

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

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

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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HARRISON COUNTY COMMUNITY FOUNDATION, INC.		D Employer identification number 35-1986569
	Doing business as		E Telephone number 812-738-6668
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	P.O. BOX 279		G Gross receipts \$ 4,150,615.
	City or town, state or province, country, and ZIP or foreign postal code CORYDON, IN 47112		
F Name and address of principal officer: JULIE MOORMAN SAME AS C ABOVE			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.HCCFINDIANA.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1996
			M State of legal domicile: IN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO INSPIRE AND ASSIST EVERYONE TO EXPERIENCE PHILANTHROPY, PRODUCING POSITIVE AND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	30
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,276,369.	1,098,677.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,007,921.	1,166,532.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,958,170.	1,468,720.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,242,460.	3,733,929.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	914,195.	1,113,635.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	658,215.	793,768.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	228,556.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	329,093.	338,380.
19 Revenue less expenses. Subtract line 18 from line 12	1,901,503.	2,245,783.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	3,340,957.	1,488,146.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	40,794,959.	35,653,546.
		3,874,308.	3,439,969.
		36,920,651.	32,213,577.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	JULIE MOORMAN, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KANDY L. WISCHMEIER, CPA	KANDY L. WISCHMEIER,	11/08/23		P00118327
	Firm's name	Firm's EIN			
	BLUE & CO., LLC	35-1178661			
	Firm's address	Phone no.			
	813 WEST SECOND STREET SEYMOUR, IN 47274	812-522-8416			

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

HARRISON COUNTY COMMUNITY FOUNDATION, INC.

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: OUR MISSION IS TO INSPIRE AND ASSIST EVERYONE TO EXPERIENCE PHILANTHROPY, PRODUCING POSITIVE AND SUSTAINABLE GROWTH IN HARRISON COUNTY. OUR VISION IS TO GROW HARRISON COUNTY INTO THE BEST COMMUNITY TO LIVE, WORK AND RAISE A FAMILY. WE VALUE GENEROSITY, INTEGRITY,

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 \$ 1,563,404. including grants of \$ 1,113,635.) (Revenue \$ 1,166,532.) OUR MISSION IS TO INSPIRE AND ASSIST EVERYONE TO EXPERIENCE PHILANTHROPY, PRODUCING POSITIVE AND SUSTAINABLE GROWTH IN HARRISON COUNTY. OUR VISION IS TO GROW HARRISON COUNTY INTO THE BEST COMMUNITY TO LIVE, WORK AND RAISE A FAMILY. WE VALUE GENEROSITY, INTEGRITY, SUSTAINABILITY, STEWARDSHIP, INNOVATION, COLLABORATION, INCLUSION, AND EXCELLENCE. HARRISON COUNTY COMMUNITY FOUNDATION (HCCF) HAS A UNIQUE HISTORY. IN A RIVERBOAT GAMING DEVELOPMENT AGREEMENT DATED 5/15/96, RDI/CAESARS RIVERBOAT, LLC AGREED WITH THE HARRISON COUNTY, IN GOVERNMENT TO PROVIDE \$5,000,000 TO CREATE THE FOUNDATION. THE 3 SEATED COUNTY COMMISSIONERS SELECTED 21 HARRISON COUNTY CITIZENS AS THE FOUNDING BOARD OF DIRECTORS. OVER TIME HCCF HAS GROWN TO INCLUDE 8 FT STAFF, A 15-MEMBER BOARD OF DIRECTORS, AND MULTIPLE COMMUNITY

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 1,563,404.

HARRISON COUNTY COMMUNITY
FOUNDATION, INC.

Part IV Checklist of Required Schedules

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

HARRISON COUNTY COMMUNITY
FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 10	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

HARRISON COUNTY COMMUNITY
FOUNDATION, INC.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		9
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

HARRISON COUNTY COMMUNITY
FOUNDATION, INC.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 17 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed IN
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - 812-738-6668
P.O. BOX 279, CORYDON, IN 47112

HARRISON COUNTY COMMUNITY
FOUNDATION, INC.

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JULIE MOORMAN CEO	40.00 5.00			X			140,819.	0.	15,595.	
(2) DERRICK GRIGSBY CFO	40.00 5.00			X			123,848.	0.	13,529.	
(3) ANNISSA REAS DIRECTOR	0.50 0.50	X					0.	0.	0.	
(4) BRIAN LAHUE DIRECTOR	0.50 0.50	X					0.	0.	0.	
(5) CARRIE JOHNSON DIRECTOR	0.50 0.50	X					0.	0.	0.	
(6) CARRIE SPENCER DIRECTOR	0.50 0.50	X					0.	0.	0.	
(7) DOUGLAS SELLERS DIRECTOR	0.50 0.50	X					0.	0.	0.	
(8) GRANT GALLANDER DIRECTOR	0.50 0.50	X					0.	0.	0.	
(9) JIM KOERBER DIRECTOR	0.50 0.50	X					0.	0.	0.	
(10) LISA STEELE DIRECTOR	0.50 0.50	X					0.	0.	0.	
(11) MATT ROTHROCK DIRECTOR	0.50 0.50	X					0.	0.	0.	
(12) MIKE WOERTZ DIRECTOR	0.50 0.50	X					0.	0.	0.	
(13) RYAN HANGER DIRECTOR	0.50 0.50	X					0.	0.	0.	
(14) SAM DAY DIRECTOR	0.50 0.50	X					0.	0.	0.	
(15) TAYLOR JOHNSON DIRECTOR	0.50 0.50	X					0.	0.	0.	
(16) PAT BOOK CHAIR	0.50 0.50	X		X			0.	0.	0.	
(17) JEFF SHIREMAN VICE CHAIR	0.50 0.50	X		X			0.	0.	0.	

HARRISON COUNTY COMMUNITY FOUNDATION, INC.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CAROL HOEHN SECRETARY/TREASURER	0.50 0.50	X		X				0.	0.	0.
(19) LESLIE ROBERTSON PAST CHAIR	0.50 0.50	X		X				0.	0.	0.
1b Subtotal								264,667.	0.	29,124.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								264,667.	0.	29,124.

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 2

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

Section B. Independent Contractors

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

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

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

HARRISON COUNTY COMMUNITY
FOUNDATION, INC.

Form 990 (2022)

35-1986569 Page 9

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	540,000.					
	e Government grants (contributions)	1e	41,226.					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	517,451.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 20,312.					
	h Total. Add lines 1a-1f			1,098,677.				
	Program Service Revenue	2 a SERVICE AGREEMENT	Business Code					
		900099	1,165,370.	1,165,370.				
b OTHER INCOME		900099	1,162.	1,162.				
c _____								
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f				1,166,532.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,176,006.			1176006.		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real					
			(ii) Personal					
			b Less: rental expenses ...	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	709,400.				
			(ii) Other					
			b Less: cost or other basis and sales expenses	7b	416,686.			
			c Gain or (loss)	7c	292,714.			
	d Net gain or (loss)			292,714.		292,714.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
			b Less: direct expenses	8b				
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	9a							
		b Less: direct expenses	9b					
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
		b Less: cost of goods sold	10b					
		c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a _____	Business Code						
	b _____							
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d							
	12 Total revenue. See instructions			3,733,929.	1,166,532.	0.	1468720.	

HARRISON COUNTY COMMUNITY
FOUNDATION, INC.

Form 990 (2022)

35-1986569 Page 10

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	843,058.	843,058.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	270,577.	270,577.		
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	293,791.	108,703.	143,958.	41,130.
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	396,586.	146,737.	194,327.	55,522.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,739.	6,563.	8,692.	2,484.
9 Other employee benefits	35,688.	13,205.	17,487.	4,996.
10 Payroll taxes	49,964.	18,487.	24,482.	6,995.
11 Fees for services (nonemployees):				
a Management				
b Legal	31,764.	12,706.	6,353.	12,705.
c Accounting	21,654.	8,662.	4,331.	8,661.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	68,514.	68,514.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	11,810.	8,324.	1,162.	2,324.
12 Advertising and promotion	57,750.			57,750.
13 Office expenses	14,941.	7,837.	6,357.	747.
14 Information technology				
15 Royalties				
16 Occupancy	37,135.	18,286.	17,471.	1,378.
17 Travel	4,882.	2,561.	2,077.	244.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	31,228.			31,228.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,385.	5,193.	4,673.	519.
23 Insurance	31,750.	16,653.	13,510.	1,587.
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 MISCELLANEOUS EXPENSES	10,851.	4,340.	6,511.	
b DUES AND SUBSCRIPTIONS	5,716.	2,998.	2,432.	286.
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	2,245,783.	1,563,404.	453,823.	228,556.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

HARRISON COUNTY COMMUNITY
FOUNDATION, INC.

Form 990 (2022)

35-1986569 Page 11

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	679,535.	1	237,440.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 194,395.		
	b Less: accumulated depreciation	10b 131,916.	72,753.	10c 62,479.
	11 Investments - publicly traded securities	40,042,671.	11	35,353,627.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	40,794,959.	16	35,653,546.	
Liabilities	17 Accounts payable and accrued expenses	24,995.	17	25,884.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	3,201,421.	21	2,738,363.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	647,892.	25	675,722.
	26 Total liabilities. Add lines 17 through 25	3,874,308.	26	3,439,969.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,720,675.	27	2,620,731.
	28 Net assets with donor restrictions	34,199,976.	28	29,592,846.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	36,920,651.	32	32,213,577.
	33 Total liabilities and net assets/fund balances	40,794,959.	33	35,653,546.

Form 990 (2022)

HARRISON COUNTY COMMUNITY
FOUNDATION, INC.

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	3,733,929.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,245,783.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,488,146.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36,920,651.
5	Net unrealized gains (losses) on investments	5	-6,565,425.
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	370,205.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	32,213,577.

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? _____ 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		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		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 _____		

HARRISON COUNTY COMMUNITY
FOUNDATION, INC.

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1151946.	1428091.	3454426.	2276369.	1098677.	9409509.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1151946.	1428091.	3454426.	2276369.	1098677.	9409509.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5882218.
6 Public support. Subtract line 5 from line 4.						3527291.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	1151946.	1428091.	3454426.	2276369.	1098677.	9409509.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1803317.	900,942.	648,677.	1318798.	1176006.	5847740.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						15257249.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	23.12	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	25.76	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

HARRISON COUNTY COMMUNITY
FOUNDATION, INC.

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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

HARRISON COUNTY COMMUNITY
FOUNDATION, INC.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

HARRISON COUNTY COMMUNITY
FOUNDATION, INC.

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

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

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

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

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

HARRISON COUNTY COMMUNITY
FOUNDATION, INC.

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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.)

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

HARRISON COUNTY COMMUNITY FOUNDATION, INC.

ATTACHMENT TO SCHEDULE A RE: PUBLIC SUPPORT TEST

THE PUBLIC SUPPORT PERCENTAGES FOR THE HARRISON COUNTY COMMUNITY FOUNDATION, INC. (THE FOUNDATION) FOR 2022 AND 2021 ARE 23.12% AND 25.76%, RESPECTIVELY. SINCE THE FOUNDATION'S PUBLIC SUPPORT PERCENTAGE IS LESS THAN 33 1/3 PERCENT FOR THE CURRENT AND PRIOR YEAR, IT FAILS THE MECHANICAL TEST FOR PUBLIC SUPPORT.

THEREFORE, THE FOUNDATION MUST PASS THE FACTS AND CIRCUMSTANCES TEST IN ORDER TO MAINTAIN ITS PUBLIC SUPPORT STATUS. THE FOUNDATION DOES PASS THE FACTS AND CIRCUMSTANCES TEST FOR 2022. IN ORDER TO PASS THE FACTS AND CIRCUMSTANCES TEST, THE ORGANIZATION MUST DO THE FOLLOWING:

SOURCES OF SUPPORT- THE ORGANIZATION SHOULD SEEK GIFTS AND CONTRIBUTIONS FROM A WIDE BASE OF POTENTIAL DONORS IN THE COMMUNITY THAT IS SERVED. THE FOUNDATION SEEKS CONTRIBUTIONS FROM A VARIETY OF SOURCES, INCLUDING, BUT NOT LIMITED TO INDIVIDUALS WITHIN THE COMMUNITY, BUSINESSES WITHIN THE COMMUNITY, OTHER PUBLICLY SUPPORTED ORGANIZATIONS WITHIN THE COMMUNITY AND OTHER PUBLIC AND PRIVATE FOUNDATIONS WITHIN THE COMMUNITY.

REPRESENTATIVE GOVERNING BODY- THE BOARD OF DIRECTORS SHOULD REPRESENT VARIOUS AREAS OF PUBLIC INTEREST IN THE AREAS SERVED. THE FOUNDATION MAINTAINS A DIVERSE BOARD OF DIRECTORS REPRESENTING MANY INTEREST GROUPS WITHIN THE COMMUNITY.

HARRISON COUNTY COMMUNITY
FOUNDATION, INC.

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.)

AVAILABILITY OF PUBLIC FACILITIES OR SERVICES AND/OR PUBLIC PARTICIPATION
IN PROGRAMS- THE ORGANIZATION SHOULD BE ALWAYS OFFERING ITS SERVICES TO
DONORS IN PLANNING THEIR GIVING AND EDUCATING THE PUBLIC ABOUT GRANT
MAKING OPPORTUNITIES. THE FOUNDATION UNDERTAKES NUMEROUS INITIATIVES
THROUGHOUT THE YEAR TO EDUCATE DONORS ON THE OPTIONS AVAILABLE FOR
CHARITABLE GIVING AND ALSO EDUCATES AREA ORGANIZATIONS AND SCHOOLS ON THE
FUNDS AVAILABLE ANNUALLY FOR DISTRIBUTION FROM THE ORGANIZATION. ALL
SERVICES ARE PROVIDED AT NO COST TO THE DONORS OR GRANT RECIPIENTS. IN
ADDITION, THE FOUNDATION OFFERS A NUMBER OF FORUMS ON COMMUNITY INTEREST
ITEMS THROUGHOUT THE YEAR THAT ARE OPEN TO THE GENERAL PUBLIC.

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 for the latest information.

OMB No. 1545-0047

2022

Name of the organization HARRISON COUNTY COMMUNITY FOUNDATION, INC.	Employer identification number 35-1986569
---	---

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 HARRISON COUNTY COMMUNITY FOUNDATION, INC.	Employer identification number 35-1986569
---	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 232,797.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 36,226.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 24,588.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 20,312.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 20,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 11,034.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HARRISON COUNTY COMMUNITY FOUNDATION, INC.	Employer identification number 35-1986569
---	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 7,373.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 6,212.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HARRISON COUNTY COMMUNITY FOUNDATION, INC.	Employer identification number 35-1986569
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ <u>5,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ <u>5,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HARRISON COUNTY COMMUNITY FOUNDATION, INC.	Employer identification number 35-1986569
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ <u>540,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HARRISON COUNTY COMMUNITY FOUNDATION, INC.	Employer identification number 35-1986569
--	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>4</u>	PUBLICLY TRADED STOCK <hr/> <hr/> <hr/>	\$ <u>20,312.</u>	<u>08/22/22</u>
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization HARRISON COUNTY COMMUNITY FOUNDATION, INC.	Employer identification number 35-1986569
---	---

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization HARRISON COUNTY COMMUNITY FOUNDATION, INC. Employer identification number 35-1986569

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 sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic structure). 2. Conservation contribution details (table with 2a-2d). 3-9. Monitoring and reporting requirements (Yes/No questions).

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 sections 1a-1b and 2. 1a: Footnote text for art collection. 1b: Amounts for art collection (Revenue, Assets). 2: Amounts for art collection for financial gain (Revenue, Assets).

HARRISON COUNTY COMMUNITY
FOUNDATION, INC.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITY PAYABLE	675,722.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

HARRISON COUNTY COMMUNITY
FOUNDATION, INC.

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

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

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

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

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

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

CUSTODIAL FUNDS ARE INCLUDED AS LIABILITIES

PART V, LINE 4:

THE FUNDS ARE CLASSIFIED AS UNRESTRICTED, AND EARNINGS MAY BE USED AT THE BOARD'S DISCRETION TO FURTHER THE MISSION AND PURPOSE OF THE ORGANIZATION.

PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOUNDATION AND RECOGNIZE A TAX LIABILITY IF THE FOUNDATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **HARRISON COUNTY COMMUNITY FOUNDATION, INC.** Employer identification number **35-1986569**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY/RELAY FOR LIFE - P.O. BOX 681405 - INDIANAPOLIS, IN 46268	38-1387120	501C3	21,960.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLOOMBOARD INC. 5401 WALNUT STREET SUITE 200 PITTSBURGH, PA 15232		501C3	34,990.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CATALYST CATHOLIC 101 SAINT ANTHONY DRIVE MT. ST. FRANCIS, IN 47146	35-1177890	501C3	12,970.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CORYDON CAPITAL PRESERVATION ALLIANCE - 3064 DEERFIELD DRIVE NE - CORYDON, IN 47112	35-1798781	501C3	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CORYDON PRESBYTERIAN CHURCH 568 W HIGHWAY 62 CORYDON, IN 47112	35-1046717	501C3	12,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CORYDON UNITED METHODIST CHURCH 214 N ELM STREET CORYDON, IN 47112		501C3	13,400.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 27.
- 3** Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2022

HARRISON COUNTY COMMUNITY
FOUNDATION, INC.

Schedule I (Form 990)

35-1986569

Page 1

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
DOLLYWOOD FOUNDATION 111 DOLLYWOOD LANE ATTN: OPERATIONS DEPARTMENT - PIGEON FORGE, TN 37863	62-1348105	501C3	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
EPIPHANY LUTHERAN CHURCH 8600 HWY 135 NE NEW SALISBURY, IN 47161		501C3	7,373.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HARRISON COUNTY COMMUNITY SERVICES INC. - PO BOX 308 - CORYDON, IN 47112	35-1378568	501C3	220,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HARRISON COUNTY HOSPITAL FOUNDATION - 1141 HOSPITAL DRIVE - CORYDON, IN 47112	31-1120716	501C3	17,085.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HARRISON COUNTY PARKS DEPARTMENT 126 E WALNUT STREET CORYDON, IN 47112	35-6000153	501C3	7,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HARRISON COUNTY PUBLIC LIBRARY 105 NORTH CAPITOL AVENUE CORYDON, IN 47112	35-6005807	501C3	13,147.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INDIANA UNIVERSITY SOUTHEAST 4201 GRANT LINE ROAD NEW ALBANY, IN 47150-6405	35-1138139	501C3	6,164.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JUNIOR ACHIEVEMENT OF KENTUCKIANA INC - 1401 W MUHAMMAD ALI BOULEVARD - LOUISVILLE, KY 40203	61-0476694	501C3	21,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LANESVILLE COMMUNITY SCHOOL CORPORATION - 2725 CRESTVIEW AVENUE - LANESVILLE, IN 47136	35-1832653	501C3	5,328.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

HARRISON COUNTY COMMUNITY
FOUNDATION, INC.

Schedule I (Form 990)

35-1986569

Page 1

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
LEADERSHIP HARRISON COUNTY PO BOX 471 CORYDON, IN 47112	35-2020741	501C3	30,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEORA BROWN SCHOOL P. O. BOX 441 400 E. SUMMIT STREET CORYDON, IN 47112	35-1868379	501C3	8,201.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MEMORIAL CEMETERY FUND OF LACONIA INC. - 13234 KINTNER BOTTOM ROAD - LACONIA, IN 47135	35-1476924	501C3	10,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NETWORK FOR GOOD P.O. BOX 92003 LAS VEGAS, NV 89193-2003	37-1714640	501C3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SOUTH HARRISON COMMUNITY SCHOOL CORPORATION - 315 S HARRISON DRIVE - CORYDON, IN 47112	35-1172509	501C3	11,470.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. JOHN'S LUTHERAN CHURCH 1505 ST. JOHN'S CHURCH RD. NE LANESVILLE, IN 47136	35-1061713	501C3	34,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. MARY'S CATHOLIC CHURCH 2500 SAINT MARYS DRIVE NE LANESVILLE, IN 47136-8154	65-1298689	501C3	6,575.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE DE PAUL SCHOOL 1925 DUKER AVENUE LOUISVILLE, KY 40205	61-0711082	501C3	7,488.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE WHEATLEY GROUP 5150 CHARLESTOWN ROAD SUITE 1A NEW ALBANY, IN 47150	47-2781420	501C3	70,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

HARRISON COUNTY COMMUNITY
FOUNDATION, INC.

Schedule I (Form 990)

35-1986569

Page 1

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
TOWN OF CORYDON 219 NORTH CAPITOL AVENUE CORYDON, IN 47112	35-6000992	501C3	8,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TOWN OF ELIZABETH 8128 HURRICANE STREET SE ELIZABETH, IN 47117	35-1371882	501C3	12,015.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
YMCA OF HARRISON COUNTY, INC. 198 JENKINS COURT NE CORYDON, IN 47112	35-2122124	501C3	56,285.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

HARRISON COUNTY COMMUNITY
FOUNDATION, INC.

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	258	270,577.	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:

GRANT FILES ARE LABELED WITH THEIR GRANT APPLICANT NAME AND GRANT NUMBER AND ARE FILED IN GRANT APPLICANT ORDER. TYPICALLY GRANT FILES CONTAIN A COPY OF THE GRANT APPLICATION, ANY APPROVALS, DOCUMENTATION OF THE CHARITABLE STATUS VERIFICATION, ANY CORRESPONDENCE RELATED TO THE GRANT AND THE PAID INVOICES.

GRANT CHECKS ARE PAID OUT OF GENERAL LEDGER ACCOUNT. ALL CHECKS ARE WRITTEN OUT OF THE FOUNDATION CHECKING ACCOUNT. THE CFO RECONCILES THE

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **HARRISON COUNTY COMMUNITY
FOUNDATION, INC.** Employer identification number **35-1986569**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

HARRISON COUNTY COMMUNITY
FOUNDATION, INC.

Schedule J (Form 990) 2022

35-1986569

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JULIE MOORMAN CEO	(i)	140,819.	0.	0.	7,201.	8,394.	156,414.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization	HARRISON COUNTY COMMUNITY FOUNDATION, INC.	Employer identification number	35-1986569
--------------------------	---	--------------------------------	------------

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

SUSTAINABLE GROWTH IN HARRISON COUNTY. OUR VISION IS TO GROW HARRISON
COUNTY INTO THE BEST COMMUNITY TO LIVE, WORK AND RAISE A FAMILY. WE
VALUE GENEROSITY, INTEGRITY, SUSTAINABILITY, STEWARDSHIP, INNOVATION,
COLLABORATION, INCLUSION, AND EXCELLENCE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS (PART 3)

THE PAVEMENT ASSET MANAGEMENT PLAN INCLUDES A LIST OF THE TOWN'S ROADS,
A RATING OF ROADS, A MAINTENANCE PLAN, AND A PROPOSED MAINTENANCE
BUDGET. TOWNS WITH AN UPDATED PAVEMENT ASSET MANAGEMENT PLAN CAN BE
ELIGIBLE TO APPLY FOR COMMUNITY CROSSINGS MATCHING GRANT PROGRAM
THROUGH THE INDIANA DEPARTMENT OF TRANSPORTATION. THROUGH THIS PROGRAM,
THE TOWN OF CORYDON WAS AWARDED FUNDS IN THE FALL OF 2022 TO CONDUCT
PAVING AND ROAD MAINTENANCE ON SEVERAL STREETS WITHIN THE TOWN LIMITS.
EACH TOWN HAS A UNIQUE HISTORY AND DREAMS FOR ITS FUTURE AS A TOWN.
THIS PLANNING PROCESS ALLOWS TOWNS THE OPPORTUNITY TO WORK WITH
CONSULTANTS FROM THE WHEATLEY GROUP AND TAYLOR SIEFKER WILLIAMS DESIGN
GROUP DURING THE TOWN PLANNING INITIATIVE. THE CONSULTANTS CREATED AND
MANAGED A WEBSITE, HARRISONCOUNTYTOWNPLANNING.COM, AS A HUB FOR
INFORMATION ON THE TOWN PLANNING INITIATIVE. THE HOPE IS THAT THE TOWN
PLANS COULD BE THE GRASSROOTS EFFORT TO BE INCORPORATED INTO A FUTURE
COUNTY-WIDE COMPREHENSIVE PLAN.

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

SUSTAINABILITY, STEWARDSHIP, INNOVATION, COLLABORATION, INCLUSION, AND

Name of the organization	HARRISON COUNTY COMMUNITY FOUNDATION, INC.	Employer identification number	35-1986569
--------------------------	--	--------------------------------	------------

EXCELLENCE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

VOLUNTEERS. BECAUSE OF THE TREMENDOUS CONTRIBUTIONS FROM CAESARS SOUTHERN INDIANA CASINO (FORMERLY HORSESHOE SOUTHERN INDIANA), HCCF HAS BEEN ABLE TO EMBARK ON SEVERAL AMBITIOUS PROJECTS. HCCF FUNCTIONS LIKE ANY OTHER COMMUNITY FOUNDATION BY PROVIDING OPPORTUNITIES FOR DONORS TO SUPPORT THEIR FAVORITE CAUSES. ADDITIONALLY, THE ONGOING SUPPORT FROM CAESARS SOUTHERN INDIANA CASINO ENABLES HCCF TO OFFER VARIOUS GIFT-MATCHING PROGRAMS. THE HARRISON COUNTY COMMUNITY FOUNDATION VALUES ITS ROLE AS A CATALYST, CONVENER, AND COLLABORATOR, BRINGING OTHER FUNDERS AND NONPROFITS TOGETHER AROUND VITAL ISSUES AND ADDING KEY SUPPORT TO MAKE POSITIVE CHANGE POSSIBLE. OUR WORK IS CENTERED AROUND WHAT WE KNOW ABOUT COMMUNITY NEEDS.

WE SERVE RESIDENTS OF HARRISON COUNTY IN THE FOLLOWING WAYS:

- AWARDING GRANTS TO HELP NONPROFIT ORGANIZATIONS PROVIDE NEEDED SERVICES IN ARTS AND CULTURE, EDUCATION, ENVIRONMENT, HEALTH, AND HUMAN SERVICES, ETC.
- AWARDING ACADEMIC AND VOCATIONAL SCHOLARSHIPS TO HARRISON COUNTY GRADUATING STUDENTS AND ADULT STUDENTS
- FUNDING PROGRAMS BENEFITING CHILDREN, YOUTH, AND ADULTS
- HELPING NONPROFITS BE MORE SUSTAINABLE SO THEY CAN HELP MORE COUNTY RESIDENTS THRIVE

PROGRAMS INCLUDE:

- DOLLY PARTON'S IMAGINATION LIBRARY (DPIL) - ENCOURAGES PARENTS TO READ TO THEIR CHILDREN BY PROVIDING EACH PRESCHOOL CHILD IN THE PROGRAM

Name of the organization	HARRISON COUNTY COMMUNITY FOUNDATION, INC.	Employer identification number	35-1986569
--------------------------	--	--------------------------------	------------

WITH AN AGE-APPROPRIATE BOOK BY MAIL EACH MONTH UNTIL THEIR 5TH BIRTHDAY. NEARLY 1,500 PARTICIPANTS RECEIVED A BOOK AS PART OF DPIL IN 2022 (541 NEW SIGN-UPS). CHILDREN CAN BE ENROLLED THROUGH HCCF OR AT A PARTICIPATING PARTNER: HARRISON COUNTY PUBLIC LIBRARY, YMCA OF HARRISON COUNTY, HARRISON COUNTY COMMUNITY SERVICES, HARRISON COUNTY HEALTH DEPARTMENT, AND HARRISON COUNTY HOSPITAL. ENCOURAGED BY THE PROGRAM'S SUCCESS, THE BOARD OF DIRECTORS AGREED TO CONTINUE FUNDING THE COST. THE EARLY READERS FUND, WHICH SUPPORTS THE DOLLY PARTON IMAGINATION LIBRARY, CONTINUES TO BENEFIT FROM A 2:1 MATCH.

- THE DICTIONARY PROJECT - PROVIDES A DICTIONARY TO EVERY 3RD GRADER IN HARRISON COUNTY. STUDENTS ATTENDING THE 9 HARRISON COUNTY ELEMENTARY SCHOOLS RECEIVE THEIR DICTIONARY TO USE AT SCHOOL AND TAKE HOME. 501 DICTIONARIES WERE DISTRIBUTED IN 2022. 7,589 HAVE BEEN DISTRIBUTED SINCE HCCF BEGAN PARTNERING WITH THE DICTIONARY PROJECT IN 2008. THE PROJECT'S GOAL IS TO ASSIST STUDENTS IN COMPLETING THE SCHOOL YEAR AS GOOD WRITERS, ACTIVE READERS, AND CREATIVE THINKERS.

- YOUTH PHILANTHROPY COUNCIL - YPC OF HARRISON COUNTY IS DESIGNED TO TEACH SKILLS, TO ENCOURAGE YOUTH TO GIVE AND SERVE IN THEIR COMMUNITIES AND TO MAKE PHILANTHROPY A "HABIT OF THE HEART" FOR FUTURE GENERATIONS. THE PROGRAM GOALS ARE TO PROMOTE YOUTH DEVELOPMENT THROUGH EXPERIENCES IN PHILANTHROPY, TO ENCOURAGE AND SUPPORT COMMUNITY INITIATIVES THAT YOUTH CARE ABOUT AND TO ENGAGE YOUTH THROUGH GIVING AND SERVING FOR THE COMMON GOOD. A GROUP OF LOCAL HIGH SCHOOL STUDENTS REVIEW SUBMITTED YPC GRANT APPLICATIONS, DISCUSS THE MERIT OF EACH GRANT APPLICATION AND COME TO A CONSENSUS ON THEIR GRANT RECOMMENDATIONS. HCCF PARTNERS WITH LEADERSHIP HARRISON COUNTY FOR YPC TO BE A PART OF THE LHC YOUTH PROGRAM, WHICH INVOLVES YOUNG LEADERS FROM ALL HARRISON COUNTY HIGH SCHOOLS. IN 2022, YPC AWARDED \$600 TO MILES FOR MERRY MIRACLES FOR A

Name of the organization	HARRISON COUNTY COMMUNITY FOUNDATION, INC.	Employer identification number	35-1986569
--------------------------	--	--------------------------------	------------

6-WEEK GARDENING PROGRAM AT MORGAN ELEMENTARY AND GENESIS HOUSE, \$1,250

FOR LANESVILLE AFTER PROM AND \$1,000 TO BLUE RIVER ALL-STARS FOR THE CARNIVAL FOR CANCER EVENT. THE YOUTH PHILANTHROPY FUND, WHICH PROVIDES YOUTH-LED GRANTMAKING DOLLARS, CONTINUES TO BENEFIT FROM A 2:1 MATCH.

- ENDOWMENTS - HCCF HOLDS 304 ENDOWMENT FUNDS SUPPORTING A BROAD ARRAY OF ORGANIZATIONS AND CAUSES. THE TYPE OF FUNDS INCLUDES DESIGNATED

AGENCY, DONOR ADVISED, FIELD OF INTEREST, SCHOLARSHIP AND BUILDER'S FUNDS (UNRESTRICTED). THE MAIN PURPOSE OF AN ENDOWMENT IS TO PROVIDE A LONG-TERM AND GROWING SOURCE OF FINANCIAL SUPPORT FOR AN ORGANIZATION OR CAUSE. ENDOWMENT FUND BENEFICIARIES ACCESS THEIR FUNDS BY

COMPLETING AN ENDOWMENT FUND GRANT REQUEST. ENDOWMENT GRANT REQUESTS

ARE REVIEWED BY STAFF TO ENSURE THEY MEET CRITERIA FOUND IN THE

ENDOWMENT FUND AGREEMENT AND ARE APPROVED BY HCCF BOARD OF DIRECTORS.

ONCE THE FUNDS ARE USED, BENEFICIARIES SUBMIT A SHORT GRANT REPORT FORM TO HCCF.

- ENDOWED SCHOLARSHIPS - NEARLY HALF OF HCCF ENDOWMENT FUNDS ARE

DEVOTED TO PROVIDING SCHOLARSHIPS. THE WIDE SCOPE OF SCHOLARSHIP

CRITERIA AND AWARDS ARE REFLECTIVE OF THE DIVERSE INTEREST OF THE

DONORS WHO ESTABLISHED THEM. THE INDIANA UNIVERSITY SOUTHEAST

SCHOLARSHIP FUND, ESTABLISHED BY HCCF, PROVIDES FUNDING FOR A \$20,000

SCHOLARSHIP AT EACH OF THE FOUR HARRISON COUNTY HIGH SCHOOLS TO A

STUDENT PLANNING TO ATTEND INDIANA UNIVERSITY SOUTHEAST. ALL

SCHOLARSHIPS ARE AWARDED USING OBJECTIVE AND NONDISCRIMINATORY

SELECTION PROCESSES. THE INDIANA UNIVERSITY SOUTHEAST SCHOLARSHIP FUND

BENEFITS FROM A 2:1 MATCH.

- ALIGN SOUTHERN INDIANA - ALIGN SOUTHERN INDIANA (ASI) IS A NONPROFIT

ORGANIZATION COMPRISED OF BUSINESS, EDUCATIONAL, AND NONPROFIT

COMMUNITY PARTNERS. THROUGH ASI, LEADERS FROM CLARK, FLOYD, HARRISON,

Name of the organization	HARRISON COUNTY COMMUNITY FOUNDATION, INC.	Employer identification number	35-1986569
--------------------------	--	--------------------------------	------------

SCOTT, AND WASHINGTON COUNTIES CAME TOGETHER TO IDENTIFY A COMMON VISION FOR OUR REGION. THE INITIATIVE HAS IDENTIFIED THESE AREAS OF FOCUS: ECONOMIC AND TALENT DEVELOPMENT; EDUCATION; REGIONAL LEADERSHIP; QUALITY OF LIFE; QUALITY OF PLACE.

THE MISSION OF ASI IS TO ACTIVELY FACILITATE A SHARED REGIONAL PROCESS THAT WILL ALIGN RESOURCES, ADDRESS NEEDS, AND PRODUCE SUSTAINABLE SOLUTIONS RESULTING IN OUR REGION ACHIEVING ITS POTENTIAL AS THE BEST PLACE TO LIVE, WORK AND PLAY. HCCF HAS SERVED A PIVOTAL ROLE IN THE FUNDING AND DEVELOPMENT OF ASI AND IS A SPONSORING STAKEHOLDER IN THE INITIATIVE, PROVIDING \$20,000 IN 2022. THE HCCF STRATEGIC PLAN INCLUDES CONTINUED PARTICIPATION WITH ASI. THE ALIGN MODEL INCLUDES A-TEAMS WORKING IN SPECIFIC TEAMS TO IMPROVE LONG-TERM OUTCOMES FOR THE REGION. THE A-TEAMS INCLUDE KINDERGARTEN READINESS, ADDICTION PREVENTION, TRAILS, LEADERSHIP DEVELOPMENT, AND ECONOMIC AND TALENT DEVELOPMENT, AND EARLY CHILDHOOD EDUCATION.

- BUILDING DYNAMIC BOARDS OF DIRECTORS - HCCF REQUIRES ALL NONPROFIT ORGANIZATIONS SUBMITTING A GRANT APPLICATION TO HAVE AT LEAST ONE SITTING BOARD MEMBER WHO HAS COMPLETED A HCCF APPROVED BOARD TRAINING PROGRAM. HCCF OFFERS TRAINING AT NO COST TO PARTICIPANTS UPON COMPLETION. FOUR TRAINING PROGRAMS WERE OFFERED IN 2022 WITH A TOTAL OF 42 PARTICIPANTS.

- NONPROFIT SUSTAINABILITY - SINCE 2018, THE FUNDRAISERS GROUP PROVIDES ASSISTANCE AND SUPPORT FOR ANY NONPROFIT AGENCY STAFF WHO ARE TASKED WITH FUNDRAISING. THE GROUP OF ABOUT A DOZEN PARTICIPANTS MEETS EVERY OTHER MONTH FOR A BROWN BAG LUNCH. PRESENTATIONS INCLUDED TOPICS SUCH AS GRANT APPLICATION PROCESS, BRANDING, SOCIAL MEDIA, DIGITAL FUNDRAISING, GIVING TUESDAY, YEAR-END CAMPAIGNS, AND CREATING AN ANNUAL DEVELOPMENT PLAN. WITH THE SHARED AIM OF BUILDING CAPACITY AND

Name of the organization	HARRISON COUNTY COMMUNITY FOUNDATION, INC.	Employer identification number	35-1986569
--------------------------	--	--------------------------------	------------

SUSTAINABILITY IN THE HARRISON COUNTY NONPROFIT COMMUNITY, HCCF
 FORMALIZED A PARTNERSHIP WITH NETWORK FOR GOOD (NFG) IN 2020, TO ENROLL
 NONPROFITS INTO NFG'S FUNDRAISING CAPACITY BUILDING PROGRAM, JUMPSTART.
 EIGHT NONPROFITS HAVE PARTICIPATED IN THE JUMPSTART PROGRAM SINCE 2020,
 WITH FOUR NONPROFITS REQUESTING TO ADD AN ADDITIONAL YEAR OF
 PARTICIPATION.

- TOWN PLANNING INITIATIVE - THE TOWN PLANNING INITIATIVE, FUNDED BY
 LILLY ENDOWMENT, INC.'S GIFT VII (GIVING INDIANA FUNDS FOR TOMORROW)
 PROGRAM AND WITH ADDITIONAL FUNDING BY HCCF, CONTINUED IN 2022. THIS
 MULTI-YEAR INITIATIVE PROVIDES RESOURCES AND SUPPORT FOR THE 10
 INCORPORATED TOWNS IN HARRISON COUNTY TO CREATE OR UPDATE A
 COMPREHENSIVE PLAN AND A PAVEMENT ASSET MANAGEMENT PLAN. WITH THESE
 COMPLETED PLANS, TOWNS ARE BETTER POSITIONED TO LEVERAGE OUTSIDE
 FUNDING FOR INFRASTRUCTURE PROJECTS. IN 2022, THE TOWN OF LANESVILLE
 COMPLETED ITS COMPREHENSIVE PLANNING PROCESS. THE TOWNS OF NEW
 MIDDLETOWN AND LACONIA WERE CLOSE TO COMPLETING THEIR PLANNING PROCESS,
 WITH THE FINAL REVIEWS AND TOWNS' ADOPTION OF THEIR PLANS SCHEDULED FOR
 EARLY 2023. PLANNING CONTINUED FOR THE TOWNS OF CORYDON, MAUCKPORT AND
 PALMYRA IN 2022. PLANNING CONTINUED FOR THE TOWNS OF ELIZABETH,
 MILLTOWN, NEW AMSTERDAM AND CRANDALL.

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

MEMBERS OF THE AUDIT COMMITTEE ARE FIRST PROVIDED A DRAFT TO REVIEW. UPON
 APPROVAL THE FINAL 990 VERSION IS PRESENTED TO THE BOARD AS A
 RECOMMENDATION FOR APPROVAL BY THE AUDIT COMMITTEE. THE 990 IS THEN MADE
 AVAILABLE ON THE ORGANIZATION'S WEBSITE.

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

Name of the organization	HARRISON COUNTY COMMUNITY FOUNDATION, INC.	Employer identification number	35-1986569
--------------------------	---	--------------------------------	------------

MEMBERS ARE REQUIRED TO SIGN AN ANNUAL CONFLICT OF INTEREST POLICY ACCEPTANCE AS WELL AS A DISCLOSURE AND CONFIDENTIALITY STATEMENT. FOR APPROPRIATE TOPICS OR DECISIONS, DISCLOSURES OF CONFLICTS ARE NOTED AND DECLARED AT EVERY MEETING HELD AT THE FOUNDATION AND RECORDED IN THE MINUTES.

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

MEMBERS OF THE EXECUTIVE COMMITTEE MEET ANNUALLY TO EVALUATE THE PERFORMANCE OF THE CEO AND DISCUSS COMPENSATION ISSUES. EVALUATION TOOLS AND BENCHMARK SALARIES OF REGIONAL COMMUNITY FOUNDATION CEO'S ARE USED IN THEIR REVIEW PROCESS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S FORM 990 IS MADE AVAILABLE TO THE PUBLIC UPON REQUEST, ON THE ORGANIZATION'S WEBSITE, AND ON WWW.GUIDESTAR.ORG.

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

SFAS 136 ADJUSTMENT	463,058.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-92,853.
TOTAL TO FORM 990, PART XI, LINE 9	370,205.

FORM 990, PART XII, LINE 2C

THE PROCESS THE BOARD TAKES IN THE OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT DID NOT CHANGE DURING THE YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **HARRISON COUNTY COMMUNITY FOUNDATION, INC.** Employer identification number **35-1986569**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HARRISON COUNTY COMMUNITY FOUNDATION SUPPORTING ORGANIZATION, INC. - 35-2100, P.O. BOX 279, CORYDON, IN 47112	TO SUPPORT THE HARRISON COUNTY COMMUNITY FOUNDATION	INDIANA	501(C)	LINE 12B, II	HARRISON COUNTY COUMMUNITY FOUNDATION, INC.	<input checked="" type="checkbox"/>	
HCCF REAL ESTATE SUPPORTING ORGANIZATION - 45-5325718, P.O. BOX 279, CORYDON, IN 47112	TO SUPPORT THE HARRISON COUNTY COMMUNITY FOUNDATION	INDIANA	501(C)	LINE 12A, I	HARRISON COUNTY COUMMUNITY FOUNDATION, INC.	<input checked="" type="checkbox"/>	

**HARRISON COUNTY COMMUNITY
FOUNDATION, INC.**

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HARRISON COUNTY COMMUNITY FOUNDATION SUPPORTING ORGANIZATION	C	540,000.	CASH
(2) HARRISON COUNTY COMMUNITY FOUNDATION SUPPORTING ORGANIZATION	L	1,164,308.	CASH
(3) HCCF REAL ESTATE SUPPORTING ORGANIZATION	M	6,000.	CASH
(4)			
(5)			
(6)			

