZENS TO MAKE DONATIONS TO SPECIF.) (Revenue \$))
	ENCOMMON COMPLEXIBILITY OF MARKE DOMINIONS TO DILETT		
	INVESTMENT MANAGERS AND MAKE GRANTS TO BENEFIT THE COMMUNITY		
	SUPPORT OF NON-PROFIT ORGANIZATIONS AND SCHOLARSHIPS.		
4b	O (Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	: (Code:) (Expenses \$ including grants of \$) (Bevenue \$)
			,
4d	Other program services (Describe on Schedule O.)		
τu	(Expenses \$ including grants of \$) (Revenue \$)
4e			/
		-	Form 990 (2019)
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	2		

Form 990 (COMMUNITY	
Part IV	Checklist o	of Required Sc	hedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4	Х	
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? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
U	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	А	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
.,		17		x
12	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
18		10		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		x
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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? If "Yes." complete Schedule I. Parts I and II	21	X	
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Form 990 (2019)		FOUNDATION		
Part IV	Checklist of	of Required Sc	hedules _{(co}	ntinu	ied)

			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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	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 1		_	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
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Form	990 (2019) COMMUNITY FOUNDATION OF JOHNSON COUNTY	42-150811	7	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions))			
3a			3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (Зb		
	At any time during the calendar year, did the organization have an interest in, or a signature or other at				
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	4a		x
b	If "Yes," enter the name of the foreign country	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a		·····	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the pavor?	7a	х	
b			7b	х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
•	to file Form 8282?	•	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		x
a	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
Ū			8		x
9	Sponsoring organizations maintaining donor advised funds.				
a			9a		x
b			9b		x
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b		10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
			13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
~	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
14a	Did the experimentian metabolism of the independence in a statistic during the terms of the state of the stat		14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b	1	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x
	If "Yes," complete Form 4720, Schedule O.				
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Form **990** (2019)

932005 01-20-20

		"No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 1a 21	-		
	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 1b 21	-		
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?	2		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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		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?	7a		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?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
		8b	Х	
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	9		X
Sec	tion 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?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	12a	Х	
		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	in Schedule O how this was done Did the organization have a written whistleblower policy?	12c 13	X X	
14	Did the organization have a written whistleblower policy?	13	X	
	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	13	X	
14 15	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	13	X	
14 15 a	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	13 14	X X	X
14 15 a	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	13 14 15a	X X	x
14 15 a b	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	13 14 15a	X X	x
14 15 a b	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	13 14 15a	X X	x
14 15 b 16a	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	13 14 15a 15b	X X	
14 15 b 16a	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	13 14 15a 15b	X X	
14 15 b 16a	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	13 14 15a 15b	X X	
14 15 b 16a b	Part VII Governance, Management, and Disclosure for each "text response to lines 2 mough 7b below, and to a *No* response to lines 2 mough 7b below, and the start and inferences in uses or response include on line 1a, above, who an indiperiod the start start and the response to response 7. 2 Det do organization below response start start and the start response to response 7b below, and the response 7b below response 7b below response 7b below response 7b below, and the response 7b below response 7b below response 7b below response 7b below response 7b below, and response 7b below response 7b below, and response 7b below response 7b b		X X	
14 15 b 16a b Sec	Earl W Governance, Management, and Disclosure processe, or changes on Schedule O. See instructions. Check II Schedule Contains a response or note to any line in this Pat V Text II Schedule Contains a response or note to any line in this Pat V Text II Schedule Contains a response or note to any line in this Pat V Text II Schedule Contains a response or note to any line in this Pat V Text II Schedule Contains a response or note to any line in this Pat V Text II Schedule Contains a response or note to any line in this Pat V Text II Schedule Contains a response or note to any line in this Pat V Text II Schedule Contains a response or note to any line in this Pat V Text II Schedule Contains a response or note to any line in this Pat V Text II Schedule Contains a response or note to any line in this Pat V Text II Schedule Contains a response or note to any line on Schedule Contains any line in this patient changes on Schedule Contains and schedule Containschedule Contangement Contains and schedule Contains and schedule		X X	
14 15 b 16a b <u>Sec</u> 17	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE	13 14 15a 15b 16a 16b	x	X
14 15 b 16a b <u>Sec</u> 17	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	13 14 15a 15b 16a 16b	x	X
14 15 b 16a b <u>Sec</u> 17	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.	13 14 15a 15b 16a 16b	x	X
14 15 16a b <u>Sec</u> 17 18	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? ettion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O)	13 14 15a 15b 16a 16b	X X X availa	X
14 15 b 16a b	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and stable semones in the set policy. <td>13 14 15a 15b 16a 16b</td> <td>X X X availa</td> <td>X</td>	13 14 15a 15b 16a 16b	X X X availa	X
14 15 16a b <u>Sec</u> 17 18	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	13 14 15a 15b 16a 16b	X X X availa	X
14 15 b 16a b <u>Sec</u> 17 18	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tition C. Disclosure List the states with which a copy of this Form 990 is required to be filed MONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (<i>explain on Schedule O</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements avail	13 14 15a 15b 16a 16b	X X X availa	X
14 15 b 16a b <u>Sec</u> 17 18	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tition C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶	13 14 15a 15b 16a 16b	X X X availa	X

Form 990 (2019)	COMMUNITY FOUNDATION OF JOHNSON COUNTY	42-1508117	Page 1
Part VII Compensat	tion of Officers, Directors, Trustees, Key Employees, Highest	t Compensated	<u> </u>
Employees,	, and Independent Contractors		
Check if Sched	dule O contains a response or note to any line in this Part VII		
Section A. Officers, Dire	ectors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete this table for a	all persons required to be listed. Report compensation for the calendar year end	ding with or within the organizatior	n's tax year.
6	ation's current officers, directors, trustees (whether individuals or organizations) , and (F) if no compensation was paid.), regardless of amount of comper	isation.
 List all of the organization 	ation's current key employees, if any. See instructions for definition of "key emp	ployee."	
	s five current highest compensated employees (other than an officer, director, tru of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the		
	ation's former officers, key employees, and highest compensated employees we rom the organization and any related organizations.	ho received more than \$100,000 c	of
5	ation's former directors or trustees that received, in the capacity as a former or rtable compensation from the organization and any related organizations.	director or trustee of the organizati	on,
See instructions for the orde	ler 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	(do not check more than one				than o s both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SHELLY MAHARRY	40.00									
EXECUTIVE DIRECTOR				х				112,690.	0.	0.
(2) CHARLIE NUSSER	2.00									
PRESIDENT				X				0.	0.	0.
(3) TODD JACOBSON	2.00									_
VICE PRESIDENT				X				0.	0.	0.
(4) DEAN PRICE	2.00									
TREASURER				X				0.	0.	0.
(5) LAURA BERGUS	2.00							0	•	0
DIRECTOR (6) TITA COFFMAN	2.00	X						0.	0.	0.
(6) TITA COFFMAN DIRECTOR	2.00	x						0.	0.	0
(7) CASEY COOK	2.00	^						<u>0.</u>	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(8) SARAH RICHARDSON	2.00	л						0.	۰.	0.
DIRECTOR	2.00	x						0.	0.	0.
(9) MICHAEL BENNING	2.00								••	0.
DIRECTOR	2.00	x						0.	0.	0.
(10) SUSAN BRENNAN	2.00								.	••
DIRECTOR		x						0.	0.	0.
(11) BOB DVORSKY	2.00								- •	- •
DIRECTOR		x						0.	0.	0.
(12) SHERRI FURMAN	2.00									
DIRECTOR		х						٥.	0.	0.
(13) PAT HEIDEN	2.00									
DIRECTOR		х						0.	0.	0.
(14) KEITH JONES	2.00									
DIRECTOR		х						٥.	0.	0.
(15) NATE KAEDING	2.00	1								
DIRECTOR		х						٥.	0.	0.
(16) SARAH LEONARD	2.00									
DIRECTOR		х						0.	0.	0.
(17) ART NOWAK	2.00									
DIRECTOR		x						٥.	0.	0.

Form 990 (2019) COMMUNITY FC	UNDATION OF	JC	HNS	ON	COU	JNTY			42-15	0811	7	P	'age 8
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees,	, and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A) (B) (C) (D) (E)											(F)		
Name and title	Average				sitior			Reportable	Reportable		F۶	stimate	ed
	hours per					than o is both		compensation	compensation	n l		nount	
	week					ector/trustee)		from	from related	I		other	
	(list any	tor						the	organizations	I	com	pensa	
	hours for	direc				5		organization	(W-2/1099-MIS			om th	
	related	ee or	stee			nsate		(W-2/1099-MISC)	,	í	org	anizat	ion
	organizations	trust	al tru		yee	bube					an	d relat	ed
	below	ndividual trustee or director	nstitutional trustee	5	mplo	est co	er				orga	anizati	ons
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former						
(18) ANNA MOYERS STONE	2.00												
DIRECTOR		х						0.		٥.			Ο.
(19) BRUCE TEAGUE	2.00												
DIRECTOR		x						0.		٥.			0.
(20) JASON WAGNER	2.00												
DIRECTOR	2.00	x						0.		٥.			0
		^		-	-	-		0.		<u> </u>			0.
(21) PAULA WEIGEL	2.00	-											
DIRECTOR		Х						0.		٥.			٥.
(22) MARY WESTBROOK	2.00	_											
DIRECTOR		Х						٥.		٥.			0.
				-		-				-+			
		-											
								110,000					
1b Subtotal								112,690.		0.			0.
c Total from continuation sheets to Part V								0.		٥.			٥.
d Total (add lines 1b and 1c)								112,690.		0.			0.
2 Total number of individuals (including but i	not limited to th	nose	liste	ed al	bove	e) wh	o re	eceived more than \$100,	000 of reportable	;			
compensation from the organization													1
												Yes	No
3 Did the organization list any former officer	, director, trust	ee, I	key e	emp	love	e, or	hiq	hest compensated emp	loyee on	ſ			
line 1a? If "Yes," complete Schedule J for s				•			Ŭ	• •			3		x
4 For any individual listed on line 1a, is the s										····	<u> </u>		
-	-		-						-		4		x
and related organizations greater than \$15										·····	-		
5 Did any person listed on line 1a receive or											-		v
rendered to the organization? <i>If "Yes." cor</i>	<u>nplete Schedul</u>	e J f	or si	uch .	pers	ion .			<u></u>	<u> </u>	5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	•	•							•	ensat	ion fro	om	
the organization. Report compensation for	the calendar y	ear e	endir	ng w	vith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)			(0		
Name and business	address	NO	NE					Description of s	ervices	C	ompe	nsatio	n
							-+						
2 Total number of independent contractors (•	ot lir	nited	d to			ted	above) who received mo	ore than				
\$100,000 of compensation from the organ	ization 🕨					0							

932008 01-20-20

		(2019) COMMUNITY FOUNDATION	OF JOHNSON	COUNTY		42-150811	7 Page 9
Pa	rt VI	III Statement of Revenue					
		Check if Schedule O contains a response or	note to any line	in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s S S	1 a	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	k	b Membership dues 1b					
, G	c	c Fundraising events					
ar A	c	d Related organizations 1d					
s, G	e	e Government grants (contributions) 1e					
tion S	f	f All other contributions, gifts, grants, and					
ibu tha			3,057,304.				
ut pc	ç	g Noncash contributions included in lines 1a-1f	280,274.	2 055 204			
ũ g	ŀ	h Total. Add lines 1a-1f		3,057,304.			
	•		Business Code				
Program Service Revenue	2 a						
Serv		b					
		c [d [
Be	e						
Pro	f	f All other program service revenue					
	ç	g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest					
		other similar amounts)	►	715,292.			715,292
	4	Income from investment of tax-exempt bond pro-					
	5	Royalties					
	_		(ii) Personal				
		a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		a Gross amount from sales of (i) Securities	(ii) Other				
	, ,	assets other than inventory $7a$ 4,249,085.					
	k	b Less: cost or other basis					
en		and sales expenses					
venue	c	c Gain or (loss) 7c 1,138,769.					
0	c	d Net gain or (loss)	►	1,138,769.			1,138,769.
Other Re	8 a	a Gross income from fundraising events (not					
ð		including \$ of					
		contributions reported on line 1c). See	E 500				
		Part IV, line 18	5,500. 7,291.				
		b Less: direct expenses 8b c Net income or (loss) from fundraising events	,,251.	-1,791.			-1,791,
		a Gross income from gaming activities. See		-,,,,			1,751
	30	Part IV, line 19					
	t	b Less: direct expenses					
		c Net income or (loss) from gaming activities	►				
		a Gross sales of inventory, less returns					
		and allowances 10a					
	b	b Less: cost of goods sold 10b					
	c	c Net income or (loss) from sales of inventory					
s			Business Code				
eou	11 a						
llan (ent	k	b					
Miscellaneous Revenue	C						
Ë	C	d All other revenue Total. Add lines 11a-11d					
	12	Total revenue. See instructions		4,909,574.	0.	0.	1,852,270.
00000	9 01-2		F				Form 990 (2019

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Part IX Statement of Functional Expenses

COMMUNITY FOUNDATION OF JOHNSON COUNTY

42-1508117 Page **10**

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 (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 2,664,601 2,664,601 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 108,131 27,033. 59,472. 21,626. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 139,767. 61,917. 42,639. 35,211. Other salaries and wages 7 8 Pension plan accruals and contributions (include 7,425 section 401(k) and 403(b) employer contributions) 13,500 3,375. 2,700. 9,728 6,617. 21,527 5,182 9 Other employee benefits 18,573. 6,129. 9,472 2,972. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 16,325. 16,325. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е 127,716. 127,716 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 3,757 3,757. column (A) amount, list line 11g expenses on Sch O.) 12,664 4,544, 5,217 2,903. Advertising and promotion 12 44,225 16,579. 15,800 11,846. 13 Office expenses _____ 24,638, 8,131. 12,565 3,942. 14 Information technology 15 Royalties 53,579 19,225. 22,069 12,285. 16 Occupancy 2,162, 1,381. 6,025 2,482 Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,904. 683. 784 437. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 7,606 2,729 3,133 1,744. 22 Depreciation, depletion, and amortization 1,079. 4,705. 1,688. 1,938. 23 Insurance Other expenses. Itemize expenses not covered 24 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 0.) DONOR SUPPORT FEES 508,028, 182,288. 209,262 116,478. а PASS THROUGH ACTIVITY 50,047 50,047 b MISCELLANEOUS EXPENSE 14,490. 0. 3,604 10,886. С d All other expenses е 235,864. Total functional expenses. Add lines 1 through 24e 3,841,808 3,060,859 545,085 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720) Check here

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932010 01-20-20

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Form 990 (2019)

14160211 131839 034-010133-00

controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 200,000. 200,000. 7 7 Notes and loans receivable, net Assets 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 53,297. basis. Complete Part VI of Schedule D _____ 10a 14,631. 7,500. 38,666. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 34,613,968, 34,925,693. 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Ο. Other assets. See Part IV, line 11 15 15 36,123,633. 36,582,070. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 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 13,998. of Schedule D 25 13,998. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗵 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 35,899,709. 36,352,789. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 209,926. 200,000. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 36,109,635. 32 36,552,789. 32 36,123,633. 36,582,070. 33 Total liabilities and net assets/fund balances 33

COMMUNITY FOUNDATION OF JOHNSON COUNTY Part X Balance Sheet

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Loans and other receivables from any current or former officer, director,

trustee, key employee, creator or founder, substantial contributor, or 35%

(A) Beginning of year

1,302,165.

1

2

3

4

(B) End of year

1

2

3

4

5

1,416,505.

1,206.

29,281.

29,281.

Form 990 (2019)

Form	1990 (2019) COMMUNITY FOUNDATION OF JOHNSON COUNTY	42-150811	7	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,	909,	574.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,	841,	808.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	067,	766.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36,	109,	635.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		624,	612.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	36,	552,	789.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		<u> </u>
		r		Yes	No
1	Accounting method used to prepare the Form 990: Cash Control Cash Cont	SH			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (D.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ona			
	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?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?	F	2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			-
	Act and OMB Circular A-133?	·····	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2019)

932012 01-20-20

SCH	EDU	LE A
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(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2019
Open to Public Inspection

					Inspection					
Nar	ne of	the organizati		de le triminelge			ie lateet li		ver ide	ntification number
		0		ITY FOUNDATION	OF JOHNSON COUNTY			•	-	1508117
Pa	nrt I	Reason	for Public C	Charity Status	All organizations must co	omplete th	is part.) Se	e instructions.		
The	organ				For lines 1 through 12, c					
1	Ŭ				on of churches described			I)(A)(i).		
2		-			(Attach Schedule E (Forn					
3					anization described in s			ii).		
4		-	-		njunction with a hospital				ter the	hospital's name,
		city, and state	e:							
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental unit desc	ribed in	1
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that normal	lly receives a substa	intial part of its support f	rom a gove	ernmental	unit or from the gener	al publi	ic described in
		section 170(I	b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultura	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-gra	ant colle	ege
		or university o	or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of the colle	ege or	
		university:								
10		An organizati	on that norma	Ily receives: (1) more	e than 33 1/3% of its sup	port from o	contributio	ns, membership fees,	and gr	oss receipts from
		activities relat	ted to its exem	npt functions - subje	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of its suppo	ort from	gross investment
		income and u	inrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the organizatio	n after	June 30, 1975.
				mplete Part III.)						
11	\square	•	-	-	ively to test for public sa	•				
12		•	-	-	ively for the benefit of, to	-		· · ·		
				-	ed in section 509(a)(1) o). Chec	ck the box in
	_	-	-	• •	of supporting organization			· · · ·		
а				-	supervised, or controlled	• • • •	-			-
			-		gularly appoint or elect a	пајопту с	or the direc		suppo	orung
b		¬ ~		complete Part IV, Se	d or controlled in connec	tion with it	e supporte	ad organization(s) by	havina	
				-	anization vested in the s				-	he
			•	t complete Part IV,				na of of manage the s	apporte	
c	. [-	g organization operated	in connect	tion with.	and functionally integr	ated wi	ith
-			-	• • • •	s). You must complete l					,
c		-	-		oorting organization oper				anizatio	on(s)
			-		zation generally must sat					
		requiremen	t (see instructi	ions). You must cor	mplete Part IV, Sections	A and D,	and Part	v.		
e	, [Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type		
		functionally	integrated, or	Type III non-functio	nally integrated supporti	ng organiz	ation.		_	
f	Ente	er the number o	of supported o	organizations					L	
<u> </u>				about the supporte		(iv) is the ora:	anization listed			
	((i) Name of suppo organization 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount of monetar support (see instruction		vi) Amount of other port (see instructions
		organization			above (see instructions))	Yes	No			
									_	
Tot	al									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 COMMUNITY FOUNDATION OF JOHNSON COUNTY

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,451,931.	5,856,917.	2,999,647.	7,447,434.	3,055,513.	21,811,442.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,451,931.	5,856,917.	2,999,647.	7,447,434.	3,055,513.	21,811,442.
	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)						513,484.
6	Public support. Subtract line 5 from line 4.						21,297,958.
	ction B. Total Support						, , , -
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	2,451,931.	5,856,917.	2,999,647.	7,447,434.	3,055,513.	21,811,442.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	, ,
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	313,053.	401,080.	460,931.	623,983.	715,292.	2,514,339.
0	Net income from unrelated business					, 10 , 20 2.	2,022,000.
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						24 225 701
	Total support. Add lines 7 through 10		````				24,325,781.
12	, ,						
13	First five years. If the Form 990 is for	-			•		
Sec	organization, check this box and stor ction C. Computation of Publi						
	_		-	(6)			87.55 %
	Public support percentage for 2019 (I					14	,,,
15	Public support percentage from 2018					15	<i>,</i> ,,
16a	33 1/3% support test - 2019. If the c						
	stop here. The organization qualifies						······································
D	33 1/3% support test - 2018. If the c	•					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"	-			-		
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th						. —
	organization meets the "facts-and-circ		•	•			
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	i, 16b, 17a, or 17b			
	Schedule A (Form 990 or 990-EZ) 2019						

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Schedule A (Form 990 or 990 EZ) 2019 COMMUNITY FOUNDATION OF JOHNSON COUNTY

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 per- formed, 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 bus						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf	ļ					
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	L					
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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	ļ					
 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.)	L					
14 First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organi	zation,
Section C. Computation of Publi						
15 Public support percentage for 2019 (I			column (f))		15	%
16 Public support percentage from 2018 Section D. Computation of Invest					16	%
•			ing 12 column (f)		17	0/
17 Investment income percentage for 2018 Investment income percentage from					18	% %
19a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line	17 is not
more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly	supported organiza	ation	
b 33 1/3% support tests - 2018. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organization	
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
932023 09-25-19		15	5	Sch	edule A (Form 99	90 or 990-EZ) 2019

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

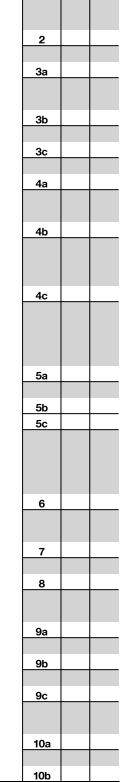
- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).
- **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? *If "Yes," provide detail in* **Part VI.**
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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))? *If* "Yes," *provide detail in* **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- 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? If "Yes," provide detail in Part VI.
- **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)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2019

1

Yes No



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Schedule A (Form 990 or 990-EZ) 2019 COMMUNITY FOUNDATION OF JOHNSON COUNTY Part IV Supporting Organizations (continued)

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			×	
	Lies the evention constant of a sift or contribution from any of the following concerso		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
000	tion D. Type Toupporting Organizations		Vee	Na
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? 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 directors or trustees were allocated among the supported	-		
-	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion 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)? 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).	1		
Sec	tion 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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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? 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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	Зb		
932025	5 09-25-19 Schedule A (Form 9	90 or 99	0-EZ)	2019

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Sche	dule A (Form 990 or 990-EZ) 2019 COMMUNITY FOUNDATION OF JOHNSON C	OUNTY		42-1508117 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti		izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	Nov. 20, 1970 (explain in l	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must c	omplete Sec	ctions A through E.	
Sect	ion 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		
Sect	ion 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		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

Schedule A (Form 990 or 990-EZ) 2019	COMMUNITY	FOUNDATION	OF	JOHNSON	COUNTY
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Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year			
1							
2	Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	ne organization is responsive)				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
		(i)	(ii)	(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2019						
a	From 2014						
b	From 2015						
c	From 2016						
d	From 2017						
e	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2019 distributable amount						
i	Carryover from 2014 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
C	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2015						
	Excess from 2016						
	Excess from 2017						
	Excess from 2018						
е	Excess from 2019						

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule A	(Form 990 or 990-EZ) 2019 COMMUNITY FOUNDATION OF JO	HNSON COUNTY	42-1508117	Page 8
Part VI	Supplemental Information. Provide the explanations Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, line Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, a (See instructions.)	required by Part II, line 10; Part II, line I1a, 11b, and 11c; Part IV, Section B, s 1c, 2a, 2b, 3a, and 3b; Part V, line 1	; Part V, Section B, line 1e; Part V, Section	C.
032020 00 05 1	٥	c	chedule A (Form 990 or 990-I	=7) 2010
932028 09-25-1		20	CIICUUIE A (FUITI 380 UI 380-1	- <u>e</u> j 2019

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

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

2019

Name of the organizati	Employer identification number						
	COMMUNITY FOUNDATION OF JOHNSON COUNTY	42-1508117					
Organization type (che	eck one):						
Filers of:	rs 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						
, ,	tion is covered by the General Rule or a Special Rule. D1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.					
General Rule							
•	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor's						
Special Rules							
sections 509(any one contr	zation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support t a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, ibutor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amou 0-EZ, line 1. Complete Parts I and II.	or 16b, and that received from					

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, 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of	organization
Name Or	organization

Page **2**

COMMUNITY FOUNDATION OF JOHNSON COUNTY

Employer identification number

42-1508117

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$100,943.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$120,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Nome address and ZID + 4	(c)	(d)
4	Name, address, and ZIP + 4	Total contributions \$135,859.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll ON Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

22

2019.05040 COMMUNITY FOUNDATION OF J 034-0101

14160211 131839 034-010133-00

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

42-1508117

COMMUNITY FOUNDATION OF JOHNSON COUNTY

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	200 SHARES OF HOME DEPOT 950 SHARES OF US BANCORP		
		\$\$	02/13/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

14160211 131839 034-010133-00

Page 4

ame of org	anization		Employer identification number				
OMMUNITY	FOUNDATION OF JOHNSON COUNTY		42-1508117				
Part III	from any one contributor. Complete columns (a	a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the yes y. For organizations ss for the year. (Enter this info. once.) \$				
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, a	nd ZIP + 4	Relationship of transferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_	(e) Transfer of gift						
	Transferee's name, address, a	Relationship of transferor to transferee					
454 11-06-1	9		Schedule B (Form 990, 990-EZ, or 990-PF) (20				

SCHEDULE C	Political Campaign and Lobbying Activities						
(Form 990 or 990-EZ)	For Organizations Exempt From Income Tax Under section 501(c) and section 527	2019					
Department of the Treasury Internal Revenue Service	 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. 	Open to Public Inspection					
If the organization answ	vered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activi	ties), then					
● Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.							

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

 Section 501(c)(4), ((5), or (6) organizations: Complete Part III.
Nome of ergenization	

Nar	ne of orga	Empl	Employer identification number			
		COMMUNITY		42-1508117		
Pa	art I-A	Complete if the org	panization is exempt under	section 501(c) o	r is a section 527 or	ganization.
	Political	a description of the organiz campaign activity expendit r hours for political campai			▶\$	
Pa	art I-B	Complete if the org	anization is exempt under	section 501(c)(3).	
1	Enter the	amount of any excise tax	incurred by the organization under	section 4955	► \$	
2	Enter the	amount of any excise tax	incurred by organization managers			
3	If the org	anization incurred a sectio	on 4955 tax, did it file Form 4720 fo	r this year?		Yes 🗌 No
						Yes No
_		describe in Part IV.	panization is exempt under	$c_{\text{continu}} = 501(c)$	waant agation 501/a	1/2)
	art I-C					
		• •	d by the filing organization for secti			
2			nization's funds contributed to othe	-		
2			s. Add lines 1 and 2. Enter here and		•	
3		• •	S. Add lines 1 and 2. Enter here and			i
4			1120-POL for this year?			
5	Enter the made pa contribut	e names, addresses and en yments. For each organiza tions received that were pr	nployer identification number (EIN) ition listed, enter the amount paid f omptly and directly delivered to a s additional space is needed, provide	of all section 527 polit rom the filing organiza separate political organ	tical organizations to which tion's funds. Also enter the nization, such as a separat	n the filing organization e amount of political
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Schedule C (Form 990 or 990-EZ) 2019 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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932041 11-26-19

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14160211 131839 034-010133-00

Schedule C (Form 990 or 990-EZ) 2019	COMMUNI	TY FOUNDA	TION OF JOHNSON	COUNTY	42-1	508117 Page 2
Part II-A Complete if the org						5
section 501(h)).						
A Check 🕨 🗌 if the filing organiza	tion belon	igs to an affi	liated group (and list i	n Part IV each affiliated g	group member's name	e, address, EIN,
expenses, and shar	e of exces	ss lobbying e	expenditures).			
B Check 🕨 📄 if the filing organiza	tion checl	ked box A ar	nd "limited control" pro	ovisions apply.		
		bying Expention Expention by the second s	nditures Ints paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience pub	lic opinion (grassroots lobbying)		0.	
b Total lobbying expenditures to influ					0.	
c Total lobbying expenditures (add lii	nes 1a an	d 1b)	• • • •			
d Other exempt purpose expenditure						
e Total exempt purpose expenditure						
f Lobbying nontaxable amount. Ente						
If the amount on line 1e, column (a) o			bying nontaxable am			
Not over \$500.000	. (5) 10.		the amount on line 1e			
Over \$500,000 but not over \$1,000	000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,50						
Over \$1,500,000 but not over \$17,		\$175,000 plus 10% of the excess over \$1,000,000. \$225,000 plus 5% of the excess over \$1,500,000.				
Over \$17,000,000	000,000	\$1,000,				
		φ1,000,	000.			
g Grassroots nontaxable amount (en	tor 25% o	f line 1f)				
h Subtract line 1g from line 1a. If zero		,				
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than zer			ling 1i, did the organiz			
reporting section 4911 tax for this			, C		Г	Yes No
	year :		eraging Period Under	Section 501(b)	L	
(Some organizations th		a section 5		have to complete all o	f the five columns be	elow.
	Lob	bying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount						
 b Lobbying ceiling amount (150% of line 2a, column(e)) 						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2019

932042 11-26-19

Schedule C (Form 990 or 990-EZ) 2019 COMMUNITY FOUNDATION OF JOHNSON COUNTY

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)	
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
С	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		X		
g			X X		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	v	A		1 0 4 9
	Other activities?	X			1,048.
	Total. Add lines 1c through 1i		v		1,048.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	n 501(c)(5) or soc	tion	
Fai	501(c)(6).		<i>J</i> , 01 Sec		
	001(0)(0).			Yes	No
			1	163	
 Were substantially all (90% or more) dues received nondeductible by members? Did the superior indices and in basis labely in a superior difference of \$0000 periors? 					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section			tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '				3 is
	answered "Yes."				-,
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
	Current year				
b	Carryover from last year				
С	Total		<u>2c</u>		
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
expenditure next year?					
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II	A, lines 1 a	nd 2 (see	
	ctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PART	II-B, LINE 1, LOBBYING ACTIVITIES:				
FEES	PAID TO AN ATTORNEY TO LOBBY THE LEGISLATURE FOR ENDOW IOWA ON				
BEHA	LF OF ALL QUALIFIED COMMUNITY FOUNDATIONS IN THE STATE OF IOWA				

932043 11-26-19

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42 - 1508117

SCHEDULE D

(Form	990)
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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.



Department of the Treasury Internal Revenue Service

Name of the organization

14160211 131839 034-010133-00

COMMUNITY FOUNDATION OF JOHNSON COUNTY

Employer identification number 42-1508117

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Ac	counts.	Complete if t	he
	organization answered "Yes" on Form 990, Part IV, lin	e 6.				
		(a) Donor advised funds	1)	b) Funds a	and other acco	unts
1	Total number at end of year	90				154
2	Aggregate value of contributions to (during year)	1,650,355.				402,464.
3	Aggregate value of grants from (during year)	1,784,910.				237,350.
4	Aggregate value at end of year	15,486,366.			20	866,423.
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed fund	S		
	are the organization's property, subject to the organization's	exclusive legal control?			X Yes	No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used or	nly		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferrii	ng		
Der					X Yes	No
Par			Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recrea	·		• •		а
	Protection of natural habitat	Preservation o	f a certif	ied histori	c structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualit	ried conservation contribution in the form	of a con			
	day of the tax year.				d at the End of t	ne lax year
-	Total number of conservation easements			2a		
b		usture included in (a)		2b 2c		
C L	Number of conservation easements on a certified historic structure of conservation easements included in (a) acquired of			20		
a	Number of conservation easements included in (c) acquired a			2d		
3	listed in the National Register				ng tho tax	
3	year	eased, extinguished, or terminated by the	; organiz	Lation duri	ng the tax	
4	Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the per					
Ū	violations, and enforcement of the conservation easements it				Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,					
-	• • • • • • • • • • • • • • • • • • •					
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion eas	ements du	uring the year	
	► \$				0 ,	
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i	i)		
	and section 170(h)(4)(B)(ii)?				🗌 Yes	No No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents tha	t describe	s the	
	organization's accounting for conservation easements.					
Par			ther Si	imilar As	ssets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	and bala	nce sheet	works	
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in fu	urtheran	ce of publi	ic	
	service, provide in Part XIII the text of the footnote to its finar					
b	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtl	nerance	of public s	service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$_		
				▶ \$_		
2	If the organization received or held works of art, historical tre		I gain, p	provide		
	the following amounts required to be reported under FASB A	-				
	Revenue included on Form 990, Part VIII, line 1			► \$_ ► ¢		
	Assets included in Form 990, Part X				adula D /Farra	000) 0040
	For Paperwork Reduction Act Notice, see the Instructions	א ועו רטרווו ששט.		Sch	edule D (Forn	1 990) 2019
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d Grants or scholarships 188,251 867,350. 2,199,156. 1,138,248. 712,509. e Other expenditures for facilities and programs 127,716. 109,156. 101,631. 168,867. 368,371. f Administrative expenses 508,028. 402,138. 381,681. 374,812. 278,582. g End of year balance 36,109,627. 32,576,546. 26,507,240. 24,269,303. 18,046,065. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: abard designated or quasi-endowment ▶	Sche	dule D (Form 990) 2019 COMMUNITY B	FOUNDATION OF JO	HNSON COUNTY			42-15081	L17	Page 2	
collection terms (check all that apply): □ Colle coholition □ Construction □ Construction<!--</th--><th>Par</th><th>t III Organizations Maintaining C</th><th>ollections of Art</th><th>, Historical Tre</th><th>asures, or Otl</th><th>ner Simila</th><th>r Assets</th><th>(contin</th><th>lued)</th>	Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Otl	ner Simila	r Assets	(contin	lued)	
collection lemis (check all that apply): a b b Scholarly research c Other b Scholarly research c Other Other Collections and the organization's collections and explain how they further the organization's exempt purpose in Part XIII. c Provide a description of the organization's collections and the organization's collection? Yes No Part I Escrow and CutStoCial Arrangements. Complete if the organization's collection? Yes No Part I Escrow and CutStoCial Arrangements. Complete if the organization's collection? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Collection and the organization include an anount on form 990, Part X, line 21, for escrow or cutstolal account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Collection and the organization schemed 'Yes' on Form 990, Part X, line 20, for yeas: Collection and the organization include an anount on Form 990, Part X, line 21, for escrew or cutstolai account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Port unstantian include an anount on Form 990, Part X, line 10. Image: Coll Coll Col Coll Coll Co	3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	ollowing that mak	e significant ı	use of its	•		
a Public exhibition d □ can or exchange program b Scholary research e □ Otter		collection items (check all that apply):		-	-	-				
b Scholarly research e Other c Prevention for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Uning the year, did the organization solicit or receive domains of a rt, historical treasures, or other similar assets to be solid to raise future's attribute than to be matinged as part of the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on form 990, Part X, line 21. 1a Is the organization angent, fusuke, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Yes, "explain the arrangement in Part XIII and complete the following table: Image: the part of the organization and the part of the organization and the part of the part of the organization and the organization and the organization included on form 990, Part X, line 21, for secret or custodial account liability? Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete the organization include an amount on Form 990, Part X, line 21, for secret or 990, Part X, line 10. Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. G0 Current year. G0 Port year. G1 Port year. Yes, and Yes,	а	Public exhibition	d	Loan or exc	hange program					
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Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part N, 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 // Imagent and the endowing the year intermediary for contributions or other assets not included on Form 990, Part X // Imagent in Part XIII and complete the following table:								Yes	No	
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3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 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. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation b Buildings 31, 272. 31, 272. 31, 272. c Leasehold improvements 31, 272. 31, 272. d Equipment 22, 025. 14, 631. 7, 394. e Other 90, Part X, column (B). line 10c.) 38, 666.	С									
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) New Yes No 3a(i) X 3a(i) X 3b I (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements 31,272, 31,272, 31,272, 38,666.										
(i) Unrelated organizations 3a(i) x (ii) Related organizations 3a(ii) x b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3c 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3c 3c 3c Part VI Land, Buildings, and Equipment. 3c 3c 3c 3c Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value 4c Description of property (a) Cost or other basis (other) (b) Cost or other depreciation (d) Book value 1a Land 31,272. 31,272. 31,272. c Leasehold improvements 31,272. 31,272. 31,272. d Equipment 22,025. 14,631. 7,394. e Other 1 38,666. 38,666.	3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered fo	r the organiza	ation	г		
(ii) Related organizations 3a(ii) x b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 9 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. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1a Land 14 14,631. 7,394. c Leasehold improvements 31,272. 31,272. 31,272. d Equipment 22,025. 14,631. 7,394. e Other 58,666. 38,666.		-								
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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 Buildings (d) Book value c Leasehold improvements 31,272. d Equipment 22,025. 14,631. 7,394. e Other 0 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 38,666.		(ii) Related organizations						3a(ii)	X	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?				3b		
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 1a Land	4			vment funds.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	Par	t VI Land, Buildings, and Equipm	ient.							
Image: Second system Image: Second system <th< td=""><td></td><td>Complete if the organization answere</td><td>d "Yes" on Form 990</td><td>, Part IV, line 11a. S</td><td>ee Form 990, Part</td><td>X, line 10.</td><td></td><td></td><td></td></th<>		Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line 10.				
1a Land		Description of property		• • •			ed (d) Booł	< value	
b Buildings 31,272. c Leasehold improvements 31,272. d Equipment 22,025. e Other 1 Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.) 38,666.			basis (investm	nent) basis	(other)	depreciation				
b Buildings 31,272. c Leasehold improvements 31,272. d Equipment 22,025. e Other 1 Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.) 38,666.	1a	Land								
c Leasehold improvements 31,272. 31,272. d Equipment 22,025. 14,631. 7,394. e Other 0 0 0 Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.) 38,666. 38,666.										
d Equipment 22,025. 14,631. 7,394. e Other					31,272.				31,272.	
e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					22,025.	14,	631.		7,394.	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 38,666.										
				K. column (B). line 1	0c.)				38,666.	
			· · · · · · · · · · · · · · · · · · ·					(Form	1 990) 2019	

932052 10-02-19

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) MONEY MARKET	709,260.	END-OF-YEAR MARKET VALUE
(B) BONDS AND FIXED INCOME	10,325,498.	END-OF-YEAR MARKET VALUE
(C) EQUITIES AND REAL ESTATE FUNDS	23,890,935.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	34,925,693.	

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability	(b) Book value

(1) Federal income taxes	
(2) PAYROLL LIABILITIES	29,281.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	29,281.

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 ... X

Schedule D (Form 990) 2019

932053 10-02-19

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part VII, line 12a. 1 Total revenue, gains, and other support per audited financial statements 1 4,157,246. 2 Amounts included on line 1 but not no form 990, Part VIII, line 12: 2a -624,612. b Donated services and use of facilities 2a -624,612. c Baccoveries of prior year grants 2a -624,612. d Other (Bescrobe in Part XIII) 2d 2a -624,612. a Subtract line 2a through 2d 2a -624,612. 3 4 Amounts included on Form 930, Part VIII, line 12, but not on line 1: 3 4,781,858. 4 Amounts included on Form 930, Part VIII, line 7b 4a 127,716. 5 5 4,309,574. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 900, Part IV, line 12a. 1 3,714,092. 4 Total services and use of facilities 2a 2a 2a 0. 2 <td< th=""><th>Sche</th><th>dule D (Form 990) 2019 COMMUNITY FOUNDATION OF JOHNSON COUNTY</th><th></th><th></th><th>42-1508117</th><th>Page 4</th></td<>	Sche	dule D (Form 990) 2019 COMMUNITY FOUNDATION OF JOHNSON COUNTY			42-1508117	Page 4
1 Total revenue, gains, and other support per audited financial statements 1 4,157,246. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a -624,612. 2 0 2a -624,612. 2 2a 2a -624,612. 2 2a -624,612. 2a 2 2a -624,612. 3 3 3 4,781,858. -624,612. 3 3 4,781,858. -624,612. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: -624,612. -624,612. 4 Amounts included on Form 990, Part VIII, line 7b 4a 127,716. -624,612. 5 Other (Describe in Part XIII.) -624,612. -624,612. -624,612. 4 Amounts included on Form 990, Part VIII, line 7b 4a 127,716. -6 4,939,574. Part XIII Reconciliation on Fixpenses per Audited Financial Statements With Expenses per Return. -6 -6 -6 -6 -6 -6 -6 -6 -6 -6 -6 -6 -6 -6 -6 -6 <			nts With R	evenue per Re	turn.	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a -624, 612. a Net unrealized gains (losses) on investments 2a -624, 612. b Donated services and use of facilities 2a 2a c Recoveries of prior year grants 2a 2a d Other (Describe in Part XIII.) 2a 2a a Narounts included on Form 990, Part VIII, line 12, but not on line 1: 3 4, 781, 858. a Monunts included on Form 990, Part VIII, line 7b 4a 127, 716. b Other (Describe in Part XIII.) 4b 4c 127, 716. c Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I</i> , line 12) 4a 127, 716. T Total expenses and losses per audited financial statements 1 3, 714, 092. a Mounts included on line 1 but not on Form 990, Part IV, line 25: 1 3 a Donated services and use of facilities 2a 2a b Prior year adjustments 2a 2a 2a c Other (Describe in Part XIII.) 2a 2a 2a d Other (Describe in Part XIII.) 2a 2a 2a 2a a Mounts included on line 1 but not on Form 990, Part IV, line 25: a		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
a Net unrealized gains (losses) on investments 2a -624,612. b Donated services and use of facilities 2c 2c c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII.) 2d 2d a Add lines 2a through 2d 3 4,781,858. A mounts included on Form 990, Part VII, line 12, but not on line 1: a 127,716. a Investment expenses not included on Form 990, Part VII, line 12, but not on line 1: a 127,716. b Other (Describe in Part XIII.) 4a 127,716. 5 Fortial revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12) 5 4,909,574. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 4,909,574. Complete If the organization answered "Yes" on Form 990, Part IV, line 12a. 1 3,714,092. 1 Total expenses and losses per audited financial statements 1 3,714,092. 2 Amounts included on line 1 but not on Form 990, Part IV, line 25. 2a 2a 0. 2 C Other losses 2a 2a 0. 3 3,714,092. 3 Subtract line 2e through 2d	1	Total revenue, gains, and other support per audited financial statements			1	4,157,246.
b Donated services and use of facilities 2b 2c 2d c Recoveries of prior year grants 2d 2d 2d 2d d Other (Describe in Part XIII.) 2d 2d 3 4,781,858. 4 Anounts included on Form 990, Part VIII, line 12, but not on line 1: 3 4,781,858. 4 Amounts included on Form 990, Part VIII, line 7b 4a 127,716. b Other (Describe in Part XIII.) 4c 127,716. c Add lines 3 and 4c. (This must equal Form 990, Part I. line 12) 5 4,909,574. Fart XIII 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 3,714,092. 1 Total expenses and losses per audited financial statements 1 3,714,092. 2 Amounts included on Ine 1 but not on Form 990, Part IX, line 25: 2 2 2 Donated services and uses of facilities 2 2 0. 3 Subtract line 24 through 24 2 0. 3 3,714,092. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: <td>2</td> <td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td> <td></td> <td></td> <td></td> <td></td>	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d 3 Subtract lines 2a through 2d 2e -624,612. 3 4,781,858. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 3 4,781,858. 4 Investment expenses not included on Form 990, Part VIII, line 7b 4a 127,716. b Other (Describe in Part XIII.) 4c 127,716. c Total expenses and tabs 4c, 127,716. 4,909,574. 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 3,714,092. 1 Total expenses and losses per audited financial statements 2a 2a 2a 2 Amounts included on ine 1 but not on Form 990, Part IX, line 25: 2a	а	Net unrealized gains (losses) on investments	2a	-624,612.		
d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 7b 4a 1 Other (Describe in Part XIII.) 4c 2 Add lines 4a and 4b 5 4 Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12) 5 9 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12) 5 9 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. 1 1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 1 a Donated services and use of facilities 2a 2 Add lines 2a through 2d 2c 3 Subtract line 2e from line 1 3 4 Anounts included on Form 990, Part IX, line 25, but not on line 1: 2a a Investment expenses not included on Form 990, Part IV, line 7b 2a 2 Anounts included on Form 990, Part IX, line 25, but not on line 1: 3 a Investment expenses not included on Form 990, Part IVII, line 7b 2a 2 Add lines 4a and 4b 4c 127, 716. </th <td>b</td> <td>Donated services and use of facilities</td> <td>2b</td> <td></td> <td></td> <td></td>	b	Donated services and use of facilities	2b			
d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 7b 4a 1 Other (Describe in Part XIII.) 4c 2 Add lines 4a and 4b 5 4 Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12) 5 9 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12) 5 9 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. 1 1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 1 a Donated services and use of facilities 2a 2 Add lines 2a through 2d 2c 3 Subtract line 2e from line 1 3 4 Anounts included on Form 990, Part IX, line 25, but not on line 1: 2a a Investment expenses not included on Form 990, Part IV, line 7b 2a 2 Anounts included on Form 990, Part IX, line 25, but not on line 1: 3 a Investment expenses not included on Form 990, Part IVII, line 7b 2a 2 Add lines 4a and 4b 4c 127, 716. </th <td>с</td> <td></td> <td></td> <td></td> <td></td> <td></td>	с					
3 Subtract line 2e from line 1 3 4,781,858. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 127,716. a Investment expenses not included on Form 990, Part VIII, line 7b 4a 127,716. b Other (Describe in Part XIII) 4b 4c 127,716. c Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12.) 5 4,909,574. Part XIII Reconciliation answered "Yes" on Form 990, Part IV, line 12a. 5 4,909,574. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 3,714,092. 1 Total expenses and losses per audited financial statements 2a 2a 2a 2 Donated services and use of facilities 2a 2a 2a 2a 2 Donated services and use of facilities 2a 2a 2a 2a 0. 3 Subtract line 2a through 2d 2a 2a 0. 3 3,714,092. 4 Add lines 2a through 2d 3 3 3,714,092. 3 3,714,092. 5 Subtract line 2e from line 1 3 3,714,092.	d					
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 127,716. a Investment expenses not included on Form 990, Part VIII, line 7b 4b 4c 127,716. b Other (Describe in Part XIII.) 5 4,909,574. 5 4,909,574. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 5 4,909,574. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 3,714,092. 3 1 Total expenses and losses per audited financial statements 1 3,714,092. 2 2 2 2 2 2 Donated services and use of facilities 2a 2a 2a 2a 2 Derive ar adjustments 2a 2a 2a 2a 2a 2a 0. 3 3,714,092. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 2a 2a 2a 2a 0. 3 3,714,092. 3 3,714,092. 3 3,714,092. 5 3,841,808. 3a 3,714,092. 5 3,841,808. 3a 3,714,092. 5 3,841,808.	е	Add lines 2a through 2d			2e	· · · ·
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b Other (Describe in Part XIII.) 4b 4c 127,716. c Add lines 4a and 4b 5 4,909,574. c Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) 5 4,909,574. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 3,714,092. 1 Total expenses and losses per audited financial statements 2a 2a 2a 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a 2a 2a 2 Donated services and use of facilities 2a 2a 2a 2a 2 Other (Describe in Part XIII.) 2d 2a 2a 2a 0. 3 Subtract line 2e from line 1 3,714,092. 3 3,714,092. 3 3,714,092. 4 Add lines 2a through 2d 2a 2a 0. 3 3,714,092. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3,714,092. 3 3,714,092. 4 Amounts included on Form 990, Part IVII, line 7b 4a 127,716. 4c 127,716. 5 Total expenses not included on Form 99	4					
c Add lines 4a and 4b 4c 127,716. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) 4c 127,716. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 4,909,574. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 3,714,092. 1 Total expenses and losses per audited financial statements 1 3,714,092. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2b 2c 2 Donated services and use of facilities 2b 2c 2c 2c 4 Other losses 2c 2c 2c 2c 2c 0. 3 Subtract line 2e from line 1 4a 127,716. 3 3,714,092. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a 127,716. 4a 127,716. 4 Amounts included on Form 990, Part IVII, line 7b 4a 127,716. 4c 127,716. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.) 5 3,841,808. Part XIII Supplementa	а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	127,716.		
5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 4,909,574. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 3,714,092. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a 2a 2 Donated services and use of facilities 2a 2a 2 2 2a 2a 2 Cother losses 2c 0. 3 Subtract line 2 from line 1 3 3,714,092. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 2a 2e 0. 3 Subtract line 2e from line 1 3 3,714,092. 3 3,714,092. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a 1 127,716. 4 Amounts included on Form 990, Part IV, line 7b 4a 127,716. 5 3,841,808. Part XIII. Contel expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1a	b	Other (Describe in Part XIII.)	4b			
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 1 Total expenses and losses per audited financial statements 1 3,714,092. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 2 a Donated services and use of facilities 2a 2 b Prior year adjustments 2a 2c c Other losses 2c 2d d Other (Describe in Part XIII.) 2e 0. e Add lines 2a through 2d 2e 0. 3 Subtract line 2e from line 1 3,714,092. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3,714,092. a Investment expenses not included on Form 990, Part VIII, line 7b 4a 127,716. b Other (Describe in Part XIII.) 4c 127,716. c Add lines 4a and 4b 3,841,808. Part XIII Supplemental Information. 5 3,841,808. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P	с	Add lines 4a and 4b			4c	127,716.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Amounts included on Form 990, Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part VIII, line 7b d Amounts included on Form 990, Part VIII, line 7b d 4a 127, 716. 5 3, 841, 808. Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b. Also complete this part to provide any additional 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. Also complete this part to provide					•	4,909,574.
1 Total expenses and losses per audited financial statements 1 3,714,092. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2a 2 Donated services and use of facilities 2a 2a b Prior year adjustments 2c 2c c Other losses 2c 2d d Other (Describe in Part XIII.) 2d 2e 0. 3 Subtract line 2e from line 1 3 3,714,092. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a 127,716. a Investment expenses not included on Form 990, Part VIII, line 7b 4a 127,716. b Other (Describe in Part XIII.) 4b 4c 127,716. c Add lines 4a and 4b 4c 127,716. 5 3,841,808. Part XIII Supplemental Information. 5 3,841,808. 3,841,808. Part XIII Supplemental Information. 5 3,841,808. Part XIII Supplemental Information. 5 3,841,808. Part XIII Supplemental Information. 5 3,841,	Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	leturn.	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b d Chips must equal Form 990, Part I, line 18. 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 X, line 2d and 4b. Also complete this part to provide any additional information. Part XII Supplemental Information. Part X, LINE 2: Part X, LINE 2:		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4c c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 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, line 2d and 4b. Also complete this part to provide any additional information. PPART X, LINE 2: Extempt FROM FEDERAL INCOME TAX AS A FOUNDATION DESCRIBED	1	Total expenses and losses per audited financial statements			1	3,714,092.
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Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX AS A FOUNDATION DESCRIBED	5				5	3,841,808.
ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX AS A FOUNDATION DESCRIBED						
ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX AS A FOUNDATION DESCRIBED	Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b a	nd 2b; Part V, line 4	; Part X, line 2; I	Part XI,
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THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX AS A FOUNDATION DESCRIBED						
THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX AS A FOUNDATION DESCRIBED						
	PART	X, LINE 2:				
		· ·				
IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR SECTION OF	THE	FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX AS A FOUNDATION	DESCRIBED			
IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR SECTION OF						
	IN S	ECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR S	ECTION OF			
IOWA INCOME TAX LAW, WHICH PROVIDES INCOME TAX EXEMPTION FOR CORPORATIONS	IOWA	. INCOME TAX LAW, WHICH PROVIDES INCOME TAX EXEMPTION FOR CORP	ORATIONS			

31

ORGANIZED AND OPERATED EXCLUSIVELY FOR RELIGIOUS, CHARITABLE, OR

EDUCATIONAL PURPOSES. THE INTERNAL REVENUE SERVICE DETERMINATION IS THAT

THE FOUNDATION IS OTHER THAN A PRIVATE FOUNDATION.

THE FOUNDATION FILES INFORMATION RETURNS IN THE U.S. FEDERAL JURISDICTION.

THE FOUNDATION FOLLOWS THE ACCOUNTING STANDARD TO EVALUATE UNCERTAIN TAX

POSITIONS AND HAS DETERMINED THAT IT WAS NOT REQUIRED TO RECORD A

LIABILITY RELATED TO UNCERTAIN TAX POSITIONS AT JUNE 30, 2020 AND 2019.

932054 10-02-19

Schedule D (Form 990) 2019

14160211 131839 034-010133-00

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Part All Supplemental Information (continued)	
	Schedule D (Form 990) 2019

SCHEDULE I (Form 990)	Go	arants and Oth vernments, ar	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
	Comp	lete if the organizatio			rt IV, line 21 or 22.		
Department of the Treasury Internal Revenue Service		Co to unuur ir	Attach to Form rs.gov/Form990 fo		action		Open to Public Inspection
Name of the organization			13.900/F011199010	i the latest morn			Employer identification number
5	NDATION OF JOI	INSON COUNTY					42-1508117
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 assis	stance, and the selecti	
criteria used to award the grants or ass	stance?						X Yes No
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	l States.			
Part II Grants and Other Assistance to	Domestic Organi	zations and Domestic	Governments. C	Complete if the org	anization answered "Y	′es" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.	(f) Mathead of	1	1
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
BPO ELKS LODGE 590 637 FOSTER ROAD IOWA CITY, IA 52245	42-0136070	OTHER	19,859.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION
RIVER POINTE CHURCH 21000 SOUTHWEST FREEWAY RICHMOND, TX 77469	76-0521517	IRC501(C)(3)	21,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION
REGINA FOUNDATION 2140 ROCHESTER AVENUE IOWA CITY, IA 52245	51-0158837	IRC501(C)(3)	597,041.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION
REGINA CATHOLIC EDUCATION CENTER 2150 ROCHESTER AVENUE IOWA CITY, IA 52245	42-0957166	IRC501(C)(3)	6,520.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION
REFUGEE AND IMMIGRANT ASSOCIATION 1566 S GILBERT ST IOWA CITY, IA 52240	81-0920164	IRC501(C)(3)	7,449.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION
PULLMAN BAR AND DINER 17 S DUBUQUE STREET IOWA CITY, IA 52240	37-1759661	OTHER	7,518.	0.			TO SUPPORT BUSINESSES THAT ALLIGH WITH THE MISSION OF THE ORGANIZATION DURING COVID
2 Enter total number of section 501(c)(3) a			a line d telele		1		▶ 81
3 Enter total number of other organization	•						14.
- · g							E.

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

Schedule I (Form 990) COMMUNITY FOUNDATION OF JOHNSON COUNTY

CEDAR RAPIDS, IA 52401

(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
PREUCIL SCHOOL OF MUSIC							
524 N JOHNSON STREET							TO SUPPORT THE MISSION C
IOWA CITY, IA 52245	42-1057429	IRC501(C)(3)	5,952.	0.			THE ORGANIZATION
OUR KIDS CHILDREN'S CENTER							
CHARITIES - 4696 OAK CREST HILL							TO SUPPORT THE MISSION (
ROAD - IOWA CITY, IA 52240	30-0478917	IRC501(C)(3)	8,855.	0.			THE ORGANIZATION
OUR KIDS							
4696 OAK CRES HILL ROAD							TO SUPPORT THE MISSION (
IOWA CITY, IA 52240	30-0478917	IRC501(C)(3)	6,000.	0.			THE ORGANIZATION
			, .				
ORCHESTRA IOWA INC							
119 THIRD AVENUE							TO SUPPORT THE MISSION
CEDAR RAPIDS, IA 52401	42 - 0772544	IRC501(C)(3)	6,250.	0.			THE ORGANIZATION
NORTH LIBERTY COMMUNITY PANTRY							
89 NORTH JONES BLVD							TO SUPPORT THE MISSION
	12-1233281	IRC501(C)(3)	11,660.	0.			THE ORGANIZATION
NORTH LIBERTY, IA 52317	42-1255204	140301(0)(3)	11,000.				THE ORGANIZATION
NO FOOT TOO SMALL							
405 GALWAY DRIVE							TO SUPPORT THE MISSION (
IOWA CITY, IA 52246	82-4301623	IRC501(C)(3)	15,262.	0.			THE ORGANIZATION
NATIONAL ALLIANCE ON MENTAL							
ILLNESS - 1105 GILBERT COURT SUITE							TO SUPPORT THE MISSION
200 - IOWA CITY, IA 52240	42-1310908	IRC501(C)(3)	5,720.	0.			THE ORGANIZATION
MYLIFESPEAKS COMMUNITY							
PO BOX 100972							TO SUPPORT THE MISSION
NASHVILLE, TN 37224	45-2446194	IRC501(C)(3)	5,000.	0.			THE ORGANIZATION
MARCH OF DIMES 425 2ND STREET SE 605							TO SUPPORT THE MISSION
123 200 BIREEL BE 0000		1	1				TO SOLLOVI THE MISSION

Schedule I (Form 990)

THE ORGANIZATION

5,000.

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13-1846366 IRC501(C)(3)

42-1508117 Page 1

COMMUNITY FOUNDATION OF JOHNSON COUNTY Schedule I (Form 990)

JONES ACADEMY OF PERFORMING ARTS				
PO BOX 1123				TO SUPPORT THE MISSION OF
IOWA CITY, IA 52244	46-0942657 IRC501(C)(3)	10,000.	0.	THE ORGANIZATION
JOHNSON COUNTY HISTORICAL SOCIETY				
PO BOX 5081				TO SUPPORT THE MISSION OF
CORALVILLE, IA 52241	23-7427638 IRC501(C)(3)	35,063.	Ο.	THE ORGANIZATION
JOHNSON COUNTY EXTENSION DBA BIG				
BROTHERS BIG SISTERS OF JOHNSON				
COUNTY - 3109 OLD HWY 218 S - IOWA				TO SUPPORT THE MISSION OF
CITY, IA 52246	42-6021441 IRC501(C)(3)	5,000.	0.	THE ORGANIZATION
JOHNSON COUNTY COMMUNITY EMERGENCY				
RESPONSE TEAM - 4529 MELROSE				TO SUPPORT THE MISSION OF
AVENUE - IOWA CITY, IA 52246	42-6004806 IRC501(C)(3)	14,600.	0.	THE ORGANIZATION
RIVERSIDE THEATRE				
308 E BURLINGTON ST 304				TO SUPPORT THE MISSION OF
	42-1188839 IRC501(C)(3)	21 750	0.	
IOWA CITY, IA 52240	42-1100039 IRC501(C)(3)	21,750.	0.	THE ORGANIZATION
SECOND MILE MISSION CENTER				
1135 US 90 ALT				TO SUPPORT THE MISSION OF
MISSOURI CITY, TX 77489	81-0556112 IRC501(C)(3)	5,000.	0.	THE ORGANIZATION
SERVENOW				
1817 AUSTIN BLUFFS PKWY 110				TO SUPPORT THE MISSION OF
COLORADO SPRINGS, CO 80918	46-1522377 IRC501(C)(3)	5,000.	0.	THE ORGANIZATION
SERVE NOW				
5225 N ACADEMY BLVD SUITE 206				TO SUPPORT THE MISSION OF
COLORADO SPRINGS, CO 80918	46-1522377 IRC501(C)(3)	15,000.	0.	THE ORGANIZATION

35

(d) Amount of

cash grant

27,436.

if applicable

42-0680412 OTHER

(e) Amount of

non-cash

assistance

Ο.

(f) Method of

valuation

(book, FMV,

appraisal, other)

(g) Description of

non-cash assistance

organization or government

LORAS COLLEGE

DUBUQUE, IA 52001

1450 ALTA VISTA STREET

(h) Purpose of grant

or assistance

TO SUPPORT THE MISSION OF

THE ORGANIZATION

COMMUNITY FOUNDATION OF JOHNSON COUNTY Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

IOWA CITY, IA 52240

(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
UNIVERSITY OF IOWA CENTER FOR ADVANCEMENT - PO BOX 4550 - IOWA CITY, IA 52244	42-0796760	IRC501(C)(3)	57,500.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION
UNIVERSITY OF IOWA UI SERVICE CENTER 2700 UNIVERSITY CAPITOL CENTRE - IOWA CITY, IA 52242	42-6004813	OTHER	5,750.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION
UNITED WAY OF JOHNSON & WASHINGTON COUNTIES - 1150 5TH STREET SUITE 290 - CORALVILLE, IA 52241	42-6062055	IRC501(C)(3)	65,335.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION
UNITED ACTION FOR YOUTH 1700 S 1ST AVENUE SUITE 14 IOWA CITY, IA 52240	42-0954860	IRC501(C)(3)	9,865.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION
THE SALVATION ARMY HEARTLAND DIVISION - 1116 GILBERT CT - IOWA CITY, IA 52240	36-2167910	IRC501(C)(3)	13,200.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION
THE PERFECT GAME CARE FOUNDATION 850 TWIXT TOWN ROAD NE CEDAR RAPIDS, IA 52402	73-1687284	IRC501(C)(3)	10,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION
THE IOWA CHILDRENS MUSEUM 1451 CORAL RIDGE AVENUE SUITE 715 CORALVILLE, IA 52241	42-1461422	IRC501(C)(3)	13,427.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION
THE HOUSING FELLOWSHIP 322 EAST 2ND ST IOWA CITY, IA 52240	42-1362432	IRC501(C)(3)	10,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION
THE DREAM CENTER 611 SOUTHGATE AVENUE SUITE A							TO SUPPORT THE MISSION OF

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Schedule I (Form 990)

THE ORGANIZATION

5,900.

46-0942657 IRC501(C)(3)

Ο.

42-1508117

Page 1

Schedule I (Form 990) COMMUNITY FOUNDATION OF JOHNSON COUNTY

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

SOLON, IA 52333

(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
IOWA WRITERS HOUSE 332 E DAVENPORT ST IOWA CITY, IA 52245	42-1508117	OTHER	31,010.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION
THE BIRD HOUSE HOSPICE HOME OF JOHNSON COUNTY - 8 LIME KILN LANE NE - IOWA CITY, IA 52240	46-2471547	IRC501(C)(3)	50,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION
SUMMER OF THE ARTS 319 E 1ST STREET IOWA CITY, IA 52240	42-1412706	IRC501(C)(3)	5,100.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION
STRENGTHEN GROW EVOLVE 221 E WASHINGTON STREET IOWA CITY, IA 52240	45-4103745	IRC501(C)(3)	11,500.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION
STRANDS OF STRENGTH 1310 TULIP TREE LANE WEST DES MOINES, IA 50266	45-4145232	IRC501(C)(3)	5,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION
ST PATRICK CATHOLIC CHURCH 4330 ST PATRICKS DRIVE IOWA CITY, IA 52240	42-0680275	IRC501(C)(3)	30,282.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION
ST BURCH TAVERN 127 IOWA AVENUE IOWA CITY, IA 52240	81-5384280	OTHER	8,057.	0.			TO SUPPORT BUSINESSES THAT ALLIGH WITH THE MISSION OF THE ORGANIZATION DURING COVID
STAR OF HOPE MISSION 4848 LOOP CENTRAL DRIVE SUITE 500 HOUSTON, TX 77081	74-1152599	IRC501(C)(3)	7,500.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION
SOLON DOLLARS FOR SCHOLARS PO BOX 551							TO SUPPORT THE MISSION OF

Schedule I (Form 990)

THE ORGANIZATION

15,265.

46-5034853 IRC501(C)(3)

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42-1508117 Page 1

Schedule I (Form 990) COMMUNITY FOUNDATION OF JOHNSON COUNTY

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

45-4103745 IRC501(C)(3)

IOWA CITY, IA 52240

				· · ·		, ,	
(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
SIGOURNEY FIRE DEPARTMENT							
219 S MAINE STREET							TO SUPPORT THE MISSION OF
SIGOURNEY, IA 52591	42-1178531	OTHER	5,000.	0.			THE ORGANIZATION
,,							
SHELTER HOUSE INC							
PO BOX 3146							TO SUPPORT THE MISSION OF
IOWA CITY, IA 52244	42-1231451	IRC501(C)(3)	123,460.	0.			THE ORGANIZATION
TABLE TO TABLE FOOD DISTRIBUTION							
NETWORK - 840 S CAPITOL STREET -							TO SUPPORT THE MISSION OF
IOWA CITY, IA 52240	42-1457219	IRC501(C)(3)	16,375.	0.			THE ORGANIZATION
UNIVERSITY OF WASHINGTON							
FOUNDATION - PO BOX 358045 -							TO SUPPORT THE MISSION OF
SEATTLE, WA 98195	94-3079432	IRC501(C)(3)	10,000.	0.			THE ORGANIZATION
	54 5075452	11(0)01(0)(0)	10,000.				
IOWA VALLEY HABITAT FOR HUMANITY							
2401 SCOTT BLVD							TO SUPPORT THE MISSION OF
IOWA CITY, IA 52245	42-1410210	IRC501(C)(3)	10,352.	0.			THE ORGANIZATION
IOWA LEGAL AID							
1700 SOUTH 1ST AVE SUITE 10							TO SUPPORT THE MISSION OF
IOWA CITY, IA 52240	42-1079227	IRC501(C)(3)	7,500.	0.			THE ORGANIZATION
FIRST UNITARIAN UNIVERSALIST							
CHURCH - 1800 BELL AVENUE - DES	40.07(1057		F 000	0			TO SUPPORT THE MISSION OF
MOINES, IA 50315	42-0/6105/	IRC501(C)(3)	5,000.	0.			THE ORGANIZATION
FIRST PRESBYTERIAN CHURCH							
2701 ROCHESTER AVENUE							TO SUPPORT THE MISSION OF
IOWA CITY, IA 52245	42-0681418	IRC501(C)(3)	5,788.	0.			THE ORGANIZATION
· ·			,				
FILMSCENE							
118 E COLLEGE STREET SUITE 101							TO SUPPORT THE MISSION OF

Schedule I (Form 990)

THE ORGANIZATION

11,410.

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42-1508117 Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

- CORALVILLE, IA 52241

(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
FIFTH WARD SAINTS							
140 GATHERING PLACE LN							TO SUPPORT THE MISSION OF
IOWA CITY, IA 52246	82-4371442	IRC501(C)(3)	27,500.	0.			THE ORGANIZATION
FAMILY FOLK MACHINE							
PO BOX 1421							TO SUPPORT THE MISSION OF
IOWA CITY, IA 52244	82-5371688	IRC501(C)(3)	5,315.	0.			THE ORGANIZATION
FAITH ACADEMY							
1030 CROSS PARK ROAD							TO SUPPORT THE MISSION OF
IOWA CITY, IA 52240	42-0989258	IRC501(C)(3)	18,152.	0.			THE ORGANIZATION
EXTEND THE DREAM FOUNDATION							
PO BOX 1525							TO SUPPORT THE MISSION OF
IOWA CITY, IA 52244	42-1465808	IRC501(C)(3)	5,029.	0.			THE ORGANIZATION
	12 1105000	110301(0)(0)	5,025.				
DOMESTIC VIOLENCE INTERVENTION							
PROGRAM - 1105 S GILBERT CT SUITE							TO SUPPORT THE MISSION OF
300 - IOWA CITY, IA 52240	42-1124902	IRC501(C)(3)	17,575.	0.			THE ORGANIZATION
							TO SUPPORT BUSINESSES
DELUXE BAKERY							THAT ALLIGH WITH THE
812 S SUMMIT							MISSION OF THE
IOWA CITY, IA 52240	81-0584262	OTHER	7,054.	0.			ORGANIZATION DURING COVID
CROSSBRIDGE COMMUNITY CHURCH							
935 ELDRIDGE ROAD 282							TO SUPPORT THE MISSION OF
SUGAR LAND, TX 77478	74-3043744	IRC501(C)(3)	10,000.	0.			THE ORGANIZATION
CORALVILLE COMMUNITY FOOD PANTRY							TO SUPPOPE THE MISSION OF
PO BOX 5523	47 2500757	IRC501(C)(3)	26 450	0			TO SUPPORT THE MISSION OF
CORALVILLE, IA 52241	4/-3009/5/	TVC201(C)(2)	26,450.	0.			THE ORGANIZATION
CORALVILLE CENTER FOR THE							
PERFORMING ARTS - 1301 5TH STREET							TO SUPPORT THE MISSION OF

7,500.

39

42-6004814 IRC501(C)(3)

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Schedule I (Form 990)

THE ORGANIZATION

(b) EIN

(a) Name and address of

organization or government

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(c) IRC section

if applicable

organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
COMMUNITY CRISIS SERVICES AND FOOD							
BANK - 1121 GILBERT COURT - IOWA							TO SUPPORT THE MISSION OF
CITY, IA 52240	42-0955992	IRC501(C)(3)	43,527.	0.			THE ORGANIZATION
COMBINED EFFORTS THEATRE							
PO BOX 89							TO SUPPORT THE MISSION OF
IOWA CITY, IA 52240	27-0406502	IRC501(C)(3)	7,010.	0.			THE ORGANIZATION
CITY OF HILLS							
201 N 1ST STREET							TO SUPPORT THE MISSION OF
HILLS, IA 52235	42-0920947	OTHER	10,000.	0.			THE ORGANIZATION
CITY OF CORALVILLE							
1512 7TH STREET							TO SUPPORT THE MISSION OF
CORALVILLE, IA 52241	42-6004814	OTHER	24,773.	0.			THE ORGANIZATION
CHILDRENS CANCER CONNECTION							
2708 GRAND AVENUE							TO SUPPORT THE MISSION OF
DES MOINES, IA 50312	42-1313167	IRC501(C)(3)	53,575.	0.			THE ORGANIZATION
GENMER FOR MORER THEMICE OF							
CENTER FOR WORKER JUSTICE OF EASTERN IOWA - 1556 S FIRST AVENUE							TO SUPPORT THE MISSION OF
SUITE C - IOWA CITY, IA 52240	46-1235166	IRC501(C)(3)	8,500.	0.			THE ORGANIZATION
BUR OAK LAND TRUST 5 STURGIS CORNER DRIVE SUITE 1250							TO SUPPORT THE MISSION OF
IOWA CITY, IA 52246	42-1104058	IRC501(C)(3)	12,888.	0.			THE ORGANIZATION
			,				
FREE LUNCH PROGRAM							
1105 S GILBERT CT 100							TO SUPPORT THE MISSION OF
IOWA CITY, IA 52240	26-4722790	IRC501(C)(3)	11,102.	0.			THE ORGANIZATION
FRIENDS OF ACADIA							
PO BOX 45							TO SUPPORT THE MISSION OF
BAR HARBOR, ME 46090	01-0425071	IRC501(C)(3)	5,000.	0.			THE ORGANIZATION

(d) Amount of

cash grant

(e) Amount of

non-cash

(f) Method of

valuation

(g) Description of

non-cash assistance

42-1508117

(h) Purpose of grant

or assistance

40

Schedule I (Form 990) COMMUNITY FOUNDATION OF JOHNSON COUNTY

(b) EIN

(a) Name and address of

organization or government

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(c) IRC section

if applicable

	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
						TO SUPPORT THE MISSION OF
42-1471727	IRC501(C)(3)	5,000.	0.			THE ORGANIZATION
						TO SUPPORT THE MISSION OF
42-1484935	IRC501(C)(3)	7,636.	0.			THE ORGANIZATION
						TO SUPPORT THE MISSION OF
27-1303892	IRC501(C)(3)	15,750.	0.			THE ORGANIZATION
						TO SUPPORT THE MISSION OF
45-0306649	OTHER	17,938.	0.			THE ORGANIZATION
						TO SUPPORT THE MISSION OF
42-6004805	IRC501(C)(3)	6,205.	0.			THE ORGANIZATION
						TO SUPPORT THE MISSION OF
42-1154098	IRC501(C)(3)	7,844.	0.			THE ORGANIZATION
						TO SUPPORT THE MISSION OF
42-0960955	IRC501(C)(3)	28,099.	0.			THE ORGANIZATION
						TO SUPPORT THE MISSION OF
42-1177023	IRC501(C)(3)	13,438.	0.			THE ORGANIZATION
						TO SUPPORT THE MISSION OF
42-6023567	OTHER	95,018.	0.			THE ORGANIZATION
	42-1484935 27-1303892 45-0306649 42-6004805 42-1154098 42-0960955 42-1177023	42-1471727 IRC501(C)(3) 42-1484935 IRC501(C)(3) 42-1303892 IRC501(C)(3) 45-0306649 OTHER 42-6004805 IRC501(C)(3) 42-1154098 IRC501(C)(3) 42-0960955 IRC501(C)(3) 42-0960955 IRC501(C)(3) 42-0960955 IRC501(C)(3) 42-0960955 IRC501(C)(3) 42-0960955 IRC501(C)(3)	42-1471727 IRC501(C)(3) 5,000. 42-1484935 IRC501(C)(3) 7,636. 27-1303892 IRC501(C)(3) 15,750. 45-0306649 DTHER 17,938. 42-6004805 IRC501(C)(3) 6,205. 42-1154098 IRC501(C)(3) 7,844. 42-0960955 IRC501(C)(3) 28,099. 42-1177023 IRC501(C)(3) 13,438.	42-1471727 IRC501(C)(3) 5,000. 0. 42-1484935 IRC501(C)(3) 7,636. 0. 27-1303892 IRC501(C)(3) 15,750. 0. 45-0306649 OTHER 17,938. 0. 42-6004805 IRC501(C)(3) 6,205. 0. 42-1154098 IRC501(C)(3) 7,844. 0. 42-0960955 IRC501(C)(3) 28,099. 0. 42-1177023 IRC501(C)(3) 13,438. 0.	42-1471727 IRC501(C) (3) 5,000. 0. 42-1484935 IRC501(C) (3) 7,636. 0. 27-1303892 IRC501(C) (3) 15,750. 0. 45-0306649 OTHER 17,938. 0. 42-1154098 IRC501(C) (3) 6,205. 0. 42-1154098 IRC501(C) (3) 7,844. 0. 42-0960955 IRC501(C) (3) 28,099. 0. 42-1177023 IRC501(C) (3) 13,438. 0.	42-1471727 IRC501(C) (3) 5,000. 0. 42-1484935 IRC501(C) (3) 7,636. 0. 27-1303892 IRC501(C) (3) 15,750. 0. 45-0306649 OTHER 17,938. 0. 42-1154098 IRC501(C) (3) 6,205. 0. 42-0960955 IRC501(C) (3) 7,844. 0. 42-0960955 IRC501(C) (3) 13,438. 0.

(d) Amount of

cash grant

(e) Amount of

non-cash

(f) Method of

valuation

(g) Description of

non-cash assistance

42-1508117 Page 1

(h) Purpose of grant

or assistance

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

45-1294227 IRC501(C)(3)

IOWA CITY, IA 52245

(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
IOWA CITY CATHOLIC WORKER URBAN AND RURAL LAND TRUST - PO BOX 3324 - IOWA CITY, IA 52244	81-6878608	OTHER	54,996.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION
IOWA 4H FOUNDATION 1259 STANGE ROAD AMES, IA 50011	42-6061606	IRC501(C)(3)	9,630.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION
IOWA PUBLIC RADIO 2111 GRAND AVENUE SUITE 100 DES MOINES, IA 50312	20-4227123	IRC501(C)(3)	52,630.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION
INSIDE OUT RE ENTRY COMMUNITY 500 N CLINTON STREET IOWA CITY, IA 52245	47-5350218	IRC501(C)(3)	23,481.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION
HOSPICE HOME OF JOHNSON COUNTY PO BOX 3338 IOWA CITY, IA 52244	46-2471547	IRC501(C)(3)	8,400.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION
HORIZONS A FAMILY SERVICE ALLIANCE 2210 9TH ST 1 CORALVILLE, IA 52241	42-1135083	IRC501(C)(3)	20,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION
HAVLIFE 332 S LINN STREET SUITE 18 IOWA CITY, IA 52240	47-5092881	IRC501(C)(3)	5,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION
HARVEST PRESERVE FOUNDATION, INC. 1645 N SCOTT BLVD IOWA CITY, IA 52240	20-2420512	IRC501(C)(3)	36,988.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION
GIRLS ON THE RUN OF EASTERN IOWA 26 E MARKET ST							TO SUPPORT THE MISSION OF

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THE ORGANIZATION

7,665.

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42-1508117 Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

80-0430185 IRC501(C)(3)

CHARLOTTESVILLE, VA 22901

(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
GIRLS INC OF SIOUX CITY							
PO BOX 3380							TO SUPPORT THE MISSION OF
SIOUX CITY, IA 51102	42-1272032	IRC501(C)(3)	15,000.	0.			THE ORGANIZATION
GIRL SCOUTS OF EASTERN IOWA AND							
WESTERN ILLINOIS INC - 940 GOLDEN							
VALLEY DRIVE - BETTENDORF, IA							TO SUPPORT THE MISSION OF
52722	42-1008848	IRC501(C)(3)	5,364.	0.			THE ORGANIZATION
FRIENDS OF THE SIGOURNEY PUBLIC							
LIBRARY - 720 E JACKSON STREET -							TO SUPPORT THE MISSION OF
SIGOURNEY, IA 52591	42-1428710	IRC501(C)(3)	5,000.	0.			THE ORGANIZATION
<u>516668811, 18 52551</u>	42 1420/10	11(0)01(0)(0)	5,000.				
FRIENDS OF THE CENTER							
28 S LINN STREET							TO SUPPORT THE MISSION OF
IOWA CITY, IA 52240	20-1219019	IRC501(C)(3)	60,825.	0.			THE ORGANIZATION
			, ,				
ICCSD FOUNDATION							
1725 N DODGE STREET							TO SUPPORT THE MISSION OF
IOWA CITY, IA 52245	42-1177023	IRC501(C)(3)	41,235.	0.			THE ORGANIZATION
4CS COMMUNITY COORDINATED CHILD							
CARE - 1500 SYCAMORE STREET - IOWA							TO SUPPORT THE MISSION OF
CITY, IA 52240	23-7351124	IRC501(C)(3)	13,661.	0.			THE ORGANIZATION
AMERICAN CANCER SOCIETY							
4080 FIRST AVENUE NE, SUITE 101							TO SUPPORT THE MISSION OF
CEDAR RAPIDS, IA 52402	13-1788491	IRC501(C)(3)	13,044.	0.			THE ORGANIZATION
ANTELOPE LENDING LIBRARY							
1122 5TH AVENUE							TO SUPPORT THE MISSION OF
	74-3070882	IRC501(C)(3)	12 358	0.			THE ORGANIZATION
IOWA CITY, IA 52240	/4-30/0002	TUC201(C)(2)	12,358.	0.			
BASEBALL WITHOUT BORDERS							
1117 RIVER COURT							TO SUPPORT THE MISSION OF

Schedule I (Form 990)

THE ORGANIZATION

25,000.

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42-1508117 Page 1

Schedule I (Form 990) COMMUNITY FOUNDATION OF JOHNSON COUNTY

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
							TO SUPPORT BUSINESSES
BIG GROVE BREWERY							THAT ALLIGH WITH THE
1225 S GLIBERT STREET							MISSION OF THE
IOWA CITY, IA 52240	81-2398729		9,102.	0.			ORGANIZATION DURING COVID
BOYS AND GIRLS CLUB OF CEDAR							
RAPIDS - 420 6TH STREET SE, SUITE							TO SUPPORT THE MISSION OF
240 - CEDAR RAPIDS, IA 52401	42-1434056	IRC501(C)(3)	5,000.	0.			THE ORGANIZATION

42-1508117 Page 1

Schedule I (Form 990) (2019)

COMMUNITY FOUNDATION OF JOHNSON COUNTY

Page 2

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

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

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

PART I, LINE 2:

THE FOUNDATION DOES REQUEST GRANT REPORTS FROM ORGANIZATIONS RECEIVING

GRANT PROCEEDS OR EXPENDITURE SUBSTANTIATION. GRANTS TO THE RESTAURANTS

WERE FOR THE FOOD WITH LOVE PROJECT. GRANT TO SCHEELS ALL SPORTS WAS FOR

WINTER COATS, HATS AND GLOVES DELIVERED TO THE IOWA CITY COMMUNITY SCHOOL

DISTRICT.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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.

2019 Open to Public Inspection

Employer identification number

42-1508117

Name of the	organization
-------------	--------------

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

COMMUNITY	FOUNDATION	OF	JOHNSON	COUNTY

Pa	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 de noncash contribu	etermin		6	
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	12	280,274.	STOCK MARKET VAL	UE			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
••	trust interests								
12									
13	Securities - Miscellaneous								
15									
14	Historic structures Qualified conservation contribution - Other								
15									
16	Real estate - Residential Real estate - Commercial								
17 10	Real estate - Other								
18 10	Collectibles								
19 20	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 organiz						٥		
	for which the organization completed Form 82	83, Part IV, I	Jonee Acknowledg	jement 29			Vaa	N	
20-	During the year did the exception receive h	v contributio	n any proporty rap	arted in Dart L lines 1 through	b 00 that it		Yes	No	
30a	During the year, did the organization receive by								
	must hold for at least three years from the date			·		00-		х	
	exempt purposes for the entire holding period'	<i>′</i>				30a			
	b If "Yes," describe the arrangement in Part II.						v		
31						31	X		
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?					32a		<u>x</u>	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	r for which column (a) is cheo	cked,				
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).	Schedule N	/ (Forn	n 990)	2019	

Schedule M (Form 990) 2019 COMMUNITY FOUNDATION OF JOHNSON COUNTY	42-1508117	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution this part for any additional information.	33, and whether the organi ombination of both. Also cor	zation
SCHEDULE M, PART I, COLUMN (B):		
REPORTING NUMBER OF CONTRIBUTIONS		
	0.4.4.4.1.1.7	
332142 09-27-19	Schedule M (For	m 990) 2019
47		

14160211 131839 034-010133-00

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.



Employer identification number 42-1508117

COMMUNITY FOUNDATION OF JOHNSON COUNTY

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

WE CONNECT THOSE WHO CARE WITH THOSE WHO NEED.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE CONSISTS OF THE PRESIDENT, VP , SEC, TREASURER AND

THE CHAIR OF EACH STANDING COMMITTEE PER THE FOUNDATION'S BY-LAWS.

ADDITIONALLY, THE COMMITTEE MAY HAVE OTHER MEMBER(S) AS NOMINATED BY THE

PRESIDENT AND APPROVED BY THE BOD. WHEN THE BOD IS NOT IN SESSION THE

EXECUTIVE COMMITTEE MAY EXERCISE ALL AUTHORITY OF THE BOD WITH EXCEPTIONS

DEFINED IN THE BY-LAWS.

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

AN ELECTRONIC COPY OF THE FULL RETURN IS PROVIDED TO ALL BOARD MEMBERS FOR

REVIEW PRIOR TO FILING.

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

ALL BOARD MEMBERS, COMMITTEE MEMBERS AND GRANT REVIEWERS ARE COVERED UNDER

THE POLICY. THE FORM ASKS EACH INDIVIDUAL TO DISCLOSE ANY AND ALL

RELATIONSHIPS WITH OTHER ORGANIZATIONS AND BUSINESSES THAT MAY REPRESENT A

POTENTIAL CONFLICT OF INTEREST. PRIOR TO VOTING ON CERTAIN ISSUES MEMBERS

ARE ASK IN ADVANCE IF ANYONE MAY HAVE A CONFLICT OF INTEREST. IF SO, THEY

ARE ASK TO RECUSE THEMSELVES FROM THE VOTE. THE CONFLICT OF INTEREST FORMS

ARE UPDATED ANNUALLY FOR ALL EMPLOYEES, BOARD MEMBERS, COMMITTEE MEMBERS,

GRANT REVIEWERS AND AFFILIATE FUND ADVISORY GROUPS. THEY ARE IMMEDIATELY

REVIEWED WITH NOTES TAKEN REGARDING WHERE A POSSIBLE CONFLICT MIGHT EXIST.

IF THERE IS A POTENTIAL CONFLICT AS THE POLICY STATES THE PERSON WILL NEED

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule 932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

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2019.05040 COMMUNITY FOUNDATION OF J 034-0101

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization COMMUNITY FOUNDATION OF JOHNSON COUNTY	Employer identification number 42-1508117
TO RECUSE THEMSELVES FROM ANY DELIBERATIONS OR ANY VOTE TAKEN.	
FORM 990, PART VI, SECTION B, LINE 15A:	
A PERFORMANCE EVALUATION FORM IS SENT TO ALL DIRECTORS ANNUALLY FOR THEIR	
PERSONAL REVIEW OF THE EXECUTIVE DIRECTOR. EVALUATIONS ARE COLLECTED AND	
SUMMARIZED BY THE SECRETARY OF THE ORGANIZATION TO PROVIDE A FORMAL REVIEW	
TO THE BOARD AS WELL AS THE EXECUTIVE DIRECTOR. DOCUMENTED REVIEW IN THE	
EMPLOYEE FILE WITH BOARD APPROVAL AND VOTE IN THE BOARD MINUTES. THE	
COUNCIL ON FOUNDATIONS GRANTMAKER SALARY AND BENEFITS REPORT: SALARY TABLES	
ARE REVIEWED BY ALL EXECUTIVE COMMITTEE MEMBERS TO DETERMINE MINIMUM,	
MEDIAN AND MAXIMUM COMPENSATION FOR A SIMILAR POSITION IN OUR IMMEDIATE	
DEMOGRAPHIC AREA. THEN A RECOMMENDATION FOR COMPENSATION IS MADE TO THE	
FULL BOARD FOR VOTE. THIS PROCESS WAS LAST COMPLETED IN 2020. THE EXECUTIVE	
COMMITTEE ACTUALLY REVIEWS THE EXECUTIVE DIRECTOR AND PREPARES COMPARISONS	
OF COMP WITH EXECUTIVE DIRECTORS IN OUR GEOGRAPHIC AREA. LAST YEAR A STUDY	
WAS DONE ON OTHER EXECUTIVE DIRECTORS SPECIFICALLY AT COMMUNITY FOUNDATIONS	
IN JOHNSON COUNTY, IA. ADDITIONALLY, THE COUNCIL ON FOUNDATIONS	
GRANTMAKERS SALARY REVIEW WAS ALSO USED TO REVIEW COMPARABILITY. ONCE THE	
EXECUTIVE COMMITTEE HAS COMPLETED THE COMPARABILITY AND COMPENSATION	
SUBSTANTIATION THEY MAKE A RECOMMENDATION TO THE FULL BOARD FOR APPROVAL OR	
FURTHER DISCUSSION. EACH BOARD MEMBER IS REQUIRED TO COMPLETE A FORMAL	
PERFORMANCE EVALUATION ANNUALLY. THE BOARD PRESIDENT THEN COMPILES AND	
SUMMARIZES THE EVALUATIONS, PREPARES THE FORMAL EMPLOYEE REVIEW AND MAKES	
A RECOMMENDATION TO THE EXECUTIVE COMMITTEE REGARDING COMPENSATION. THIS	
YEAR A COMPENSATION SURVEY WAS DONE OF OTHER EXECUTIVE DIRECTORS THROUGHOUT	
THE STATE OF IOWA FOR COMPARISON PURPOSES AND TO PROVIDE A COMPLETIVE	
SALARY.	

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Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization COMMUNITY FOUNDATION OF JOHNSON COUNTY	Employer identification number 42-1508117
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC ON THE FOUNDATION'S	
WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNREALIZED GAIN ON INVESTMENTS -624,612.	
PART XLL LINE 1	
MODIFIED CASH BASIS	
PART XLL LINE 2C	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	
	hadula () (Earm 000 ar 000 EZ) (0040)
932212 09-06-19 Sci 50 60211 121820 024 010122 00 2010 05040 000000000000000000000000000000	hedule O (Form 990 or 990-EZ) (2019)

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2019.05040 COMMUNITY FOUNDATION OF J 034-0101

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

F F	ilo a	sonarato	application	for e	ach re	turn	

► Go to www.irs.gov/Form8868 for the latest information.

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Type or	Name of exempt organization or other filer, see instru	ructions.		Taxpayer identification number (TIN)				
print	COMMUNITY FOUNDATION OF JOHNSON COUNTY			42-1508117				
File by the due date for filing your return. See	te for Number, street, and room or suite no. If a P.O. box, see instructions.							
instruction	See							
Enter th	e Return Code for the return that this application is for (fil	e a separa	te application for each return)			0 1		
Applica	tion	Return	Application					
ls For		Code	Is For			Code		
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)	ration)				
Form 99	0-BL	02	Form 1041-A	08				
Form 47	'20 (individual)	03	Form 4720 (other than individual)			09		
Form 99	0-PF	04	Form 5227			10		
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 99	0-T (trust other than above)	06	Form 8870					
	SHELLY MAHARRY							
• The l	books are in the care of \blacktriangleright 501 12TH AVE, NO. 102	- CORAI	VILLE, IA 52241					
Telep	bhone No. 319-337-0483		Fax No. 🕨					
• If the	organization does not have an office or place of business	s in the Un	ited States, check this box					
• If this	s is for a Group Return, enter the organization's four digit	Group Exe	mption Number (GEN) I	If this is fo	r the whole group,	check this		
box 🕨	\square . If it is for part of the group, check this box \blacktriangleright	and atta	ch a list with the names and TINs of	all memb	ers the extension is	s for.		
1 In	equest an automatic 6-month extension of time until	MAY 1	.7, 2021 , to file	e the exem	npt organization re	turn for		
th	the organization named above. The extension is for the organization's return for:							
▶ calendar year or								
	► X tax year beginning _JUL 1, 2019 , and ending _JUN 30, 2020							
2 If	the tax year entered in line 1 is for less than 12 months, check reason:							
	Change in accounting period							
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069, (enter the tentative tax, less					
ar	y nonrefundable credits. See instructions.			3a	\$	0.		
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069), enter any	/ refundable credits and					
es	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b					0.		
c B	alance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required, by					
us	sing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.		
Cautior instructi	: If you are going to make an electronic funds withdrawal	(direct del	bit) with this Form 8868, see Form 84	453-EO an	d Form 8879-EO fo	or payment		
					Faure 0000 //			
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8868 (I	rev. 1-2020)		

923841 12-30-19