** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

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AI	For th	e 2022 calendar year, or tax year beginning and e	ending	_	
B	Check if applicab	le: C Name of organization		D Employer identifie	cation number
	Addre	RUSH COUNTY COMMUNITY FOUNDATION, INC.			
	Name			35-18359	50
	Initial returr	v	Room/suite	E Telephone number	· · · · · · · · · · · · · · · · · · ·
	Final returr	117 N MAIN ST		765-938-	1177
	termi ated	n- City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,777,790.
	Amer	KOSHVIDE, IN 40175		H(a) Is this a group re	
	Appli tion	Finame and address of principal officer: CIIKIS FIAT		for subordinates	? Yes X No
	pend	III/ N MAIN ST, RUSHVILLE, IN 461/3		H(b) Are all subordinates ir	icluded? Yes No
1	Tax-ex	rempt status: 🗴 501(c)(3) 🔄 501(c) () (insert no.) 🗌 4947(a)(1) o	r 📃 527	lf "No," attach a	list. See instructions
	Websi			H(c) Group exemption	
	_	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year (of formation: 1991 N	State of legal domicile: IN
Pa	art I	Summary		<u></u>	
e	1	Briefly describe the organization's mission or most significant activities: THE R	RUSH C	OUNTY COMMU	NL'L'Y
Activities & Governance		FOUNDATION, THE FOUNDATION OF RUSH COUNTY			
'ern	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	
ő	3			<u> 12</u> 12	
જ	4	Number of independent voting members of the governing body (Part VI, line 1b) \ldots			
ties	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			7
ĬŽİ	6	Total number of volunteers (estimate if necessary)			64
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
				Prior Year 1,197,718.	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		1,197,710.	929,300.
Revenue	9	Program service revenue (Part VIII, line 2g)		1,848,721.	822,854.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,040,721.	022,054.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,046,439.	1,752,154.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		583,984.	684,284.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.04,204.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		262,755.	252,029.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	252,025.
oen		Total fundraising expenses (Part IX, column (D), line 11e) 103, 34	12.	••	0.
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		818,830.	882,370.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,665,569.	1,818,683.
	19	Revenue less expenses. Subtract line 18 from line 12		1,380,870.	-66,529.
or			Be	ginning of Current Year	End of Year
Assets (Balanc	20	Total assets (Part X, line 16)		28,144,119.	23,392,439.
Ass	21	Total liabilities (Part X, line 26)	······	4,623,125.	4,082,811.
Net /	22	Net assets or fund balances. Subtract line 21 from line 20	······	23,520,994.	19,309,628.
		Signature Block	·····	,	-,
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	/ knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date
	CHRIS MAY, EXECUTIVE DIRE	CTOR		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	TRACY A. HAINES CPA	TRACY A. HAINES CP	A 08/30	/23 self-employed P00517541
Preparer	Firm's name BRADY, WARE & SCH			Firm's EIN 35-1476702
Use Only	Firm's address 2206 CHESTER BLVD			
	RICHMOND, IN 4737	4		Phone no. (765) 966-0531
May the I	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2022)

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) RUSH COUNTY COMMUNITY FOUNDATION, INC. 35-1835950	Pag
Par	t III Statement of Program Service Accomplishments	[
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	L
•	THE RUSH COUNTY COMMUNITY FOUNDATION, THE FOUNDATION OF RUSH COUNTY'	'S
	FUTURE, IS A NONPROFIT PUBLIC CHARITY ESTABLISHED IN 1991 TO SERVE	
	DONORS, AWARD GRANTS AND SCHOLARSHIPS, AND PROVIDE LEADERSHIP TO	
	ENRICH AND ENHANCE THE QUALITY OF LIFE IN RUSH COUNTY, INDIANA, NOT	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X
_	If "Yes," describe these new services on Schedule O.	v
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Δ
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 1,537,877. including grants of \$ 684,284.) (Revenue \$	
	COMMUNITY GRANTS FOR LOCAL SCHOOLS AND ORGANIZATIONS AND COLLEGE	
	SCHOLARSHIPS FOR INDIVIDUALS. 108 SCHOLARSHIPS AND 157 GRANTS WERE	
	DISTRIBUTED.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c		
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,537,877.	
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Form	990	(2022)

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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	~	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	10-	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	- 23	
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> . See instructions	17		_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</i> "Yes," <i>complete Schedule G, Part II</i>	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		77	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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			Yes	1
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			T
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		+
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		┥
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
6	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If "Yes," complete Schedule L, Part IV	28c		
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		
з	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	O atten FOA(-VO) and the Distribution of the second structure of the second second structure of the second structure of the second seco			
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
6 7	If "Yes," complete Schedule R, Part V, line 2	36 37		
6 7 8	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37	x	
6 7 8	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O		x	
6 7 8	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	37 38		
86 87 88	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	37 38		
86 87 88 Par	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	37 38		
86 87 88 Par 1a b	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O tv Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a Tenter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	37 38		
86 87 88 Par 1a b	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 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 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a The organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	37 38	Yes	
86 87 88 Par 1a b c	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O tv Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a Tenter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	37 38		

022)	RUSH	COUNTY	COMMUNITY	FOUNDATION,	INC
Statements	Regardin	g Other IR	S Filings and Ta	ax Compliance (con	tinued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_			
	filed for the calendar year ending with or within the year covered by this return 2a	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		-		v
5a	5 1 7 1 7 5 7	r	5a		X X
b	, , , , , , , , , , , , , , , , , , , ,		5b 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50		
Ua	any contributions that were not tax deductible as charitable contributions?		6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		Ua		
D.	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.0		
·a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the	payor?	7a		Х
			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require	ed?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10	98-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		X
9	Sponsoring organizations maintaining donor advised funds.				v
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		X
b			9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a				
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.) 11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans 13b				
	Enter the amount of reserves on hand 13c				v
	Did the organization receive any payments for indoor tanning services during the tax year?	Г	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	·····	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		45		х
	excess parachute payment(s) during the year?		15		Δ
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		х
10	If "Yes," complete Form 4720, Schedule O.		10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
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232005 12-13-22

Form 990 (2022)

Part V

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	Form	990	(2022)
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RUSH COUNTY COMMUNITY FOUNDATION, INC.

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

Section A. Governing Body and Management

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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.

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the		•			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					v
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					x
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			7b		
8		-	-	0-	х	
a L	The governing body?			8a 8b	X	
ь 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			00		<u> </u>
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R			5		
		evenu	00000.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such c					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	,	5			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	res," a	escribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approv	al by i	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?				
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	vith a			v
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in initial states are forward the second states and the second states are forward the second states are forward to be a second state of the second states are		•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	Inizatio	on's	101		
<u> </u>	exempt status with respect to such arrangements?			16b		
17 10	List the states with which a copy of this Form 990 is required to be filed IN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 00	$0 \pm (a a a t a a b a b a a b a a b a b a b a $			ablo
18	for public inspection. Indicate how you made these available. Check all that apply.	anu 99		,s only	, availi	
	X Own website X Another's website X Upon request Other (explain	n on S	chedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c		,	nd finar	ncial	
	statements available to the public during the tax year.	501	2	ma		
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks a	nd records			
	CHRIS MAY - 765-938-1177					
	117 N MAIN ST, RUSHVILLE, IN 46173					
232006) 12-13-22			Form	990	(2022)
	7					,
200	830 795339 23938.000 2022.04020 RUSH COUNTY CO	MMU	NITY FOUND	239	938_	_01

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than

\$100,000 from the organization and any related organizations.
 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(10	(do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer ar	nd a d	lirecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e.			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		ploye	t con /ee		1099-NEC)		and related organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ALISA WINTERS	38.00	-	<u> </u>	0	\geq	포히	E			
EXECUTIVE DIRECTOR				x				76,092.	0.	6,720.
(2) ANGELA BANE	38.00							-		
ADMINISTRATIVE AND ACCOUNT		1		X				45,285.	0.	6,500.
(3) GERALD MOHR	24.00									
INTERIM EXECUTIVE DIRECTOR				Х				12,600.	0.	0.
(4) KAREN BRASHABER	1.00									
VICE PRESIDENT		X		Х				0.	0.	0.
(5) BEN WICKER	1.00									_
BOARD MEMBER		X						0.	0.	0.
(6) ARIKA MARLATT	1.00									_
BOARD MEMBER		X						0.	0.	0.
(7) PHILLIP KUHN	1.00									
TREASURER		х		X				0.	0.	0.
(8) BOB GULDE	1.00									
BOARD MEMBER		х						0.	0.	0.
(9) DAVE MALSON	1.00									<u> </u>
BOARD MEMBER	1 0 0	X						0.	0.	0.
(10) KEITH PERIN	1.00									
PRESIDENT	1 0 0	X		X				0.	0.	0.
(11) DAVID BURKHARDT	1.00									•
BOARD MEMBER	1 0 0	X						0.	0.	0.
(12) DENISE HOEING	1.00			37						0
SECRETARY	1 0 0	X		X				0.	0.	0.
(13) PHIL KING	1.00							0.	0.	0
BOARD MEMBER	1 00	X						0.	0.	0.
(14) LAURA ASH	1.00									0
BOARD MEMBER	1.00	X						0.	0.	0.
(15) TONI SCHULTZ	1.00							0.	0.	0
BOARD MEMBER		X						0.	0.	0.
		1								
							\vdash			
		1								
				•	-					F 000 (0000)

232007 12-13-22

Form 990 (2022)

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2022.04020 RUSH COUNTY COMMUNITY FOUND 23938_01

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	990 (2022) RUSH COUL								-		35-1	835	950	Page 8
Par	•••••••••••••••••••••••••••••••••••••••		ploy	vees			ghe	st C		Employe				
	(A) Name and title	(B) Average hours per	box	not c , unle	ss pe	ition more rson i	than is bot pr/trus	h an	(D) Reporta compens	ation	(E) Reportable compensatio	on	Esti amo	(F) mated ount of
		week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee	,	from the organiza (W-2/1099- 1099-N	ition MISC/	from related organizatior (W-2/1099-MI 1099-NEC)	ns SC/	comp fro orga and	ther ensation m the nization related nizations
1b	Subtotal								133	,977.		0.	13	,220.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								133	0. ,977.		0.	13	0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wł	10 r	eceived more	than \$100),000 of reportab	ole		0
	compensation from the organization												`	res No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s			-	•			Ŭ			oloyee on		3	x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150			•					•		•		4	x
5	Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	/ unr	elat	ted organizatio	n or indiv	idual for services	s [
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J f	or si	uch	pers	son .	<u></u>	<u></u>				5	X
1	Complete this table for your five highest co the organization. Report compensation for	•	•									npensa	ation fro	om
	(A) Name and business	address							Descr	(B) iption of s	services	C	(C) ompens	
INI	DLE BROS. DESIGN & BU DUSTRIAL PARK DR, BLOOM	-	-						WORK ON	REC	CENTER		436	,227.
	ANGLE2 SOLUTIONS 5TH AVE W, SPRINGFIE	LD, TN 3	371	172	2				WORK ON	REC	CENTER		111	,333.
	Total number of index and such assistant of the		<u></u>		d + -	+1	oc."				aava tkaa			
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	iot lii	mite	d to		se lis 2	stec	a above) who r	eceived n	ore than			
													Form 9	90 (2022)

232008 12-13-22

Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Total revenue Belated or exempt Unrelated from tax under					UNTY C	OMMUNITY	FOUNDATIO	N, INC.	35-1835	950 Page 9
Total revenue Palado or ocomp Instition revenue Palado or ocomp Instition revenue Palado or ocomp Instition revenue 1 A fortal revenue 10	Ра	rt V	/11							
function revenue to mit x output Base of the second of the				Check if Schedule O contains a	response	or note to any lir		(B)	(C)	(D)
and the second							Total revenue			for a second
Business Code Image: Code state in the state inthe state in the state								function revenue	business revenue	sections 512 - 514
Business Code Image: Code state in the state inthe state in the state	nts its	1	а	Federated campaigns	1a					
Business Code Image: Code state in the state inthe state in the state	àrar oun				1b					
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Business Code Image: Code state in the state inthe state in the state	Gift lar				1d					
Business Code Image: Code state in the state inthe state in the state	imi,		е	Government grants (contributions)	1e					
Business Code Image: Code state in the state inthe state in the state	er S		f	All other contributions, gifts, grants, and						
Business Code Image: Code state in the state inthe state in the state	-ibu			similar amounts not included above \dots	1f	929,300.				
Business Code Image: Code state in the state inthe state in the state	nd O		g	Noncash contributions included in lines 1a-1f	1g \$					
good Beach 2 a	aŭ		h	Total. Add lines 1a-1f			929,300.			
In Digital add lines 2a.2f Investment income (including dividends, interest, and other similar amounts) 822,854 822,854 3 investment income (including dividends, interest, and other similar amounts) 822,854 822,854 4 income from investment of tax-exempt bond proceeds 9 822,854 822,854 6 a Gross rents 6a 0 0 822,854 6 a Gross rents 6a 0 0 0 7 a Gross rents 6a 0 0 0 7 a Gross amount from sales of ras sets other than invertor 7 ra 25,636 0 0 0 7 a Gross income from lundraising events (not including \$_rds 0 0 0 0 0 8 a Gross income from gaming activities 0 0 0 0 0 9 Gross income from gaming activities 0 0 0 0 0 10 A tradia properties on gaming activities 0 0 0 0 0 9 Gross income from lundraising events<						Business Code				
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b Less: cost of goods sold 10b C Net income or (loss) from sales of inventory Business Code C Business Code C										
Ret income or (loss) from sales of inventory Business Code Image: Code 11 a Business Code Image: Code b Image: Code Image: Code c Image: Code Image: Code d All other revenue Image: Code Image: Code e Total. Add lines 11a-11d Image: Code Image: Code 12 Total revenue. See instructions 1,752,154. O. O.			b							
Business Code Image: Code Image: Code Image: Code b Image: Code Image: Code Image: Code Image: Code b Image: Code Image: Code Image: Code Image: Code Image: Code b Image: Code Image: Code <td></td> <td></td> <td></td> <td></td> <td></td> <td>· · · · · · · · · · · · · · · · · · ·</td> <td></td> <td></td> <td></td> <td></td>						· · · · · · · · · · · · · · · · · · ·				
e Total. Add lines 11a-11d 1,752,154. 0. 0. 822,854.	S					Business Code				
e Total. Add lines 11a-11d 1,752,154. 0. 0. 822,854.	eon	11	а							
e Total. Add lines 11a-11d 1,752,154. 0. 0. 822,854.	lan		b							
e Total. Add lines 11a-11d 1,752,154. 0. 0. 822,854.	Rev							ļ		
12 Total revenue. See instructions 1,752,154. 0. 0. 822,854.										
							1 753 151	0	0	822 954
	00000						<u> +,,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J 0.		

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RUSH COUNTY COMMUNITY FOUNDATION, INC.

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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 respon				
	not include amounts reported on lines 6b, 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	461,368.	461,368.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	222,916.	222,916.		
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	177,552.	87,126.	59,989.	30,437
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	32,262.	16,233.	4,920.	11,109.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	25,726.	12,863.	7,718.	5,145
10	Payroll taxes	16,489.	7,933.	5,342.	5,145, 3,214,
11	Fees for services (nonemployees):				
а	Management				
b	Legal	525.	79.	446.	
с	Accounting	16,420.	2,463.	13,957.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	46,819.	46,819.		
g					
	column (A), amount, list line 11g expenses on Sch 0.)	1 0 2 0	720		1 000
12	Advertising and promotion	1,830. 5,062.	732.	5,062.	1,098.
13	Office expenses	5,002.		5,002.	
14	Information technology				
15	Royalties	9,873.	494.	8,885.	494
16 17		5,075.		0,005.	
17 10	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	(10)	4 502	(10)	010
19	Conferences, conventions, and meetings	6,123.	4,593.	612.	918
20		2,348.		2,348.	
21	Payments to affiliates	<u> </u>	7,679.	11,518.	
22	Depreciation, depletion, and amortization	4,615.	1,384.	3,231.	
23 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),	4,015.	1,304.	5,251.	
	amount, list line 24e expenses on Schedule 0.) REC CENTER FUND	505,842.	505,842.		
a h	ELI CLOSING THE GAP GRA	92,487.	92,487.		
b	DONOR CULTIVATION	46,865.	92,407.		46,865.
с С	FIRST5 FUND	31,258.	26,569.	3,126.	1,563
d	All other expenses	93,106.	40,297.	50,310.	2,499
е 25	Total functional expenses. Add lines 1 through 24e	1,818,683.	1,537,877.	177,464.	103,342
26	Joint costs. Complete this line only if the organization				
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
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	1	Cash - non-interest-bearing			2,656.	1	4,104.
	2	Savings and temporary cash investments			4,511,532.	2	3,260,350.
	3	Pledges and grants receivable, net			112,500.	3	0.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described				6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ϋ́	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	507,693. 226,528.			
	b	Less: accumulated depreciation		226,528.	300,362.	10c	281,165.
	11	Investments - publicly traded securities	23,217,069.	11	19,846,820.		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line -		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			28,144,119.	16	23,392,439.
	17	Accounts payable and accrued expenses			205,720.	17	158,748.
	18	Grants payable				18	12,500.
	19	Deferred revenue	4,417,405.	19	3,911,563.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F		21			
es	22	Loans and other payables to any current or form					
Ξ		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D		······ _	4 (00 105	25	4 000 011
	26			v	4,623,125.	26	4,082,811.
ŝ		Organizations that follow FASB ASC 958, che	ck here	e X			
ů		and complete lines 27, 28, 32, and 33.			9,669,244.		7,915,259.
ala	27	Net assets without donor restrictions			13,851,750.	27	11,394,369.
Вр	28			·····	15,051,750.	28	11,394,309.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 9					
ŗ		and complete lines 29 through 33.		00			
ets	29	Capital stock or trust principal, or current funds			29		
Ass	30	Paid-in or capital surplus, or land, building, or eq			30		
et /	31	Retained earnings, endowment, accumulated inc			23,520,994.	31	19,309,628.
z	32 33	Total net assets or fund balances		······	28,144,119.	32 33	23,392,439

RUSH COUNTY COMMUNITY FOUNDATION, INC.

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

35-1835950 Page 11

(B) End of year

Form **990** (2022)

(A) Beginning of year

Form 990 (2022)
Part X Balance Sheet

Form	990 (2022) RUSH COUNTY COMMUNITY FOUNDATION, INC.	35-	1835950	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,75		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,81		
3	Revenue less expenses. Subtract line 2 from line 1	3			29.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23,52	0,9	94.
5	Net unrealized gains (losses) on investments	5	-3,71	9,4	09.
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	-42	5,4	28.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	19,30	9,6	28.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·····		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	э О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule C	6		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	it		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
				000	

Form **990** (2022)

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SCHEDULE A	١
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Department of the Treasury

Internal Revenue Service

(Form 990)

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									
2022									
Open to Public Inspection									
 u identification munches									

		de le minisegen						•
Name o	f the organization							r identification number
			MMUNITY FOUN					5-1835950
Part I	Reason for Public	Charity Status.	(All organizations must	complete t	his part.) S	See instructio	ns.	
The orga	anization is not a private found				,			
1 📙	A church, convention of ch				on 170(b)(1	1)(A)(i).		
2	A school described in sect	tion 170(b)(1)(A)(ii). (Attach Schedule E (For	m 990).)				
3 🔄	A hospital or a cooperative	hospital service org	anization described in s	ection 170)(b)(1)(A)(i	ii).		
4	A medical research organiz	zation operated in co	njunction with a hospita	al describe	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	_ city, and state:							
5	An organization operated f	or the benefit of a co	ollege or university owne	ed or opera	ted by a g	overnmental	unit descril	oed in
	section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6	A federal, state, or local go	vernment or governr	mental unit described in	section 1	70(b)(1)(A)	(v).		
7 X	An organization that norma	ally receives a substa	antial part of its support	from a gov	ernmental	unit or from	the general	public described in
	section 170(b)(1)(A)(vi). (C	Complete Part II.)						
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Pa	rt II.)				
9	An agricultural research or	ganization described	l in section 170(b)(1)(A)	(ix) operate	ed in conju	unction with a	a land-grant	college
	or university or a non-land-	grant college of agric	culture (see instructions)	. Enter the	name, city	y, and state c	of the colleg	je or
	university:							
10	An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	ship fees, a	nd gross receipts from
	activities related to its exer	npt functions, subjec	ct to certain exceptions;	; and (2) no	more that	n 33 1/3% of	its support	from gross investment
	income and unrelated busi	ness taxable income	e (less section 511 tax) f	rom busine	esses acqu	ired by the o	rganization	after June 30, 1975.
	See section 509(a)(2). (Co	mplete Part III.)						
11 🗌	An organization organized	and operated exclus	sively to test for public s	afety. See	section 50	09(a)(4).		
12	An organization organized	and operated exclus	sively for the benefit of, t	o perform	the functio	ons of, or to c	arry out the	e purposes of one or
	more publicly supported or	rganizations describe	ed in section 509(a)(1) o	or section	509(a)(2).	See section	509(a)(3).	Check the box on
	lines 12a through 12d that	describes the type of	of supporting organization	on and con	nplete lines	s 12e, 12f, ar	id 12g.	
a	Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	y giving
	the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting
	organization. You must o	complete Part IV, Se	ections A and B.					
ь	Type II. A supporting org	anization supervised	d or controlled in connec	ction with i	ts support	ed organizati	on(s), by ha	aving
	control or management of	of the supporting org	anization vested in the	same perso	ons that co	ontrol or man	age the su	oported
	organization(s). You mus	st complete Part IV,	Sections A and C.					
с [Type III functionally interpretent of the second	egrated. A supportin	g organization operated	l in connec	tion with, a	and functiona	ally integrat	ed with,
	its supported organizatio	on(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.		
d [Type III non-functional	y integrated. A supp	porting organization ope	rated in co	nnection v	with its suppo	orted organ	ization(s)
	that is not functionally in	tegrated. The organiz	zation generally must sa	atisfy a dist	ribution re	quirement an	d an attent	tiveness
	requirement (see instruct	tions). You must cor	nplete Part IV, Section	s A and D	, and Part	V .		
е [Check this box if the org	anization received a	written determination fr	om the IRS	that it is a	а Туре I, Туре	e II, Type III	
	functionally integrated, o	r Type III non-functio	onally integrated suppor	ting organi	zation.			
f Er	nter the number of supported	organizations						
g Pr	rovide the following information	n about the supporte	ed organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	inization listed ing document?	(v) Amount o	,	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
Total								

RUSH COUNTY COMMUNITY FOUNDATION, INC. 35-1835950 Page 2 Schedule A (Form 990) 2022 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.)

See	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1,131,118.	538,821.	1,193,681.	1,197,718.	929,300.	4,990,638.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge \dots									
4	Total. Add lines 1 through 3	1,131,118.	538,821.	1,193,681.	1,197,718.	929,300.	4,990,638.			
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)						2,030,131.			
6	Public support. Subtract line 5 from line 4.						2,960,507.			
See	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
7	Amounts from line 4	1,131,118.	538,821.	1,193,681.	1,197,718.	929,300.	4,990,638.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources \dots	841,873.	606,551.	537,770.	757,421.	822,854.	3,566,469.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on \dots									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)	1,394.	155.	28,714.			30,263.			
11	Total support. Add lines 7 through 10						8,587,370.			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12				
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)				
_	organization, check this box and stop									
	ction C. Computation of Publ		-			I	24.40			
	Public support percentage for 2022 (14	34.48 %			
	Public support percentage from 2021					15	41.25 %			
1 6a	33 1/3% support test - 2022. If the o									
	stop here. The organization qualifies									
b	33 1/3% support test - 2021. If the o									
	and stop here. The organization qual									
17a	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	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									
b	b 10% -facts-and-circumstances test - 2021. 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	ne facts-and-circur	nstances test, che	eck this box and st	op here. Explain ir	n Part VI how the				
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization				
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	nd see instructions	;			
						Schedule A (Form 990) 2022			

Schedule A (Form 990) 202

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Schedule A (Form 990) 2022 RUSH COUNTY COMMUNITY FOUNDATION, INC. 35-1835950 Page 3 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	? (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	e (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						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
40	assets (Explain in Part VI.)	<u> </u>					
	Total support. (Add lines 9, 10c, 11, and 12.)			facuth and the i		E01/-\/0\	
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third	, fourth, or fifth tax	year as a section	501(c)(3) orga	inization,
800	check this box and stop here	lia Support Da	rooptago				L
	Public support percentage for 2022 (column (f))		15	0/
	Public support percentage for 2022 (Public support percentage from 202 ⁻					16	<u>%</u> %
	tion D. Computation of Inve			<u> </u>			70
	Investment income percentage for 20				1	17	%
	Investment income percentage for					18	%
	33 1/3% support tests - 2022. If the						
.54	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	3 12-09-22		,				lule A (Form 990) 2022
				16			. ,

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Schedule A (Form 990) 2022

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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Schedule A (Form 990) 2022 RUSH COUNTY COMMUNITY FOUNDATION, INC. 35-1835950 Page 5

га	ונוע	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization? 11a					
b	A fam	nily member of a person described on line 11a above?	11b		
с	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		l in Part VI.	11c		
Sec	tion l	B. Type I Supporting Organizations			
				Vac	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? 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.	
2	Did the organization operate for the benefit of any supported organization other than the supported	

Sac	tion C. Type II Supporting Organizations
	supervised, or controlled the supporting organization.
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
2	Did the organization operate for the benefit of any supported organization other than the supported

	 ouppoin	ng orga			

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).	1	
Sec	tion D. All Type III Supporting Organizations		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	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 yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ 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? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.
- **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? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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3b | | | Schedule A (Form 990) 2022

2a

2b

За

1

2

Yes No

Yes No

18

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	edule A (Form 990) 2022 RUSH COUNTY COMMUNITY E			5-1835950 Page6					
Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations								
1									
	All other Type III non-functionally integrated supporting organizations mus	st comple	te Sections A through E.	1					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)					
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3.	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or								
	collection of gross income or for management, conservation, or								
	maintenance of property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Sect	ion B - Minimum Asset Amount	·	(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see								
	instructions for short tax year or assets held for part of year):								
а	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
с	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
	Discount claimed for blockage or other factors								
	(explain in detail in Part VI):								
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,								
	see instructions).	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Sect	ion 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	Check here if the current year is the organization's first as a non-functiona	ally integra	ated Type III supporting org	anization (see					

instructions).

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

RUSH COUNTY COMMUNITY FOUNDATION, INC. 35-1835950 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	าร	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

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P lir S	Part IV, Section A, li	ines 1, 2, 3b, 3c on D, lines 2 and	, 4b, 4c, 5a, 6 d 3; Part IV, S	6, 9a, 9b, 9c, 1 ection E, lines	1a, 11b, and 1c, 2a, 2b, 3a	11c; Part IV, Sec a, and 3b; Part V	tion B, lines 1 , line 1; Part V	17b; Part III, line 12; and 2; Part IV, Sectio /, Section B, line 1e; F nal information.	on C,
lir S	ne 1; Part IV, Section Section D. lines 5. 6	on D, lines 2 and	d 3; Part IV, S	ection E, lines	1c, 2a, 2b, 3a	a, and 3b; Part V	, line 1; Part V	, Section B, line 1e; F	
S	ection D. lines 5.6	S, and 8; and Pa	rt V, Section F	E, lines 2, 5, ar	nd 6. Also con	nplete this part fo	or any addition	nal information.	
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0830 7					, , ,				

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** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

INC.

OMB No. 1545-0047

Department of the Treasury

(Form 990)

Internal Revenue Service

Schedule B

Name of the organization

Organization type (abaak ana)

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

RUSH COUNTY COMMUNITY FOUNDATION,

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)



Employer identification number

35-1835950

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2022.04020	RUSH	COUNTY	COMMUNITY	FOUND	23938_	_01

Schedule B (Form 990) (2022)

Frank

Employer identification number

35-1835950

RUSH COUNTY COMMUNITY FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>513,225.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$29,884.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>20,590.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$50,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>73,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Page **2**

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive
		 \$	

RUSH COUNTY COMMUNITY FOUNDATION, INC.

Name of organization

Employer identification number

35-1835950

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ame of organiz	zation		Employer identif	ication nu			
изн сои	NTY COMMUNITY FOUNDAT	ION, INC.	35-1835	950			
fron com	Iusively religious, charitable, etc., contribution n any one contributor. Complete columns (a) thu pleting Part III, enter the total of exclusively religious, char e duplicate copies of Part III if additional sp.	rough (e) and the following line en itable, etc., contributions of \$1,000 o	section 501(c)(7), (8), or (10) that total more than ntry. For organizations r less for the year. (Enter this info. once.) \$	\$1,000 for 1			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gif	t is held			
		(e) Transfer of g	jift				
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transfe	ree			
(a) No							
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gif	t is held			
		(e) Transfer of g	lift				
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transfe	ree			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gif	t is held			
		(e) Transfer of g	jift				
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transfe	ree			
	1						
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gif	t is held			
— <u> </u>		(a) Turnefer of a					
	Transferee's name, address, and	(e) Transfer of g ZIP + 4	fer of gift Relationship of transferor to transferee				

SCHEDULE D

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public Inspection

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

RUSH COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number 35-1835950

Pa			or Accounts. Complete if the									
	organization answered "Yes" on Form 990, Part IV, lin		(h) Funda and other accounts									
		(a) Donor advised funds	(b) Funds and other accounts 79									
1	Total number at end of year											
2	Aggregate value of contributions to (during year)	5,050.	84,003. 277,702.									
3	Aggregate value of grants from (during year)	177,855.	5,703,774.									
4	Aggregate value at end of year											
5	Did the organization inform all donors and donor advisors in	-										
~	are the organization's property, subject to the organization's											
6	Did the organization inform all grantees, donors, and donor a											
	for charitable purposes and not for the benefit of the donor of											
Pa		capization answord "Yos" on Form 990										
1												
	Purpose(s) of conservation easements held by the organization Preservation of land for public use (for example, recreating the second		a historically important land area									
	Protection of natural habitat		a historically important land area a certified historic structure									
			a certified historic structure									
0	Preservation of open space	fied concernation contribution in the form	of a concentration accoment on the last									
2	Complete lines 2a through 2d if the organization held a qualit day of the tax year.	ned conservation contribution in the form	Held at the End of the Tax Year									
~												
a b	Total number of conservation easements											
c	Number of conservation easements on a certified historic str	ucture included in (a)										
d	Number of conservation easements included in (c) acquired											
u	historic structure listed in the National Register		2d									
3	Number of conservation easements modified, transferred, re											
5	year	leased, extinguished, or terminated by the	e organization during the tax									
4	Number of states where property subject to conservation ea	sement is located										
5	Does the organization have a written policy regarding the per											
-	violations, and enforcement of the conservation easements i		Yes No									
6	Staff and volunteer hours devoted to monitoring, inspecting,											
			0, 1									
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year									
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)									
	and section 170(h)(4)(B)(ii)?											
9	In Part XIII, describe how the organization reports conservation											
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the									
	organization's accounting for conservation easements.											
Pa	t III Organizations Maintaining Collections o		ther Similar Assets.									
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.										
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works									
	of art, historical treasures, or other similar assets held for pul		•									
	service, provide in Part XIII the text of the footnote to its final											
b	If the organization elected, as permitted under FASB ASC 95											
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furt	nerance of public service,									
	provide the following amounts relating to these items:											
	(i) Revenue included on Form 990, Part VIII, line 1											
-	(ii) Assets included in Form 990, Part X											
2	If the organization received or held works of art, historical tre		al gain, provide									
	the following amounts required to be reported under FASB A	-	•									
a	Revenue included on Form 990, Part VIII, line 1											
	Assets included in Form 990, Part X											
	For Paperwork Reduction Act Notice, see the Instruction	s tor form 990.	Schedule D (Form 990) 2022									

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Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or C	Other S	imilar Asse	ts(contin	ued)							
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that ma	ake signif	icant use of its									
	collection items (check all that apply):														
а	Public exhibition	d	Loan or exc	hange program											
b	Scholarly research	е	Other												
С															
4															
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 ma						Yes		No						
Par	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, custod	ian or other intermedi	ary for contribution	is or other assets	not inclu	uded	_		_						
	on Form 990, Part X?					L	Yes		No						
b	If "Yes," explain the arrangement in Part XIII				_										
							Amount								
С	Beginning balance					1c									
d	Additions during the year				L	1d									
е	Distributions during the year				L	1e									
	Ending balance					1f									
	Did the organization include an amount on F					L	Yes		No						
	If "Yes," explain the arrangement in Part XIII.														
Par	t V Endowment Funds. Complete i					hung ungen hank	() Faur		haali						
		(a) Current year	(b) Prior year	(c) Two years ba	. ,	hree years back	. ,	-							
	Beginning of year balance	19,267,428.	17,438,658.			13,452,590.									
	Contributions	242,399.	314,808.	,		435,990.	765,797.								
	Net investment earnings, gains, and losses	-2,819,027.	2,367,917.	, ,		2,585,108.		967,							
	Grants or scholarships	523,853.	492,538.	543,84	19.	80,061.		445,	676.						
е	Other expenditures for facilities														
	and programs					242,258.		-25,							
f	Administrative expenses	347,789.	361,417.			495,658.		290,							
g	End of year balance	15,819,158.	19,267,428.		58.	15,655,711.	13,	452,	590.						
2	Provide the estimated percentage of the cur			a)) held as:											
	Board designated or quasi-endowment	31.2700	_%												
	Permanent endowment 6.2800	%													
С	Term endowment 62.4500														
	The percentages on lines 2a, 2b, and 2c sho														
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held a	nd administered	for the		г	<u>. </u>							
	organization by:							Yes	No						
	(i) Unrelated organizations								X						
	(ii) Related organizations								Х						
b	If "Yes" on line 3a(ii), are the related organization						3b								
4	Describe in Part XIII the intended uses of the	0	vment funds.												
Par	t VI Land, Buildings, and Equipm		Dect IV lies and a C		A V Para	10									
	Complete if the organization answere														
	Description of property	(a) Cost or ot			c) Accun		(d) Booł	value	Э						
		basis (investm	,	(other)	depreci	ation	1.07	<u> </u>	0.2						
	Land			0,293.	10/	160), 29							
	Buildings		34	9,263.	184	1,468.	104	1,79	90.						
	Leasehold improvements			0 1 2 7			1 /	. ^ .	77						
	Equipment		5	8,137.	42	2,060.	т (5,0	//•						
-	Other						201	1/	55						
Tota	. Add lines 1a through 1e. (Column (d) must e	qual ⊦orm 990, Part λ	k, column (B), line 1	UC.)		<u></u>		1,10							
						Schedule	e D (Form	990)	2022						

232052 09-01-22

Schedule D	(Form 990) 2022	RUSH	COUNTY	COMMUNITY	FOUN	IDATION,	INC.	35-1835950 Page 3
Part VII	Investments -	Other Sec	urities.					
				on Form 990, Part IV	V, line 11b			
(a) Descrip	tion of security or cate	GOIY (including na	ame of security)	(b) Book value	•	(c) Method of	valuation: Co	ost or end-of-year market value
1) Financia	al derivatives							
2) Closely	held equity interest	s						
3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
	o) must equal Form 99							
Part VIII	Investments -	•						
		-	wered "Yes"	on Form 990, Part IV				
	(a) Description o	f investment		(b) Book value	•	(c) Method of	valuation: Co	ost or end-of-year market value
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	o) must equal Form 99		3) line 13.)					
Part IX	Other Assets.							
	Complete if the or	ganization ans		on Form 990, Part IV	V, line 11c	I. See Form 990), Part X, line	
			(a)	Description				(b) Book value
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	mn (b) must equal F		X, col. (B) line	e 15.)				
Part X	Other Liabiliti							
		-		on Form 990, Part IV	V, line 11e	or 11f. See For	rm 990, Part	
1.	(a) D	Description of I	iability					(b) Book value
(1) Fed	eral income taxes							
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (Colu	mn (b) must equal F	orm 990, Part	X, col. (B) line	e 25.)				
2. Liability	for uncertain tax po	ositions. In Par	t XIII, provide	the text of the footn	note to th	e organization's	financial sta	atements that reports the
organiza	ation's liability for ur	ncertain tax po	sitions under	FASB ASC 740. Che	eck here	if the text of the	e footnote ha	is been provided in Part XIII X

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Schedule D (Form 990) 2022

Sche	edule D (Form 990) 2022 RUSH COUNTY COMMUNITY FO	UNDATION,	, INC.	35-	1835950 Page 4									
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	-2,085,163.									
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:													
а	Net unrealized gains (losses) on investments	2a – <u>4</u>	1,144,837.											
b	Donated services and use of facilities	2b												
с	Recoveries of prior year grants	2c												
d	Other (Describe in Part XIII.)		32,157.											
е	Add lines 2a through 2d			2e	-4,112,680.									
3	Subtract line 2e from line 1			3	2,027,517.									
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:													
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	46,819.											
b	Other (Describe in Part XIII.)	4b	-322,182.											
с	Add lines 4a and 4b			4c	-275,363.									
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,752,154.											
Ра	rt XII Reconciliation of Expenses per Audited Financial State			Retu	ırn.									
Pa	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With 12a.	Expenses per	Retu										
Pa 1	rt XII Reconciliation of Expenses per Audited Financial State	ements With 12a.	Expenses per	Retu 1	ırn. 1,664,322.									
	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With 12a.	Expenses per											
1	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	ements With	Expenses per											
1 2	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ements With 12a. 2a	Expenses per											
1 2 a	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ements With 12a. 2a 2b	Expenses per											
1 2 a b	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	Expenses per		1,664,322.									
1 2 a b c	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	Expenses per		1,664,322.									
1 2 a b c	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per	1	1,664,322.									
1 2 b c d e	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per 32,157.	1 2e	1,664,322.									
1 2 b c d 3	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per 32,157. 46,819.	1 2e	1,664,322.									
1 2 2 3 4 3 4	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per 32,157.	1 2e	1,664,322. 32,157. 1,632,165.									
1 2 2 3 4 3 4 5	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	Expenses per 32,157. 46,819. 139,699.	1 2e 3 4c	1,664,322. 32,157. 1,632,165. 186,518.									
1 2 d c 3 4 a b c 5	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 12a. 2b 2c 2d 2d 4a 4b	Expenses per 32,157. 46,819. 139,699.	1 2e 3	1,664,322. 32,157. 1,632,165.									

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 V, LINE 4:

THE FOUNDATION HAS ADOPTED INVESTMENT POLICY FOR ENDOWMENT ASSETS THAT
ATTEMPT TO PRESERVE THE REAL PURCHASING POWER OF THE ASSETS, AND PROVIDE A
GROWING STREAM OF INCOME TO BE MADE AVAILABLE FOR SPENDING, AND KEEPING
PACE WITH INFLATION IN ORDER TO SUSTAIN THE OPERATIONS AND GRANT-MAKING
CAPACITY OF THE FOUNDATION. THE INVESTMENT POLICY ESTABLISHES A RETURN
OBJECTIVE THROUGH DIVERSIFICATION OF ASSET CLASSES.

	то	SA	ΔTI	SFY	ITS	5 LO	NG-	TERM	RATE	-OF	-RET	URN	OBJ	ECTI	IVES	, тн	ΕF	OUN	DATI	ON	REI	IES	
	ON	A	то	TAL	RET	rurn	ST	RATE	GY IN	WH	ІСН	INVE	STM	ENT	RET	URNS	AR	RE A	CHIE	VEI)		
	THE	ROU	JGH	BO	гн с	CAPI	TAL	APPI	RECIA	rio:	N (R	EALI	ZED	ANI) UN	REAL	IZE	D)	AND	CUF	REN	IТ	
	YII	ELE) (INTI	ERES	ST A	ND	DIVI	DENDS).	THE	FOUN	DAT:	ION	TAR	GETS	А	DIV	ERSI	FIE	ED A	SSET	-
	232054	4 09-	01-22										2.9						Schedu	le D	(Form	990) 202	2
09	200	83	0 7	7953	39	2393	38.0	000	20	22.	.0402			COU	NTY	COM	IUN	ITY	FOUI	ND	239	38_01	

Schedule D (Form 990) 2022 RUSH COUNTY COMMUNITY FOUNDATION, INC. 35-1835950 Page 5
Part XIII Supplemental Information (continued)

ALLOCATION THAT PLACES A GREATER EMPHASIS ON EQUITY-BASED INVESTMENTS TO ACHIEVE ITS LONG-TERM RETURN OBJECTIVES WITHIN PRUDENT RISK PARAMETERS.

IN JUNE 2017, THE FOUNDATION ADOPTED A FORMAL SPENDING POLICY TO CALCULATE THE AMOUNT OF MONEY ANNUALLY DISTRIBUTED FROM THE FOUNDATION'S VARIOUS ENDOWED FUNDS. THE CURRENT SPENDING POLICY IS TO DISTRIBUTE AN AMOUNT DETERMINED ANNUALLY BY THE BOARD OF DIRECTORS AND THAT RATE IS MULTIPLIED BY THE PREVIOUS FIVE-YEAR ROLLING AVERAGE OF THE FUND'S FAIR MARKET VALUE. FOR DECEMBER 31, 2022 AND 2021, THE BOARD APPROVED A SPENDING RATE OF THE FOUNDATION'S OBJECTIVE IS TO AVOID INVASION INTO THE HISTORICAL 4.2%. VALUE OR PRINCIPAL OF A FUND TO MEET THE SPENDING POLICY, UNLESS THE TERMS OF A GIFT ALLOWS THE FOUNDATION TO DO SO IN A PRUDENT MANNER. ACCORDINGLY, OVER THE LONG TERM, THE FOUNDATION EXPECTS THE FORMALIZED SPENDING POLICY WILL ALLOW ITS ENDOWMENT ASSETS TO GROW CONSISTENT WITH THE FOUNDATION'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF ENDOWMENT ASSETS, AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS AND INVESTMENT RETURN.

PART X, LINE 2:

ACCOUNTING STANDARDS REQUIRE THE EVALUATION OF TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, IN THE COURSE OF PREPARING THE FOUNDATION'S TAX RETURNS, TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. THIS STATEMENT PROVIDES THAT A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY WHEN IT IS "MORE-LIKELY-THAN-NOT" THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED UPON THE TECHNICAL MERITS AND CONSIDERATION OF ALL AVAILABLE INFORMATION. Schedule D (Form 990) 2022

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Schedule D (Form 990) 2022 RUSH COUNTY COMMUNITY FOUNDATION, INC. 35-1835950 Page 5 Part XIII Supplemental Information (continued) FOUNDATION, INC. Supplemental Information (continued)
ONCE THE RECOGNITION THRESHOLD IS MET, THE PORTION OF THE TAX BENEFIT THAT
IS RECORDED REPRESENTS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER
THAN 50 PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT WITH A TAXING
AUTHORITY. BASED ON ITS REVIEW, MANAGEMENT DOES NOT BELIEVE THE
FOUNDATION HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS, INCLUDING ANY
POSITION THAT WOULD PLACE THE FOUNDATION'S EXEMPT STATUS IN JEOPARDY, AS
OF DECEMBER 31, 2022.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
MANGEMENT FEE INCOME 32,157.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
FAS 136 ADJUSTMENT -322,182.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
MANAGEMENT FEE EXPENSES 32,157.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
FAS 136 ADJUSTMENT 139,700.
ROUNDING -1.
TOTAL TO SCHEDULE D, PART XII, LINE 4B 139,699.
232055 09-01-22 Schedule D (Form 990) 2022

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	Grants and Oth overnments, an lete if the organizatio Go to www.irs	nd Individua	ls in the Ŭni ' on Form 990, Pa n 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 2022 Open to Public Inspection
Name of the organization			-				Employer identification number
		NITY FOUNDAT	ION, INC.				35-1835950
Part I General Information on Grants a							
1 Does the organization maintain records		•		•			
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to							
recipient that received more than a				•	anization answered "	res" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF RUSH COUNTY 1590 N SEXTON RUSHVILLE, IN 46173	23-7170004	501(C)(3)	41,253.	0.			TO PROVIDE SUPPORT TO THE BOYS AND GIRLS CLUB OF RUSH COUNTY
GLEANERS FOOD BANK OF INDIANA 3737 WALDEMERE AVE INDIANAPOLIS, IN 46241	35-1483868	501(C)(3)	12,500.	0.			COMMUNITY GRANT: SCHOOL-BASED PANTRY PROGRAMS IN RUSH COUNTY
MAIN STREET CHRISTIAN CHURCH 615 N MAIN ST RUSHVILLE, IN 46173	35-6000841	501(C)(3)	10,499.	0.			TO PROVIDE FUNDING TO SUPPORT THE CHURCH
RUSH COUNTY HUMANE SOCIETY 916 E US HWY 52 RUSHVILLE, IN 46173	35-1965311	501(C)(3)	12,189.	0.			TO PROVIDE FUNDING TO SUPPORT THE ONGOING WORK AND DEVELOPMENT OF THE HUMANE SOCIETY
RUSH MEMORIAL HOSPTIAL 1300 N MAIN ST RUSHVILLE, IN 46173	20-3199892	501(C)(3)	8,670.	0.			TO PROVIDE FUNDING FOR CANCER TREATMENTS AND SUPPORT FOR RUSH MEMORIAL HOSPITAL
RUSHVILLE LODGE 1307 BPOE OF ELKS PO BOX 81 RUSHVILLE, IN 46173	35-0173269	501(C)(8)	8,243.	0.			TO PROVIDE OTHER CHARITABLE ACTIVITIES AND SUPPORT FOR THE RUSHVILLE LODGE 1307 BPOE OF ELKS
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization LHA For Paperwork Reduction Act Notice 	s listed in the line	1 table	ne line 1 table				28. 1. Schedule I (Form 990) 2022

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

RUSH COUNTY COMMUNITY FOUNDATION, INC.

Schedule I (Form 990) RUSH COUN		35-1835950 Page 1					
Part II Continuation of Grants and Other	Assistance to De	omestic Organization	is and Domestic G	overnments (Sche	edule I (Form 990), Pa	art II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE SUPPORT FOR
RUSHVILLE PUBLIC LIBRARY							THE LIBRARY'S CURRENT AND
130 W 3RD ST							FUTURE NEEDS. TO PROMOTE
RUSHVILLE, IN 46173	35-6002081	501(C)(3)	23,402.	0.			SOCCER IN RUSH COUNTY. TO
ST. MARY CATHOLIC SCHOOL							
FOUNDATION - 225 E 5TH ST -							TO PROVIDE FUNDING TO
RUSHVILLE, IN 46173	35-1810106	501(C)(3)	11,224.	Ο.			SUPPORT THE SCHOOL
ST. PAUL'S UNITED METHODIST CHURCH							
426 N MORGAN							TO PROVIDE SUPPORT FOR
RUSHVILLE, IN 46173	35-6000842	501(C)(3)	45,152.	0.			THE CHURCH
RUSH COUNTY SENIOR CITIZENS							TO PROVIDE SUPPORT TO THE
SERVICES - 504 W 3RD STREET -							RUSH COUNTY SENIOR
RUSHVILLE, IN 46173	35-1360401	501(C)(3)	9,354.	0.			CITIZENS CENTER.
KUSHVILLE, IN 40173	35-1360401	501(C)(3)	9,354.	0.			CITIZENS CENTER.
RUSH COUNTY ARC							TO SUPPORT THE MENTALLY
PO BOX 44							AND PHYSICALLY CHALLENGED
RUSHVILLE, IN 46173	35-1343188	501(C)(3)	7,105.	Ο.			AND THEIR FAMILIES.
							TO SUPPORT THE ONGOING
RUSH COUNTY HISTORICAL SOCIETY							WORK AND DEVELOPMENT OF
PO BOX 302							THE RUSH COUNTY
RUSHVILLE, IN 46173	35-6021791	501(C)(3)	5,441.	0.			HISTORICAL SOCIETY AND
							TO PROVIDE SUPPORT /
RUSHVILLE ELEMENTRY SCHOOL WEST							PROGRAMING FOR THE
410 W 16TH STREET							RUSHVILLE ELEMENTRY
RUSHVILLE, IN 46173	35-1097791	GOVERNMENTAL	6,898.	Ο.			SCHOOL WEST. ALSO FOR
							TO PROVIDE SUPPORT /
RUSHVILLE ELEMENTRY SCHOOL EAST							PROGRAMING FOR RUSHVILLE
390 W 16TH STREET							ELEMENTARY SCHOOL EAST,
RUSHVILLE, IN 46173	35-1097791	GOVERNMENTAL	5,755.	0.			ALSO SUPPORT FOR GOLF
							EDUCATION GRANT FOR TOOLS
BENJAMIN RUSH MIDDLE SCHOOL							AND SUPPLIES, SUPPORT FOR
1601 N SEXTON STREET							8TH GRADE FARM-TO-TABLE &
RUSHVILLE, IN 46173	35-1097791	GOVERNMENTAL	6,361.	٥.			CAREERS IN AG DAY, AND TO

Schedule I (Form 990)

Schedule I (Form 990) RUSH COUNTY COMMUNITY FOUNDATION, INC.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF RUSHVILLE FIRE AND RESCUE							
120 N PERKINS STREET							PURCHASE THE AMBU MAN
RUSHVILLE, IN 46173	35-6001184	GOVERNMENTAL	10,280.	0.			ADVANCED TRAINING MANIKIN
MANILLA COMMUNITY FIRE DEPARTMENT							COMMUNITY GRANT: TWO SETS
PO BOX 158							OF TURNOUT GEAR,
MANILLA, IN 46150	35-1903617	501(C)(3)	7,000.	٥.			INCLUDING BOOTS
NTLDOV CONTINUES BOOD DANEDY							
MILROY COMMUNITY FOOD PANTRY							
300 N WALNUT STREET, PO BOX 392 MILROY, IN 46156	85-3351366	501(C)(3)	10,000.	0.			TO HELP FEED THE FOOD INSECURE
		501(0)(3)	10,000.				COMMUNITY GRANT FOR
MILROY ELEMENTARY SCHOOL							MILROY COMMUNITY WALKING
300 N WALNUT STREET							PATH, AND FUNDS FOR GOLF
MILROY, IN 46156	35-1097791	GOVERNMENTAL	13,620.	0.			SCRAMBLE
RCHS							GRANTS FUND PROJECT LEAD
1201 LIONS PATH							THE WAY AND SUPPORT FOR
RUSHVILLE, IN 46173	35-1097791	GOVERNMENTAL	7,760.	0.			GOLF SCRAMBLE
	55-1057751	GOVERNMENTAL	7,700.	0.			GRANT TO MULTIPLE
RCHS ACTIVITIES FUND							DIFFERENT FUNDS TO
1201 LIONS PATH							PROVIDE SUPPORT FOR TOP
RUSHVILLE, IN 46179	35-1097791	GOVERNMENTAL	14,979.	٥.			25 TRIP RUSHVILLE FFA,
DOUG BACC DEDADMNENM							
RCHS FACS DEPARTMENT							
1201 LIONS PATH	25 1007701	COVEDNMENT	10 510	_			TO SUPPORT FACS
RUSHVILLE, IN 46173	35-1097791	GOVERNMENTAL	19,519.	0.			DEPARTMENT
RUSH COUNTY 4-H HORSE & PONY							COMMUNITY GRANT: CONVERT SHOW GROUNDS FOR HANDICA
5359 N 700 W							ACCESSIBILITY-TWO
	30-0224103	501(C)(3)	10 000	0.			SIDEWALKS
ARLINGTON, IN 46104	30-0224103	501(C)(3)	10,000.	0.			DIDEMURY
RUSH COUNTY COMMUNITY ASSISTANCE,							
INC 109 E 3RD STREET -				_			TO SUPPORT MILK PROGRAM
RUSHVILLE, IN 46173	26-3693804	pul(C)(3)	11,000.	٥.			AND MICROGRANT-CANVAS

Schedule I (Form 990)

Schedule I (Form 990) RUSH COUNTY COMMUNITY FOUNDATION, INC.

35-1835950	Page 1
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
							TO HELP PROVIDE SUPPORT		
RUSHVILLE PARKS & RECREATION							FOR RUSHVILLE PARKS &		
119 W 16TH STREET							RECREATION AND SUPPORT OF		
RUSHVILLE, IN 46713	35-6001184	GOVERNMENTAL	14,115.	0.			ACTIVITIES FOR THE PARK		
							TO HELP SUPPORT RUSH		
RUSHVILLE POLICE DEPARTMENT							COUNTY LOCAL COORDINATING		
270 W 15TH STREET							COUNCIL FUND-RPD K9		
RUSHVILLE, IN 46173	35-6001184	GOVERNMENTAL	6,500.	0.			PROGRAM		
							TO SUPPORT THE CHARITABL		
RUSHVILLE PSI LOTA XI							ACTIVITIES OF RUSHVILLE		
2628 N 150 E							PSI LOTA XI ORGANIZATION.		
RUSHVILLE, IN 46173	35-6030502	501(C)(3)	15,209.	٥.			ALSO, TO PROVIDE SUPPORT		
ST. MARY CALVARY CEMETERY							TO PROVIDE SUPPORT TO		
3787 W 415 S							RUSHVILLE ST. MARY'S		
RUSHVILLE, IN 46173	35-0876366	501(C)(3)	5,100.	٥.			CATHOLIC CHURCH		

Schedule I (Form 990)

35-1835950

Page **2**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS FOR STUDENTS ATTENDING HIGHER					
EDUCATION INSTITUTIONS.	68	222,916.	0.		
David IV Complemental Information Dravida the information rea	<u> </u>				L

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 TERMS OF THE GRANT REQUIRE TWO SIGNATURES FROM THE RECIPIENT

ORGANIZATION BEFORE FUNDS ARE RELEASED. THE REQUIREMENTS OF THE RECIPIENT

ORGANIZATION INCLUDE REPORTING INFORMATION BACK TO THE FOUNDATION INCLUDING

WHETHER THE FUNDS WERE USED ACCORDING TO THE GRANT REQUEST, RECEIPTS FOR

GRANT EXPENDITURES, REIMBURESMENT OF UNUSED FUNDS, PHOTOGRAPHS OF ANY ITEMS

ACQUIRED WITH GRANT FUNDS, AND COMPLETION OF A QUESTIONNAIRE. THE GRANT

RECIPIENT MUST STATE IN THE QUESTIONNAIRE WHETHER FUNDS WERE USED IN

ACCORDANCE WITH IRS REQUIREMENTS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: RUSHVILLE PUBLIC LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT FOR THE LIBRARY'S

CURRENT AND FUTURE NEEDS. TO PROMOTE SOCCER IN RUSH COUNTY. TO PURCHASE

NEW BOOKS AND THE SUMMER PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: RUSH COUNTY HISTORICAL SOCIETY (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ONGOING WORK AND DEVELOPMENT OF THE RUSH COUNTY HISTORICAL SOCIETY AND OTHER CHARITABLE ACTIVITIES.

NAME OF ORGANIZATION OR GOVERNMENT: RUSHVILLE ELEMENTRY SCHOOL WEST (H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT / PROGRAMING FOR THE RUSHVILLE ELEMENTRY SCHOOL WEST. ALSO FOR SUPPORT OF GOLF SCRAMBLE.

NAME OF ORGANIZATION OR GOVERNMENT: RUSHVILLE ELEMENTRY SCHOOL EAST (H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT / PROGRAMING FOR RUSHVILLE ELEMENTARY SCHOOL EAST, ALSO SUPPORT FOR GOLF SCRAMBLE.

NAME OF ORGANIZATION OR GOVERNMENT: BENJAMIN RUSH MIDDLE SCHOOL (H) PURPOSE OF GRANT OR ASSISTANCE: EDUCATION GRANT FOR TOOLS AND SUPPLIES, SUPPORT FOR 8TH GRADE FARM-TO-TABLE & CAREERS IN AG DAY, AND TO SUPPORT GOLF SCRAMBLE.

NAME OF ORGANIZATION OR GOVERNMENT: RCHS ACTIVITIES FUND (H) PURPOSE OF GRANT OR ASSISTANCE: GRANT TO MULTIPLE DIFFERENT FUNDS TO PROVIDE SUPPORT FOR TOP 25 TRIP RUSHVILLE FFA, SPORTS NETWORKING Schedule I (Form 990) 232291 04-01-22 37

09200830 795339 23938.000

2022.04020 RUSH COUNTY COMMUNITY FOUND 23938 01

Schedule I (Form 990) RUSH COUNTY COMMUNITY FOUNDATION, INC. 35-1835950 Page 2 Part IV Supplemental Information

EQUIPMENT, LEADERSHIP CONFERENCE, WHEEKCHAIRS, SCHOOLS IN COMMUNITY AND

IRON LION PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: RUSHVILLE PARKS & RECREATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP PROVIDE SUPPORT FOR

RUSHVILLE PARKS & RECREATION AND SUPPORT OF ACTIVITIES FOR THE PARK

PROGRAMS.

NAME OF ORGANIZATION OR GOVERNMENT: RUSHVILLE PSI LOTA XI

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CHARITABLE ACTIVITIES

OF RUSHVILLE PSI LOTA XI ORGANIZATION. ALSO, TO PROVIDE SUPPORT TO

PROVIDE HEARING AIDS TO LOW INCOME CITIZENS OF RUSH COUNTY.

Schedule I (Form 990)

232291 04-01-22

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(Form	990)	

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



35-1835950

INC.

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

RUSH COUNTY COMMUNITY FOUNDATION,

PUBLIC CHARITY ESTABLISHED IN 1991 TO SERVE DONORS, AWARD GRANTS AND

SCHOLARSHIPS, AND PROVIDE LEADERSHIP TO ENRICH AND ENHANCE THE QUALITY

OF LIFE IN RUSH COUNTY, INDIANA, NOT ONLY TODAY, BUT FOR GENERATIONS TO

COME.

THE RUSH COUNTY COMMUNITY FOUNDATION HELPS PEOPLE OF ALL MEANS TO

IMPROVE THEIR COMMUNITY NOW AND IN THE FUTURE. WE HELP DONORS PROVIDE

GRANT-MAKING DOLLARS FOR NOT-FOR-PROFIT ORGANIZATIONS THAT SERVE RUSH

COUNTY CITIZENS.

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

ONLY TODAY, BUT FOR GENERATIONS TO COME.

THE RUSH COUNTY COMMUNITY FOUNDATION HELPS PEOPLE OF ALL MEANS TO IMPROVE THEIR COMMUNITY NOW AND IN THE FUTURE. WE HELP DONORS PROVIDE GRANT-MAKING DOLLARS FOR NOT-FOR-PROFIT ORGANIZATIONS THAT SERVE RUSH COUNTY CITIZENS.

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

FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND ADMINISTRATIVE AND

ACCOUNTS COORDINATOR BEFORE FILING. THE COMPLETED INFORMATION WILL BE

PROVIDED TO THE BOARD OF DIRECTORS.

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

ANNUALLY, THE BOARD PRESIDENT AND THE EXECUTIVE DIRECTOR ANALYZE POTENTIAL
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
Schedule O (Form 990) 2022
232211 10-28-22

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Schedule O (Form 990) 2022	Page 2
Name of the organization RUSH COUNTY COMMUNITY FOUNDATION, INC.	Employer identification number 35-1835950
CONFLICTS OF BOARD MEMBERS, AND ANY ACTUAL CONFLICTS ARE	ADDRESSED.
FORM 990, PART VI, SECTION B, LINE 15:	
PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL	- THE EXECUTIVE
COMMITTEE PERFORMS AN ANNUAL REVIEW OF THE EXECUTIVE DIRE	CTOR AND REPORTS
TO THE BOARD. THE EXECUTIVE COMMITTEE MAKES RECOMMENDATI	ONS FOR
COMPENSATION LEVELS TO THE GOVERNING BOARD BASED ON VARIO	US INFORMATION

INCLUDING COMPARABLE COMPENSATION DATA FOR THE POSITION. THE GOVERNING

BOARD VOTES ON THE COMPENSATION AMOUNT OF ALL STAFF. ALL BOARD AND

COMMITTEE MEETINGS ARE CONTEMPORANEOUSLY DOCUMENTED.

PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS - THE EXECUTIVE DIRECTOR PERFORMS AN ANNUAL REVIEW OF ALL EMPLOYEES AND REPORTS TO THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE MAKES RECOMENDATIONS FOR COMPENSATION LEVELS TO THE GOVERNING BOARD BASED ON VARIOUS INFORMATION INCLUDING COMPARABLE COMPENSATION DATA FOR THE POSITION. THE GOVERNING BOARD VOTES ON THE COMPENSATION AMOUNT OF ALL STAFF. ALL BOARD AND COMMITTEE MEETINGS ARE CONTEMPORANEOUSLY DOCUMENTED.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE AUDITED FINANCIALS ARE AVAILABLE ON OUR WEBSITE.

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

FAS 136 ADJUSTMENT

-425,428.

-425,428.

ROUNDING

TOTAL TO FORM 990, PART XI, LINE 9

232212 10-28-22

Schedule O (Form 990) 2022

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FORM 99	90, PAR1	r xi	[, L]	INE 2	2C								
THE ORG	GANIZATI	ION	HAS	NOT	CHANGED	THE	SELECT	ION	PROCESS	5 FOR	THE	AUD	ITOR
OR THE	METHOD	OF	OVEF	RSIGE	HT.								
232212 10-28-2	2						41				Sche	dule O	(Form 990)
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RUSH COUNTY COMMUNITY FOUNDATION, INC.

Page **2** Employer identification number 35-1835950

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

-	Eilo a	congrato	application	for on	och roturn	

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

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

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

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

Type or print	RUSH COUNTY COMMUNITY FOUNDATION, INC.					axpayer identification number (TIN)				
-										
File by the due date fo filing your	he e for 117 N MATN ST									
return. See instructions	ee									
Enter the	e Return Code for the return that this application is for (fi	le a separa	te application for each return)			0 1				
Applicat	tion	Return	Application							
ls For		Code	Is For	Code						
Form 99	0 or Form 990-EZ	01	Form 1041-A	08						
Form 47	20 (individual)	03	Form 4720 (other than individual)	09						
Form 99	0-PF	04	Form 5227	10						
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11						
Form 990-T (trust other than above)			Form 8870	12						
Form 99	0-T (corporation) CHRIS MAY	07								
Telephone No. ▶ 765-938-1177 Fax No. ▶ • If the organization does not have an office or place of business in the United States, check this box ▶ • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box • If it is for part of the group, check this box ▶ and attach a list with the names and TINs of all members the extension is for. 1 I request an automatic 6-month extension of time until NOVEMBER 15, 2023 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ X calendar year 2022 or ▶										
	his application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter the	e tentative tax, less	3a	\$	0.				
	any nonrefundable credits. See instructions.					0.				
						0.				
	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by									
	ing EFTPS (Electronic Federal Tax Payment System). Se	3c	¢	0.						
	: If you are going to make an electronic funds withdrawa				nd Form 8879					
LHA I	For Privacy Act and Paperwork Reduction Act Notice	, see instr	uctions.		Form 8	868 (Rev. 1-2022)				

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