

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://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](http://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.

|  |  |   |
|--|--|---|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>RUSH COUNTY COMMUNITY FOUNDATION, INC.</b>         | Taxpayer identification number (TIN)<br><b>35-1835950</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>117 N MAIN ST</b>                         |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>RUSHVILLE, IN 46173</b> |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |
| Form 990-T (corporation)                 | 07          |                                   |             |

**ALISA WINTERS**

• The books are in the care of ▶ **117 N MAIN ST - RUSHVILLE, IN 46173**

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, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2021** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Form **990**

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

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

|  |  |  |   |
|--|--|--|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b><br>RUSH COUNTY COMMUNITY FOUNDATION, INC.<br>Doing business as   |  | <b>D Employer identification number</b><br>35-1835950   |
|  | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>117 N MAIN ST   |  | <b>E Telephone number</b><br>765-938-1177   |
|  | City or town, state or province, country, and ZIP or foreign postal code<br>RUSHVILLE, IN 46173  |  | <b>G Gross receipts \$</b> 7,367,073.   |
|  | <b>F Name and address of principal officer:</b> ALISA WINTERS<br>117 N MAIN ST, RUSHVILLE, IN 46173  |  | <b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                        |
|  | <b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 |  | <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions |

**J Website:** WWW.RUSHCOUNTYFOUNDATION.ORG

**K Form of organization:**  Corporation  Trust  Association  Other ▶ **L Year of formation:** 1991 **M State of legal domicile:** IN

| <b>Part I Summary</b>   |   | Prior Year                               | Current Year               |
|---|---|--|----------------------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: THE RUSH COUNTY COMMUNITY FOUNDATION, THE FOUNDATION OF RUSH COUNTY'S FUTURE, IS A NONPROFIT |  |                            |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                  |  |                            |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | 3  | 12                         |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | 4  | 12                         |
|   | <b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)   | 5  | 5                          |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | 6  | 83                         |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | 7a                                       | 0.                         |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b  | 0.                                       |                            |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | 1,193,681.                               | 1,197,718.                 |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | 0.                                       | 0.                         |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 220,943.                                 | 1,848,721.                 |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 28,714.                                  | 0.                         |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 1,443,338.                               | 3,046,439.                 |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 551,885.                                 | 583,984.                   |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | 0.                                       | 0.                         |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 248,137.                                 | 262,755.                   |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | 0.                                       | 0.                         |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 93,356.  |  |                            |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 233,258.                                 | 818,830.                   |
|   | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | 1,033,280.                               | 1,665,569.                 |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                  | 410,058.  | 1,380,870.                               |                            |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)  | Beginning of Current Year<br>26,158,754. | End of Year<br>28,144,119. |
|   | <b>21</b> Total liabilities (Part X, line 26)   | 5,013,418.                               | 4,623,125.                 |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | 21,145,336.                              | 23,520,994.                |

**Part II Signature Block**

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

|                               |  |                         |                          |   |                   |
|-------------------------------|--|-------------------------|--------------------------|---|-------------------|
| <b>Sign Here</b>              | Signature of officer   | Date                    |                          |   |                   |
|                               | ALISA WINTERS, EXECUTIVE DIRECTOR<br>Type or print name and title  |                         |                          |   |                   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>TRACY A HAINES   | Preparer's signature    | Date<br>07/27/22         | Check if self-employed <input type="checkbox"/> | PTIN<br>P00517541 |
|                               | Firm's name ▶ BRADY, WARE & SCHOENFELD, INC.<br>Firm's address ▶ 2206 CHESTER BLVD<br>RICHMOND, IN 47374 | Firm's EIN ▶ 35-1476702 | Phone no. (765) 966-0531 |   |                   |

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

Part III Statement of Program Service Accomplishments

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

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

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

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

4a (Code: ) (Expenses \$ 1,383,676. including grants of \$ 583,984. ) (Revenue \$ ) COMMUNITY GRANTS FOR LOCAL SCHOOLS AND ORGANIZATIONS AND COLLEGE SCHOLARSHIPS FOR INDIVIDUALS. 115 SCHOLARSHIPS AND 127 GRANTS WERE DISTRIBUTED.

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

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

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

4e Total program service expenses 1,383,676.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |     |    |
| <b>1b</b> | Enter the number of voting members included on line 1a, above, who are independent   |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   |     | X  |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>8a</b> | The governing body?  | X   |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O   |     | X  |

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **IN**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **ALISA WINTERS - 765-938-1177**  
**117 N MAIN ST, RUSHVILLE, IN 46173**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                         | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) ALISA WINTERS<br>EXECUTIVE DIRECTOR       | 38.00   |   |                       | X       |              |                              |        | 80,051.   | 0.   | 7,323.  |
| (2) ANGELA BANE<br>ADMINISTRATIVE AND ACCOUNT | 38.00   |   |                       | X       |              |                              |        | 43,787.   | 0.   | 6,500.  |
| (3) KRISTINA AMOS<br>PROGRAM COORDINATOR      | 35.00   |   |                       | X       |              |                              |        | 41,992.   | 0.   | 6,500.  |
| (4) MINDY VOGEL<br>BOARD MEMBER               | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (5) KAREN BRASHABER<br>SECRETARY              | 1.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (6) BEN WICKER<br>PRESIDENT                   | 1.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (7) ARIKA MARLATT<br>BOARD MEMBER             | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (8) PHILLIP KUHN<br>TREASURER                 | 1.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (9) BOB GULDE<br>BOARD MEMBER                 | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (10) DAVE MALSON<br>BOARD MEMBER              | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (11) KEITH PERIN<br>VICE PRESIDENT            | 1.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (12) DAVID BURKHARDT<br>BOARD MEMBER          | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (13) JOHN CORN<br>BOARD MEMBER                | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (14) DENISE HOEING<br>BOARD MEMBER            | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (15) PHIL KING<br>BOARD MEMBER                | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
|   |   |   |                       |         |              |                              |        |   |  |   |
|   |   |   |                       |         |              |                              |        |   |  |   |
|   |   |   |                       |         |              |                              |        |   |  |   |



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |   |  |   |
|  |   |   |                       |         |              |                              |          |   |  |   |
|  |   |   |                       |         |              |                              |          |   |  |   |
|  |   |   |                       |         |              |                              |          |   |  |   |
|  |   |   |                       |         |              |                              |          |   |  |   |
|  |   |   |                       |         |              |                              |          |   |  |   |
|  |   |   |                       |         |              |                              |          |   |  |   |
|  |   |   |                       |         |              |                              |          |   |  |   |
|  |   |   |                       |         |              |                              |          |   |  |   |
|  |   |   |                       |         |              |                              |          |   |  |   |
|  |   |   |                       |         |              |                              |          |   |  |   |
|  |   |   |                       |         |              |                              |          |   |  |   |
|  |   |   |                       |         |              |                              |          |   |  |   |
|  |   |   |                       |         |              |                              |          |   |  |   |
|  |   |   |                       |         |              |                              |          |   |  |   |
|  |   |   |                       |         |              |                              |          |   |  |   |
|  |   |   |                       |         |              |                              |          |   |  |   |
|  |   |   |                       |         |              |                              |          |   |  |   |
|  |   |   |                       |         |              |                              |          |   |  |   |
|  |   |   |                       |         |              |                              |          |   |  |   |
| <b>1b Subtotal</b> .....   |   |   |                       |         |              |                              | 165,830. | 0.  | 20,323.  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |   |                       |         |              |                              | 165,830. | 0.  | 20,323.  |   |

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

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**Part VIII Statement of Revenue**

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

|  |   |   | (A)   | (B)                                | (C)                        | (D)  |  |
|--|---|---|---|------------------------------------|----------------------------|--|--|
|  |   |   | Total revenue   | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>              | <b>1 a</b> Federated campaigns .....  | <b>1a</b>   |   |                                    |                            |  |  |
|  | <b>b</b> Membership dues .....  | <b>1b</b>   |   |                                    |                            |  |  |
|  | <b>c</b> Fundraising events .....   | <b>1c</b>   |   |                                    |                            |  |  |
|  | <b>d</b> Related organizations .....  | <b>1d</b>   |   |                                    |                            |  |  |
|  | <b>e</b> Government grants (contributions) .....  | <b>1e</b>   |   |                                    |                            |  |  |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...   | <b>1f</b>   | 1,197,718.  |                                    |                            |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f .....  | <b>1g</b>   | \$  |                                    |                            |  |  |
|  | <b>h Total.</b> Add lines 1a-1f .....   |   |   | 1,197,718.                         |                            |  |  |
| <b>Program Service Revenue</b>   | <b>2 a</b> _____  | <b>Business Code</b>  |   |                                    |                            |  |  |
|  | <b>b</b> _____  |   |   |                                    |                            |  |  |
|  | <b>c</b> _____  |   |   |                                    |                            |  |  |
|  | <b>d</b> _____  |   |   |                                    |                            |  |  |
|  | <b>e</b> _____  |   |   |                                    |                            |  |  |
|  | <b>f</b> All other program service revenue .....  |   |   |                                    |                            |  |  |
|  | <b>g Total.</b> Add lines 2a-2f .....   |   |   |                                    |                            |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and other similar amounts) .....   |   |   | 757,421.                           |                            | 757,421.   |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds .....   |   |   |                                    |                            |  |  |
|  | <b>5</b> Royalties .....  |   |   |                                    |                            |  |  |
|  | <b>6 a</b> Gross rents .....  | <b>6a</b>   | (i) Real  | (ii) Personal                      |                            |  |  |
|  |   |   | <b>b</b> Less: rental expenses ...                          | <b>6b</b>                          |                            |  |  |
|  |   |   | <b>c</b> Rental income or (loss)                            | <b>6c</b>                          |                            |  |  |
|  | <b>d</b> Net rental income or (loss) .....  |   |   |                                    |                            |  |  |
|  | <b>7 a</b> Gross amount from sales of assets other than inventory .....   | <b>7a</b>   | (i) Securities  | (ii) Other                         |                            |  |  |
|  |   |   | <b>b</b> Less: cost or other basis and sales expenses ..... | <b>7b</b>                          | 4,320,634.                 |  |  |
|  |   |   | <b>c</b> Gain or (loss) .....                               | <b>7c</b>                          | 1,091,300.                 |  |  |
|  | <b>d</b> Net gain or (loss) .....   |   |   | 1,091,300.                         |                            | 1,091,300.   |  |
|  | <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>   |   |                                    |                            |  |  |
|  |   |   | <b>b</b> Less: direct expenses .....                        | <b>8b</b>                          |                            |  |  |
|  |   |   | <b>c</b> Net income or (loss) from fundraising events ..... |                                    |                            |  |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 ..... | <b>9a</b>   |   |   |                                    |                            |  |  |
|  |   | <b>b</b> Less: direct expenses .....                        | <b>9b</b>   |                                    |                            |  |  |
|  |   | <b>c</b> Net income or (loss) from gaming activities .....  |   |                                    |                            |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances .....    | <b>10a</b>  |   |   |                                    |                            |  |  |
|  |   | <b>b</b> Less: cost of goods sold .....                     | <b>10b</b>  |                                    |                            |  |  |
|  |   | <b>c</b> Net income or (loss) from sales of inventory ..... |   |                                    |                            |  |  |
| <b>Miscellaneous Revenue</b>   | <b>11 a</b> _____   | <b>Business Code</b>  |   |                                    |                            |  |  |
|  | <b>b</b> _____  |   |   |                                    |                            |  |  |
|  | <b>c</b> _____  |   |   |                                    |                            |  |  |
|  | <b>d</b> All other revenue .....  |   |   |                                    |                            |  |  |
|  | <b>e Total.</b> Add lines 11a-11d .....   |   |   |                                    |                            |  |  |
| <b>12 Total revenue.</b> See instructions .....                            |   |   | 3,046,439.  | 0.                                 | 0.                         | 1,848,721.   |  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   | 384,537.              | 384,537.                        |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22  | 199,447.              | 199,447.                        |  |                             |
| 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   | 165,830.              | 74,551.                         | 59,259.                                | 32,020.                     |
| 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   | 54,731.               | 29,870.                         | 13,917.                                | 10,944.                     |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                 |  |                             |
| 9 Other employee benefits  | 26,334.               | 12,377.                         | 8,690.                                 | 5,267.                      |
| 10 Payroll taxes   | 15,860.               | 7,599.                          | 5,309.                                 | 2,952.                      |
| 11 Fees for services (nonemployees):   |                       |                                 |  |                             |
| a Management   |                       |                                 |  |                             |
| b Legal  | 381.                  | 57.                             | 324.                                   |                             |
| c Accounting   | 14,000.               | 2,100.                          | 11,900.                                |                             |
| d Lobbying   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| f Investment management fees   | 47,612.               | 47,612.                         |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)   |                       |                                 |  |                             |
| 12 Advertising and promotion   | 2,437.                | 975.                            |  | 1,462.                      |
| 13 Office expenses   | 5,578.                |                                 | 5,578.                                 |                             |
| 14 Information technology  |                       |                                 |  |                             |
| 15 Royalties   |                       |                                 |  |                             |
| 16 Occupancy   | 9,687.                | 484.                            | 8,719.                                 | 484.                        |
| 17 Travel  | 1,979.                | 1,484.                          | 198.                                   | 297.                        |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings  |                       |                                 |  |                             |
| 20 Interest  |                       |                                 |  |                             |
| 21 Payments to affiliates  | 3,368.                |                                 | 3,368.                                 |                             |
| 22 Depreciation, depletion, and amortization   | 19,108.               | 7,643.                          | 11,465.                                |                             |
| 23 Insurance   | 4,292.                | 1,288.                          | 3,004.                                 |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| a <b>REC CENTER FUND</b>   | 582,595.              | 582,595.                        |  |                             |
| b <b>DONOR CULTIVATION</b>   | 35,060.               |                                 |  | 35,060.                     |
| c <b>FIRST5 FUND</b>   | 28,774.               | 24,458.                         | 2,877.                                 | 1,439.                      |
| d <b>SOFTWARE FEES</b>   | 25,264.               | 3,789.                          | 20,212.                                | 1,263.                      |
| e All other expenses   | 38,695.               | 2,810.                          | 33,717.                                | 2,168.                      |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e   | 1,665,569.            | 1,383,676.                      | 188,537.                               | 93,356.                     |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                               |                       |                                 |  |                             |

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

**Part X Balance Sheet**

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

|  |  | (A)               |             | (B)         |             |  |
|--|--|-------------------|-------------|-------------|-------------|--|
|  |  | Beginning of year |             | End of year |             |  |
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing .....   |                   | 1,082.      | <b>1</b>    | 2,656.      |  |
|  | <b>2</b> Savings and temporary cash investments .....  |                   | 5,364,109.  | <b>2</b>    | 4,511,532.  |  |
|  | <b>3</b> Pledges and grants receivable, net .....  |                   | 52,500.     | <b>3</b>    | 112,500.    |  |
|  | <b>4</b> Accounts receivable, net .....  |                   |             | <b>4</b>    |             |  |
|  | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                   |             | <b>5</b>    |             |  |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                   |             | <b>6</b>    |             |  |
|  | <b>7</b> Notes and loans receivable, net .....   |                   |             | <b>7</b>    |             |  |
|  | <b>8</b> Inventories for sale or use .....   |                   |             | <b>8</b>    |             |  |
|  | <b>9</b> Prepaid expenses and deferred charges .....   |                   |             | <b>9</b>    |             |  |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b>        | 507,991.    |             |             |  |
|  | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b>        | 207,629.    |             |             |  |
|  | <b>11</b> Investments - publicly traded securities .....   |                   | 318,402.    | <b>10c</b>  | 300,362.    |  |
|  | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                   | 20,422,661. | <b>11</b>   | 23,217,069. |  |
|  | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                   |             | <b>12</b>   |             |  |
|  | <b>14</b> Intangible assets .....  |                   |             | <b>13</b>   |             |  |
|  | <b>15</b> Other assets. See Part IV, line 11 .....   |                   |             | <b>14</b>   |             |  |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... |  | 26,158,754.       | <b>16</b>   | 28,144,119. |             |  |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses .....  |                   | 3,534.      | <b>17</b>   | 205,720.    |  |
|  | <b>18</b> Grants payable .....   |                   | 9,884.      | <b>18</b>   | 0.          |  |
|  | <b>19</b> Deferred revenue .....   |                   | 5,000,000.  | <b>19</b>   | 4,417,405.  |  |
|  | <b>20</b> Tax-exempt bond liabilities .....  |                   |             | <b>20</b>   |             |  |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                   |             | <b>21</b>   |             |  |
|  | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                   |             | <b>22</b>   |             |  |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                   |             | <b>23</b>   |             |  |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                   |             | <b>24</b>   |             |  |
|  | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  |                   |             | <b>25</b>   |             |  |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....  |                   | 5,013,418.  | <b>26</b>   | 4,623,125.  |  |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                   |             |             |             |  |
|  | <b>27</b> Net assets without donor restrictions .....  |                   | 8,830,764.  | <b>27</b>   | 9,669,244.  |  |
|  | <b>28</b> Net assets with donor restrictions .....   |                   | 12,314,572. | <b>28</b>   | 13,851,750. |  |
|  | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                   |             |             |             |  |
|  | <b>29</b> Capital stock or trust principal, or current funds .....   |                   |             | <b>29</b>   |             |  |
|  | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                   |             | <b>30</b>   |             |  |
|  | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                   |             | <b>31</b>   |             |  |
|  | <b>32</b> <b>Total net assets or fund balances</b> .....   |                   | 21,145,336. | <b>32</b>   | 23,520,994. |  |
| <b>33</b> <b>Total liabilities and net assets/fund balances</b> .....            |  | 26,158,754.       | <b>33</b>   | 28,144,119. |             |  |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |             |
|----|--|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 3,046,439.  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 1,665,569.  |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 1,380,870.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 21,145,336. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 890,752.    |
| 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  | 104,036.    |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 23,520,994. |

**Part XII Financial Statements and Reporting**

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

|   |  | Yes | No |
|---|--|-----|----|
| 1   | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other   |     |    |
| If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   |  |     |    |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | X  |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: |  |     |    |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 |  |     |    |
| b   | Were the organization's financial statements audited by an independent accountant?   | X   |    |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:              |  |     |    |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis      |  |     |    |
| c   | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   |  |     |    |
| 3a  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   |     | X  |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits     |     |    |

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

RUSH COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

35-1835950

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

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

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

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2017 | (b) 2018   | (c) 2019 | (d) 2020   | (e) 2021   | (f) Total  |
|--|----------|------------|----------|------------|------------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 837,551. | 1,131,118. | 538,821. | 1,193,681. | 1,197,718. | 4,898,889. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |            |          |            |            |            |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |            |          |            |            |            |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 837,551. | 1,131,118. | 538,821. | 1,193,681. | 1,197,718. | 4,898,889. |
| <b>5</b> 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) ..... |          |            |          |            |            | 1,534,114. |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |            |          |            |            | 3,364,775. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2017 | (b) 2018   | (c) 2019 | (d) 2020   | (e) 2021   | (f) Total                |
|---|----------|------------|----------|------------|------------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 837,551. | 1,131,118. | 538,821. | 1,193,681. | 1,197,718. | 4,898,889.               |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  | 484,366. | 841,873.   | 606,551. | 537,770.   | 757,421.   | 3,227,981.               |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |          |            |          |            |            |                          |
| <b>10</b> 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.                  |
| <b>11 Total support.</b> Add lines 7 through 10   |          |            |          |            |            | 8,157,133.               |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |          |            |          |            | 12         |                          |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |            |          |            |            | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....  | <b>14</b> | 41.25 %                             |
| <b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....  | <b>15</b> | 40.72 %                             |
| <b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/>            |

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

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

**Section A. Public Support**

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

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

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

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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. |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |
| <b>1</b>   |     |    |
| <b>2</b>   |     |    |

**Section C. Type II Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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). |     |    |
| <b>1</b>  |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> 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).  |     |    |
| <b>3</b> 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.   |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|  |  |     |    |
|--|--|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).   |  |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.   |  |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.  |  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).  |  |     |    |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.  |  |     |    |
| <b>a</b> 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. |  | Yes | No |
| <b>b</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.  |  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.  |  |     |    |
| <b>a</b> 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>b</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.   |  |     |    |
| <b>2a</b>  |  |     |    |
| <b>2b</b>  |  |     |    |
| <b>3a</b>  |  |     |    |
| <b>3b</b>  |  |     |    |

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

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

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

| Section B - Minimum Asset Amount |   | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities   | 1a             |                             |
| b                                | Average monthly cash balances   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> 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                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

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

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

| Section D - Distributions |  | Current Year |
|---------------------------|--|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes  | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  | 3            |
| 4                         | Amounts paid to acquire exempt-use assets  | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)   | 5            |
| 6                         | Other distributions (describe in Part VI). See instructions.   | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8            |
| 9                         | Distributable amount for 2021 from Section C, line 6   | 9            |
| 10                        | Line 8 amount divided by line 9 amount   | 10           |

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

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information with a large diagonal 'COPY' watermark.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**RUSH COUNTY COMMUNITY FOUNDATION, INC.**

Employer identification number

**35-1835950**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

|   |   |
|---|---|
| Name of organization<br><b>RUSH COUNTY COMMUNITY FOUNDATION, INC.</b> | Employer identification number<br><b>35-1835950</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 1          | LILY ENDOWMENT, INC.<br>2801 N MERIDIAN ST.<br>INDIANAPOLIS, IN 46208                          | \$ 596,786.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | RANDY H. DEER<br>20 SEAGATE DR UNIT 702<br>NAPLES, FL 34103                                    | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | DAVID AND KAY SCOTT<br>2605 N SHERWOOD DR<br>VALDOSTA, GA 31602                                | \$ 29,989.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | SHARES, INC.<br>1611 S MILLER ST.<br>SHELBYVILLE, IN 46176                                     | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | KEN BRASHABER<br>612 E 11TH ST<br>RUSHVILLE, IN 46173  | \$ 26,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | CENTRAL INDIANA COMMUNITY FOUNDATION<br>615 N ALABAMA ST., SUITE 300<br>INDIANAPOLIS, IN 46204 | \$ 47,433.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><br><b>RUSH COUNTY COMMUNITY FOUNDATION, INC.</b> | Employer identification number<br><br><b>35-1835950</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

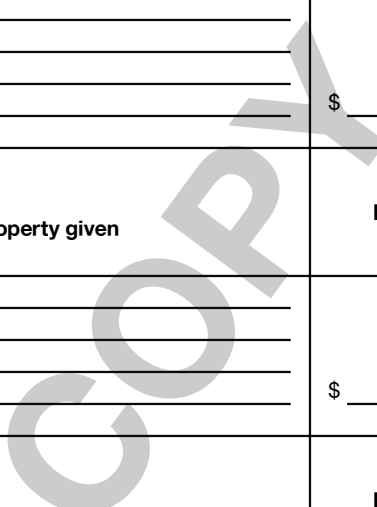
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 7          | RUSH COUNTY SCHOOLS<br><br>330 W 8TH STREET<br><br>RUSHVILLE, IN 46173                   | \$ 32,864.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | NATHAN BALDWIN<br><br>12026 HOBBY HORSE DR.<br><br>CARMEL, IN 46032                      | \$ 56,250.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | EARLY LEARNING INDIANA<br><br>1776 N MERIDIAN ST., SUITE A<br><br>INDIANAPOLIS, IN 46202 | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | _____<br><br>_____<br><br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | _____<br><br>_____<br><br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | _____<br><br>_____<br><br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



|   |   |
|---|---|
| Name of organization<br><br><b>RUSH COUNTY COMMUNITY FOUNDATION, INC.</b> | Employer identification number<br><br><b>35-1835950</b> |
|---|---|

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

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              | _____<br>_____<br>_____                      | \$ _____  | _____                |
|                              | _____<br>_____<br>_____                      | \$ _____  | _____                |
|                              | _____<br>_____<br>_____                      | \$ _____  | _____                |
|                              | _____<br>_____<br>_____                      | \$ _____  | _____                |
|                              | _____<br>_____<br>_____                      | \$ _____  | _____                |
|                              | _____<br>_____<br>_____                      | \$ _____  | _____                |
|                              | _____<br>_____<br>_____                      | \$ _____  | _____                |



|   |   |
|---|---|
| Name of organization<br><br><b>RUSH COUNTY COMMUNITY FOUNDATION, INC.</b> | Employer identification number<br><br><b>35-1835950</b> |
|---|---|

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization RUSH COUNTY COMMUNITY FOUNDATION, INC. Employer identification number 35-1835950

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

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

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements held at the end of the tax year, and questions about monitoring and expenses.

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

Form with questions (1a, 1b, 2) regarding the reporting of art and historical treasures, including revenue and asset amounts.

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

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

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

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

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 17,438,658.      | 15,655,711.    | 13,452,590.        | 14,364,832.          | 12,861,312.         |
| b Contributions                                  | 314,808.         | 808,838.       | 435,990.           | 765,797.             | 685,791.            |
| c Net investment earnings, gains, and losses     | 2,367,917.       | 1,766,138.     | 2,585,108.         | -967,933.            | 1,461,920.          |
| d Grants or scholarships                         | 492,538.         | 543,849.       | 80,061.            | 445,676.             | 401,930.            |
| e Other expenditures for facilities and programs |                  |                | 242,258.           | -25,973.             |                     |
| f Administrative expenses                        | 361,417.         | 248,180.       | 495,658.           | 290,403.             | 242,261.            |
| g End of year balance                            | 19,267,428.      | 17,438,658.    | 15,655,711.        | 13,452,590.          | 14,364,832.         |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  31.2800 %
  - b Permanent endowment  5.1500 %
  - c Term endowment  63.5700 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations  |     | X  |
| (ii) Related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      | 100,293.                        |                              | 100,293.       |
| b Buildings  |                                      | 349,263.                        | 174,042.                     | 175,221.       |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 58,435.                         | 33,587.                      | 24,848.        |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 300,362.       |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely held equity interests .....                                   |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |   |

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ |                |

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

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

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

|   |   |    |          |            |
|---|---|----|----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1        | 3,670,319. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |          |            |
| a | Net unrealized gains (losses) on investments                                    | 2a | 994,788. |            |
| b | Donated services and use of facilities  | 2b |          |            |
| c | Recoveries of prior year grants   | 2c |          |            |
| d | Other (Describe in Part XIII.)  | 2d | 35,773.  |            |
| e | Add lines 2a through 2d   | 2e |          | 1,030,561. |
| 3 | Subtract line 2e from line 1  | 3  |          | 2,639,758. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |          |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a | 47,612.  |            |
| b | Other (Describe in Part XIII.)  | 4b | 359,069. |            |
| c | Add lines 4a and 4b   | 4c |          | 406,681.   |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  |          | 3,046,439. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

|   |  |    |          |            |
|---|--|----|----------|------------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1        | 1,540,528. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |          |            |
| a | Donated services and use of facilities   | 2a |          |            |
| b | Prior year adjustments   | 2b |          |            |
| c | Other losses   | 2c |          |            |
| d | Other (Describe in Part XIII.)   | 2d | 35,773.  |            |
| e | Add lines 2a through 2d  | 2e |          | 35,773.    |
| 3 | Subtract line 2e from line 1   | 3  |          | 1,504,755. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |          |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |          |            |
| b | Other (Describe in Part XIII.)   | 4b | 160,814. |            |
| c | Add lines 4a and 4b  | 4c |          | 160,814.   |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  |          | 1,665,569. |

**Part XIII Supplemental Information.**

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

**PART 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.

TO SATISFY ITS LONG-TERM RATE-OF-RETURN OBJECTIVES, THE FOUNDATION RELIES ON A TOTAL RETURN STRATEGY IN WHICH INVESTMENT RETURNS ARE ACHIEVED THROUGH BOTH CAPITAL APPRECIATION (REALIZED AND UNREALIZED) AND CURRENT YIELD (INTEREST AND DIVIDENDS). THE FOUNDATION TARGETS A DIVERSIFIED ASSET

**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, 2021 AND 2020, THE BOARD APPROVED A SPENDING RATE OF 4.2%. THE FOUNDATION'S OBJECTIVE IS TO AVOID INVASION INTO THE HISTORICAL 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.

Part XIII 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, 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

MANAGEMENT FEE INCOME 35,773.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FAS 136 ADJUSTMENT 359,069.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

MANAGEMENT FEE EXPENSES 35,773.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FAS 136 ADJUSTMENT 113,203.

INVESTMENT FEES 47,612.

ROUNDING -1.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 160,814.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **RUSH COUNTY COMMUNITY FOUNDATION, INC.** Employer identification number **35-1835950**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| <b>1 (a)</b> Name and address of organization or government                   | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of noncash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance  |
|---|----------------|--|---------------------------------|---|--|--|--|
| BOYS & GIRLS CLUB OF RUSH COUNTY<br>1590 N SEXTON<br>RUSHVILLE, IN 46173      | 23-7170004     | 501(C)(3)                              | 39,000.                         | 0.                                      |  |  | TO PROVIDE SUPPORT TO THE BOYS AND GIRLS CLUB OF RUSH COUNTY                                 |
| GLEANERS FOOD BANK OF INDIANA<br>3737 WALDEMERE AVE<br>INDIANAPOLIS, IN 46241 | 35-1483868     | 501(C)(3)                              | 12,500.                         | 0.                                      |  |  | COMMUNITY GRANT: SCHOOL-BASED PANTRY PROGRAMS IN RUSH COUNTY                                 |
| MAIN STREET CHRISTIAN CHURCH<br>615 N MAIN ST<br>RUSHVILLE, IN 46173          | 35-6000841     | 501(C)(3)                              | 10,226.                         | 0.                                      |  |  | TO PROVIDE FUNDING TO SUPPORT THE CHURCH   |
| RUSH COUNTY HUMANE SOCIETY<br>916 E US HWY 52<br>RUSHVILLE, IN 46173          | 35-1965311     | 501(C)(3)                              | 11,794.                         | 0.                                      |  |  | TO PROVIDE FUNDING TO SUPPORT THE ONGOING WORK AND DEVELOPMENT OF THE HUMANE SOCIETY         |
| RUSH MEMORIAL HOSPITAL<br>1300 N MAIN ST<br>RUSHVILLE, IN 46173               | 20-3199892     | 501(C)(3)                              | 8,219.                          | 0.                                      |  |  | TO PROVIDE FUNDING FOR CANCER TREATMENTS AND SUPPORT FOR RUSH MEMORIAL HOSPITAL              |
| RUSHVILLE LODGE 1307 BPOE OF ELKS<br>PO BOX 81<br>RUSHVILLE, IN 46173         | 35-0173269     | 501(C)(8)                              | 8,015.                          | 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) and government organizations listed in the line 1 table **21.**

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

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

Schedule I (Form 990) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**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  |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| RUSHVILLE PUBLIC LIBRARY<br>130 W 3RD ST<br>RUSHVILLE, IN 46173                             | 35-6002081 | 501(C)(3)                     | 42,899.                  | 0.                               |   |  | TO PROVIDE SUPPORT FOR THE LIBRARY'S CURRENT AND FUTURE NEEDS. TO PROMOTE SOCCER IN RUSH COUNTY. TO |
| ST. MARY CATHOLIC SCHOOL<br>FOUNDATION - 225 E 5TH ST -<br>RUSHVILLE, IN 46173              | 35-1810106 | 501(C)(3)                     | 10,708.                  | 0.                               |   |  | TO PROVIDE FUNDING TO SUPPORT THE SCHOOL  |
| ST. PAUL'S UNITED METHODIST CHURCH<br>426 N MORGAN<br>RUSHVILLE, IN 46173                   | 35-6000842 | 501(C)(3)                     | 26,310.                  | 0.                               |   |  | TO PROVIDE SUPPORT FOR THE CHURCH   |
| RUSH COUNTY SENIOR CITIZENS<br>SERVICES - 504 W 3RD STREET -<br>RUSHVILLE, IN 46173         | 35-1360401 | 501(C)(3)                     | 8,054.                   | 0.                               |   |  | TO PROVIDE SUPPORT TO THE RUSH COUNTY SENIOR CITIZENS CENTER.                                       |
| RUSH COUNTY ARC<br>PO BOX 44<br>RUSHVILLE, IN 46173   | 35-1343188 | 501(C)(3)                     | 6,778.                   | 0.                               |   |  | TO SUPPORT THE MENTALLY AND PHYSICALLY CHALLENGED AND THEIR FAMILIES.                               |
| CITY OF RUSHVILLE<br>330 N MAIN STREET, SUITE 200<br>RUSHVILLE, IN 46173                    | 35-6001184 | GOVERNMENTAL                  | 10,000.                  | 0.                               |   |  | COMMUNITY GRANT:<br>BICENTENNIAL CELEBRATION  |
| GIRLS INC. OF SHELBYVILLE/SHELBY<br>COUNTY - 904 S MILLER STREET -<br>SHELBYVILLE, IN 46173 | 35-1277849 | 501(C)(3)                     | 7,500.                   | 0.                               |   |  | COMMUNITY GRANT:<br>SUBSCRIPTION BOXES FOR THE GIRLS AGES 6-10 IN RUSH COUNTY                       |
| GLENWOOD VOLUNTEER FIRE DEPARTMENT<br>INCORPORATED - PO BOX 175 -<br>GLENWOOD, IN 46133     | 20-3011561 | 501(C)(3)                     | 29,010.                  | 0.                               |   |  | COMMUNITY GRANT: PURCHASE OF NEW AIR PACKS TO BE PLACED ON NEW FIRE ENGINE                          |
| HEART OF RUSHVILLE<br>330 N MAIN STREET<br>RUSHVILLE, IN 46173                              | 35-2021590 | 501(C)(3)                     | 5,983.                   | 0.                               |   |  | MUSIC FOR RUSH COUNTY<br>GRANT: TO PROVIDE FUNDING TO SECURE A WELL-KNOWN ACT FOR THE BICENTENNIAL  |

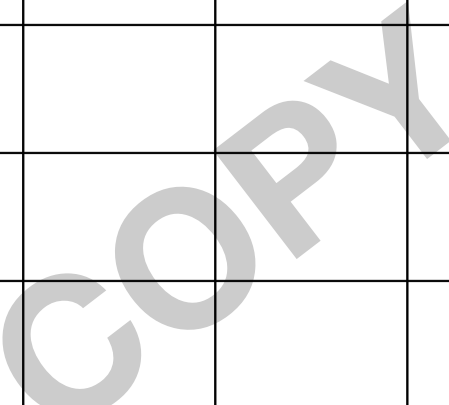
Schedule I (Form 990)

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

| (a) Name and address of organization or government                           | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance   |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| HENRY HENLEY PUBLIC LIBRARY<br>PO BOX 35<br>CARTHAGE, IN 46115               | 35-6026603 | 501(C)(3)                     | 7,875.                   | 0.                               |   |  | COMMUNITY GRANT: TO UPGRADE ELECTRIC, INSTALL VENTING FOR RESTROOM AS WELL AS INSTALLING   |
| IMAGINE:NATION RUSH, INC.<br>525 E 7TH STREET<br>RUSHVILLE, IN 46173         | 84-2084028 | 501(C)(3)                     | 11,200.                  | 0.                               |   |  | COMMUNITY GRANT: TO CREATE GALLERY AND COMMUNITY MEETING/EVENT SPACE AND BRING             |
| MILROY ECONOMIC DEVELOPMENT CORPORATION - PO BOX 186 - MILROY, IN 46156      | 20-8280022 | 501(C)(3)                     | 10,500.                  | 0.                               |   |  | COMMUNITY GRANT: ENHANCE DOWNTOWN MILROY BY PAINTING A LARGE SCALE MURAL REPRESENTING THE  |
| RUSH COUNTY HISTORICAL SOCIETY<br>PO BOX 302<br>RUSHVILLE, IN 46173          | 35-6021791 | 501(C)(3)                     | 5,243.                   | 0.                               |   |  | TO SUPPORT THE ONGOING WORK AND DEVELOPMENT OF THE RUSH COUNTY HISTORICAL SOCIETY AND      |
| RUSHVILLE ELEMENTARY SCHOOL WEST<br>410 W 16TH STREET<br>RUSHVILLE, IN 46173 | 35-1097791 | GOVERNMENTAL                  | 5,916.                   | 0.                               |   |  | TO PROVIDE SUPPORT FUNDING FOR SUPPLIES TO IMPROVE FINE AND GROSS MOTOR SKILLS FOR LIFE    |
| RUSHVILLE ELEMENTARY SCHOOL EAST<br>390 W 16TH STREET<br>RUSHVILLE, IN 46173 | 35-1097791 | GOVERNMENTAL                  | 5,628.                   | 0.                               |   |  | TO PROVIDE FUNDING FOR MOVEMENT STATIONS AND FLEXIBLE SEATING TO BENEFIT STUDENTS WHO HAVE |
| THE OPEN RESOURCE<br>103 N MAIN STREET<br>RUSHVILLE, IN 46173                | 84-4469821 | 501(C)(3)                     | 16,190.                  | 0.                               |   |  | COMMUNITY GRANT: DIGITAL NAVIGATOR   |
|  |            |                               |                          |                                  |   |  |  |
|  |            |                               |                          |                                  |   |  |  |

**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. | 57                       | 199,447.                 | 0.                                |   |                                       |
|  |                          |                          |                                   |   |                                       |
|  |                          |                          |                                   |   |                                       |
|  |                          |                          |                                   |   |                                       |
|  |                          |                          |                                   |   |                                       |



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

**PART I, LINE 2:**

THE 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, REIMBURSEMENT 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 IV Supplemental Information

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. TO HELP FUND FACILITIES IMPROVEMENTS.

NAME OF ORGANIZATION OR GOVERNMENT: HEART OF RUSHVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: MUSIC FOR RUSH COUNTY GRANT: TO PROVIDE FUNDING TO SECURE A WELL-KNOWN ACT FOR THE BICENTENNIAL CONCERT 9/2022

NAME OF ORGANIZATION OR GOVERNMENT: HENRY HENLEY PUBLIC LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GRANT: TO UPGRADE ELECTRIC, INSTALL VENTING FOR RESTROOM AS WELL AS INSTALLING CLEANOUT FOR SEWAGE REPAIRS IN THE COMING YEARS.

NAME OF ORGANIZATION OR GOVERNMENT: IMAGINE:NATION RUSH, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GRANT: TO CREATE GALLERY AND COMMUNITY MEETING/EVENT SPACE AND BRING SHAKESPEARE IN THE PARK TO OUR COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT:

MILROY ECONOMIC DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GRANT: ENHANCE DOWNTOWN MILROY BY PAINTING A LARGE SCALE MURAL REPRESENTING THE COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: RUSH COUNTY HISTORICAL SOCIETY

**Part IV** Supplemental Information

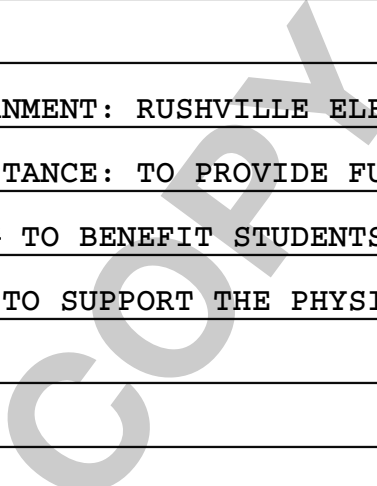
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ONGOING WORK AND DEVELOPMENT OF THE RUSH COUNTY HISTORICAL SOCIETY AND OTHER CHARITABLE ACTIVITIES.

NAME OF ORGANIZATION OR GOVERNMENT: RUSHVILLE ELEMENTRY SCHOOL WEST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT FUNDING FOR SUPPLIES TO IMPROVE FINE AND GROSS MOTOR SKILLS FOR LIFE SKILL STUDENTS. TO PROVIDE FUNDING FOR SUPPLIES TO REGULATE, RESET, AND FIDGET FOR SUCCESS BOXES. TO SUPPORT THE PHYSICAL OR STUDENT IDENTITY.

NAME OF ORGANIZATION OR GOVERNMENT: RUSHVILLE ELEMENTRY SCHOOL EAST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR MOVEMENT STATIONS AND FLEXIBLE SEATING TO BENEFIT STUDENTS WHO HAVE SOCIAL/EMOTIONAL CHALLENGES. TO SUPPORT THE PHYSICAL OR STUDENT IDENTITY.



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

RUSH COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

35-1835950

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

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) 2021

|  |  |
|--|--|
| Name of the organization<br>RUSH COUNTY COMMUNITY FOUNDATION, INC. | Employer identification number<br>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 DIRECTOR AND REPORTS TO THE BOARD. THE EXECUTIVE COMMITTEE MAKES RECOMMENDATIONS 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.

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                 | 104,036. |
| ROUNDING                           |          |
| TOTAL TO FORM 990, PART XI, LINE 9 | 104,036. |



|  |  |
|--|--|
| Name of the organization<br>RUSH COUNTY COMMUNITY FOUNDATION, INC. | Employer identification number<br>35-1835950 |
|--|--|

FORM 990, PART XI, LINE 2C

THE ORGANIZATION HAS NOT CHANGED THE SELECTION PROCESS FOR THE AUDITOR OR THE METHOD OF OVERSIGHT.

COPY

Form **8868**  
(Rev. January 2022)

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

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://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](http://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.

|   |  |   |
|---|--|---|
| <b>Type or print</b><br><br><small>File by the due date for filing your return. See instructions.</small> | Name of exempt organization or other filer, see instructions.<br><b>RUSH COUNTY COMMUNITY FOUNDATION, INC.</b>         | Taxpayer identification number (TIN)<br><b>35-1835950</b> |
|   | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>117 N MAIN ST</b>                         |   |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>RUSHVILLE, IN 46173</b> |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |
| Form 990-T (corporation)                 | 07          |                                   |             |

**ALISA WINTERS**

• The books are in the care of ► **117 N MAIN ST - RUSHVILLE, IN 46173**

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, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ►  calendar year **2021** or  
 ►  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |           |
|---|-----------|----|-----------|
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>3a</b> | \$ | <b>0.</b> |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | <b>0.</b> |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | <b>0.</b> |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2022)

NP-20

State Form 51062  
(R12 / 8-21)

Indiana Department of Revenue  
Indiana Nonprofit Organization's Annual Report  
For the Calendar Year or Fiscal Year

Beginning    and Ending

Place "X" in box if: Change of Address  Amended Report  Final Report:  Indicate Date Closed \_\_\_\_\_

Due on the 15th day of the 5th month following the end of the tax year.

NO FEE REQUIRED

Name of Organization

Telephone Number

Address

County

Indiana Taxpayer Identification Number

City

State

ZIP Code

Federal Employer Identification Number

Printed Name of Person to Contact

Contact's Telephone Number

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

**Note:** If your organization has unrelated business income of more than \$1,000 as defined under **Section 513** of the Internal Revenue Code, **you must also file Form IT-20NP.**

Current Information

1. Indicate number of years your organization has been in continuous existence: 30
2. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of importance? If yes, attach a detailed description of changes.
3. Attach a schedule, listing the names, titles and addresses of your current officers.
4. Briefly describe the purpose or mission of your organization below.

SEE STATEMENT 1  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address:

*I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.*

\_\_\_\_\_  
Signature of Officer or Trustee Title Date

\_\_\_\_\_  
Name of Person(s) to Contact Daytime Telephone Number



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 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.

COPY

FORM NP-20

LIST OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 2

| <u>NAME AND ADDRESS</u>                                 | <u>TITLE</u>               |
|---|----------------------------|
| ALISA WINTERS<br>117 N MAIN ST<br>RUSHVILLE, IN 46173   | EXECUTIVE DIRECTOR         |
| ANGELA BANE<br>117 N MAIN ST<br>RUSHVILLE, IN 46173     | ADMINISTRATIVE AND ACCOUNT |
| KRISTINA AMOS<br>117 N MAIN ST<br>RUSHVILLE, IN 46173   | PROGRAM COORDINATOR        |
| MINDY VOGEL<br>117 N MAIN ST<br>RUSHVILLE, IN 46173     | BOARD MEMBER               |
| KAREN BRASHABER<br>117 N MAIN ST<br>RUSHVILLE, IN 46173 | SECRETARY                  |
| BEN WICKER<br>117 N MAIN ST<br>RUSHVILLE, IN 46173      | PRESIDENT                  |
| ARIKA MARLATT<br>117 N MAIN ST<br>RUSHVILLE, IN 46173   | BOARD MEMBER               |
| PHILLIP KUHN<br>117 N MAIN ST<br>RUSHVILLE, IN 46173    | TREASURER                  |
| BOB GULDE<br>117 N MAIN ST<br>RUSHVILLE, IN 46173       | BOARD MEMBER               |
| DAVE MALSON<br>117 N MAIN ST<br>RUSHVILLE, IN 46173     | BOARD MEMBER               |
| KEITH PERIN<br>117 N MAIN ST<br>RUSHVILLE, IN 46173     | VICE PRESIDENT             |
| DAVID BURKHARDT<br>117 N MAIN ST<br>RUSHVILLE, IN 46173 | BOARD MEMBER               |

JOHN CORN  
117 N MAIN ST  
RUSHVILLE, IN 46173

BOARD MEMBER

DENISE HOEING  
117 N MAIN ST  
RUSHVILLE, IN 46173

BOARD MEMBER

PHIL KING  
117 N MAIN ST  
RUSHVILLE, IN 46173

BOARD MEMBER

COPY