

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOUNDATION OF JOHNSON COUNTY		D Employer identification number 42-1508117
	Doing business as		E Telephone number 319-337-0483
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	501 12TH AVE	102	G Gross receipts \$ 11,865,816.
	City or town, state or province, country, and ZIP or foreign postal code CORALVILLE, IA 52241		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: SHELLY MAHARRY SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			If "No," attach a list. See instructions
J Website: WWW.CFJC.ORG			H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2000	M State of legal domicile: IA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE CONNECT THOSE WHO CARE WITH THOSE WHO NEED BY SECURING DONATIONS FOR 501(C)(3) ORGANIZATIONS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	4
	6 Total number of volunteers (estimate if necessary)	6	62
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,057,304.	Current Year 6,461,332.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,854,061.	1,826,733.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,791.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,909,574.	8,288,065.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,664,601.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		301,498.	338,632.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 235,839.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		875,709.	894,199.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,841,808.	3,160,886.
19 Revenue less expenses. Subtract line 18 from line 12	1,067,766.	5,127,179.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 36,582,070.	End of Year 50,327,750.
	21 Total liabilities (Part X, line 26)	29,281.	400,681.
	22 Net assets or fund balances. Subtract line 21 from line 20	36,552,789.	49,927,069.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	SHELLY MAHARRY, EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name DAVID LITTLE	Preparer's signature DAVID LITTLE	Date 10/29/21	Check <input type="checkbox"/> if self-employed PTIN P01480921
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749	Phone no. (319) 363-2697	
Firm's address ▶ 600 3RD AVENUE SE, SUITE 300 CEDAR RAPIDS, IA 52401				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: ASSISTING NONPROFIT ORGANIZATIONS THROUGH GRANTS TO SUPPORT THEIR WORK AND FUNDRAISING. WE CONNECT THOSE WHO CARE WITH THOSE WHO NEED.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 2,415,556. including grants of \$ 1,928,055.) (Revenue \$ 0.) ENCOURAGE JOHNSON COUNTY CITIZENS TO MAKE DONATIONS TO SPECIFIC ENDOWMENT FUNDS FOR NON-PROFIT ORGANIZATIONS, POOL, ENGAGE AND MONITOR INVESTMENT MANAGERS AND MAKE GRANTS TO BENEFIT THE COMMUNITY THROUGH SUPPORT OF NON-PROFIT ORGANIZATIONS AND SCHOLARSHIPS.

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

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

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

4e Total program service expenses 2,415,556.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 21; 1b Enter the number of voting members included... 21; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records SHELLY MAHARRY - 319-337-0483 501 12TH AVE, NO. 102, CORALVILLE, IA 52241

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHELLY MAHARRY EXECUTIVE DIRECTOR	40.00			X			137,700.	0.	0.	
(2) CHARLIE NUSSER PRESIDENT	2.00			X			0.	0.	0.	
(3) TODD JACOBSON VICE PRESIDENT	2.00			X			0.	0.	0.	
(4) SARAH RICHARDSON SECRETARY	2.00			X			0.	0.	0.	
(5) DEAN PRICE TREASURER	2.00			X			0.	0.	0.	
(6) SUSAN BRENNAN DIRECTOR	2.00	X					0.	0.	0.	
(7) MARY WESTBROOK DIRECTOR	2.00	X					0.	0.	0.	
(8) LAURA BERGUS DIRECTOR	2.00	X					0.	0.	0.	
(9) MICHAEL BENNING DIRECTOR	2.00	X					0.	0.	0.	
(10) BOB DVORSKY DIRECTOR	2.00	X					0.	0.	0.	
(11) PAT HEIDEN DIRECTOR	2.00	X					0.	0.	0.	
(12) SHERRI FURMAN DIRECTOR	2.00	X					0.	0.	0.	
(13) NICK HATZ DIRECTOR	2.00	X					0.	0.	0.	
(14) KEITH JONES DIRECTOR	2.00	X					0.	0.	0.	
(15) NATE KAEDING DIRECTOR	2.00	X					0.	0.	0.	
(16) SARAH LEONARD DIRECTOR	2.00	X					0.	0.	0.	
(17) ART NOWAK DIRECTOR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANNA MOYERS STONE DIRECTOR	2.00	X						0.	0.	0.
(19) BRUCE TEAGUE DIRECTOR	2.00	X						0.	0.	0.
(20) JASON WAGNER DIRECTOR	2.00	X						0.	0.	0.
(21) JAIME WATTS DIRECTOR	2.00	X						0.	0.	0.
(22) PAULA WEIGEL DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal							137,700.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							137,700.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c	1,460.		
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,459,872.		
	g	Noncash contributions included in lines 1a-1f	1g	\$ 4,039,574.		
	h	Total. Add lines 1a-1f		6,461,332.		
Program Service Revenue	2 a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		615,553.		615,553.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents	(i) Real			
			(ii) Personal			
	6 b	Less: rental expenses				
	6 c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities			
			(ii) Other			
				4,788,931.		
	7 b	Less: cost or other basis and sales expenses		3,550,910.	26,841.	
	7 c	Gain or (loss)		1,238,021.	-26,841.	
d	Net gain or (loss)		1,211,180.		1,211,180.	
8 a	Gross income from fundraising events (not including \$ 1,460. of contributions reported on line 1c). See Part IV, line 18			0.		
		8 b	Less: direct expenses		0.	
c	Net income or (loss) from fundraising events			0.		
9 a	Gross income from gaming activities. See Part IV, line 19					
		9 b	Less: direct expenses			
c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances					
		10 b	Less: cost of goods sold			
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a		Business Code			
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
12	Total revenue. See instructions			8,288,065.	0.	0.
						1,826,733.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,928,055.	1,928,055.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	144,377.	43,313.	43,313.	57,751.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	161,802.	84,464.	61,798.	15,540.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,826.	3,095.	2,197.	534.
9 Other employee benefits	3,961.	1,817.	1,398.	746.
10 Payroll taxes	22,666.	9,520.	7,706.	5,440.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	17,141.		17,141.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	142,928.		142,928.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	17,895.	7,515.	6,160.	4,220.
13 Office expenses	33,120.	14,238.	9,929.	8,953.
14 Information technology	27,244.	20,705.	4,359.	2,180.
15 Royalties				
16 Occupancy	34,323.	14,414.	11,816.	8,093.
17 Travel	2,144.	900.	738.	506.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	5,774.	2,425.	1,988.	1,361.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,508.	4,833.	3,962.	2,713.
23 Insurance	5,374.	2,257.	1,850.	1,267.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DONOR SUPPORT FEES	527,142.	221,371.	181,475.	124,296.
b PASS THROUGH ACTIVITY	56,634.	56,634.		
c MISCELLANEOUS	12,972.		10,733.	2,239.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	3,160,886.	2,415,556.	509,491.	235,839.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,416,505.	1	1,543,935.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	200,000.	7	200,000.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 486,974.		
	b Less: accumulated depreciation	10b 21,727.	38,666.	10c 465,247.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	34,925,693.	12	48,117,362.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,206.	15	1,206.
16 Total assets. Add lines 1 through 15 (must equal line 33)	36,582,070.	16	50,327,750.	
Liabilities	17 Accounts payable and accrued expenses		17	1,305.
	18 Grants payable		18	18,671.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	362,548.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	29,281.	25	18,157.
	26 Total liabilities. Add lines 17 through 25	29,281.	26	400,681.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	36,352,789.	27	49,727,069.
	28 Net assets with donor restrictions	200,000.	28	200,000.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	36,552,789.	32	49,927,069.
	33 Total liabilities and net assets/fund balances	36,582,070.	33	50,327,750.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,288,065.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,160,886.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,127,179.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36,552,789.
5	Net unrealized gains (losses) on investments	5	8,247,101.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	49,927,069.

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash Accrual Other **MODIFIED CASH**

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? Yes No

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant? Yes No

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Yes No

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Yes No

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **COMMUNITY FOUNDATION OF JOHNSON COUNTY** Employer identification number **42-1508117**

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5856917.	2999647.	7447434.	3055513.	6461332.	25820843.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5856917.	2999647.	7447434.	3055513.	6461332.	25820843.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5941028.
6 Public support. Subtract line 5 from line 4.						19879815.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	5856917.	2999647.	7447434.	3055513.	6461332.	25820843.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	401,080.	460,931.	623,983.	715,292.	615,553.	2816839.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						28637682.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	69.42 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	87.55 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

COMMUNITY FOUNDATION OF JOHNSON COUNTY

Employer identification number

42-1508117

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization COMMUNITY FOUNDATION OF JOHNSON COUNTY	Employer identification number 42-1508117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>2,400,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>201,125.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>173,912.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>995,017.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY FOUNDATION OF JOHNSON COUNTY	Employer identification number 42-1508117
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	1,610.21 SHS TVG-I-E CMN HOLDINGS LLC SERIES A PREFERRED _____ _____	\$ 2,400,000.	12/04/20
3	1100 SHS AAPL AND 180 SHS HOME DEPOT _____ _____	\$ 201,125.	12/03/20
4	2,378.775 SHS T ROWE PRICE EXTENDED EQUITY MARKET INDEX _____ _____	\$ 100,358.	02/10/21
4	2,364.302 SHS T ROWE PRICE EXTENDED EQUITY MARKET INDEX _____ _____	\$ 73,554.	10/05/20
5	3,878 SHS DANAHER CORPORATION _____ _____	\$ 995,017.	04/29/21
	_____ _____ _____	\$ _____	_____

Name of organization COMMUNITY FOUNDATION OF JOHNSON COUNTY	Employer identification number 42-1508117
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization: COMMUNITY FOUNDATION OF JOHNSON COUNTY; Employer identification number: 42-1508117

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

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

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

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

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

Form with questions 1a, 1b, and 2 regarding the reporting of art and historical treasures. Includes sub-questions (i) and (ii) for revenue and assets.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	36,109,627.	32,576,546.	26,507,240.	24,269,303.	18,046,065.
b Contributions	5,281,365.	1,772,710.	4,326,102.	2,407,320.	5,136,264.
c Net investment earnings, gains, and losses	6,696,194.	936,376.	3,121,848.	2,513,085.	2,768,901.
d Grants or scholarships	1,244,031.	188,251.	867,350.	2,199,156.	1,138,248.
e Other expenditures for facilities and programs	142,928.	127,716.	109,156.	101,631.	168,867.
f Administrative expenses	488,509.	508,028.	402,138.	381,681.	374,812.
g End of year balance	46,211,718.	36,109,627.	32,576,546.	26,507,240.	24,269,303.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 97.0000 %
 - b Permanent endowment .0000 %
 - c Term endowment 3.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		28,100.		28,100.
b Buildings		436,849.	4,703.	432,146.
c Leasehold improvements				
d Equipment		22,025.	17,024.	5,001.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				465,247.

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) INVESTMENT IN LIMITED		
(B) PARTNERSHIP	1,114,677.	END-OF-YEAR MARKET VALUE
(C) MONEY MARKET	398,638.	END-OF-YEAR MARKET VALUE
(D) BONDS AND FIXED INCOME	12,130,473.	END-OF-YEAR MARKET VALUE
(E) EQUITIES AND REAL ESTATE		
(F) FUNDS	34,473,574.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	48,117,362.	

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	11,120.
(3) REAL ESTATE TAXES	7,037.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	18,157.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	16,392,238.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	8,247,101.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	8,247,101.	
3	Subtract line 2e from line 1	3	8,145,137.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	142,928.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	142,928.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,288,065.	

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	3,017,958.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	3,017,958.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	142,928.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	142,928.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,160,886.	

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX AS A FOUNDATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR SECTION OF IOWA INCOME TAX LAW, WHICH PROVIDES INCOME TAX EXEMPTION FOR CORPORATIONS 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, 2021 AND 2020.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **COMMUNITY FOUNDATION OF JOHNSON COUNTY** Employer identification number **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 assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FIVE TWO NETWORK PO BOX 644 BUCHANAN DAM, TX 78609	27-1764310	501(C)(3)	5,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
CORALVILLE FOOD PANTRY PO BOX 5523 CORALVILLE, IA 52241	47-3509757	501(C)(3)	25,500.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
SOLON DOLLARS FOR SCHOLARS PO BOX 551 SOLON, IA 52333	46-5034853	501(C)(3)	14,836.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
IOWA CITY MUSIC AUXILIARY PO BOX 5426 CORALVILLE, IA 52241	42-1482992	501(C)(3)	5,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
JOHNSON COUNTY HISTORICAL SOCIETY PO BOX 5081 CORALVILLE, IA 52241	23-7427638	501(C)(3)	55,909.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
UNIVERSITY OF IOWA CENTER FOR ADVANCEMENT - PO BOX 4550 - IOWA CITY, IA 52244	42-0796760	501(C)(3)	5,450.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **84.**
- 3** Enter total number of other organizations listed in the line 1 table ▶ **4.**

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

Schedule I (Form 990) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF ACADIA PO BOX 45 BAR HARBOR, ME 46090	01-0425071	501(C)(3)	5,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
GIRLS INC OF SIOUX CITY PO BOX 3380 SIOUX CITY, IA 51102	42-1272032	501(C)(3)	15,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
HOSPICE HOME OF JOHNSON COUNTY PO BOX 3338 IOWA CITY, IA 52244	46-2471547	501(C)(3)	11,850.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
SHELTER HOUSE INC PO BOX 3164 IOWA CITY, IA 52244	42-1231451	501(C)(3)	18,473.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
NEIGHBORHOOD CENTERS OF JOHNSON COUNTY - PO BOX 2491 - IOWA CITY, IA 52244	42-1060964	501(C)(3)	9,450.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
OUR SAVIOR'S LUTHERAN CHURCH PO BOX 230 VEBLEN, SD 57270	46-0439763	501(C)(3)	5,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
FRIENDS OF HISTORIC PRESERVATION PO BOX 2001 IOWA CITY, IA 52244	51-0152524	501(C)(3)	10,555.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
PULSEPOINT FOUNDATION PO BOX 12594 PLEASANTON, CA 94588	45-2725805	501(C)(3)	10,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
GIRL SCOUTS OF EASTERN IOWA AND WESTERN ILLINOIS INC - 940 GOLDEN VALLEY DRIVE - BETTENDORF, IA 52722	42-1008848	501(C)(3)	5,142.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNSON COUNTY FINANCE DEPARTMENT 913 S DUBUQUE ST IOWA CITY, IA 52240	42-6004806	GOVERNMENT	25,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
NORTH LIBERTY COMMUNITY PANTRY 89 NORTH JONES BLVD NORTH LIBERTY, IA 52317	42-1233284	501(C)(3)	5,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
TABLE TO TABLE FOOD DISTRIBUTION NETWORK - 840 S CAPITOL STREET - IOWA CITY, IA 52240	42-1457219	501(C)(3)	25,832.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
NEIGHBORS 751 GRANT STREET IOWA CITY, IA 52240	85-2228668	501(C)(3)	12,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
CHATHAM OAKS INC 740 N 15TH AVE STE A HIAWATHA, IA 52233	42-1302928	501(C)(3)	8,864.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
FRIENDS OF THE SIGOURNEY PUBLIC LIBRARY - 720 E JACKSON STREET - SIGOURNEY, IA 52591	42-1428710	501(C)(3)	5,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
VERITAS CHURCH 700 FOREVERGREEN ROAD TIFFIN, IA 52340	27-4724485	501(C)(3)	5,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
IOWA HUMANE ALLIANCE 6540 6TH STREET SW CEDAR RAPIDS, IA 52404	26-1992986	501(C)(3)	150,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
B.P.O. ELKS LODGE #590 637 FOSTER ROAD IOWA CITY, IA 52240	42-0136070	OTHER	19,231.	0.			TO SUPPORT THE OPERATIONS OF THE ORGANIZATION.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA GENEALOGICAL SOCIETY 628 E GRAND AVE DES MOINES, IA 50309	23-7102656	501(C)(3)	5,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
THE DREAM CENTER 611 SOUTHGATE AVENUE, SUITE A IOWA CITY, IA 52240	46-0942657	501(C)(3)	5,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
INSIDE OUT RE-ENTRY COMMUNITY 500 N CLINTON STREET IOWA CITY, IA 52245	47-5350218	501(C)(3)	12,365.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
BUR OAK LAND TRUST 5 STURGIS CORNER DRIVE, SUITE 1250 IOWA CITY, IA 52246	42-1104058	501(C)(3)	11,177.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
OUR KIDS CHILDREN'S CENTER CHARITIES - 4696 OAK CREST HILL ROAD - IOWA CITY, IA 52240	30-0478917	501(C)(3)	8,834.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
OUR KIDS 4696 OAK CRES HILL ROAD IOWA CITY, IA 52240	30-0478917	501(C)(3)	10,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
ST PATRICK CAHTOLIC CHURCH 4330 ST PATRICKS DRIVE IOWA CITY, IA 52240	42-0680275	501(C)(3)	19,674.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
MARCH OF DIMES 425 2ND STREET SE #605 CEDAR RAPIDS, IA 52401	13-1846366	501(C)(3)	5,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
BOYS AND GIRLS CLUB OF CEDAR RAPIDS - 420 6TH STREET SE, SUITE 240 - CEDAR RAPIDS, IA 52401	42-1434056	501(C)(3)	5,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARK PLANET 415 ELM STREET RED BLUFF, CA 96080	72-1545106	OTHER	33,915.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
RURAL HEALTH AND SAFETY OF EASTERN IOWA - 4112 MAIER AVENUE SW - IOWA CITY, IA 52246	45-4577065	501(C)(3)	5,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
AMERICAN CANCER SOCIETY 4080 FIRST AVENUE NE, SUITE 101 CEDAR RAPIDS, IA 52402	13-1788491	501(C)(3)	12,634.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
AGUDAS ACHIM CONGREGATION 401 OAKDALE BLVD CORALVILLE, IA 52241	42-1306761	501(C)(3)	13,256.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
HAVLIFE 332 S LINN STREET, SUITE 18 IOWA CITY, IA 52240	47-5092881	501(C)(3)	10,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
GREATER CEDAR RAPIDS COMMUNITY FOUNDATION - 324 3RD STREET SE - CEDAR RAPIDS, IA 52401	42-6053860	501(C)(3)	5,250.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
FRIENDS OF IOWA CASA AND FCRB 321 E 12TH STREET, LUCAS BUILDING - FOURTH FLOOR - DES MOINES, IA 50319	42-1471727	501(C)(3)	8,250.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
IOWA CHILD ADVOCACY BOARD 321 E 12TH STREET, LUCAS BUILDING - FOURTH FLOOR - DES MOINES, IA 50319	42-6004508	GOVERNMENT	5,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
SUMMER OF THE ARTS 319 E 1ST STREET IOWA CITY, IA 52240	42-1412706	501(C)(3)	14,537.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNSON COUNTY AFFORDABLE HOUSING COALITION - 308 E BURLINGTON ST PMB 121 - IOWA CITY, IA 52240	81-3048753	501(C)(3)	8,392.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
FIGHT WITH FLASH FOUNDATION 2920 DIAMOND MIL CIRCLE CORALVILLE, IA 52241	47-5360520	501(C)(3)	10,022.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
TRAIL OF JOHNSON COUNTY 28 S LINN STREET, ROOM 201 IOWA CITY, IA 52240	81-3616856	501(C)(3)	6,217.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
FRIENDS OF THE CENTER 28 S LINN STREET IOWA CITY, IA 52240	20-1219019	501(C)(3)	47,262.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
CHILDREN'S CANCER CONNECITON 2708 GRAND AVENUE DES MOINES, IA 50312	42-1313167	501(C)(3)	53,426.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
FIRST PRESBYTERIAN CHURCH 2701 ROCHESTER AVENUE IOWA CITY, IA 52245	42-0681418	501(C)(3)	5,549.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
THE ARC OF SOUTHEAST IOWA 2620 MUSCATINE AVENUE IOWA CITY, IA 52240	42-0933140	501(C)(3)	8,248.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
IOWA CITY FREE MEDICAL CLINIC 2440 TOWNCREST DRIVE IOWA CITY, IA 52240	42-0960955	501(C)(3)	13,706.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
SUCCESSFUL LIVING 2406 TOWNCREST DR IOWA CITY, IA 52240	42-1470339	501(C)(3)	6,996.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA VALLEY HABITAT FOR HUMANITY 2401 SCOTT BLVD IOWA CITY, IA 52245	42-1410210	501(C)(3)	8,675.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
EMMA GOLDMAN CLINIC 227 N DUBUQUE ST IOWA CITY, IA 52245	42-1009939	501(C)(3)	9,234.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
THE ENGLERT THEATRE 221 E WASHINGTON STREET IOWA CITY, IA 52240	42-1508154	501(C)(3)	10,500.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
IOWA WOMEN'S FOUNDATION 2201 E GRANTVIEW DR STE 200 CORALVILLE, IA 52241	42-1431092	501(C)(3)	10,500.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
REGINA CATHOLIC EDUCATION CENTER 2150 ROCHESTER AVENUE IOWA CITY, IA 52245	42-0957166	501(C)(3)	17,378.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
REGINA FOUNDATION 2140 ROCHESTER AVENUE IOWA CITY, IA 52245	51-0158837	501(C)(3)	274,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
IOWA PUBLIC RADIO 2111 GRAND AVENUE, SUITE 100 DES MOINES, IA 50312-5393	20-4227123	501(C)(3)	50,990.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
RIVER POINTE CHURCH 21000 SOUTHWEST FREEWAY RICHMOND, TX 77469	76-0521517	501(C)(3)	19,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
COUNSELING PAID FORWARD 2 OAKLEY BND MISSOURI CITY, TX 77459	85-2332744	501(C)(3)	20,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSES INTO HOMES 1935 FLANIGAN CT IOWA CITY, IA 52246	82-4622847	501(C)(3)	23,085.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
FIRST UNITARIAN UNIVERSALIST CHURCH - 1800 BELL AVENUE - DES MOINES, IA 50315	42-0761057	501(C)(3)	5,100.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
IOWA CITY COMMUNITY SCHOOL DISTRICT FOUNDATION - 1725 N DODGE STREET - IOWA CITY, IA 52245	42-1177023	501(C)(3)	13,500.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
IOWA CITY COMMUNITY SCHOOL DISTRICT - 1725 N DODGE STREET - IOWA CITY, IA 52240	42-6023567	GOVERNMENT	101,931.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
ICCSF FOUNDATION 1725 N DODGE STREET IOWA CITY, IA 52245	42-1177023	501(C)(3)	6,852.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
IOWA LEGAL AID 1700 SOUTH 1ST AVE., SUITE 10 IOWA CITY, IA 52240	42-1079227	501(C)(3)	5,834.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
HARVEST PRESERVE FOUNDATION INC 1645 N SCOTT BLVD IOWA CITY, IA 52245	20-2420512	501(C)(3)	34,305.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
REFUGEE AND IMMIGRANT ASSOCIATION 1566 S GILBERT ST. IOWA CITY, IA 52240	81-0920164	501(C)(3)	5,340.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
CORALVILLE PARKS AND RECREATION DEPARTMENT - 1512 7TH ST - CORALVILLE, IA 52241	42-6004814	GOVERNMENT	36,920.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF CORALVILLE 1512 7TH STREET CORALVILLE, IA 52241	42-6004814	GOVERNMENT	48,920.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
FAITH ACADEMY 15 FOSTER ROAD IOWA CITY, IA 52245	42-0989258	501(C)(3)	13,546.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
IOWA CITY SCHEELS 1461 CORAL RIDGE AVENUE CORALVILLE, IA 52241	45-0306649	OTHER	6,070.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
THE IOWA CHILDREN'S MUSEUM 1451 CORAL RIDGE AVENUE CORALVILLE, IA 52241	42-1461422	501(C)(3)	14,253.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
LORAS COLLEGE 1450 ALTA VISTA STREET DUBUQUE, IA 52001	42-0680412	OTHER	26,301.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
UNIVERSITY OF IOWA HANCHER AUDITORIUM - 141 E PARK RD - IOWA CITY, IA 52242	42-6004813	GOVERNMENT	5,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
IOWA CITY AREA DEVELOPMENT GROUP 136 S DUBUQUE ST IOWA CITY, IA 52240	42-1234837	501(C)(6)	12,500.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
MULTICULTURAL DEVELOPMENT CENTER OF IOWA - 136 S DUBUQUE ST - IOWA CITY, IA 52240	84-3464327	501(C)(3)	6,200.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
IOWA 4-H FOUNDATION 1259 STANGE ROAD AMES, IA 50011-3630	42-6061606	501(C)(3)	9,343.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA CITY PUBLIC LIBRARY 123 S LINN ST IOWA CITY, IA 52240	42-1068722	GOVERNMENT	7,500.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
FILM SCENE 118 E COLLEGE STREET, SUITE 101 IOWA CITY, IA 52240	45-4103745	501(C)(3)	10,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
UNITED WAY OF JOHNSON & WASHINGTON COUNTIES - 1150 5TH STREET, SUITE 290 - CORALVILLE, IA 52241	42-6062055	501(C)(3)	29,615.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
ANTELOPE LENDING LIBRARY 1122 5TH AVENUE IOWA CITY, IA 52240	74-3070882	501(C)(3)	8,333.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
COMMUNITY CRISIS SERVICES AND FOOD BANK - 1121 GILBERT COURT - IOWA CITY, IA 52240	42-0955992	501(C)(3)	31,351.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
BASEBALL WITHOUT BORDERS 1117 RIVER COURT CHARLOTTESVILLE, VA 22901	80-0430185	501(C)(3)	30,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
THE SALVATION ARMY HEARTLAND DIVISION - 1116 GILBERT CT - IOWA CITY, IA 52240-4527	36-2167910	501(C)(3)	9,500.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
DOMESTIC VIOLENCE INTERVENTION PROGRAM - 1105 S GILBERT CT. SUITE 300 - IOWA CITY, IA 52240	42-1124902	501(C)(3)	11,484.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.
FREE LUNCH PROGRAM 1105 S GILBERT COURT #100 IOWA CITY, IA 52240	26-4722790	501(C)(3)	8,000.	0.			TO SUPPORT THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

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

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: CHRISTIAN CULTURE COMMUNITY, 1035 WADE ST, IOWA CITY, IA 52240, EIN 20-5008629, IRC 501(C)(3), Cash grant 7,460, Non-cash 0.

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 B.P.O. ELKS LODGE WERE SUPPORT FOR THE CAPITAL CAMPAIGN. PARK PLANET GRANTS WERE FOR PLAYGROUND EQUIPMENT FOR THE CITY OF IOWA CITY, SPECIFICALLY FOR DISABLED CHILDREN. GRANTS TO SCHEELS WERE FOR PURCHASE OF WINTER CLOTHING FOR CHILDREN IN NEED, AND GRANTS TO LORAS COLLEGE WERE FOR THE MSGR DORRANCE FOLEY SCHOLARSHIP FUND.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **COMMUNITY FOUNDATION OF JOHNSON COUNTY**
Employer identification number: **42-1508117**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	19	1,639,574.	STOCK MARKET VALUE
10 Securities - Closely held stock	X	1	2,400,000.	APPRAISED VALUE
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement: **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

SCHEDULE M, PART I, COLUMN (B):

REPORTING NUMBER OF CONTRIBUTIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF JOHNSON COUNTY

Employer identification number

42-1508117

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

THE EXECUTIVE COMMITTEE CONSISTS OF THE PRESIDENT, VP, SECRETARY, 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 THEY 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
TO RECUSE THEMSELVES FROM ANY DELIBERATIONS OR ANY VOTE TAKEN.

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

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization COMMUNITY FOUNDATION OF JOHNSON COUNTY	Employer identification number 42-1508117
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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.

FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC ON THE FOUNDATION'S WEBSITE.

PART XII LINE 1
MODIFIED CASH BASIS

PART XII LINE 2C
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.