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

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



Department of the Treasury Internal Revenue Service

Т

| AF                             | or th           | e 2022 calendar year, or tax year beginning and o   | ending          |                            |                             |
|--------------------------------|-----------------|---|-----------------|----------------------------|-----------------------------|
| B c                            | heck if pplicat | e: C Name of organization   |                 | D Employer identifie       | cation number               |
|                                | Addr            | POLK COUNTY COMMUNITY FOUNDATION, INC.  |                 |                            |                             |
|                                | Name            |   |                 |                            |                             |
|                                | Initia          | Number and street (or P.0. box if mail is not delivered to street address)                      | Room/suite      | E Telephone number         |                             |
|                                | Final           | 255 SOUTH TRADE STREET  |                 | 828-859-                   |                             |
|                                | termi<br>ated   | , , , , , , , , , , , , , , , , , , ,   |                 | G Gross receipts \$        | 9,102,307.                  |
|                                | Amer            | IRION, NC 28782   |                 | H(a) Is this a group re    |                             |
|                                | Appli<br>       | F Name and address of principal officer: SHERKI M. CARIER                                       |                 | for subordinates           | ? Yes X No                  |
|                                | pend            | SAME AS C ABOVE   | SAME AS C ABOVE |                            |                             |
| <u> </u>                       | ax-ex           | empt status: 🚺 501(c)(3) 🗌 501(c) ( ) (insert no.) 🗌 4947(a)(1) c                               | or 527          | If "No," attach a          | list. See instructions      |
|                                | Vebs            |   |                 | H(c) Group exemption       |                             |
|                                |                 | f organization: X Corporation Trust Association Other   | L Year          | of formation: 1975 N       | State of legal domicile: NC |
| Pa                             | art I           | Summary   |                 |                            |                             |
| Ð                              | 1               | Briefly describe the organization's mission or most significant activities: TO AI               |                 |                            |                             |
| Governance                     |                 | IT TO SUPPORT CHARITABLE, CULTURAL, EDUCA   |                 |                            |                             |
| ernê                           | 2               | Check this box if the organization discontinued its operations or dispos                        | ed of more      |                            | ets.                        |
| Š                              | 3               |   |                 | <u> </u>                   |                             |
|                                | 4               | Number of independent voting members of the governing body (Part VI, line 1b) $\ $              |                 | 7                          |                             |
| es                             | 5               | Total number of individuals employed in calendar year 2022 (Part V, line 2a)                    |                 | 6                          |                             |
| Ĭţ                             | 6               | Total number of volunteers (estimate if necessary)  |                 | 30                         |                             |
| Activities &                   |                 | Total unrelated business revenue from Part VIII, column (C), line 12                            |                 |                            | 0.                          |
|                                | b               | Net unrelated business taxable income from Form 990-T, Part I, line 11                          |                 | 0.                         |                             |
|                                |                 |   |                 | Prior Year                 | Current Year                |
| ē                              | 8               | Contributions and grants (Part VIII, line 1h)   |                 | 860,045.                   | 2,079,172.                  |
| Revenue                        | 9               | Program service revenue (Part VIII, line 2g)  |                 | 0.                         | 0.                          |
| Sev<br>Sev                     | 10              | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                   |                 | 1,219,378.                 | 902,156.                    |
| -                              | 11              | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                        |                 | 289,900.                   | 266,429.                    |
|                                | 12              | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)              |                 | 2,369,323.                 | 3,247,757.                  |
|                                | 13              | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                |                 | 1,486,999.                 | 1,610,706.                  |
|                                | 14              | Benefits paid to or for members (Part IX, column (A), line 4)                                   |                 | 0.                         | 0.                          |
| es                             | 15              | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\ $ .        |                 | 664,284.                   | 675,905.                    |
| sus                            |                 | Professional fundraising fees (Part IX, column (A), line 11e)                                   |                 | 0.                         | 0.                          |
| Expenses                       |                 | Total fundraising expenses (Part IX, column (D), line 25) 135, 18                               |                 | 156 010                    | 0.05 4.00                   |
| ш                              |                 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                    |                 | 156,813.                   | 225,422.                    |
|                                |                 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                       |                 | 2,308,096.                 | 2,512,033.                  |
|                                | 19              | Revenue less expenses. Subtract line 18 from line 12  |                 | 61,227.                    | 735,724.                    |
| s or                           |                 |   |                 | ginning of Current Year    | End of Year                 |
| sset                           | 20              | Total assets (Part X, line 16)  |                 | 66,618,195.                | 56,500,870.                 |
| Net Assets or<br>Fund Balances | 21              | Total liabilities (Part X, line 26)   |                 | 4,924,495.                 | 3,867,528.                  |
|                                |                 | Net assets or fund balances. Subtract line 21 from line 20                                      |                 | 61,693,700.                | 52,633,342.                 |
|                                | art II          | Signature Block   |                 |                            |                             |
| Und                            | er pen          | alties of perjury, I declare that I have examined this return, including accompanying schedules | and stateme     | nts, and to the best of my | knowledge and belief, it is |

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

| Sign        | Signature of officer  |                      |       | Date                   |            |  |  |  |  |
|-------------|---|----------------------|-------|------------------------|------------|--|--|--|--|
| -           | SHERRY M. CARTER, BOARD CI  | HAIR                 |       |                        |            |  |  |  |  |
|             | Type or print name and title  |                      |       |                        |            |  |  |  |  |
|             | Print/Type preparer's name  | Preparer's signature | Date  | Check                  | PTIN       |  |  |  |  |
| Paid        | BRIAN L. DOUD   | BRIAN L. DOUD        | 08/21 | /23 self-employed      | P01748393  |  |  |  |  |
| Preparer    | Firm's name FORVIS, LLP   |                      |       | Firm's EIN <b>44</b> – | 0160260    |  |  |  |  |
| Use Only    | Firm's address 1829 EASTCHESTER   | DRIVE                |       |                        |            |  |  |  |  |
|             | HIGH POINT, NC 27   | 265                  |       | Phone no. (336         | ) 889-5156 |  |  |  |  |
| May the IF  | May the IRS discuss this return with the preparer shown above? See instructions               |                      |       |                        |            |  |  |  |  |
| 232001 12-1 | LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2022) |                      |       |                        |            |  |  |  |  |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| Form   | POLK COUNTY COMMUNITY FOUNDATION, INC. 51-0168751   | Page <b>2</b>     |
|--------|---|-------------------|
| Par    | rt 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:<br>TO ADMINISTER FUNDS ENTRUSTED TO IT TO SUPPORT CHARITABLE, CULTURAL   |                   |
|        | EDUCATIONAL AND PUBLICLY BENEFICIAL ACTIVITIES IN THE COMMUNITY   | /                 |
|        | CENTERED IN AND AROUND POLK COUNTY, N.C. BOTH BY DIRECTLY EXPENDING   |                   |
|        | SUMS FOR SUCH PURPOSES AND IN COOPERATION WITH INSTITUTIONS QUALIFI   | ED                |
| 2      | Did the organization undertake any significant program services during the year which were not listed on the  |                   |
|        |   | s X No            |
| •      | If "Yes," describe these new services on Schedule O.  | s X No            |
| 3      | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Ye If "Yes," describe these changes on Schedule O. | S 🔼 NO            |
| 4      | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense                              | s                 |
| •      | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,                        |                   |
|        | revenue, if any, for each program service reported.   |                   |
| 4a     |   | ,585.)            |
|        | THE COMMUNITY FOUNDATION IMPROVED THE QUALITY OF LIFE IN THE AREA   |                   |
|        | CENTERED IN AND AROUND POLK COUNTY, N.C. BY AWARDING GRANTS FROM  |                   |
|        | UNRESTRICTED FUNDS TO SUPPORT THE WORTHWHILE PROJECTS OF LOCAL<br>NONPROFIT ORGANIZATIONS, GIVING VOCATIONAL AND COLLEGE SCHOLARSHIPS                           |                   |
|        | LOCAL STUDENTS, DISTRIBUTING ENDOWMENT FUND INCOME IN ACCORDANCE WI   |                   |
|        | GUIDELINES ESTABLISHED BY DONORS OR NONPROFITS AND MEMORIALIZED IN  |                   |
|        | AGREEMENTS, ADMINISTERING PLANNED GIVING PROGRAMS, PROVIDING A LIBR.  |                   |
|        | OF RESOURCES AND MEETING SPACES FOR NONPROFITS AND HELPING LOCAL  |                   |
|        | NONPROFIT ORGANIZATIONS AND DONORS MEET THEIR CHARITABLE GOALS. TH  | E                 |
|        | FOUNDATION ADMINISTERS OVER 200 CHARITABLE FUNDS.   |                   |
|        |   |                   |
|        |   |                   |
| 4b     | (Code:) (Expenses \$ including grants of \$) (Revenue \$)   | )                 |
|        |   |                   |
|        |   |                   |
|        |   |                   |
|        |   |                   |
|        |   |                   |
|        |   |                   |
|        |   |                   |
|        |   |                   |
|        |   |                   |
|        |   |                   |
| 4c     | (Code:) (Expenses \$ including grants of \$ ) (Revenue \$   | )                 |
|        |   |                   |
|        |   |                   |
|        |   |                   |
|        |   |                   |
|        |   |                   |
|        |   |                   |
|        |   |                   |
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|        |   |                   |
|        |   |                   |
|        |   |                   |
| 4d     | Other program services (Describe on Schedule O.)  |                   |
| 4e     | (Expenses \$ including grants of \$ ) (Revenue \$ )         Total program service expenses       1,881,068.   |                   |
| 10     |   | <b>990</b> (2022) |
| 232002 | 2 12-13-22  | (_ <b></b> )      |
|        | 3   |                   |

2022.04010 POLK COUNTY COMMUNITY FOU 30013251

| Form 990 (2 |           |             |           | 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)?  |      |              |          |
|        | If "Yes," complete Schedule A  | 1    | X            |          |
| 2      | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | 2    | Х            |          |
| 3      | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |      |              |          |
|        | public office? If "Yes," complete Schedule C, Part I   | 3    |              | <u> </u> |
| 4      | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   |      |              |          |
|        | during the tax year? If "Yes," complete Schedule C, Part II  | 4    |              | <u> </u> |
| 5      | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   |      |              |          |
|        | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  | 5    |              | _X       |
| 6      | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  |      |              |          |
|        | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6    | X            |          |
| 7      | Did the organization receive or hold a conservation easement, including easements to preserve open space,  | _    |              | 37       |
| -      | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7    |              | <u>X</u> |
| 8      | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   |      |              | v        |
| •      | Schedule D, Part III   | 8    |              | <u> </u> |
| 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?  |      |              | х        |
| 10     | If "Yes," complete Schedule D, Part IV   | 9    |              | <u> </u> |
| 10     | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   | 10   | x            |          |
| 44     | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10   |              |          |
| 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.   |      |              |          |
| d      | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  | 11a  | x            |          |
| h      | Part VI  | 11a  |              |          |
| 5      |  | 11b  | x            |          |
| c      | assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i><br>Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total |      |              |          |
| v      | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c  |              | х        |
| d      | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in  |      |              |          |
|        | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d  |              | х        |
| е      | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e  | Х            |          |
| f      | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |      |              |          |
|        | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f  | x            |          |
| 12a    | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |      |              |          |
|        | Schedule D, Parts XI and XII   | 12a  |              | х        |
| b      | Was the organization included in consolidated, independent audited financial statements for the tax year?  |      |              |          |
|        | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b  | x            |          |
| 13     | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13   |              | Х        |
| 14a    | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a  |              | Х        |
| b      | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  |      |              |          |
|        | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   |      |              |          |
|        | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b  |              | X        |
| 15     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  |      |              |          |
|        | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15   |              | X        |
| 16     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to   |      |              | _        |
|        | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16   |              | X        |
| 17     | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  |      |              |          |
|        | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions   | 17   |              | X        |
| 18     | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   |      |              |          |
|        | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18   |              | _X_      |
| 19     | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |      |              |          |
|        | complete Schedule G, Part III  | 19   |              | <u> </u> |
|        | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a  |              | X        |
|        | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b  |              |          |
| 21     | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |      | <b>.</b>     |          |
|        | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II  | 21   |              | 000-1    |
| 232003 | 12-13-22   | Form | <b>990</b> ( | 2022)    |

232003 12-13-22

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| Form | 990 | (2022) |
|------|-----|--------|
|      | 330 |        |

|          |   |            | Yes | No         |
|----------|---|------------|-----|------------|
| 22       | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                                   |            |     |            |
|          | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22         | Х   |            |
| 23       | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current                     |            |     |            |
|          | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                                  |            |     |            |
|          | Schedule J  | 23         | X   |            |
| 24a      | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the                         |            |     |            |
|          | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete                              |            |     |            |
|          | Schedule K. If "No," go to line 25a   | 24a        |     | X          |
|          | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b        |     |            |
| С        | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease                            |            |     |            |
|          | any tax-exempt bonds?   | 24c        |     |            |
|          | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d        |     |            |
| 25a      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                                    |            |     |            |
|          | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a        |     | X 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? If "Yes," complete                           |            |     |            |
|          | Schedule L, Part I  | 25b        |     | X          |
| 26       | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current                                 |            |     |            |
|          | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%   |            |     | - <b>v</b> |
| 07       | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  | 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                     | 07         |     | x          |
| 00       | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III                        | 27         |     |            |
| 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):   |            |     |            |
| а        | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>                         | 28a        |     | x          |
| h        | "Yes," complete Schedule L, Part IV   | 20a<br>28b |     | X          |
|          | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>                                 | 200        |     | - 23       |
| C        |   | 28c        |     | x          |
| 29       | "Yes," complete Schedule L, Part IV<br>Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29         |     | X          |
| 23<br>30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation                     | 25         |     |            |
| 00       | contributions? If "Yes," complete Schedule M  | 30         |     | x          |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. Part I                              | 31         |     | x          |
| 32       | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                                | <u> </u>   |     |            |
| 02       | Schedule N, Part II   | 32         |     | x          |
| 33       | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                                      |            |     |            |
|          | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33         |     | x          |
| 34       | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and                       |            |     |            |
|          | Part V, line 1  | 34         | х   |            |
| 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)? If "Yes," complete Schedule R, Part V, line 2   | 35b        |     |            |
| 36       | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?                      |            |     |            |
|          | If "Yes," complete Schedule R, Part V, line 2   | 36         |     | x          |
| 37       | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                                |            |     |            |
|          | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                                    | 37         |     | X          |
| 38       | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?                                  |            |     |            |
| _        | Note: All Form 990 filers are required to complete Schedule O   | 38         | Х   |            |
| Par      |   |            |     |            |
|          | Check if Schedule O contains a response or note to any line in this Part V  |            |     |            |
|          |   |            | Yes | No         |
| 1a       | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6   |            |     |            |
| b        |   |            |     |            |
| С        | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming                              |            | 77  |            |
|          | (gambling) winnings to prize winners?   | 1c         | X   |            |
| 232004   | 12-13-22  | Form       | 990 | (2022)     |

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<sup>5</sup> 2022.04010 POLK COUNTY COMMUNITY FOU 30013251

| Form    | 990 (2022) POLK COUNTY COMMUNITY FOUNDATION, INC. 51-0168   | 751      | Р   | <sub>age</sub> 5 |
|---------|---|----------|-----|------------------|
| Par     | t V Statements Regarding Other IRS Filings and Tax Compliance (continued)   |          |     |                  |
|         |   |          | Yes | No               |
| 2a      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |          |     |                  |
|         | filed for the calendar year ending with or within the year covered by this return 2a 6  |          | v   |                  |
|         | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b       | Х   | x                |
|         | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a<br>3b |     |                  |
|         | 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><br>At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | 30       |     |                  |
| та      | financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 4a       |     | x                |
| b       | If "Yes," enter the name of the foreign country   | 14       |     |                  |
| ~       | 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?   | 5a       |     | X                |
|         | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b       |     | Х                |
|         | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c       |     |                  |
|         | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit   |          |     |                  |
|         | any contributions that were not tax deductible as charitable contributions?   | 6a       |     | X                |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts  |          |     |                  |
|         | were not tax deductible?  | 6b       |     |                  |
| 7       | Organizations that may receive deductible contributions under section 170(c).   |          |     |                  |
| а       | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   | 7a       |     | X                |
| b       | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b       |     | <u> </u>         |
| С       | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required   |          |     |                  |
|         | to file Form 8282?  | 7c       |     | X                |
|         | If "Yes," indicate the number of Forms 8282 filed during the year 7d  |          |     |                  |
| е       | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e       |     | X                |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f       |     | X X              |
| -       | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g       |     | <u> </u>         |
| -       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h       |     |                  |
| 8       | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the   | •        |     | v                |
| •       | sponsoring organization have excess business holdings at any time during the year?  | 8        |     | x                |
| 9       | Sponsoring organizations maintaining donor advised funds.   | 0-       |     | x                |
|         | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a<br>9b |     | X                |
|         | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <b>Section 501(c)(7) organizations.</b> Enter:  | 90       |     |                  |
| 10<br>а | Initiation fees and capital contributions included on Part VIII, line 12 <b>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:  |          |     |                  |
|         | Gross income from members or shareholders   |          |     |                  |
|         | Gross income from other sources. (Do not net amounts due or paid to other sources against   |          |     |                  |
|         | amounts due or received from them.) <b>11b</b>  |          |     |                  |
| 12a     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a      |     |                  |
|         | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |          |     |                  |
| 13      | Section 501(c)(29) qualified nonprofit health insurance issuers.  |          |     |                  |
| а       | Is the organization licensed to issue qualified health plans in more than one state?  | 13a      |     |                  |
|         | Note: See the instructions for additional information the organization must report on Schedule O.   |          |     |                  |
| b       | Enter the amount of reserves the organization is required to maintain by the states in which the  |          |     |                  |
|         | organization is licensed to issue qualified health plans 13b  |          |     |                  |
| С       | Enter the amount of reserves on hand 13c  |          |     |                  |
|         | 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? If "No," provide an explanation on Schedule O   | 14b      |     | └──              |
| 15      | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or   |          |     |                  |
|         | excess parachute payment(s) during the year?  | 15       |     | X                |
|         | If "Yes," see the instructions and file Form 4720, Schedule N.  |          |     |                  |
| 16      | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?   | 16       |     | X                |
| -       | If "Yes," complete Form 4720, Schedule O.   |          |     |                  |
| 17      | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities   |          |     |                  |
|         | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  | 17       |     |                  |
|         | If "Yes," complete Form 6069.   | Г-       | 000 | (0000)           |
| 232005  | 12-13-22  | Form     | 390 | (2022)           |

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## POLK COUNTY COMMUNITY FOUNDATION, INC.

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

Section A. Governing Body and Management

51-0168751 Page 6

. .

ı.

Т

Yes No

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. X

|        | Enter the number of voting members of the governing body at the end of the tax year 1a  | 4            |              |           |
|--------|---|--------------|--------------|-----------|
|        | 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   | 7            |              |           |
| 2      | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other  |              |              |           |
|        | officer, director, trustee, or key employee?  | 2            |              | <u> x</u> |
| 3      | Did the organization delegate control over management duties customarily performed by or under the direct supervision   |              | 1            |           |
|        | of officers, directors, trustees, or key employees to a management company or other person?   |              |              |           |
| 1      | 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?  |              |              |           |
| 3      | Did the organization have members or stockholders?  | 6            |              | X         |
| 'a     | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or  |              |              |           |
|        | more members of the governing body?   | 7a           |              | <u> x</u> |
| b      | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or  |              |              |           |
|        | persons other than the governing body?  | 7b           |              | X         |
| 3      | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |              | v            |           |
| a<br>L | The governing body?   | <u>8a</u>    | X<br>X       | +         |
| b      | Each committee with authority to act on behalf of the governing body?   | 8b           | _ <u>^</u>   |           |
| )      | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the  |              |              | <b>.</b>  |
| 201    | organization's mailing address? If "Yes," provide the names and addresses on Schedule O   | . 9          | 1            | X         |
| .0     | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  |              | Yes          |           |
|        |   | 10-          | res          | No<br>X   |
|        | Did the organization have local chapters, branches, or affiliates?  | <u>10a</u>   |              | +^        |
| D      | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,<br>and branches to opeure their operations are consistent with the organization's exempt purposes? | 104          | 1            |           |
| -      | and branches to ensure their operations are consistent with the organization's exempt purposes?   | <u>10b</u>   | x            | +         |
|        | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 118          |              |           |
|        | Describe on Schedule O the process, if any, used by the organization to review this Form 990.   | 12a          | x            |           |
| a<br>h | Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>  |              | X            | +         |
| b      |   |              |              | +         |
| С      | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>  | 10-          | x            |           |
| 3      | on Schedule O how this was done   | 12c<br>13    | X            | +         |
|        | Did the organization have a written whistleblower policy?<br>Did the organization have a written document retention and destruction policy?   | 1            | X            | -         |
| 1<br>5 | Did the organization have a written document retention and destruction policy?  | 14           |              |           |
| ,      | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |              |              |           |
| 2      | The organization's CEO, Executive Director, or top management official  | 15a          | x            |           |
|        | Other officers or key employees of the organization   | 15a          |              | x         |
| 5      | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  | 100          |              |           |
| าล     | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a   |              |              |           |
| Ju     | taxable entity during the year?   | 16a          |              | x         |
| þ      | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation  | 104          |              |           |
|        | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's  |              |              |           |
|        | exempt status with respect to such arrangements?  | 16b          |              |           |
| C      | tion C. Disclosure  |              |              | -         |
| ,      | List the states with which a copy of this Form 990 is required to be filed NONE   |              |              |           |
| 3      | 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 onlv     | availa       | able      |
|        | for public inspection. Indicate how you made these available. Check all that apply.   | , <b>,</b> ) |              |           |
|        | Own website X Another's website X Upon request Other <i>(explain on Schedule O)</i>   |              |              |           |
| )      | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a   | nd finar     | cial         |           |
|        | statements available to the public during the tax year.   |              |              |           |
|        | State the name, address, and telephone number of the person who possesses the organization's books and records  |              |              |           |
| )      |   |              |              |           |
| )      | SARA BELL - (828) 859-5314  |              |              |           |
| )      | 255 S. TRADE STREET, TRYON, NC 28782  |              |              |           |
|        |   | Fori         | n <b>990</b> | (202      |

| Form 990 (2022)  | POLK COUNTY  | COMMUNITY              | FOUNDATION,        | INC. | 51-0168751 | Page 7 |  |  |
|--|--|------------------------|--------------------|------|------------|--------|--|--|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated |  |                        |                    |      |            |        |  |  |
| Employees  | , and Independent Co   | ntractors              |                    |      |            |        |  |  |
| Check if Sche  | dule O contains a response o   | or note to any line in | this Part VII      |      |            |        |  |  |
| Section A. Officers, Dir   | ectors, Trustees, Key Empl   | oyees, and Highest     | Compensated Employ | /ees |            |        |  |  |
| <ul> <li>List all of the organiz</li> </ul>  | all persons required to be lis<br>ation's <b>current</b> officers, dire<br>), and (F) if no compensation | ctors, trustees (whe   |                    | , 0  | 0          | ,      |  |  |
| v  | ation's <b>current</b> key employe<br>'s five <b>current</b> highest compe                               |                        |                    |      |            |        |  |  |

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.

| Name and titleAverage<br>hours per<br>week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line)Position<br>(do not check more than one<br>bottle and a director/tustee)Reportable<br>compensation<br>from<br>from<br>the<br>organizations<br>(W-2/1099-MISC/<br>1099-NEC)Estimated<br>amount of<br>other<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC/<br>1099-NEC)Estimated<br>amount of<br>other<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC/<br>1099-NEC)(1)SHERRY M. CARTER1.00XX0.0.0.(1)SHERRY M. CARTER1.00XX0.0.0.(2)A. THOMAS JACKSON1.00XX0.0.0.VICE CHAIR1.00XX0.0.0.0.(3)PETER FRANKLIN1.00XX0.0.0.(4)MONICA E. JONES1.00XX0.0.0.(5)DR. FAITH WEATHINGTON1.00X0.0.0.0.DIRECTORX0.0.0.0.0.(7)DALE L. MCENTIRE1.00X0.0.0.0.DIRECTORX0.0.0.0.0.0.(6)STACEY LINDSAY1.00X0.0.0.0.  | (A)                       | (B)   |        |             | (0        | C)     |              |      | (D)          | (E)          | (F)                    |
|---|---------------------------|-------|--------|-------------|-----------|--------|--------------|------|--------------|--------------|------------------------|
| hours per<br>week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line)box, unless person is obth an<br>officer and a director/fusible)compensation<br>from<br>organizations<br>(W-2/1099-MISC/<br>1099-NEC)amount of<br>other<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC/<br>1099-NEC)amount of<br>other<br>compensation<br>from the<br>organizations<br>(W-2/1099-MISC/<br>1099-NEC)amount of<br>other<br>compensation<br>from the<br>organizations<br>and related<br>organizations(1) SHERRY M. CARTER<br>(2) A. THOMAS JACKSON1.00XX0.0.0.(2) A. THOMAS JACKSON1.00XX0.0.0.VICE CHAIRXX0.0.0.0.(3) PETER FRANKLIN1.00XX0.0.0.TREASURERXX0.0.0.0.(4) MONICA E. JONES1.000XX0.0.0.JIRECTORXX0.0.0.0.(5) DR. FAITH WEATHINGTON1.000X0.0.0.DIRECTORX0.0.0.0.(6) PHILIP H. BURRUS, III1.000X0.0.0.DIRECTORX0.0.0.0.(8) STACEY LINDSAY1.000X0.0.0.  | Name and title            |       | (do    |             | Pos       | itior  |              | 200  | Reportable   |              | Estimated              |
| Week<br>(list ary<br>page 1<br>bollow     Week<br>(list ary<br>page 1<br>bollow     Information<br>page 1<br>bollow |                           |       | box    | , unle      | ss pe     | rson i | s both       | n an | compensation | compensation | amount of              |
| (1) SHERRY M. CARTER       1.00       X       X       0.       0.       0.         (2) A. THOMAS JACKSON       1.00       X       X       0.       0.       0.         (2) A. THOMAS JACKSON       1.00       X       X       0.       0.       0.         (3) PETER FRANKLIN       1.00       X       X       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.         (4) MONICA E. JONES       1.00       X       X       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.         (5) DR. FAITH WEATHINGTON       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.       0.         (6) PHILIP H. BURRUS, III       1.00       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (8) STACEY LINDSAY       1.00       0.       0.       0.       0.  |                           | week  |        | cer ar<br>I | ndad<br>T | irecto | or/trus<br>T | tee) | from         | from related | other                  |
| (1) SHERRY M. CARTER       1.00       X       X       0.       0.       0.         (2) A. THOMAS JACKSON       1.00       X       X       0.       0.       0.         (2) A. THOMAS JACKSON       1.00       X       X       0.       0.       0.         (3) PETER FRANKLIN       1.00       X       X       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.         (4) MONICA E. JONES       1.00       X       X       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.         (5) DR. FAITH WEATHINGTON       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.       0.         (6) PHILIP H. BURRUS, III       1.00       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (8) STACEY LINDSAY       1.00       0.       0.       0.       0.  |                           |       | ector  |             |           |        |              |      |              | <b>v</b>     |                        |
| (1) SHERRY M. CARTER       1.00       X       X       0.       0.       0.         (2) A. THOMAS JACKSON       1.00       X       X       0.       0.       0.         (2) A. THOMAS JACKSON       1.00       X       X       0.       0.       0.         (3) PETER FRANKLIN       1.00       X       X       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.         (4) MONICA E. JONES       1.00       X       X       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.         (5) DR. FAITH WEATHINGTON       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.       0.         (6) PHILIP H. BURRUS, III       1.00       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (8) STACEY LINDSAY       1.00       0.       0.       0.       0.  |                           |       | or dir | e           |           |        | ted          |      |              | •            |                        |
| (1) SHERRY M. CARTER       1.00       X       X       0.       0.       0.         (2) A. THOMAS JACKSON       1.00       X       X       0.       0.       0.         (2) A. THOMAS JACKSON       1.00       X       X       0.       0.       0.         (3) PETER FRANKLIN       1.00       X       X       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.         (4) MONICA E. JONES       1.00       X       X       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.         (5) DR. FAITH WEATHINGTON       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.       0.         (6) PHILIP H. BURRUS, III       1.00       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (8) STACEY LINDSAY       1.00       0.       0.       0.       0.  |                           |       | stee   | ruste       |           |        | bense        |      |              | 1099-NEC)    | , <b>,</b>             |
| (1) SHERRY M. CARTER       1.00       X       X       0.       0.       0.         (2) A. THOMAS JACKSON       1.00       X       X       0.       0.       0.         (2) A. THOMAS JACKSON       1.00       X       X       0.       0.       0.         (3) PETER FRANKLIN       1.00       X       X       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.         (4) MONICA E. JONES       1.00       X       X       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.         (5) DR. FAITH WEATHINGTON       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.       0.         (6) PHILIP H. BURRUS, III       1.00       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (8) STACEY LINDSAY       1.00       0.       0.       0.       0.  |                           | 1 °   | al tru | onal 1      |           | ploye  | e com        |      | 1099-NEC)    |              |                        |
| (1) SHERRY M. CARTER       1.00       X       X       0.       0.       0.         (2) A. THOMAS JACKSON       1.00       X       X       0.       0.       0.         (2) A. THOMAS JACKSON       1.00       X       X       0.       0.       0.         (3) PETER FRANKLIN       1.00       X       X       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.         (4) MONICA E. JONES       1.00       X       X       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.         (5) DR. FAITH WEATHINGTON       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.       0.         (6) PHILIP H. BURRUS, III       1.00       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (8) STACEY LINDSAY       1.00       0.       0.       0.       0.  |                           |       | dividu | stituti     | ficer     | y em   | ghest        | rmer |              |              | organizations          |
| CHAIR         X         X         X         0.         0.         0.           (2) A. THOMAS JACKSON         1.00         X         X         0.         0.         0.           VICE CHAIR         X         X         0.         0.         0.         0.           (3) PETER FRANKLIN         1.00         X         X         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.         0.           (4) MONICA E. JONES         1.00         X         X         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.         0.           (5) DR. FAITH WEATHINGTON         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (6) PHILIP H. BURRUS, III         1.00         X         0.         0.         0.         0.           (7) DALE L. MCENTIRE         1.00         X         0.         0.         0.         0.           (8) STACEY LINDSAY         1.00         1.00  | (1) SHERRY M CARTER       | ,     | 드      | =           | 9         | l ₹    | 는 는          | Ъ.   |              |              |                        |
| (2) A. THOMAS JACKSON       1.00       X       X       0.       0.       0.         VICE CHAIR       X       X       X       0.       0.       0.       0.         (3) PETER FRANKLIN       1.00       X       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.         (4) MONICA E. JONES       1.00       X       X       0.       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.         (5) DR. FAITH WEATHINGTON       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (6) PHILIP H. BURRUS, III       1.00       X       0.       0.       0.       0.       0.       0.         (7) DALE L. MCENTIRE       1.00       X       0.       0.       0.       0.       0.         (8) STACEY LINDSAY       1.00       0.       0.       0.       0.       0.       0.   |                           | 1.00  | x      |             | x         |        |              |      | 0.           | 0.           | 0.                     |
| VICE CHAIR         X         X         X         0. <t< td=""><td></td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td><b>Ŭ</b></td><td></td><td><u></u></td></t<>   |                           | 1.00  |        |             |           |        |              |      | <b>Ŭ</b>     |              | <u></u>                |
| (3) PETER FRANKLIN       1.00       X       X       0.       0.       0.         TREASURER       X       X       X       0.       0.       0.       0.         (4) MONICA E. JONES       1.00       X       X       X       0.       0.       0.         SECRETARY       X       X       X       0.       0.       0.       0.         (5) DR. FAITH WEATHINGTON       1.00       X       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (6) PHILIP H. BURRUS, III       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (7) DALE L. MCENTIRE       1.00       X       0.       0.       0.       0.       0.         BIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (8) STACEY LINDSAY       1.00       0       0       0       0       0       0       0  |                           | 1.00  | x      |             | x         |        |              |      | 0.           | 0.           | 0.                     |
| TREASURER       X       X       X       X       0.       0.       0.       0.         (4) MONICA E. JONES       1.00       X       X       0.   |                           | 1.00  |        |             |           |        |              |      |              |              | <b>0.</b>              |
| (4) MONICA E. JONES       1.00       X       X       0.       0.       0.         SECRETARY       X       X       X       0.       0.       0.       0.         (5) DR. FAITH WEATHINGTON       1.00       X       X       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.         (6) PHILIP H. BURRUS, III       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (7) DALE L. MCENTIRE       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (8) STACEY LINDSAY       1.00  | TREASURER                 |       | x      |             | x         |        |              |      | 0.           | 0.           | 0.                     |
| (5) DR. FAITH WEATHINGTON       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0. <td>(4) MONICA E. JONES</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   | (4) MONICA E. JONES       | 1.00  |        |             |           |        |              |      |              |              |                        |
| DIRECTORX0.0.0.(6) PHILIP H. BURRUS, III1.00X0.0.0.DIRECTORX0.0.0.0.(7) DALE L. MCENTIRE1.00X0.0.0.DIRECTORX0.0.0.0.(8) STACEY LINDSAY1.00000   | SECRETARY                 |       | х      |             | х         |        |              |      | 0.           | 0.           | 0.                     |
| (6) PHILIP H. BURRUS, III       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (7) DALE L. MCENTIRE       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (8) STACEY LINDSAY       1.00       0       0       0       0.       0.  | (5) DR. FAITH WEATHINGTON | 1.00  |        |             |           |        |              |      |              |              |                        |
| DIRECTORX0.0.0.(7) DALE L. MCENTIRE1.000.0.0.DIRECTORX0.0.0.(8) STACEY LINDSAY1.000.0.0.  |                           |       | Х      |             |           |        |              |      | 0.           | 0.           | 0.                     |
| (7)         DALE L. MCENTIRE         1.00         X         0.  |                           | 1.00  |        |             |           |        |              |      |              |              |                        |
| DIRECTOR     X     0.     0.       (8) STACEY LINDSAY     1.00  |                           |       | Х      |             |           |        |              |      | 0.           | 0.           | 0.                     |
| (8) STACEY LINDSAY 1.00   |                           | 1.00  |        |             |           |        |              |      |              |              |                        |
|   |                           | 1 00  | Х      |             |           |        |              |      | 0.           | 0.           | 0.                     |
|   |                           | 1.00  |        |             |           |        |              |      |              | •            |                        |
| DIRECTOR X 0. 0. 0.   |                           | 1 00  | х      |             |           |        |              |      | 0.           | 0.           | 0.                     |
| (9) JAY GEDDINGS 1.00 V   |                           | 1.00  |        |             |           |        |              |      |              | 0            |                        |
| DIRECTOR         X         0. <t< td=""><td></td><td>10 00</td><td>A</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>  |                           | 10 00 | A      |             |           |        |              |      | 0.           | 0.           | 0.                     |
| PRESIDENT & CEO     X     201,250.     0.     27,130.   |                           | 40.00 |        |             | v         |        |              |      | 201 250      | 0            | 27 130                 |
|   |                           |       |        |             |           |        |              |      | 201,230.     | 0.           | 27,130.                |
|   |                           |       |        |             |           |        |              |      |              |              |                        |
|   |                           |       |        |             |           |        |              |      |              |              |                        |
|   |                           |       | 1      |             |           |        |              |      |              |              |                        |
|   |                           |       |        |             |           |        |              |      |              |              |                        |
|   |                           |       |        |             |           |        |              |      |              |              |                        |
|   |                           |       |        |             |           |        |              |      |              |              |                        |
|   |                           |       |        |             |           |        |              |      |              |              |                        |
|   |                           |       |        |             |           |        |              |      |              |              |                        |
|   |                           |       | -      |             | $\vdash$  |        |              | -    |              |              |                        |
|   |                           |       | 1      |             |           |        |              |      |              |              |                        |
|   |                           |       |        |             |           |        |              |      |              |              |                        |
| 232007_12_13_22   |                           |       |        |             |           |        |              |      |              |              | Form <b>990</b> (2022) |

232007 12-13-22

Form 990 (2022)

Т

## 14130821 797738 3001325467

2022.04010 POLK COUNTY COMMUNITY FOU 30013251

|  |                      |                                |                       |              |                                 |        | TION, INC.                | 51-01              | 687    | 51        | Page <b>8</b>     |  |
|--|----------------------|--------------------------------|-----------------------|--------------|---------------------------------|--------|---------------------------|--------------------|--------|-----------|-------------------|--|
| Part VII Section A. Officers, Directors, T   | rustees, Key Em      | ploy                           | ees, a                | nd H         | ighe                            | st C   | ompensated Employe        | es (continued)     |        |           |                   |  |
| (A)  | (B)                  |                                |                       | (C)          |                                 |        | (D)                       | (E)                |        | (         | F)                |  |
| Name and title   | Average              | (do                            | Po<br>not che         | ositio       |                                 | one    | Reportable                | Reportable         |        | Estir     | nated             |  |
|  | hours per            | box                            | , unless              | person       | is bot                          | n an   | compensation              | compensation       | ו ו    | amo       | unt of            |  |
|  | week                 |                                | cer and a             | a direct     | tor/trus                        | tee)   | from                      | from related       |        |           | her               |  |
|  | (list any            | rector                         |                       |              |                                 |        | the                       | organizations      |        | •         | ensation          |  |
|  | hours for<br>related | or di                          | ee                    |              | ated                            |        | organization              | (W-2/1099-MIS      | C/     |           | n the             |  |
|  | organizations        | ustee                          | trust                 | e.           | bens                            |        | (W-2/1099-MISC/           | 1099-NEC)          |        | •         | ization           |  |
|  | below                | ual tr                         | tional                | ploye        | , t con                         | _      | 1099-NEC)                 |                    |        |           | elated<br>zations |  |
|  | line)                | Individual trustee or director | Institutional trustee | Key employee | Highest compensated<br>employee | Former |                           |                    |        | organi    | 20110113          |  |
|  | ,                    | -                              |                       | <u> </u>     | <u> </u>                        | Œ      |                           |                    |        |           |                   |  |
|  |                      | -                              |                       |              |                                 |        |                           |                    |        |           |                   |  |
|  |                      |                                |                       | +            | +                               |        |                           |                    |        |           |                   |  |
|  |                      | -                              |                       |              |                                 |        |                           |                    |        |           |                   |  |
|  |                      |                                |                       | _            |                                 |        |                           |                    |        |           |                   |  |
|  |                      | -                              |                       |              |                                 |        |                           |                    |        |           |                   |  |
|  |                      |                                |                       |              |                                 |        |                           |                    |        |           |                   |  |
|  |                      |                                |                       |              |                                 |        |                           |                    |        |           |                   |  |
|  |                      |                                |                       |              |                                 |        |                           |                    |        |           |                   |  |
|  |                      |                                |                       |              |                                 |        |                           |                    |        |           |                   |  |
|  |                      |                                |                       |              |                                 |        |                           |                    |        |           |                   |  |
|  |                      |                                |                       |              |                                 |        |                           |                    |        |           |                   |  |
|  |                      |                                |                       |              |                                 |        |                           |                    |        |           |                   |  |
|  |                      | _                              |                       |              |                                 |        |                           |                    |        |           |                   |  |
|  |                      |                                |                       |              |                                 |        |                           |                    |        |           |                   |  |
|  |                      | _                              |                       |              |                                 |        |                           |                    |        |           |                   |  |
|  |                      |                                |                       |              |                                 |        |                           |                    |        |           |                   |  |
|  |                      |                                |                       |              |                                 |        |                           |                    |        |           |                   |  |
|  |                      |                                |                       |              |                                 |        |                           |                    |        |           |                   |  |
| 1b Subtotal  |                      |                                |                       |              |                                 |        | 201,250.                  |                    | 0.     |           |                   |  |
| c Total from continuation sheets to Par  | t VII, Section A     |                                |                       |              |                                 |        | 0.                        |                    | 0.     |           | 0.                |  |
| d Total (add lines 1b and 1c)  |                      |                                |                       |              |                                 |        | 201,250.                  |                    | 0.     | 0. 27,130 |                   |  |
| 2 Total number of individuals (including but                                       | ut not limited to th | ose                            | listed                | abov         | e) wh                           | io re  | eceived more than \$100   | ,000 of reportable |        |           |                   |  |
| compensation from the organization   |                      |                                |                       |              |                                 |        |                           |                    |        |           | 1                 |  |
|  |                      |                                |                       |              |                                 |        |                           |                    |        | Y         | es No             |  |
| 3 Did the organization list any <b>former</b> officient                            | cer, director, trust | ee, k                          | key em                | ploy         | ee, oi                          | ' hig  | hest compensated emp      | loyee on           |        |           |                   |  |
| line 1a? If "Yes," complete Schedule J fo  | or such individual   |                                |                       |              |                                 |        |                           |                    | L      | 3         | <u> </u>          |  |
| 4 For any individual listed on line 1a, is the                                     | e sum of reportabl   | le co                          | mpen                  | satio        | n anc                           | l oth  | er compensation from      | he organization    |        |           |                   |  |
| and related organizations greater than \$  | 150,000? If "Yes,    | " со                           | mplete                | Sch          | nedule                          | e J f  | or such individual        |                    | L      | 4         | X                 |  |
| 5 Did any person listed on line 1a receive   | or accrue comper     | nsati                          | on froi               | n ang        | y unre                          | elate  | ed organization or indivi | dual for services  |        |           |                   |  |
| rendered to the organization? If "Yes," of   | complete Schedul     | e J fo                         | or suc                | n per        | son                             |        |                           |                    |        | 5         | X                 |  |
| Section B. Independent Contractors   |                      |                                |                       |              |                                 |        |                           |                    |        |           |                   |  |
| 1 Complete this table for your five highest  | compensated inc      | lepe                           | ndent                 | cont         | racto                           | rs th  | nat received more than    | \$100,000 of compe | ensati | on from   |                   |  |
| the organization. Report compensation  | for the calendar ye  | ear e                          | nding                 | with         | or wi                           | thin   | the organization's tax y  | vear.              |        |           |                   |  |
| (A)  |                      |                                |                       |              |                                 |        | (B)                       |                    |        | (C)       |                   |  |
| Name and busin   | ess address          | NC                             | ONE                   |              |                                 |        | Description of            | services           | Co     | mpens     | ation             |  |
|  |                      |                                |                       |              |                                 |        |                           |                    |        |           |                   |  |
|  |                      |                                |                       |              |                                 |        |                           |                    |        |           |                   |  |
|  |                      |                                |                       |              |                                 |        |                           |                    |        |           |                   |  |
|  |                      |                                |                       |              |                                 |        |                           |                    |        |           |                   |  |
|  |                      |                                |                       |              |                                 |        |                           |                    |        |           |                   |  |
|  |                      |                                |                       |              |                                 | -      |                           |                    |        |           |                   |  |
|  |                      |                                |                       |              |                                 |        |                           |                    |        |           |                   |  |
|  |                      |                                |                       |              |                                 |        |                           |                    |        |           |                   |  |
|  |                      | - 4 11                         |                       |              |                                 |        | - h                       |                    |        |           |                   |  |
| 2 Total number of independent contractor<br>\$100,000 of compensation from the org |                      | ot lin                         | nited t               | υ της        | ose lis<br>0                    | ted    | above) who received m     | ore than           |        |           |                   |  |
|  |                      |                                |                       |              | -                               |        |                           |                    |        |           |                   |  |

232008 12-13-22

| Form  | 1 990 | D (2        | 2022) POLK COUNTY C                             | COMMUNITY          | FOUNDATION                  | N, INC.                  | 51-0168          | 751 Page <b>9</b>       |
|---|-------|-------------|---|--------------------|-----------------------------|--------------------------|------------------|-------------------------|
| Pa  | rt V  | <u>/   </u> | Statement of Revenue                            |                    |                             |                          |                  |                         |
|   |       |             | Check if Schedule O contains a response         | or note to any lin |                             | ( <b>D</b> )             | (0)              |                         |
|   |       |             |   |                    | <b>(A)</b><br>Total revenue | (B)<br>Related or exempt | (C)<br>Unrelated | (D)<br>Revenue excluded |
|   |       |             |   |                    | rotarrevenue                |                          | business revenue | from tax under          |
|   |       |             |   |                    |                             |                          |                  | sections 512 - 514      |
| nts   | 1     | а           | Federated campaigns 1a                          |                    |                             |                          |                  |                         |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |       |             | Membership dues 1b                              |                    |                             |                          |                  |                         |
| s, (<br>Am  |       |             | Fundraising events 1c                           |                    |                             |                          |                  |                         |
| Gift<br>lar   |       |             | Related organizations 1d                        | 750,000.           |                             |                          |                  |                         |
| ini,  |       |             | Government grants (contributions)               |                    |                             |                          |                  |                         |
| tior<br>S   |       | f           | All other contributions, gifts, grants, and     |                    |                             |                          |                  |                         |
| ibu   |       |             | similar amounts not included above 1f           | 1,329,172.         |                             |                          |                  |                         |
| d C   |       | g           | Noncash contributions included in lines 1a-1f   |                    |                             |                          |                  |                         |
| ыS  |       | h           | Total. Add lines 1a-1f                          |                    | 2,079,172.                  |                          |                  |                         |
|   |       |             |   | Business Code      |                             |                          |                  |                         |
| e   | 2     | а           |   |                    |                             |                          |                  |                         |
| e vi  |       | b           |   |                    |                             |                          |                  |                         |
| Se<br>Snu   |       | с           |   |                    |                             |                          |                  |                         |
| Program Service<br>Revenue                                |       | d           |   |                    |                             |                          |                  |                         |
| ogr<br>Bo   |       | е           |   |                    |                             |                          |                  |                         |
| ۲<br>۲  |       | f           | All other program service revenue               |                    |                             |                          |                  |                         |
|   |       |             | Total. Add lines 2a-2f                          |                    |                             |                          |                  |                         |
|   | 3     |             | Investment income (including dividends, inter   | est, and           |                             |                          |                  |                         |
|   |       |             | other similar amounts)                          |                    | 897,758.                    | 897,758.                 |                  |                         |
|   | 4     |             | Income from investment of tax-exempt bond       | proceeds           |                             |                          |                  |                         |
|   | 5     |             | Royalties                                       |                    |                             |                          |                  |                         |
|   |       |             | (i) Real  | (ii) Personal      |                             |                          |                  |                         |
|   | 6     | а           | Gross rents 6a                                  |                    |                             |                          |                  |                         |
|   |       | b           | Less: rental expenses 6b                        |                    |                             |                          |                  |                         |
|   |       | с           | Rental income or (loss) 6c                      |                    |                             |                          |                  |                         |
|   |       | d           | Net rental income or (loss)                     |                    |                             |                          |                  |                         |
|   | 7     | а           | Gross amount from sales of (i) Securities       | (ii) Other         |                             |                          |                  |                         |
|   |       |             | assets other than inventory <b>7a</b> 5,858,948 | •                  |                             |                          |                  |                         |
|   |       | b           | Less: cost or other basis                       |                    |                             |                          |                  |                         |
| en  |       |             | and sales expenses                              | •                  |                             |                          |                  |                         |
| evenue  |       | с           | Gain or (loss)                                  | •                  |                             |                          |                  |                         |
|   |       |             | Net gain or (loss)                              |                    | 4,398.                      | 4,398.                   |                  |                         |
| Other R   |       |             | Gross income from fundraising events (not       |                    |                             |                          |                  |                         |
| đ   |       |             | including \$ of                                 |                    |                             |                          |                  |                         |
|   |       |             | contributions reported on line 1c). See         |                    |                             |                          |                  |                         |
|   |       |             | Part IV, line 18 8a                             | a                  |                             |                          |                  |                         |
|   |       | b           | Less: direct expenses                           | 0                  |                             |                          |                  |                         |
|   |       |             | Net income or (loss) from fundraising events    |                    |                             |                          |                  |                         |
|   | 9     |             | Gross income from gaming activities. See        |                    |                             |                          |                  |                         |
|   |       |             | Part IV, line 19                                | a                  |                             |                          |                  |                         |
|   |       | b           | Less: direct expenses                           | 0                  |                             |                          |                  |                         |
|   |       |             | Net income or (loss) from gaming activities     |                    |                             |                          |                  |                         |
|   | 10    |             | Gross sales of inventory, less returns          |                    |                             |                          |                  |                         |
|   |       |             | and allowances 10                               | a                  |                             |                          |                  |                         |
|   |       | b           | Less: cost of goods sold 10                     |                    |                             |                          |                  |                         |
|   |       |             | Net income or (loss) from sales of inventory    |                    |                             |                          |                  |                         |
| "   |       |             |   | Business Code      |                             |                          |                  |                         |
| sno   | 11    | а           | OTHER INCOME                                    | 561000             | 266,429.                    | 266,429.                 |                  |                         |
| ane   |       | b           |   |                    |                             |                          |                  |                         |
| sells<br>eve  |       | с           |   |                    |                             |                          |                  |                         |
| Miscellaneous<br>Revenue                                  |       | d           | All other revenue                               |                    |                             |                          |                  |                         |
| 2   |       |             | Total. Add lines 11a-11d                        |                    | 266,429.                    |                          |                  |                         |
|   | 12    |             | Total revenue. See instructions                 |                    | 3,247,757.                  | 1,168,585.               | 0.               | ٥.                      |
| 23200   | 9 12- | 13-:        |   |                    |                             |                          |                  | Form <b>990</b> (2022   |

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232009 12-13-22

2022.04010 POLK COUNTY COMMUNITY FOU 30013251

# Form 990 (2022) POLK COUNTY COMMUNITY FOUNDATION, INC. 51-016 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).

| 0000      | ion 501(c)(3) and 501(c)(4) organizations must comp<br>Check if Schedule O contains a respon |                |                             |                                 |                         |
|-----------|--|----------------|-----------------------------|---------------------------------|-------------------------|
| Dou       | not include amounts reported on lines 6b,  | (A)            | (B)                         | (C)                             | (D)                     |
|           | 8b, 9b, and 10b of Part VIII.  | Total expenses | Program service<br>expenses | Management and general expenses | Fundraising<br>expenses |
| 1         | Grants and other assistance to domestic organizations  |                | oxperioed                   | general expenses                | experiede               |
| •         | and domestic governments. See Part IV, line 21   | 1,335,475.     | 1,335,475.                  |                                 |                         |
| 2         | Grants and other assistance to domestic  | _,,            |                             |                                 |                         |
| ~         | individuals. See Part IV, line 22  | 275,231.       | 275,231.                    |                                 |                         |
| 3         | Grants and other assistance to foreign   | 275,251.       | 275,251.                    |                                 |                         |
| 3         | 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,   | 201,250.       | 80,500.                     | 80,500.                         | 40 250                  |
| -         | trustees, and key employees  | 201,250.       | 00,500.                     | 80,500.                         | 40,250.                 |
| 6         | Compensation not included above to disqualified  |                |                             |                                 |                         |
|           | persons (as defined under section 4958(f)(1)) and  |                |                             |                                 |                         |
|           | persons described in section 4958(c)(3)(B)   |                | 05 505                      | 05 505                          | 40 852                  |
| 7         | Other salaries and wages   | 213,767.       | 85,507.                     | 85,507.                         | 42,753.                 |
| 8         | Pension plan accruals and contributions (include   | ~~ ~~~         | AC 454                      |                                 | 40 4                    |
|           | section 401(k) and 403(b) employer contributions)  | 92,383.        | 36,953.                     | 36,953.                         | 18,477.                 |
| 9         | Other employee benefits  |                |                             |                                 |                         |
| 10        | Payroll taxes  | 168,505.       | 67,402.                     | 67,402.                         | 33,701.                 |
| 11        | Fees for services (nonemployees):  |                |                             |                                 |                         |
| а         | Management   |                |                             |                                 |                         |
| b         | Legal  | 8,224.         |                             | 8,224.                          |                         |
| с         | Accounting   | 40,415.        |                             | 40,415.                         |                         |
| d         | Lobbying   |                |                             |                                 |                         |
|           | Professional fundraising services. See Part IV, line 17                                      |                |                             |                                 |                         |
| f         | Investment management fees   |                |                             |                                 |                         |
| g         | Other. (If line 11g amount exceeds 10% of line 25,   |                |                             |                                 |                         |
| -         | column (A), amount, list line 11g expenses on Sch 0.)  |                |                             |                                 |                         |
| 12        | Advertising and promotion  |                |                             |                                 |                         |
| 13        | Office expenses  | 58,042.        |                             | 58,042.                         |                         |
| 14        | Information technology   |                |                             |                                 |                         |
| 15        | Royalties  |                |                             |                                 |                         |
| 16        | Occupancy  | 66,583.        |                             | 66,583.                         |                         |
| 17        | Travel   | ,              |                             | ,                               |                         |
| 18        | Payments of travel or entertainment expenses   |                |                             |                                 |                         |
| 10        | for any federal, state, or local public officials  |                |                             |                                 |                         |
| 19        | Conferences, conventions, and meetings   | 5,926.         |                             | 5,926.                          |                         |
| 20        | Interest   | 0,5200         |                             |                                 |                         |
| 20<br>21  | Payments to affiliates   |                |                             |                                 |                         |
| 21        | Depreciation, depletion, and amortization  | 22,726.        |                             | 22,726.                         |                         |
| 22<br>23  |  | 23,506.        |                             | 23,506.                         |                         |
|           | Insurance<br>Other expenses. Itemize expenses not covered                                    | 25,500.        |                             | 23,300.                         |                         |
| 24        | above. (List miscellaneous expenses on line 24e. If  |                |                             |                                 |                         |
|           | line 24e amount exceeds 10% of line 25, column (A),  |                |                             |                                 |                         |
| -         | amount, list line 24e expenses on Schedule 0.)   |                |                             |                                 |                         |
| a<br>L    |  |                |                             |                                 |                         |
| b         |  |                |                             |                                 |                         |
| c         |  |                |                             |                                 |                         |
| d         |  |                |                             |                                 |                         |
|           | All other expenses   | 0 610 000      | 1 001 000                   |                                 | 125 101                 |
| <u>25</u> | Total functional expenses. Add lines 1 through 24e   | 2,512,033.     | 1,881,068.                  | 495,784.                        | 135,181.                |
| 26        | Joint costs. Complete this line only if the organization                                     |                |                             |                                 |                         |
|           | reported in column (B) joint costs from a combined   |                |                             |                                 |                         |
|           | educational campaign and fundraising solicitation.   |                |                             |                                 |                         |
|           | Check here if following SOP 98-2 (ASC 958-720)   |                |                             |                                 | Faura 990 (0000)        |
|           |  |                |                             |                                 |                         |

11

232010 12-13-22

Form **990** (2022)

14130821 797738 3001325467

Net Assets or Fund Balances

27

28

29

30

31

32

33

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

27,711,824.

33,981,876.

61,693,700.

66,618,195.

27

28

29

30

31

32

33

POLK COUNTY COMMUNITY FOUNDATION, INC. Form 990 (2022) Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 200. 200. 1 1 Cash - non-interest-bearing 336,153. 441,925. 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 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 185. 160. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 858,342. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 531,365. 331,607. 326,977. b Less: accumulated depreciation \_\_\_\_\_ 10b 10c 11 Investments - publicly traded securities 11 65,950,075. 55,731,583. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 66,618,195. 56,500,870. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 12,179. 2,897. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 4,912,316. 3,864,631. 25 of Schedule D 3,867,528. 4,924,495. 26 26 **Total liabilities.** Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here

> 56,500,870. Form 990 (2022)

> 52,633,342.

23,490,317.

29,143,025.

51-0168751 Page 11

| Form | 990 (2022) POLK COUNTY COMMUNITY FOUNDATION, INC.   | 51-     | 01687   | 751         | Pag        | <sub>ge</sub> 12 |
|------|---|---------|---------|-------------|------------|------------------|
| Pa   | rt XI Reconciliation of Net Assets  |         |         |             |            |                  |
|      | Check if Schedule O contains a response or note to any line in this Part XI   | <u></u> | <u></u> |             |            | X                |
|      |   |         |         |             |            |                  |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1       | 3 ,     | ,247        | 7,7        | <u>57.</u>       |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2       | 2       | ,512        |            |                  |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | 3       |         |             |            | 24.              |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | 4       |         | ,693        |            |                  |
| 5    | Net unrealized gains (losses) on investments  | 5       | -10,    | <u>,200</u> | ),78       | 81.              |
| 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       |         | 404         | <b>1,6</b> | 99.              |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                    |         |         |             |            |                  |
|      | column (B))   | 10      | 52      | ,633        | 3,34       | <u>42.</u>       |
| Pa   | rt XII Financial Statements and Reporting   |         |         |             |            |                  |
|      | Check if Schedule O contains a response or note to any line in this Part XII  |         | <u></u> |             |            |                  |
|      |   |         | r       |             | Yes        | No               |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other  |         |         |             |            |                  |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule        | О.      |         |             |            |                  |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |         |         | 2a          |            | X                |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed       | on a    |         |             |            |                  |
|      | separate basis, consolidated basis, or both:  |         |         |             |            |                  |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |         |         |             |            |                  |
| b    | Were the organization's financial statements audited by an independent accountant?                                    |         |         | 2b          | X          | <u> </u>         |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate      | basis,  |         |             |            |                  |
|      | consolidated basis, or both:  |         |         |             |            |                  |
|      | Separate basis X Consolidated basis Both consolidated and separate basis  |         |         |             |            |                  |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the    |         |         |             |            |                  |
|      | review, or compilation of its financial statements and selection of an independent accountant?                        |         | L       | 2c          | Х          | <b></b>          |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on Sch     | edule O | .       |             |            |                  |
| 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?   |         | ļ       | 3a          |            | X                |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required |         |         |             |            |                  |
|      | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                              |         |         | 3b          | 000        | <u> </u>         |

Form **990** (2022)

| SCHEDUL<br>(Form 990)<br>Department of the | Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. |                           |  |                   |                                   |                 |                     |                            |
|--|--|---------------------------|--|-------------------|-----------------------------------|-----------------|---------------------|----------------------------|
| Internal Revenue S                         |  |                           | /Form990 for instruction                               |                   |                                   | ormation.       |                     | Inspection                 |
| Name of the                                | organization   |                           |  |                   |                                   |                 | Employer            | identification number      |
|  |  |                           | MMUNITY FOUNI  |                   |                                   |                 |                     | 1-0168751                  |
| Part I                                     | Reason for Publi   | c Charity Status.         | (All organizations must c                              | omplete th        | nis part.) S                      | ee instructior  | IS.                 |                            |
|  |  |                           | For lines 1 through 12, cl                             |                   |                                   |                 |                     |                            |
| 1 🗍 A 0                                    | church, convention of  | churches, or associatio   | on of churches described                               | in sectio         | on 170(b)(1                       | )(A)(i).        |                     |                            |
|  |  |                           | (Attach Schedule E (Form                               |                   |                                   |                 |                     |                            |
|  |  |                           | anization described in se                              |                   | )(b)(1)(A)(ii                     | i).             |                     |                            |
|  |  |                           | njunction with a hospital                              |                   |                                   | -               | .)(iii). Enter      | the hospital's name,       |
| cit  | y, and state:  |                           |  |                   |                                   |                 |                     |                            |
| 5 🗌 An                                     | organization operate   | d for the benefit of a co | llege or university owned                              | l or operat       | ed by a go                        | vernmental u    | nit describe        | ed in                      |
|  | ection 170(b)(1)(A)(iv)  |                           |  |                   |                                   |                 |                     |                            |
|  |  |                           | mental unit described in                               | section 17        | 70(b)(1)(A)                       | (v).            |                     |                            |
|  |  | с с                       | Intial part of its support fr                          |                   |                                   | . ,             | ne general r        | oublic described in        |
|  | ction 170(b)(1)(A)(vi).  | •                         |  | 0                 |                                   |                 | 0 1                 |                            |
|  |  |                           | (1)(A)(vi). (Complete Par                              | t II.)            |                                   |                 |                     |                            |
|  | •  | .,                        | in section 170(b)(1)(A)(                               | ,                 | ed in conju                       | nction with a   | land-grant          | college                    |
|  | •  | •                         | culture (see instructions).                            | · ·               |                                   |                 | •                   | •                          |
|  | iversity:  |                           | · · · · ·  |                   |                                   |                 | Ū.                  |                            |
| 10 🗌 An                                    | organization that nor  | mally receives (1) more   | than 33 1/3% of its supp                               | ort from c        | ontributior                       | ns, membersh    | nip fees, and       | l gross receipts from      |
| ac   | tivities related to its ex   | cempt functions, subject  | ct to certain exceptions; a                            | and (2) no        | more than                         | 33 1/3% of it   | s support fr        | om gross investment        |
| inc  | ome and unrelated bu   | usiness taxable income    | (less section 511 tax) fro                             | m busines         | sses acquii                       | red by the org  | ganization a        | fter June 30, 1975.        |
| Se   | e <b>section 509(a)(2).</b> (  | Complete Part III.)       |  |                   |                                   |                 |                     |                            |
| 11 🗌 An                                    | organization organize  | ed and operated exclus    | ively to test for public sat                           | fety. See         | section 50                        | )9(a)(4).       |                     |                            |
| 12 🗌 An                                    | organization organize  | ed and operated exclus    | ively for the benefit of, to                           | perform t         | he functior                       | ns of, or to ca | rry out the         | purposes of one or         |
| ma   | ore publicly supported   | organizations describe    | ed in section 509(a)(1) o                              | r section         | 509(a)(2).                        | See section     | <b>509(a)(3).</b> C | heck the box on            |
| line                                       | es 12a through 12d th  | at describes the type c   | of supporting organizatior                             | n and com         | plete lines                       | 12e, 12f, and   | l 12g.              |                            |
| a 🗌 1                                      | <b>Type I.</b> A supporting c  | organization operated, s  | supervised, or controlled                              | by its supp       | oorted orga                       | anization(s), t | ypically by g       | giving                     |
| t  | he supported organiz   | ation(s) the power to re  | gularly appoint or elect a                             | majority c        | of the direc                      | tors or truste  | es of the su        | pporting                   |
| c  | organization. <b>You mu</b>  | st complete Part IV, Se   | ections A and B.                                       |                   |                                   |                 |                     |                            |
| b 🗌 1                                      | Type II. A supporting  | organization supervised   | d or controlled in connect                             | ion with it       | s supporte                        | d organizatio   | n(s), by hav        | ing                        |
| c  | control or managemer   | nt of the supporting org  | anization vested in the sa                             | ame perso         | ns that co                        | ntrol or mana   | ge the supp         | orted                      |
| c  | organization(s). <b>You m</b>  | nust complete Part IV,    | Sections A and C.                                      |                   |                                   |                 |                     |                            |
| c 🗌 1                                      | Type III functionally in   | ntegrated. A supportin    | ng organization operated                               | in connect        | tion with, a                      | and functiona   | lly integrate       | d with,                    |
| i  | ts supported organiza  | tion(s) (see instructions | s). You must complete I                                | Part IV, Se       | ections A,                        | D, and E.       |                     |                            |
| d 🗌 1                                      | Type III non-function  | ally integrated. A supp   | porting organization oper                              | ated in co        | nnection w                        | ith its suppo   | rted organiz        | ation(s)                   |
| t  | hat is not functionally  | integrated. The organiz   | zation generally must sat                              | isfy a distr      | ibution rec                       | uirement and    | d an attentiv       | eness                      |
| r  | equirement (see instru   | uctions). You must con    | mplete Part IV, Sections                               | A and D,          | and Part                          | V.              |                     |                            |
| e 🗌 (                                      | Check this box if the c  | organization received a   | written determination from                             | m the IRS         | that it is a                      | Туре I, Туре    | II, Type III        |                            |
| f  | unctionally integrated   | , or Type III non-functio | nally integrated supportin                             | ng organiz        | ation.                            |                 |                     |                            |
| f Enter th                                 | e number of supporte   | ed organizations          |  |                   |                                   |                 |                     |                            |
|  |  | tion about the supporte   |  | (iv) to the error | nization listed                   |                 |                     |                            |
|  | ame of supported   | (ii) EIN                  | (iii) Type of organization<br>(described on lines 1-10 | in your governi   | anization listed<br>ing document? | (v) Amount o    | -                   | (vi) Amount of other       |
|  | organization   |                           | above (see instructions))                              | Yes               | No                                | support (see i  | istructions)        | support (see instructions) |
|  |  |                           |  |                   |                                   |                 |                     |                            |
|  |  |                           |  |                   |                                   |                 |                     |                            |
|  |  |                           |  |                   |                                   |                 |                     |                            |
|  |  |                           |  |                   |                                   |                 |                     |                            |
|  |  |                           |  |                   |                                   |                 |                     |                            |
|  |  |                           |  |                   |                                   |                 |                     |                            |
|  |  |                           |  |                   |                                   |                 |                     |                            |
|  |  |                           |  |                   |                                   |                 |                     |                            |
|  |  |                           |  |                   |                                   |                 |                     |                            |

Total

# Schedule A (Form 990) 2022 POLK COUNTY COMMUNITY FOUNDATION, INC. 51-0168751 Page 2 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.)

| 260  | ction A. Public Support   |                       |                     |                           |                              |                                 |                 |
|------|---|-----------------------|---------------------|---------------------------|------------------------------|---------------------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in)                           | (a) 2018              | <b>(b)</b> 2019     | (c) 2020                  | (d) 2021                     | (e) 2022                        | (f) Total       |
| 1    | Gifts, grants, contributions, and                                 |                       |                     |                           |                              |                                 |                 |
|      | membership fees received. (Do not                                 |                       |                     |                           |                              |                                 |                 |
|      | include any "unusual grants.")                                    | 3088871.              | 356,668.            | 2331711.                  | 860,045.                     | 2079172.                        | 8716467.        |
| 2    | Tax revenues levied for the organ-                                |                       |                     |                           |                              |                                 |                 |
|      | ization's benefit and either paid to                              |                       |                     |                           |                              |                                 |                 |
|      | or expended on its behalf   |                       |                     |                           |                              |                                 |                 |
| 3    | The value of services or facilities                               |                       |                     |                           |                              |                                 |                 |
|      | furnished by a governmental unit to                               |                       |                     |                           |                              |                                 |                 |
| -    | the organization without charge                                   | 3000071               | 356 660             | 2331711.                  | 860 045                      | 2070172                         | 8716167         |
|      | Total. Add lines 1 through 3                                      | 3088871.              | 356,668.            | 2331/11.                  | 860,045.                     | 2079172.                        | 8716467.        |
| 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)                               |                       |                     |                           |                              |                                 | 3550530.        |
| 6    |   |                       |                     |                           |                              |                                 | 5165937.        |
|      | Public support. Subtract line 5 from line 4.                      |                       |                     |                           |                              |                                 | 5105957.        |
|      | ndar year (or fiscal year beginning in)                           | (a) 2018              | <b>(b)</b> 2019     | (c) 2020                  | (d) 2021                     | (e) 2022                        | (f) Total       |
|      | Amounts from line 4   | 3088871.              | 356,668.            | 2331711.                  | 860,045.                     | 2079172.                        | 8716467.        |
|      | Gross income from interest,                                       | 50000710              |                     | 2001/110                  | 000,0150                     | 20,91,20                        | 0/1010/0        |
| 0    | dividends, payments received on                                   |                       |                     |                           |                              |                                 |                 |
|      | securities loans, rents, royalties,                               |                       |                     |                           |                              |                                 |                 |
|      | and income from similar sources                                   | 1029056.              | 1264985.            | 880,990.                  | 1098840.                     | 897,758.                        | 5171629.        |
| 9    | Net income from unrelated business                                | 10190000              | 11019001            |                           |                              |                                 | 01/101/         |
| 5    | activities, whether or not the                                    |                       |                     |                           |                              |                                 |                 |
|      | business is regularly carried on                                  |                       |                     |                           |                              |                                 |                 |
| 10   | Other income. Do not include gain                                 |                       |                     |                           |                              |                                 |                 |
| 10   | or loss from the sale of capital                                  |                       |                     |                           |                              |                                 |                 |
|      | assets (Explain in Part VI.)                                      |                       |                     |                           |                              |                                 |                 |
| 11   | Total support. Add lines 7 through 10                             |                       |                     |                           |                              |                                 | 13888096.       |
|      | Gross receipts from related activities,                           | etc. (see instructio  | uns)                |                           |                              | 12                              |                 |
|      | First 5 years. If the Form 990 is for th                          |                       | ,                   |                           |                              |                                 |                 |
|      | organization, check this box and <b>stop</b>                      |                       |                     |                           |                              |                                 |                 |
| Sec  | ction C. Computation of Publi                                     |                       |                     |                           |                              |                                 |                 |
|      | Public support percentage for 2022 (I                             |                       |                     | olumn (f))                |                              | 14                              | 37.20 %         |
|      | Public support percentage from 2021                               |                       | -                   |                           |                              | 15                              | 39.26 %         |
|      | 33 1/3% support test - 2022. If the o                             |                       |                     |                           |                              | ore, check this bo>             | and             |
|      | stop here. The organization qualifies                             | as a publicly suppo   | orted organization  |                           |                              |                                 | X               |
| b    | 33 1/3% support test - 2021. If the o                             | organization did no   | t check a box on l  |                           |                              |                                 |                 |
|      | and stop here. The organization qual                              | ifies as a publicly s | upported organiza   | ation                     |                              |                                 |                 |
| 17a  | 10% -facts-and-circumstances test                                 |                       |                     |                           |                              |                                 |                 |
|      | and if the organization meets the fact                            | s-and-circumstance    | es test, check this | box and stop her          | <b>re.</b> Explain in Part   | VI how the organiz              | ation           |
|      | meets the facts-and-circumstances te                              | st. The organizatio   | n qualifies as a pu | blicly supported or       | rganization                  | -                               |                 |
| b    | 10% -facts-and-circumstances test                                 | - 2021. If the org    | anization did not c | heck a box on line        | e 13, 16a, 16b, or 1         | 7a, and line 15 is <sup>-</sup> | 10% or          |
|      | more, and if the organization meets the                           | ne facts-and-circum   | stances test, cheo  | ck this box and <b>st</b> | t <b>op here.</b> Explain ii | n Part VI how the               |                 |
|      | organization meets the facts-and-circu                            | umstances test. Th    | e organization qua  | alifies as a publicly     | supported organiz            | ation                           |                 |
| 18   | Private foundation. If the organization                           | on did not check a l  | box on line 13, 16a | a, 16b, 17a, or 17b       | , check this box a           | nd see instructions             |                 |
|      |   |                       |                     |                           |                              | Schedule A                      | (Form 990) 2022 |

232022 12-09-22

|          | (Form 990) 2022  |              |             |                 | FOUNDATION,    | INC. | 51-0168751 | Page 3 |
|----------|------------------|--------------|-------------|-----------------|----------------|------|------------|--------|
| Part III | Support Schedule | e for Organi | izations De | escribed in Sec | tion 509(a)(2) |      |            |        |

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

| Sec  | ction A. Public Support  |                      |                     |                      |                     |                 |                                       |
|------|--|----------------------|---------------------|----------------------|---------------------|-----------------|---------------------------------------|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2018             | <b>(b)</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,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                      |                     |                      |                     |                 |                                       |
| 3    | Gross receipts from activities that  |                      |                     |                      |                     |                 |                                       |
|      | are not an unrelated trade or bus-<br>iness under section 513  |                      |                     |                      |                     |                 |                                       |
| л    | Tax revenues levied for the organ-   |                      |                     |                      |                     |                 |                                       |
| -    | ization's benefit and either paid to<br>or expended on its behalf  |                      |                     |                      |                     |                 |                                       |
| 5    | The value of services or facilities  |                      |                     |                      |                     |                 |                                       |
| J    | furnished by a governmental unit to  |                      |                     |                      |                     |                 |                                       |
|      | the organization without charge  |                      |                     |                      |                     |                 |                                       |
|      | 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<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                      |                     |                      |                     |                 |                                       |
| c    | Add lines 7a and 7b  |                      |                     |                      |                     |                 |                                       |
|      | Public support. (Subtract line 7c from line 6.)  |                      |                     |                      |                     |                 |                                       |
|      | ndar year (or fiscal year beginning in)  | (a) 2018             | <b>(b)</b> 2019     | (c) 2020             | (d) 2021            | (e) 2022        | (f) Total                             |
|      | Amounts from line 6  |                      |                     | (0) 2020             | (0) 2021            |                 |                                       |
|      | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>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<br>activities not included on line 10b,<br>whether or not the business is<br>regularly carried on   |                      |                     |                      |                     |                 |                                       |
| 12   | Other income. Do not include gain<br>or loss from the sale of capital<br>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  | he organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 601(c)(3) organ | ization,                              |
|      | check this box and stop here   |                      |                     |                      |                     |                 |                                       |
| Sec  | ction C. Computation of Publ   | ic Support Per       | centage             |                      |                     |                 |                                       |
|      | Public support percentage for 2022 (   |                      | •                   | column (f))          |                     | 15              | %                                     |
|      | Public support percentage from 2021  |                      |                     |                      |                     | 16              | %                                     |
|      | ction D. Computation of Inves  |                      |                     |                      |                     |                 |                                       |
|      | Investment income percentage for <b>2</b><br>Investment income percentage from   |                      |                     |                      |                     | 17<br>18        | <u>%</u><br>%                         |
|      | 33 1/3% support tests - 2022. If the   |                      |                     |                      |                     |                 |                                       |
|      | more than 33 1/3%, check this box a  |                      |                     |                      |                     |                 |                                       |
| b    | <b>33 1/3% support tests - 2021.</b> If the  | -                    | •                   |                      |                     |                 | 3%, and                               |
| ~    | line 18 is not more than 33 1/3%, che  | -                    |                     |                      |                     |                 |                                       |
| 20   | <b>Private foundation.</b> If the organization   |                      |                     |                      |                     |                 |                                       |
|      | 23 12-09-22  |                      |                     | , , ,                |                     |                 | ule A (Form 990) 2022                 |
| 2.54 |  |                      | 16                  |                      |                     |                 | · · · · · · · · · · · · · · · · · · · |

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2022.04010 POLK COUNTY COMMUNITY FOU 30013251

## Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

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

17

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Yes No

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2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

#### Schedule A (Form 990) 2022 POLK COUNTY COMMUNITY FOUNDATION, INC. 51-0168751 Page 5 Part IV Supporting Organizations (continued)

|     |  |     | Yes | No |
|-----|--|-----|-----|----|
| 11  | Has the organization accepted a gift or contribution from any of the following persons?                            |     |     |    |
| а   | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and     |     |     |    |
|     | 11c below, the governing body of a supported organization?   | 11a |     |    |
| b   | A family member of a person described on line 11a above?   | 11b |     |    |
| с   | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide |     |     |    |
|     | detail in Part VI.   | 11c |     |    |
| Sec | tion 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</i> "No," <i>describe in</i> <b>Part VI</b> <i>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</i> |   |  |
|-----|--|---|--|
|     | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1 |  |
| 2   | Did the organization operate for the benefit of any supported organization other than the supported  |   |  |
|     | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in   |   |  |
|     | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,  |   |  |
|     | supervised, or controlled the supporting organization.   | 2 |  |
| Sec | tion C. Type II Supporting Organizations   |   |  |

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

| 000 | and b. An Type in Supporting Organizations   |
|-----|--|
|     |  |
| 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? If "No " explain in Part VI how     |

|   |   |   | 1 |
|---|---|---|---|
|   | the organization maintained a close and continuous working relationship with the supported organization(s).     | 2 |   |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a |   |   |
|   | significant voice in the organization's investment policies and in directing the use of the organization's      |   | ł |
|   | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's    |   |   |

#### <u>supported organizations played in this regard.</u> 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) |      |
|---|---|--------------------|------|
|   | Check the box hext to the method that the organization used to satisfy the integral Part rest during the year |                    | /= I |

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

| с |  | The organization supported a governmental entity. | Describe in Part VI how you supported a governmental entity (see instructions) |  |
|---|--|---|--|--|
|---|--|---|--|--|

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 

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Yes

Yes No

1

3

No

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| Sche | dule A (Form 990) 2022 POLK COUNTY COMMUNITY F                                 | OUNDA        | TION, INC.                      | 51-0168751 Page 6                |  |  |  |
|------|--|--------------|---------------------------------|----------------------------------|--|--|--|
| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Supportin                  | ig Orgai     | nizations                       |                                  |  |  |  |
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifyin | ig trust on  | Nov. 20, 1970 ( <i>explai</i> l | n in Part VI). See instructions. |  |  |  |
|      | All other Type III non-functionally integrated supporting organizations must   | t complete   | e Sections A through E.         |                                  |  |  |  |
| Sect | 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            |                                 |                                  |  |  |  |
| Sect | ion B - Minimum Asset Amount   |              | (A) Prior Year                  | (B) Current Year<br>(optional)   |  |  |  |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                  |              |                                 |                                  |  |  |  |
|      | instructions for short tax year or assets held for part of year):              |              |                                 |                                  |  |  |  |
| a    | Average monthly value of securities  | 1a           |                                 |                                  |  |  |  |
| b    | Average monthly cash balances  | 1b           |                                 |                                  |  |  |  |
| C    | Fair market value of other non-exempt-use assets                               | 1c           |                                 |                                  |  |  |  |
| d    | Total (add lines 1a, 1b, and 1c)   | 1d           |                                 |                                  |  |  |  |
| е    | Discount claimed for blockage or other factors                                 |              |                                 |                                  |  |  |  |
|      | (explain in detail in Part VI):  |              |                                 |                                  |  |  |  |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                   | 2            |                                 |                                  |  |  |  |
| 3    | Subtract line 2 from line 1d.  | 3            |                                 |                                  |  |  |  |
| 4    | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,    |              |                                 |                                  |  |  |  |
|      | see instructions).   | 4            |                                 |                                  |  |  |  |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)               | 5            |                                 |                                  |  |  |  |
| 6    | Multiply line 5 by 0.035.  | 6            |                                 |                                  |  |  |  |
| 7    | Recoveries of prior-year distributions   | 7            |                                 |                                  |  |  |  |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                    | 8            |                                 |                                  |  |  |  |
| Sect | ion C - Distributable Amount   |              |                                 | Current Year                     |  |  |  |
| 1    | Adjusted net income for prior year (from Section A, line 8, column A)          | 1            |                                 |                                  |  |  |  |
| 2    | Enter 0.85 of line 1.  | 2            |                                 |                                  |  |  |  |
| 3    | Minimum asset amount for prior year (from Section B, line 8, column A)         | 3            |                                 |                                  |  |  |  |
| 4    | Enter greater of line 2 or line 3.   | 4            |                                 |                                  |  |  |  |
| 5    | Income tax imposed in prior year   | 5            |                                 |                                  |  |  |  |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to           |              |                                 |                                  |  |  |  |
|      | emergency temporary reduction (see instructions).                              | 6            |                                 |                                  |  |  |  |
| 7    | Check here if the current year is the organization's first as a non-functional | lly integrat | ted Type III supporting         | organization (see                |  |  |  |

instructions).

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| POLK | COUNTY | COMMUNITY | FOUNDATION, | INC. | 5 |
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|       |  | OMMUNITY FOUND                | · /                                   |      | 1-0168751                              | Page 7 |
|-------|--|-------------------------------|---------------------------------------|------|--|--------|
| Par   |  | a)(3) Supporting Org          | anizations (continu                   | ued) | 1                                      |        |
| Secti | on D - Distributions   |                               |                                       |      | Current Yea                            | ır     |
| _1    | Amounts paid to supported organizations to accomplish exer                   | mpt purposes                  |                                       | 1    |  |        |
| 2     | Amounts paid to perform activity that directly furthers exemp                | t purposes of supported       |                                       |      |  |        |
|       | organizations, in excess of income from activity                             |                               | 2                                     |      |  |        |
| 3     | Administrative expenses paid to accomplish exempt purpose                    | IS                            | 3                                     |      |  |        |
| 4     | Amounts paid to acquire exempt-use assets                                    |                               |                                       | 4    |  |        |
| 5     | Qualified set-aside amounts (prior IRS approval required - pro               | ovide details in Part VI)     |                                       | 5    |  |        |
| 6     | Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions. |                               |                                       | 6    |  |        |
| 7     | Total annual distributions. Add lines 1 through 6.                           |                               |                                       | 7    |  |        |
| 8     | Distributions to attentive supported organizations to which the              | ne organization is responsive | e                                     |      |  |        |
|       | (provide details in Part VI). See instructions.                              |                               |                                       | 8    |  |        |
| 9     | Distributable amount for 2022 from Section C, line 6                         |                               |                                       | 9    |  |        |
| 10    | Line 8 amount divided by line 9 amount                                       |                               | 1                                     | 10   |  |        |
| Secti | on E - Distribution Allocations (see instructions)                           | (i)<br>Excess Distributions   | (ii)<br>Underdistribution<br>Pre-2022 | ns   | (iii)<br>Distributabl<br>Amount for 20 |        |
| 1     | Distributable amount for 2022 from Section C, line 6                         |                               |                                       |      |  |        |
| 2     | Underdistributions, if any, for years prior to 2022 (reason-                 |                               |                                       |      |  |        |
|       | able cause required - explain in Part VI). See instructions.                 |                               |                                       |      |  |        |
| 3     | Excess distributions carryover, if any, to 2022                              |                               |                                       |      |  |        |
| а     | From 2017  |                               |                                       |      |  |        |
| b     | From 2018  |                               |                                       |      |  |        |
| с     | From 2019  |                               |                                       |      |  |        |
| d     | From 2020  |                               |                                       |      |  |        |
| е     | From 2021  |                               |                                       |      |  |        |
| f     | Total of lines 3a through 3e   |                               |                                       |      |  |        |
| g     | Applied to underdistributions of prior years                                 |                               |                                       |      |  |        |
|       | Applied to 2022 distributable amount   |                               |                                       |      |  |        |
| i     | Carryover from 2017 not applied (see instructions)                           |                               |                                       |      |  |        |
| i     | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                       |                               |                                       |      |  |        |
| 4     | Distributions for 2022 from Section D,                                       |                               |                                       |      |  |        |
|       | line 7: \$   |                               |                                       |      |  |        |
| а     | Applied to underdistributions of prior years                                 |                               |                                       |      |  |        |
|       | Applied to 2022 distributable amount   |                               |                                       |      |  |        |
|       | Remainder. Subtract lines 4a and 4b from line 4.                             |                               |                                       |      |  |        |
| 5     | Remaining underdistributions for years prior to 2022, if                     |                               |                                       |      |  |        |
|       | any. Subtract lines 3g and 4a from line 2. For result greater                |                               |                                       |      |  |        |
|       | than zero, explain in Part VI. See instructions.                             |                               |                                       |      |  |        |
| 6     | Remaining underdistributions for 2022. Subtract lines 3h                     |                               |                                       |      |  |        |
| •     | and 4b from line 1. For result greater than zero, explain in                 |                               |                                       |      |  |        |
|       | Part VI. See instructions.   |                               |                                       |      |  |        |
| 7     | Excess distributions carryover to 2023. Add lines 3j                         |                               |                                       |      |  |        |
| •     | and 4c.  |                               |                                       |      |  |        |
| 8     | Breakdown of line 7:   |                               |                                       |      |  |        |
|       | Excess from 2018   |                               |                                       |      |  |        |
|       | Excess from 2019   |                               |                                       |      |  |        |
|       | Excess from 2020   |                               |                                       |      |  |        |
|       | Excess from 2021   |                               |                                       |      |  |        |
|       | Excess from 2022   |                               |                                       |      |  |        |
| ~     |  |                               |                                       |      |  |        |

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|---|---|---|--|--|---|---|---|---|--|
| Part IV, Section A, Iin<br>line 1; Part IV, Section<br>Section D, lines 5, 6, | es 1, 2, 3b, 3c,<br>n D, lines 2 and                                  | 4b, 4c, 5a, 6<br>3; Part IV, S  | , 9a, 9b, 9c,<br>ection E, line  | 11a, 11b, a<br>s 1c, 2a, 2t  | nd 11c; Pa<br>5, 3a, and 3  | rt IV, Sect<br>8b; Part V,  | ion B, lines<br>line 1; Part  | 1 and 2; Part IV,<br>V, Section B, lin  | Section C,<br>e 1e; Part V,  |
| (See instructions.)   |   |   |  |  |   |   |   |   |  |
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|   |   |   |  |  |   |   |   |   |  |
|   |   |   |  |  |   |   |   |   |  |
|   | Supplemental In<br>Part IV, Section A, lin<br>line 1; Part IV, Sectio | Supplemental Information.<br>Part IV, Section A, lines 1, 2, 3b, 3c,<br>line 1; Part IV, Section D, lines 2 and<br>Section D, lines 5, 6, and 8; and Part | Supplemental Information. Provide the e<br>Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6<br>line 1; Part IV, Section D, lines 2 and 3; Part IV, S<br>Section D, lines 5, 6, and 8; and Part V, Section E | <b>Supplemental Information.</b> Provide the explanations<br>Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c,<br>line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, line<br>Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, a | <b>Supplemental Information.</b> Provide the explanations required by Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, a line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2t Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also | <b>Supplemental Information.</b> Provide the explanations required by Part II, line<br>Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Par<br>line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3<br>Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete the | <b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sect line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for | <b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section B, lines 2, and 8; an | <b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, lin 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, 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 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. |

#### 223451 11-15-22

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY \*\*

# 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

Employer identification number

|                       | POLK COUNTY COMMUNITY FOUNDATION, INC.   | 51-0168751 |
|-----------------------|--|------------|
| Organization type (ch | eck one):  |            |
| Filers of:            | Section:   |            |
| Form 990 or 990-EZ    | $\fbox$ 501(c)( 3 ) (enter number) organization                                  |            |
|                       | 4947(a)(1) nonexempt charitable trust <b>not</b> 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            |            |
|                       |  |            |

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

501(c)(3) taxable private foundation

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

#### **General Rule**

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

#### Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

# POLK COUNTY COMMUNITY FOUNDATION, INC.

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | l space is needed.         |  |
|------------|---|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |   | \$ <u>101,571.</u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 2          |   | \$87,295.                  | Person<br>Payroll<br>Noncash X<br>(Complete Part II for noncash contributions.)      |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 3          |   | \$ <u>750,000.</u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 4          |   | \$ <u>938,295.</u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 5          |   | \$ <u>115,918.</u>         | Person X<br>Payroll<br>Noncash X<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |   | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)     |

51-0168751

223452 11-15-22

14130821 797738 3001325467

| POLK                         | COUNTY COMMUNITY FOUNDATION, INC. 51-0168751                              |   |                      |  |  |  |
|------------------------------|---|---|----------------------|--|--|--|
| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part II if a | dditional space is needed.                      |                      |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |  |  |  |
| 2                            | 300 SHARES OF BERKSHIRE HATHAWAY  |   |                      |  |  |  |
|                              |   | \$87,295.                                       | 08/23/22             |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |  |  |  |
| 5                            | 160 SHARES OF ITW, 50 SHARES OF VUG, AND 137 SHARES OF<br>ITW, INC.       |   |                      |  |  |  |
|                              |   | \$112,918.                                      |                      |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |  |  |  |
|                              |   | \$  |                      |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |  |  |  |
|                              |   | \$  |                      |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |  |  |  |
|                              |   | \$  |                      |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |  |  |  |
|                              |   | \$  |                      |  |  |  |
|                              |   | · · · · · · · · · · · · · · · · · · ·           | I                    |  |  |  |

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Schedule B (Form 990) (2022)

## 14130821 797738 3001325467

2022.04010 POLK COUNTY COMMUNITY FOU 30013251

Employer identification number

| Schedule                  | B (Form 990) (2022)   |   | Page 4   |  |  |  |  |
|---------------------------|---|---|--|--|--|--|--|
| Name of c                 | organization  |   | Employer identification number   |  |  |  |  |
| POLK                      | COUNTY COMMUNITY FOUNDA   | TTON TNC.   | 51-0168751   |  |  |  |  |
| Part III                  | Exclusively religious, charitable, etc., contribut<br>from any one contributor. Complete columns (a | ions to organizations described in sec<br>) through (e) and the following line entr<br>charitable, etc., contributions of \$1,000 or le | tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year |  |  |  |  |
| (a) No.<br>from           | (b) Purpose of gift   | (c) Use of gift   | (d) Description of how gift is held                                    |  |  |  |  |
| Part I                    |   |   |  |  |  |  |  |
|                           |   | (e) Transfer of gift  |  |  |  |  |  |
|                           | Transferee's name, address, a   | and ZIP + 4   | Relationship of transferor to transferee                               |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift   | (d) Description of how gift is held                                    |  |  |  |  |
|                           |   |   |  |  |  |  |  |
|                           | (e) Transfer of gift  |   |  |  |  |  |  |
|                           | Transferee's name, address, a   | and ZIP + 4   | Relationship of transferor to transferee                               |  |  |  |  |
| (a) No                    |   |   |  |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift   | (d) Description of how gift is held                                    |  |  |  |  |
|                           |   |   |  |  |  |  |  |
|                           | Transferee's name, address, a   | (e) Transfer of gift<br>and ZIP + 4   | Relationship of transferor to transferee                               |  |  |  |  |
|                           |   |   | ·  |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift   | (d) Description of how gift is held                                    |  |  |  |  |
|                           |   |   |  |  |  |  |  |
|                           |   | e) Transfer of gift   | I  |  |  |  |  |
|                           | Transferee's name, address, a   | and ZIP + 4   | Relationship of transferor to transferee                               |  |  |  |  |
|                           |   |   |  |  |  |  |  |
| 223454 11-1               | 5-22  |   | Schedule B (Form 990) (2022)   |  |  |  |  |

# 14130821 797738 3001325467

26 2022.04010 POLK COUNTY COMMUNITY FOU 30013251

| (Form 9 | 990) |
|---------|------|
|---------|------|

# **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.



Department of the Treasury Internal Revenue Service

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

| Nam | e of the organization<br>POLK COUNTY COMMUNI   | TY FOUNDATION, INC.                           |           | Employer identification number $51 - 0168751$ |
|-----|--|---|-----------|---|
| Pa  |  |   | or Acc    |   |
|     | organization answered "Yes" on Form 990, Part IV, line   | e 6.  |           |   |
|     |  | (a) Donor advised funds                       | (b        | ) Funds and other accounts                    |
| 1   | Total number at end of year  | 13  |           |   |
| 2   | Aggregate value of contributions to (during year)  | 120,016.                                      |           |   |
| 3   | Aggregate value of grants from (during year)   | 163,009.                                      |           |   |
| 4   | Aggregate value at end of year   | 399,531.                                      |           |   |
| 5   | Did the organization inform all donors and donor advisors in w   | riting that the assets held in donor advise   | d funds   | ;   |
|     | are the organization's property, subject to the organization's e   | exclusive legal control?                      |           | X Yes No                                      |
| 6   | Did the organization inform all grantees, donors, and donor ac   | dvisors in writing that grant funds can be u  | ised on   | ly  |
|     | for charitable purposes and not for the benefit of the donor or  | donor advisor, or for any other purpose c     | onferrin  |   |
|     | impermissible private benefit?   |   |           |   |
| Pa  | rt II Conservation Easements. Complete if the org  | anization answered "Yes" on Form 990, P       | art IV, I | ine 7.  |
| 1   | Purpose(s) of conservation easements held by the organizatio   | n (check all that apply).                     |           |   |
|     | Preservation of land for public use (for example, recreat  | ion or education) Preservation of a           | a histor  | ically important land area                    |
|     | Protection of natural habitat  | Preservation of a                             | a certifi | ed historic structure                         |
|     | Preservation of open space   |   |           |   |
| 2   | Complete lines 2a through 2d if the organization held a qualified  | ed conservation contribution in the form o    | f a con   |   |
|     | day of the tax year.   |   |           | Held at the End of the Tax Year               |
| а   | Total number of conservation easements   |   |           | 2a  |
| b   | Total acreage restricted by conservation easements   |   |           | 2b  |
| С   | Number of conservation easements on a certified historic stru  | cture included in (a)                         |           | 2c  |
| d   | Number of conservation easements included in (c) acquired at   | fter July 25,2006, and not on a               |           |   |
|     |  |   | _         | 2d  |
| 3   | Number of conservation easements modified, transferred, rele   | eased, extinguished, or terminated by the o   | organiz   | ation during the tax                          |
|     | year   |   |           |   |
| 4   | Number of states where property subject to conservation ease   |   |           |   |
| 5   | Does the organization have a written policy regarding the period   | odic monitoring, inspection, handling of      |           |   |
|     | violations, and enforcement of the conservation easements it   |   |           |   |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, h   | nandling of violations, and enforcing conse   | ervation  | easements during the year                     |
|     |  |   |           |   |
| 7   | Amount of expenses incurred in monitoring, inspecting, handl   | ing of violations, and enforcing conservation | on ease   | ements during the year                        |
| -   |  |   |           |   |
| 8   | Does each conservation easement reported on line 2(d) above  |   |           |   |
| -   | and section 170(h)(4)(B)(ii)?  |   |           | Yes No  |
| 9   | In Part XIII, describe how the organization reports conservatio  |   |           |   |
|     | balance sheet, and include, if applicable, the text of the footno  | ote to the organization's financial statemer  | nts that  | describes the                                 |
| Da  | organization's accounting for conservation easements.<br>rt III Organizations Maintaining Collections of | Art Historical Treasures or Oth               | or Si     | nilar Assats                                  |
| Ia  |  |   |           | midi Assets.                                  |
| 4.  | Complete if the organization answered "Yes" on Form  |   | الم الم   |   |
| 1a  | If the organization elected, as permitted under FASB ASC 958   |   |           |   |
|     | of art, historical treasures, or other similar assets held for publ                                      |   |           |   |
|     | service, provide in Part XIII the text of the footnote to its finance                                    |   |           |   |
| a   | If the organization elected, as permitted under FASB ASC 958   | s, to report in its revenue statement and ba  | aiances   |   |

art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$

| LHA | For Paperwork Reduction Act Notice, see the Instructions for Form 990.   | Schedule D (Form 990) 2022 |
|-----|--|----------------------------|
| b   | Assets included in Form 990, Part X  | \$                         |
| а   | Revenue included on Form 990, Part VIII, line 1  | \$                         |
|     | the following amounts required to be reported under FASB ASC 958 relating to these items:                                    |                            |
| 2   | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide | le                         |
|     | (ii) Assets included in Form 990, Part X   | \$                         |
|     |  | *                          |

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2022.04010 POLK COUNTY COMMUNITY FOU 30013251

|          | dule D (Form 990) 2022 POLK COI   | UNTY COMMUN                      |             |                            |               |           |                      | <u>51-01</u><br>ar Assets |                 |                  | age <b>2</b> |
|----------|---|----------------------------------|-------------|----------------------------|---------------|-----------|----------------------|---------------------------|-----------------|------------------|--------------|
|          |   |                                  |             |                            |               |           |                      |                           | Contil          | iuea)            |              |
| 3        | Using the organization's acquisition, accessio                                      | on, and other records            | s, cneck a  | any of the fo              | ollowing that | make s    | ignificant           | use of its                |                 |                  |              |
|          | collection items (check all that apply):  |                                  | ┌┐.         |                            |               |           |                      |                           |                 |                  |              |
| а        | Public exhibition   | d                                |             |                            | nange progra  |           |                      |                           |                 |                  |              |
| b        |   |                                  |             |                            |               |           |                      |                           |                 |                  |              |
| С        | Preservation for future generations   |                                  |             |                            |               |           |                      |                           |                 |                  |              |
| 4        | Provide a description of the organization's co                                      | ellections and explain           | how the     | ey further th              | e organizatic | on's exer | mpt purp             | ose in Part               | XIII.           |                  |              |
| 5        | During the year, did the organization solicit of                                    |                                  |             |                            |               |           |                      |                           | _               |                  | _            |
|          | to be sold to raise funds rather than to be ma                                      |                                  |             |                            |               |           |                      |                           | Yes             |                  | No           |
| Par      | t IV Escrow and Custodial Arrang<br>reported an amount on Form 990, Par             |                                  | ete if the  | organizatior               | n answered '  | 'Yes" or  | n Form 99            | 0, Part IV,               | line 9, or      |                  |              |
| 1a       | Is the organization an agent, trustee, custodia                                     | an or other intermedi            | arv for co  | ontributions               | or other ass  | sets not  | included             |                           |                 |                  |              |
|          | on Form 990, Part X?  |                                  |             |                            |               |           |                      | X                         | Yes             |                  | No           |
| h        | If "Yes," explain the arrangement in Part XIII a                                    |                                  |             |                            |               |           |                      |                           |                 | L                |              |
|          |   |                                  | owing ta    |                            |               |           |                      |                           | Amoun           | t                |              |
| ~        | Reginning balance   |                                  |             |                            |               |           | 1c                   |                           | 2,53            |                  | 37.          |
|          | Beginning balance   |                                  |             |                            |               |           |                      |                           | -32             |                  |              |
|          | Additions during the year   |                                  |             |                            |               |           |                      |                           |                 | $\frac{1}{3}, 1$ |              |
|          | Distributions during the year   |                                  |             |                            |               |           |                      |                           | 2,00            |                  |              |
|          | Ending balance  |                                  |             |                            |               |           |                      |                           | -               |                  | ] No         |
|          | Did the organization include an amount on Fo  |                                  |             |                            |               |           | IITY?                | ∟                         | Yes             |                  | J NO         |
| Par      | If "Yes," explain the arrangement in Part XIII.<br>t V Endowment Funds. Complete it |                                  |             |                            |               |           | 10                   |                           |                 |                  |              |
| I UI     |   | (a) Current year                 |             |                            | (c) Two year  |           |                      | voare back                | (e) Fou         | voore            | back         |
|          |   |                                  |             | ior year                   | ., ,          |           |                      | years back                |                 | -                |              |
|          | Beginning of year balance   | 10,698,090.                      | 10,         | 698,090.                   | 10,698        | 8,090.    | 10,                  | 698,090.                  | 10              | 698,             | 090.         |
|          | Contributions   |                                  |             |                            |               |           |                      |                           |                 |                  |              |
|          | Net investment earnings, gains, and losses  |                                  |             |                            |               |           |                      |                           |                 |                  |              |
| d        | Grants or scholarships  |                                  |             |                            |               |           |                      |                           |                 |                  |              |
| е        | Other expenditures for facilities   |                                  |             |                            |               |           |                      |                           |                 |                  |              |
|          | and programs  |                                  |             |                            |               |           |                      |                           |                 |                  |              |
| f        | Administrative expenses   |                                  |             |                            |               |           |                      |                           |                 |                  |              |
| g        | End of year balance   | 10,698,090.                      | 10,         | 698,090.                   | 10,698        | 8,090.    | 10,                  | 698,090.                  | 10              | 698,             | 090.         |
| 2        | Provide the estimated percentage of the curr  | ent year end balance             | e (line 1g, | column (a)                 | ) held as:    |           |                      |                           |                 |                  |              |
| а        | Board designated or quasi-endowment   |                                  | %           |                            |               |           |                      |                           |                 |                  |              |
| b        | Permanent endowment 100   | %                                | _           |                            |               |           |                      |                           |                 |                  |              |
| с        | Term endowment  | <u></u> ^%                       |             |                            |               |           |                      |                           |                 |                  |              |
| -        | The percentages on lines 2a, 2b, and 2c show  | uld equal 100%.                  |             |                            |               |           |                      |                           |                 |                  |              |
| 3a       | Are there endowment funds not in the posses   | •                                | tion that   | are held an                | d administer  | ed for th | he                   |                           |                 |                  |              |
| 00       | organization by:  | solori or the organiza           |             | are nota an                |               |           | 10                   |                           |                 | Yes              | No           |
|          | (i) Unrelated organizations   |                                  |             |                            |               |           |                      |                           | 3a(i)           |                  | X            |
|          |   |                                  |             |                            |               |           |                      |                           | 3a(ii)          | Х                |              |
| <b>b</b> | (ii) Related organizations<br>If "Yes" on line 3a(ii), are the related organiza     | tiona listad os roquir           |             | <br>hadula D2              |               |           |                      |                           |                 | X                |              |
|          |   |                                  |             |                            |               |           |                      |                           | 30              | 21               |              |
| 4<br>Par | Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm     |                                  | vment tu    | nas.                       |               |           |                      |                           |                 |                  |              |
| 1 41     | Complete if the organization answered   |                                  | Dort IV     | line 11e S                 | 000 Earm 000  | Dort V    | line 10              |                           |                 |                  |              |
|          | · · ·   |                                  |             |                            |               |           |                      |                           | <i></i>         |                  |              |
|          | Description of property   | (a) Cost or of<br>basis (investm |             | <b>(b)</b> Cost<br>basis ( |               |           | ccumula<br>preciatio |                           | ( <b>d)</b> Boo | k valu           | e            |
| 1a       | Land  |                                  |             |                            |               |           |                      |                           |                 |                  |              |
| b        | Buildings   |                                  |             | 62                         | 8,301.        |           | <u>326,3</u>         | 76.                       | 30              | 1,9              | 25.          |
|          | Leasehold improvements  |                                  |             |                            |               |           |                      |                           |                 |                  |              |
|          | Equipment   |                                  |             | 12                         | 9,529.        |           | 107,0                | 91.                       | 2               | 2,4              | 38.          |
|          | Other   |                                  |             |                            | 0,512.        |           | 97,8                 |                           |                 | 2,6              |              |
|          | . Add lines 1a through 1e. (Column (d) must e                                       |                                  | X colum     |                            |               |           | -                    |                           |                 | 6,9              |              |
|          |   | gaari onn 000, i all /           |             |                            | <u>vy</u>     |           |                      |                           |                 |                  |              |

Schedule D (Form 990) 2022

|   | COMMUNITY FO               | UNDATION,           | INC. 5                 | 1-0168751 Page 3        |
|---|----------------------------|---------------------|------------------------|-------------------------|
| Part VII Investments - Other Securities.  |                            |                     |                        |                         |
| Complete if the organization answered "Yes  |                            | 1                   |                        |                         |
| (a) Description of security or category (including name of security)  | (b) Book value             | (c) Method of       | valuation: Cost or e   | nd-of-year market value |
| (1) Financial derivatives   |                            |                     |                        |                         |
| (2) Closely held equity interests   |                            |                     |                        |                         |
| (3) Other   |                            |                     |                        |                         |
| (A) MUTUAL FUNDS  | 55,731,583.                | END-OF-             | YEAR MARKE             | T VALUE                 |
| (B)   |                            |                     |                        |                         |
| (C)   |                            |                     |                        |                         |
| (D)   |                            |                     |                        |                         |
| (E)   |                            |                     |                        |                         |
| (F)   |                            |                     |                        |                         |
| <u>(G)</u>  |                            |                     |                        |                         |
| (H)<br>Tetel (Col. (b) must source Form 2000, Dart V, col. (D) line 10.)  | 55,731,583.                |                     |                        |                         |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" |                            | 11c See Form 990    | ) Part X line 13       |                         |
| (a) Description of investment   | (b) Book value             |                     |                        | nd-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) lin  | ne 15.)                    |                     |                        |                         |
| Part X Other Liabilities.   | en Farma 000 Dart IV/ line | 11                  |                        |                         |
| Complete if the organization answered "Yes"<br><b>1.</b> (a) Description of liability   | on Form 990, Part IV, line | The or Thi. See For | 111 990, Part X, III 2 | (b) Book value          |
|   |                            |                     |                        |                         |
| (1) Federal income taxes<br>(2) DUE TO OTHER ORGANIZATION   |                            |                     |                        | 2,541,867.              |
|   | ۵                          |                     |                        | 1,322,764.              |
|   |                            |                     |                        | 1,522,704.              |
| (4)   |                            |                     |                        |                         |
| (5)<br>(6)  |                            |                     |                        |                         |
| (7)   |                            |                     |                        |                         |
| (8)   |                            |                     |                        |                         |
| (9)   |                            |                     |                        |                         |
| Total. (Column (b) must equal Form 990. Part X. col. (B) lir  | ne 25 )                    |                     |                        | 3,864,631.              |
| <ol> <li>Liability for uncertain tax positions. In Part XIII, provid</li> </ol>   | ,                          |                     |                        |                         |
| organization's liability for uncertain tax positions unde   |                            | -                   |                        |                         |

Schedule D (Form 990) 2022

| _   | edule D (Form 990) 2022 POLK COUNTY COMMUNITY FOUN   |   |                |         | 0168751 <sub>Page</sub> 4                    |
|---|--|---|----------------|---------|--|
| Pa  | rt XI Reconciliation of Revenue per Audited Financial Stateme  | ents With I   | Revenue per Re | turn.   |  |
|   | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a   | a.  |                |         |  |
| 1   | Total revenue, gains, and other support per audited financial statements   |   |                | 1       | -6,549,180.                                  |
| 2   | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |   |                |         |  |
| а   | Net unrealized gains (losses) on investments   | . <b>2a - 1</b>   | .0,200,781.    |         |  |
| b   | Donated services and use of facilities   | 2b  |                |         |  |
| с   | Recoveries of prior year grants  | 2c  |                |         |  |
| d   | Other (Describe in Part XIII.)   | 2d  | 403,844.       |         |  |
| е   | Add lines 2a through 2d  |   |                | 2e      | <u>-9,796,937.</u>                           |
| 3   | Subtract line 2e from line 1   |   |                | 3       | 3,247,757.                                   |
| 4   | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   |   |                |         |  |
| а   | Investment expenses not included on Form 990, Part VIII, line 7b   | 4a  |                |         |  |
| b   | Other (Describe in Part XIII.)   | 4b  |                |         |  |
| с   | Add lines 4a and 4b  |   |                | 4c      | 0.   |
|   |  |   |                |         | 2 2/2 252                                    |
| 5   | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |   |                | 5       | 3,247,757.                                   |
| 5<br>Ра                                   | rt XII Reconciliation of Expenses per Audited Financial Statem   | ents With   | Expenses per F | •       |  |
| 5<br>Pa                                   | rt XII Reconciliation of Expenses per Audited Financial Statem<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 12a   | ents With<br>a.   | Expenses per l | Retur   | n.   |
| 5<br>Ра<br>1                              | rt XII Reconciliation of Expenses per Audited Financial Statem   | ents With<br>a.   | Expenses per l | •       |  |
|   | <b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:   | a.  | Expenses per l | Retur   | n.   |
| 1   | Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements  | a.  | Expenses per l | Retur   | n.   |
| 1   | <b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:   |   | Expenses per l | Retur   | n.   |
| 1   | <b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities   | 22 20 20 20 20 20 20 20 20 20 20 20 20 2  | Expenses per l | Retur   | n.   |
| 1<br>2<br>a<br>b                          | <b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses   | 2a 2b 2c 2c   | Expenses per l | Retur   | n.   |
| 1<br>2<br>a<br>b<br>c                     | <b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)  | 2a<br>2b<br>2c<br>2d  | Expenses per F | Retur   | n.<br>2,511,178.<br>0.                       |
| 1<br>2<br>b<br>c<br>d                     | <b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)  | 2a2b2c2d2d2d2d2d  | Expenses per F | 1       | n.<br>2,511,178.                             |
| 1<br>2<br>b<br>c<br>d<br>e                | <b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b>  | 2a2b2c2d2d2d2d2d  | Expenses per F | 1<br>2e | n.<br>2,511,178.<br>0.                       |
| 1<br>2<br>b<br>c<br>d<br>3                | TXII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b  | 2a 2b 2c 2d                                       | Expenses per F | 1<br>2e | n.<br>2,511,178.<br>0.                       |
| 1<br>2<br>6<br>6<br>6<br>8<br>3<br>4      | <b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:  | 2a 2b 2c 2d                                       | Expenses per F | 1<br>2e | n.<br>2,511,178.<br>0.<br>2,511,178.         |
| 1<br>2<br>3<br>4<br>4                     | <b>t XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b | 2a         2a           2b         2c           2c         2d           2d         2d | Expenses per F | Retur   | n.<br>2,511,178.<br>0.<br>2,511,178.<br>855. |
| 1<br>2<br>d<br>e<br>3<br>4<br>b<br>c<br>5 | <b>t XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)                 | 2a         2a           2b         2c           2c         2d           2d         2d | Expenses per F | Retur   | n.<br>2,511,178.<br>0.<br>2,511,178.         |

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 1B:

THE ORGANIZATION IS TRUSTEE TO SEVERAL CHARITABLE REMAINDER TRUSTS IN

WHICH IT IS NOT NAMED AS AN IRREVOCABLE BENEFICIARY. EACH TRUST HAS FILED

FORM 1041 FOR THE YEAR.

PART V, LINE 4:

TO GIVE GRANTS IN POLK COUNTY, NC FOR CHARITABLE, EDUCATIONAL, MEDICAL AND

## COMMUNITY BENEFIT PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) AND

170(C)(2) OF THE INTERNAL REVENUE CODE OF 1986 AND SUPPORT THE POLK COUNTY

COMMUNITY FOUNDATION.

PART X, LINE 2:

| Schedule D (Form 990) 2022 POLK COUNTY COMMUNITY FOUNDATION, INC. 51-0168751 Page 5 |
|---|
| Part XIII Supplemental Information (continued)                                      |
| THE FOUNDATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A             |
| CHARITABLE ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL           |
| REVENUE CODE (IRC) AND IS EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO              |
| SECTION 509(A)(2) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION           |
| FOR INCOME TAXES IS INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL             |
| STATEMENTS. THE FOUNDATION HAS DETERMINED THAT IT DOES NOT HAVE ANY                 |
| MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER 31, 2022           |
| OR 2021.  |
|   |
| PART XI, LINE 2D - OTHER ADJUSTMENTS:   |

CHANGE IN SPLIT INTEREST

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES FROM CHARITABLE REMAINDER TRUST AND OTHER TRUSTS

REPORTED ON TRUST

855.

403,844.

Schedule D (Form 990) 2022

|              |   | ranswered res  | on Form 990, Par  | <b>ted States</b><br>t IV, line 21 or 22.  |  | 2022  |
|--------------|---|--|---|--|--|---|
|              | Go to www.irs   | Attach to Form<br>.gov/Form990 for   |   | ation.   |  | Open to Public<br>Inspection  |
| Y COMMUN     | ITY FOUNDAT:  | ION, INC.  |   |  |  | Employer identification number 51-0168751   |
| d Assistance |   |  |   |  |  |   |
| ance?        |   |  |   |  |  |   |
|              |   |  |   |  |  |   |
| -            |   |  |   | anization answered "Y  | es" on Form 990, Part  | IV, line 21, for any  |
| (b) EIN      | (c) IRC section<br>(if applicable)  | (d) Amount of<br>cash grant  | (e) Amount of<br>noncash<br>assistance  | <b>(f)</b> Method of<br>valuation (book,<br>FMV, appraisal,<br>other)  | (g) Description of noncash assistance  | (h) Purpose of grant<br>or assistance   |
| 56-0554222   | 501 (C) (3)   | 8,000.   | 0.  |  |  | GENERAL OPERATING<br>EXPENSES FOR THE HOSPITAL  |
| 30-0356647   | 501 (C) (3)   | 16 500   | 0   |  |  | CONCERTS  |
|              |   | 11,946.  | 0.  |  |  | PEARSON'S FALLS PARK  |
| 22-3832590   | 501 (C) (3)   | 12,500.  | 0.  |  |  | GRANT FROM ROTARY'S<br>ENDOWMENT SCHOLARSHIP<br>FUND  |
| 56-0746008   | CHURCH  | 6,700.   | 0.  |  |  | DONOR ADVISED FUND GRANTS<br>AND ENDOWMENT FUND<br>PAYOUTS  |
| 56-1484890   | 501 (C) (3)   | 55,010.  | 0.  |  |  | SHELTER FOR DOMESTIC<br>VIOLENCE VICTIMS AND<br>COMMUNITY PROGRAMS  |
|              | I Assistance         substantiate the         substantiate the         adures for monite         omestic Organiz         ,000. Part II can         (b) EIN         56-0554222         30-0356647         56-0850156         22-3832590         56-0746008         56-1484890         government org | I Assistance         substantiate the amount of the grants         adures for monitoring the use of grant is         pomestic Organizations and Domestic         pomestic Organizations         (b) EIN       (c) IRC section         (if applicable)         30-0356647       501 (C) (3)         56-0850156       501 (C) (3)         22-3832590       501 (C) (3)         56-0746008       CHURCH         56-1484890       501 (C) (3)         government organizations listed in the | substantiate the amount of the grants or assistance, the grant?         edures for monitoring the use of grant funds in the United         prestic Organizations and Domestic Governments. C         g000. Part II can be duplicated if additional space is needed         (b) EIN       (c) IRC section         (d) Amount of         (if applicable)       (d) Amount of         56-0554222       501 (C) (3)       8,000.         30-0356647       501 (C) (3)       16,500.         56-0850156       501 (C) (3)       11,946.         22-3832590       501 (C) (3)       12,500.         56-0746008       CHURCH       6,700.         56-1484890       501 (C) (3)       55,010. | I Assistance         substantiate the amount of the grants or assistance, the grantees' eligibility ince?         edures for monitoring the use of grant funds in the United States.         pomestic Organizations and Domestic Governments. Complete if the orga, 000. Part II can be duplicated if additional space is needed.         (b) EIN       (c) IRC section (if applicable)       (d) Amount of cash grant       (e) Amount of noncash assistance         56-0554222       501 (C) (3)       8,000.       0.         30-0356647       501 (C) (3)       16,500.       0.         56-0850156       501 (C) (3)       11,946.       0.         22-3832590       501 (C) (3)       12,500.       0.         56-0746008       CHURCH       6,700.       0.         56-1484890       501 (C) (3)       55,010.       0. | I Assistance         substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance?         edures for monitoring the use of grant funds in the United States.         pmestic Organizations and Domestic Governments.       Complete if the organization answered "Y.         (b) EIN       (c) IRC section<br>(if applicable)       (d) Amount of<br>cash grant       (e) Amount of<br>noncash<br>assistance       (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other)         56-0554222       501 (C) (3)       8,000.       0.         30-0356647       501 (C) (3)       16,500.       0.         56-0850156       501 (C) (3)       12,500.       0.         56-0746008       CHURCH       6,700.       0.         56-0746008       CHURCH       6,700.       0.         56-1484890       501 (C) (3)       55,010.       0. | I Assistance         substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection of mometric Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part 000. Part II can be duplicated if additional space is needed.         (b) EIN       (c) IRC section (if applicable)       (c) Amount of cash grant       (e) Amount of assistance       (f) Method of valuation (book, FMV, appraisal, other)       (g) Description of noncash assistance         56-0554222       501       (C)       (3)       8,000.       0.       (f) Method of valuation (book, FMV, appraisal, other)       (g) Description of noncash assistance         30-0356647       501       (C)       (3)       16,500.       0.       (g)         22-3832590       501       (C)       (3)       12,500.       0.       (g)         56-0746008       CHURCH       6,700.       0.       (g)       (g)       (g)         56-074608       501       (C)       (3)       12,500.       0.       (g)       (g)         56-074608       CHURCH       6,700.       0.       (g)       (g)       (g)       (g)         56-01       (C)       (G)       (G)       (G)       (G)       (G)       (G)       (G)       (G)         56-0746008 |

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

51-0168751 Page 1

| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>noncash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance           |
|---|----------------|----------------------------------|--------------------------|---|---|--|---|
|   |                |                                  |                          |   |   |  | TO SUPPORT ST. LUKE'S                           |
| ST. LUKE'S HOSPITAL FOUNDATION                      |                |                                  |                          |   |   |  | HOSPITAL FOUNDATION WHICH                       |
| 89 WEST MILLS STREET, SUITE B<br>COLUMBUS, NC 28722 | 56-1757097     | 501 (C) (3)                      | 151,733.                 | 0.  |   |  | IN TURN SUPPORTS ST.<br>LUKE'S HOSPITAL AND     |
|   | 50 1/5/05/     |                                  | 101,700.                 | •••   |   |  |   |
| ROSELAND COMMUNITY CENTER                           |                |                                  |                          |   |   |  |   |
| P.O. BOX 83   |                |                                  |                          |   |   |  |   |
| TRYON, NC 28782                                     | 56-0993404     | 501 (C) (3)                      | 8,900.                   | 0.  |   |  | SUSTAINABILITY                                  |
|   |                |                                  |                          |   |   |  |   |
| POLK COUNTY GOVERNMENT<br>P.O. BOX 308              |                |                                  |                          |   |   |  | FARMERS MARKETS,<br>AMERICORPS TRAILS, &        |
| COLUMBUS, NC 28722                                  | 56-6000333     | GOVERNMENT                       | 8,424.                   | 0.  |   |  | SOCCER CAMP                                     |
|   |                |                                  |                          |   |   |  |   |
| SALUDA COMMUNITY LAND TRUST, INC                    |                |                                  |                          |   |   |  |   |
| P.O. BOX 732  |                |                                  |                          |   |   |  | LAND CONSERVATION IN THE                        |
| SALUDA, NC 28722                                    | 20-8869652     | 501 (C) (3)                      | 39,650.                  | 0.  |   |  | GREATER SALUDA AREA                             |
| FOOTHILLS HUMANE SOCIETY, INC                       |                |                                  |                          |   |   |  |   |
| 989 LITTLE MOUNTAIN ROAD                            |                |                                  |                          |   |   |  | SHELTER FOR ANIMALS - NEW                       |
| COLUMBUS, NC 28722                                  | 58-1413121     | 501 (C) (3)                      | 13,010.                  | Ο.  |   |  | FACILITIES                                      |
|   |                |                                  |                          |   |   |  |   |
| LANIER LIBRARY ASSOCIATION                          |                |                                  |                          |   |   |  | LIBRARY AND COMMUNITY                           |
| 72 CHESTNUT STREET                                  |                |                                  |                          |   |   |  | CENTER FACILITIES,                              |
| TRYON, NC 28782                                     | 56-0582029     | 501 (C) (3)                      | 89,237.                  | 0.  |   |  | SUSTAINABILITY AND EVENTS                       |
| TRYON PAINTERS & SCULPTORS                          |                |                                  |                          |   |   |  |   |
| P.O. BOX 384  |                |                                  |                          |   |   |  |   |
| TRYON, NC 28782                                     | 23-7057270     | 501 (C) (3)                      | 41,450.                  | 0.  |   |  | ART GALLERY AND CLASSES                         |
|   | 23 1031210     | 501 (0) (5)                      | 11,150.                  |   |   |  |   |
| UNITY IN THE COMMUNITY                              |                |                                  |                          |   |   |  |   |
| 5620 PEA RIDGE ROAD                                 |                |                                  |                          |   |   |  | FREE COMMUNITY EVENTS FOR                       |
| RUTHERFORDTON, NC 28139                             | 61-1765021     | 501 (C) (3)                      | 13,500.                  | 0.  |   |  | YOUTH AND ADULTS                                |
| EPISCOPAL CHURCH OF THE HOLY CROSS                  |                |                                  |                          |   |   |  |   |
| 150 MELROSE AVENUE                                  |                |                                  |                          |   |   |  | DONOR ADVISED FUND GRANTS<br>AND ENDOWMENT FUND |
| TRYON, NC 28782                                     | 56-0559095     |                                  | 96,500.                  | 0.  |   |  | PAYOUTS   |

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

51-0168751 Page 1

| Police Counter Police Counter Police Counter Police Counter Part II Continuation of Grants and Other Police Police Counter Pol |                | mestic Organizations             | -                                   | vernments (Sche                               | edule I (Form 990), Pa  |  | 01-0100/51 Page -  |
|--|----------------|----------------------------------|-------------------------------------|---|---|--|--|
| (a) Name and address of organization or government   | <b>(b)</b> EIN | (c) IRC section<br>if applicable | ( <b>d)</b> Amount of<br>cash grant | <b>(e)</b> Amount of<br>noncash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance  |
| TRYON LITTLE THEATRE, INC.<br>P.O. BOX 654<br>TRYON, NC 28782  | 56-6061468     | 501 (C) (3)                      | 39,059.                             | 0.  |   |  | COMMUNITY THEATER AND<br>SUNNYDALE COMMUNITY<br>CENTER                                       |
| POLK COUNTY SCHOOLS<br>P.O. BOX 638<br>COLUMBUS, NC 28722  | 56-6001098     | GOVERNMENT                       | 76,388.                             | 0.  |   |  | AFTER SCHOOL PROGRAMS,<br>BAND, MENTORING;<br>TEACHERS' CONFERENCES                          |
| TRYON ARTS AND CRAFTS, INC<br>373 HARMON FIELD ROAD<br>TRYON, NC 28782   | 56-0946889     | 501 (C) (3)                      | 102,340.                            | 0.  |   |  | COMMUNITY ART FACILITY<br>(SOLAR PANELS, FREE<br>CLASSES, SUSTAINABILITY)                    |
| UPSTAIRS ARTSPACE<br>P.O. BOX 553<br>TRYON, NC 28782   | 58-1379476     | 501 (C) (3)                      | 71,300.                             | 0.  |   |  | CONTEMPORARY ART GALLERY<br>& EVENTS   |
| FENCE<br>3381 HUNTING COUNTRY ROAD<br>TRYON, NC 28782  | 58-1596812     | 501 (C) (3)                      | 182,229.                            | 0.  |   |  | 400+ ACRE NATURAL<br>FACILITY FOR NATURE AND<br>EQUESTRIAN (SOLAR PANELS,<br>SUSTAINABILITY) |
| THERMAL BELT OUTREACH MINISTRY,<br>INC P.O. BOX 834 - COLUMBUS, NC<br>28722  | 56-1793796     | 501 (C) (3)                      | 121,000.                            | 0.  |   |  | FOOD, HOUSING, MEDICAL, &<br>HOME REPAIR FOR THOSE IN<br>NEED                                |
| TRYON FINE ARTS CENTER<br>34 MELROSE AVENUE<br>TRYON, NC 28782   | 56-6086694     | 501 (C) (3)                      | 126,496.                            | 0.  |   |  | COMMUNITY ARTS CENTER<br>(ROOF, MAJOR FACILITY<br>EXPANSION)                                 |
| CHILDREN'S THEATER FESTIVAL<br>P.O BOX 422<br>TRYON, NC 28782  | 27-1131837     | 501 (C) (3)                      | 20,560.                             | 0.  |   |  | SUSTAINABILITY GRANT FOR<br>OPERATING SUPPORT,<br>SUPPORT FOR SUPER<br>SATURDAY              |
| UNC- CHAPEL HILL<br>103 SOUTH BUILDING CAMPUS, BOX 9100<br>CHAPEL HILL, NC 27599   | 56-6001393     | 501 (C) (3)                      | 20,000.                             | 0.  |   |  | CAROLINA COLLEGE ADVISING<br>CORPS - PC  |

## POLK COUNTY COMMUNITY FOUNDATION, INC.

|                              |  |   |  |  |  | 51-0168751 Pag  |
|------------------------------|--|---|--|--|--|---|
| Assistance to Dor<br>(b) EIN | nestic Organizations<br>(c) IRC section<br>if applicable   | (d) Amount of cash grant  | (Scher<br>(e) Amount of<br>noncash<br>assistance   | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other)   | (g) Description of non-cash assistance   | (h) Purpose of grant<br>or assistance   |
| 91-2161987                   | 501 (C) (3)  | 8,780.  | 0.   |  |  | GENERAL SUPPORT   |
| 56-1642263                   | 501 (C) (3)  | 5,300.  | 0.   |  |  | GENERAL SUPPORT   |
| 57-6001419                   | 501 (C) (3)  | 7,300.  | 0.   |  |  | GENERAL SUPPORT   |
| 56-6049531                   | 501 (C) (3)  | 7,148.  | 0.   |  |  | GENERAL SUPPORT   |
| 85-4044389                   | 501 (C) (3)  | 7,500.  | 0.   |  |  | GENERAL SUPPORT   |
| 04-2103733                   | 501 (C) (3)  | 10,000.   | 0.   |  |  | GENERAL SUPPORT   |
|                              |  |   |  |  |  |   |
|                              |  |   |  |  |  |   |
|                              |  |   |  |  |  |   |
|                              | Assistance to Don<br>(b) EIN<br>91-2161987<br>56-1642263<br>57-6001419<br>56-6049531<br>85-4044389 | Assistance to Domestic Organizations<br>(b) EIN (c) IRC section | (b) EIN         (c) IRC section<br>if applicable         (d) Amount of<br>cash grant           91-2161987         501 (C) (3)         8,780.           56-1642263         501 (C) (3)         5,300.           57-6001419         501 (C) (3)         7,300.           56-6049531         501 (C) (3)         7,148.           85-4044389         501 (C) (3)         7,500. | Assistance to Domestic Organizations and Domestic Governments (Schering (b) EIN         (c) IRC section if applicable         (d) Amount of cash grant         (e) Amount of noncash assistance           91-2161987         501 (C) (3)         8,780.         0.           56-1642263         501 (C) (3)         5,300.         0.           57-6001419         501 (C) (3)         7,300.         0.           56-6049531         501 (C) (3)         7,148.         0.           85-4044389         501 (C) (3)         7,500.         0. | Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Pa           (b) EIN         (c) IRC section<br>if applicable         (d) Amount of<br>cash grant         (e) Amount of<br>noncash<br>assistance         (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other)           91-2161987         501 (C) (3)         8,780.         0.           56-1642263         501 (C) (3)         5,300.         0.           57-6001419         501 (C) (3)         7,300.         0.           56-6049531         501 (C) (3)         7,148.         0.           85-4044389         501 (C) (3)         7,500.         0. | Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)         (b) EIN       (c) IRC section<br>if applicable       (d) Amount of<br>cash grant       (e) Amount of<br>noncash<br>assistance       (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other)       (g) Description of<br>non-cash assistance         91-2161987       501 (C) (3)       8,780.       0. |

Schedule I (Form 990) 2022

51-0168751

Page 2

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

| (a) Type of grant or assistance | (b) Number of recipients (c) Amount of cash grant |          | (d) Amount of non-<br>cash assistance | (e) Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|---|----------|---------------------------------------|--|---------------------------------------|
|                                 |   |          |                                       |  |                                       |
|                                 |   |          |                                       |  | SCHOLARSHIPS FOR HIGH SCHOOL          |
| SCHOLARSHIPS                    | 76  | 275,230. | 0.                                    |  | SENIORS; ADULT BACK TO SCHOOL         |
|                                 |   |          |                                       |  |                                       |
|                                 |   |          |                                       |  |                                       |
|                                 |   |          |                                       |  |                                       |
|                                 |   |          |                                       |  |                                       |
|                                 |   |          |                                       |  |                                       |
|                                 |   |          |                                       |  |                                       |
|                                 |   |          |                                       |  |                                       |
|                                 |   |          |                                       |  |                                       |
|                                 |   |          |                                       |  |                                       |
|                                 |   |          |                                       |  |                                       |
|                                 |   |          |                                       |  |                                       |
|                                 |   |          |                                       |  |                                       |
|                                 |   |          | 1                                     |  |                                       |

**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:

COMPETITIVE GRANT AWARDS:

#### WRITTEN GRANT APPLICATIONS ARE SUBMITTED TO A FOUNDATION COMMITTEE COMPOSED

OF COMMUNITY VOLUNTEERS WHO SERVE 3 YEAR TERMS. THE COMMITTEE REVIEWS

DETAILED FINANCIAL AND MANAGEMENT INFORMATION AND CONDUCTS INTERVIEWS TO

FULLY UNDERSTAND THE PROPOSED PROJECT AND APPLICANT. GRANT REPORTS ARE

## REQUIRED. GRANTS ARE MADE TO LOCAL 501(C)(3) ORGANIZATIONS AND UNITS OF

#### GOVERNMENT. GRANT COMMITTEES SUBMIT THEIR RECOMMENDATIONS TO THE BOARD

Schedule I (Form 990) POLK COUNTY COMMUNITY FOUNDATION, INC. 51-0168751 Page 2
Part IV Supplemental Information

WHICH PROVIDES OVERSIGHT, CHECKS FOR CONFLICTS AND APPROVES GRANTS.

NON-COMPETITIVE GRANT AWARDS AND DONOR ADVISED FUND GRANTS:

THESE GRANTS ARE MADE TO 501(C)(3) ORGANIZATIONS, CHURCHES AND UNITS OF GOVERNMENT. INFORMATION REGARDING ALL NEW RECIPIENTS OF DONOR ADVISED FUND GRANTS IS EXAMINED BY A COMMITTEE AND THEN THE BOARD VOTES ON THE COMMITTEE'S RECOMMENDATION. THE BOARD ANNUALLY REVIEWS AND RATIFIES ALL DONOR ADVISED FUND GRANTS. DONORS AND CHARITABLE RECIPIENTS CONFIRM THAT THE DONORS DO NOT RECEIVE ANY PERSONAL BENEFITS FROM DONOR ADVISED FUND GRANTS AND THE GRANTS ARE NOT TO SATISFY PLEDGES.

CONFIRMATION OF STATUS:

WE KEEP ON FILE THE IRS DETERMINATION / 501(C)(3) LETTERS FROM ALL

ORGANIZATIONS RECEIVING GRANTS AND CHECK THE IRS WEBSITE FOR UPDATES BEFORE DISBURSING GRANTS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ST. LUKE'S HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ST. LUKE'S HOSPITAL

FOUNDATION WHICH IN TURN SUPPORTS ST. LUKE'S HOSPITAL AND PROMOTES LOCAL

HEALTH

Schedule I (Form 990)

232291 04-01-22

| SC     | HEDULE J              | I   | OMB No. 1 | 545-004       | 17             |      |
|--------|-----------------------|---|-----------|---------------|----------------|------|
| (Fo    | rm 990)               | <b>Compensation Information</b><br>For certain Officers, Directors, Trustees, Key Employees, and Highest  | ľ         | 20            | ົງງ            | )    |
|        |                       | Compensated Employees   |           | 20            | 22             |      |
| Dopor  | tment of the Treasury | Complete if the organization answered "Yes" on Form 990, Part IV, line 23.<br>Attach to Form 990.         |           | Open to       |                | ic   |
|        | al Revenue Service    | Go to www.irs.gov/Form990 for instructions and the latest information.                                    |           | Inspe         |                |      |
| Nam    | e of the organization |   |           | identificatio |                | nber |
|        |                       | POLK COUNTY COMMUNITY FOUNDATION, INC.  | 51-0      | 016875        | 1              |      |
| Pa     | rt I   Question       | s Regarding Compensation  |           |               |                | ·    |
|        |                       |   |           |               | Yes            | No   |
| 1a     | Check the appropri    | ate 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.                     |           |               |                |      |
|        | First-class or c      | harter travel Housing allowance or residence for perso  | nal use   |               |                |      |
|        | Travel for com        |   |           |               |                |      |
|        |                       | ation and gross-up payments Health or social club dues or initiation fee                                  |           |               |                |      |
|        | Discretionary         | spending account Personal services (such as maid, chauffer  | ır, chef) |               |                |      |
|        |                       |   |           |               |                |      |
| b      |                       | on line 1a are checked, did the organization follow a written policy regarding payment or                 |           |               |                | 37   |
|        | •                     |   |           | <u>1b</u>     |                | X    |
| 2      | Did the organization  |   |           |               |                |      |
|        | trustees, and office  | rs, including the CEO/Executive Director, regarding the items checked on line 1a?                         |           | 2             |                | X    |
| -      |                       |   |           |               |                |      |
| 3      |                       | ny, of the following the organization used to establish the compensation of the organization's            |           |               |                |      |
|        |                       | ector. Check all that apply. Do not check any boxes for methods used by a related organization            | on to     |               |                |      |
|        |                       | ation of the CEO/Executive Director, but explain in Part III.   |           |               |                |      |
|        | X Compensation        |   |           |               |                |      |
|        |                       | compensation consultant   |           |               |                |      |
|        | X Form 990 of o       | ther organizations X Approval by the board or compensation c  | ommittee  |               |                |      |
| 4      | During the year dia   | any person listed on Form 000. Dort VII. Costion A line to with respect to the filing                     |           |               |                |      |
| 4      |                       | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing                   |           |               |                |      |
|        | organization or a re  | -   |           | 10            |                | x    |
| a<br>b |                       | e payment or change-of-control payment?<br>eive payment from a supplemental nonqualified retirement plan? |           |               |                | X    |
|        |                       |   |           |               |                | X    |
| С      |                       | erve payment from an equity-based compensation arrangement?   |           |               |                |      |
|        | In res to any or in   |   |           |               |                |      |
|        | Only section 501(c    | )(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                                    |           |               |                |      |
| 5      |                       | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio             | n         |               |                |      |
| •      | contingent on the r   |   |           |               |                |      |
| а      | •                     |   |           | 5a            |                | x    |
|        |                       | ation?  |           |               |                | x    |
| -      |                       | or 5b, describe in Part III.  |           |               |                |      |
| 6      |                       | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio             | n         |               |                |      |
|        | contingent on the r   |   |           |               |                |      |
| а      | -                     |   |           | 6a            |                | x    |
|        |                       | ation?  |           |               |                | X    |
|        |                       | or 6b, describe in Part III.  |           |               |                |      |
| 7      | For persons listed of | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments             | i         |               |                |      |
|        |                       | nes 5 and 6? If "Yes," describe in Part III   |           | 7             |                | X    |
| 8      |                       | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th             |           |               |                |      |
|        |                       |   |           | 8             |                | X    |
| 9      |                       | id the organization also follow the rebuttable presumption procedure described in                         |           |               |                |      |
|        | Regulations section   |   | <u></u>   | 9             |                |      |
| LHA    | For Paperwork R       | eduction Act Notice, see the Instructions for Form 990.   |           | dule J (Forn  | n <b>990</b> ) | 2022 |

232111 10-18-22

#### 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.

|                           |             | (B) Breakdown of W       | -2 and/or 1099-MIS0<br>compensation       | C and/or 1099-NEC                         | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | in column (B)                             |
|---------------------------|-------------|--------------------------|---|---|-----------------------------------|-------------------------|------------------------------------|---|
| <b>(A)</b> Name and Title |             | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation                      |                         |                                    | reported as deferred<br>on prior Form 990 |
| (1) SARA BELL             | (i)         | 175,000.                 | 26,250.                                   | 0.  | 26,788.                           | 342.                    | 228,380.                           | 0.  |
| PRESIDENT & CEO           | (ii)        | 0.                       | 0.  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |
|                           | (i)         |                          |   |   |                                   |                         |                                    |   |
|                           | (ii)        |                          |   |   |                                   |                         |                                    |   |
|                           | (i)         |                          |   |   |                                   |                         |                                    |   |
|                           | (ii)        |                          |   |   |                                   |                         |                                    |   |
|                           | (i)         |                          |   |   |                                   |                         |                                    |   |
|                           | (ii)        |                          |   |   |                                   |                         |                                    |   |
|                           | (i)         |                          |   |   |                                   |                         |                                    |   |
|                           | (ii)        |                          |   |   |                                   |                         |                                    |   |
|                           | (i)         |                          |   |   |                                   |                         |                                    |   |
|                           | (ii)        |                          |   |   |                                   |                         |                                    |   |
|                           | (i)         |                          |   |   |                                   |                         |                                    |   |
|                           | (ii)        |                          |   |   |                                   |                         |                                    |   |
|                           | (i)         |                          |   |   |                                   |                         |                                    |   |
|                           | (ii)        |                          |   |   |                                   |                         |                                    |   |
|                           | (i)<br>(ii) |                          |   |   |                                   |                         |                                    |   |
|                           | (i)         |                          |   |   |                                   |                         |                                    |   |
|                           | (i)<br>(ii) |                          |   |   |                                   |                         |                                    |   |
|                           | (i)         |                          |   |   |                                   |                         |                                    |   |
|                           | (ii)        |                          |   |   |                                   |                         |                                    |   |
|                           | (i)         |                          |   |   |                                   |                         |                                    |   |
|                           | (ii)        |                          |   |   |                                   |                         |                                    |   |
|                           | (i)         |                          |   |   |                                   |                         |                                    |   |
|                           | (ii)        |                          |   |   |                                   |                         |                                    |   |
|                           | (i)         |                          |   |   |                                   |                         |                                    |   |
|                           | (ii)        |                          |   |   |                                   |                         |                                    |   |
|                           | (i)         |                          |   |   |                                   |                         |                                    |   |
|                           | (ii)        |                          |   |   |                                   |                         |                                    |   |
|                           | (i)         |                          |   |   |                                   |                         |                                    |   |
|                           | (ii)        |                          |   |   |                                   |                         |                                    |   |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

YEAR-END BONUSES WERE GROSSED UP TO \$4,000 NET.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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



51-0168751

INC.

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

BENEFICIAL CHARITABLE ACTIVITIES IN THE COMMUNITY CENTERED IN AND

POLK COUNTY COMMUNITY FOUNDATION,

AROUND POLK COUNTY, N.C.

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

TO CARRY OUT THESE OBJECTIVES MOST EFFICIENTLY. THE FOUNDATION WORKS

WITH DONORS (BOTH INDIVIDUALS AND CHARITABLE ORGANIZATIONS) TO

ESTABLISH FUNDS TO BENEFIT ONE OR MORE NAMED CHARITIES, TO ACCOMPLISH A

CERTAIN OBJECTIVE (PROVIDE FOR CULTURAL EVENTS, ENCOURAGE THE

DEVELOPMENT OF AGRICULTURE, PROVIDE FREE ACTIVITIES FOR YOUTH, IMPROVE

CLASSROOM TEACHING, ETC.), TO AWARD SCHOLARSHIPS TO LOCAL STUDENTS, AND

TO ALLOW THE BOARD OF THE POLK COUNTY COMMUNITY FOUNDATION TO ADDRESS

THE NEEDS OF THE COMMUNITY AS THEY CHANGE FROM TIME TO TIME

(UNRESTRICTED FUNDS).

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

ALL BOARD MEMBERS RECEIVE A COPY OF THE 990 TO REVIEW AND ANY COMMENTS OR

QUESTIONS ARE DISCUSSED IN A BOARD MEETING BEFORE FILING THE 990.

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

THE NOMINATING COMMITTEE AND THE BOARD OF DIRECTORS DO NOT ALLOW ANY

VOLUNTEERS WHO HAVE IMPERMISSIBLE CONFLICTS OF INTEREST TO SERVE THE POLK

COUNTY COMMUNITY FOUNDATION, INC. POSSIBLE CONFLICTS OF INTEREST ARE

DISCUSSED REGULARLY AT FULL BOARD MEETINGS AND NOTED IN THE MINUTES. THE

SECRETARY, WHO PREPARES THE MINUTES AND ATTENDS ALL BOARD MEETINGS, KEEPS A

 RUNNING
 LIST
 OF
 ALL
 POTENTIAL
 CONFLICTS
 SO
 THESE
 CONFLICTS
 ARE
 RAISED
 AT

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211
 10-28-22
 10-28-22
 Schedule O (Form 990) 2022

41

| Schedule O (Form 990) 2022   | Page <b>2</b>                             |
|--|---|
| Name of the organization<br>POLK COUNTY COMMUNITY FOUNDATION, INC. | Employer identification number 51-0168751 |
| THE APPROPRIATE TIMES BEFORE VOTING. ALL BOARD MEMBERS AR          | E AWARE OF THE                            |
| POTENTIAL HARM OF ANY APPEARANCE OF IMPROPRIETY AND ALL DI         | LIGENTLY SEEK TO                          |
| MAKE SURE THAT THEIR OWN ACTIONS AND THE ACTIONS OF ALL OT         | HERS IN POSITIONS                         |
| OF POTENTIAL POWER ARE BEYOND REPROACH. COMMITTEE MEMBERS          | WHO MAKE GRANT                            |
| RECOMMENDATIONS TO THE BOARD FOR ITS APPROVAL ARE NOT PERM         | ITTED TO                                  |
| PARTICIPATE IN THE PROCESS IF THEY HAVE CONFLICTS. CONFLI          | CT CHECKS ARE                             |
| ROUTINE AND TEST FOR BOTH ACTUAL AND THE APPEARANCE OF CON         | FLICTS. WRITTEN                           |
| AND SIGNED CONFLICT OF INTEREST FORMS ARE REQUIRED FROM EV         | ERY BOARD AND                             |
| COMMITTEE MEMBER.  |   |
|  |   |

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

THE COMPENSATION COMMITTEE IS COMPRISED OF THE FOUR OFFICERS OF THE BOARD OF DIRECTORS. THIS COMMITTEE EVALUATES CEO COMPENSATION IN THESE WAYS: COMPARISON OF TOP MANAGEMENT COMPENSATION AND RESPONSIBLITIES OF OTHER SIMILAR ORGANIZATIONS IN THE REGION; EVALUATION OF CEO'S EDUCATION, PROFESSIONAL EXPERIENCE, AND RESPONSIBLITIES; AND REVIEW AND COMPARISON OF NATIONAL AND STATE PUBLICATIONS REGARDING NON-PROFIT CEO COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS INCLUDING THE FORM 990 ARE AVAILABLE TO THE PUBLIC UPON REQUEST DURING THE NORMAL BUSINESS HOURS OF 9:00 - 4:00 MONDAY - THURSDAY AND 9:00 - 12:00 FRIDAY AT THE OFFICE OF THE POLK COUNTY COMMUNITY FOUNDATION, LOCATED AT 255 SOUTH TRADE STREET, TRYON, N.C.

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

CHANGE IN SPLIT INTEREST

| EXPENSES        | FROM | CRT | AND | OTHER | TRUSTS | REPORTED | ON | TRUST | RETURN | 855.                       |
|-----------------|------|-----|-----|-------|--------|----------|----|-------|--------|----------------------------|
| 232212 10-28-22 |      |     |     |       |        |          |    |       |        | Schedule O (Form 990) 2022 |
|                 |      |     |     |       |        | 42       |    |       |        |                            |

14130821 797738 3001325467

2022.04010 POLK COUNTY COMMUNITY FOU 30013251

| Schedule O (Form 990) 2022 Name of the organization POLK COUNTY COMM | MUNITY FOUNDATION, INC.   | Page 2<br>Employer identification number<br>51-0168751 |
|--|---------------------------|--|
| TOTAL TO FORM 990, PART XI, LI                                       | INE 9                     | 404,699.   |
| FORM 990, PART XII, LINE 2C  |                           |  |
| THIS PROCESS HAS NOT CHANGED F                                       | ROM PRIOR YEAR.           |  |
|  |                           |  |
|  |                           |  |
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|  |                           | Schodulo O (Form 000) 000                              |
| 232212 10-28-22<br>30821 797738 3001325467                           | 43<br>2022 04010 DOLK COU | Schedule O (Form 990) 2022<br>NTY COMMUNITY FOU 30013  |

# 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.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number 51 - 0168751

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

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

#### POLK COUNTY COMMUNITY FOUNDATION, INC.

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

| <b>(a)</b><br>Name, address, and EIN (if applicable)<br>of disregarded entity | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal domicile (state or<br>foreign country) | <b>(d)</b><br>Total income | <b>(e)</b><br>End-of-year assets | <b>(f)</b><br>Direct controlling<br>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)<br>Name, address, and EIN<br>of related organization | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | <b>(e)</b><br>Public charity<br>status (if section | (f)<br>Direct controlling<br>entity | contr | <b>g)</b><br>512(b)(13)<br>rolled<br>ity? |
|--|--------------------------------|---|-------------------------------|--|-------------------------------------|-------|---|
|  |                                |   |                               | 501(c)(3))   |                                     | Yes   | No  |
| MARJORIE M AND LAWRENCE R BRADLEY ENDOWMENT              |                                |   |                               |  |                                     |       |   |
| FUND OF POLK COUNTY NC - 20-2953, 255 SOUTH              |                                |   |                               |  |                                     |       |   |
| TRADE STREET, TRYON, NC 28782                            | SUPPORT ORGANIZATION           | NORTH CAROLINA                                      | 501(C)(3)                     | LINE 12A, I  | N/A                                 |       | Х   |
|  |                                |   |                               |  |                                     |       |   |
|  |                                |   |                               |  |                                     |       |   |
|  |                                |   |                               |  |                                     |       |   |
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|  | ]                              |   |                               |  |                                     |       |   |
|  |                                |   |                               |  |                                     |       |   |

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

#### Schedule R (Form 990) 2022 POLK COUNTY COMMUNITY FOUNDATION, INC.

51-0168751 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a)  | (b)              | (c)                                       | (d)                          | (e)  | (f)                   | (g)                               | (1  | h)                   | (i)             |     | j) | (k)                     |
|--|------------------|---|------------------------------|--|-----------------------|-----------------------------------|-----|----------------------|-----------------|-----|----|-------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal<br>domicile<br>(state or<br>foreign | Direct controlling<br>entity | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | Share of total income | Share of<br>end-of-year<br>assets |     | ortionate<br>itions? |                 |     |    | Percentage<br>ownership |
|  |                  | country)                                  |                              | sections 512-514)  |                       | 400010                            | Yes | No                   | K-1 (Form 1065) | Yes | No |                         |
|  |                  |   |                              |  |                       |                                   |     |                      |                 |     |    |                         |
|  |                  |   |                              |  |                       |                                   |     |                      |                 |     |    |                         |
|  |                  |   |                              |  |                       |                                   |     |                      |                 |     |    |                         |
|  |                  |   |                              |  |                       |                                   |     |                      |                 |     |    |                         |
|  |                  |   |                              |  |                       |                                   |     |                      |                 |     |    |                         |
|  |                  |   |                              |  |                       |                                   |     |                      |                 |     |    |                         |
|  |                  |   |                              |  |                       |                                   |     |                      |                 |     |    |                         |
|  |                  |   |                              |  |                       |                                   |     |                      |                 |     |    |                         |
|  |                  |   |                              |  |                       |                                   |     |                      |                 |     |    |                         |
|  |                  |   |                              |  |                       |                                   |     |                      |                 |     |    |                         |
|  |                  |   |                              |  |                       |                                   |     |                      |                 |     |    |                         |
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|  |                  |   |                              |  |                       |                                   |     |                      |                 |     |    |                         |
|  |                  |   |                              |  |                       |                                   |     |                      |                 |     |    |                         |
|  |                  |   |                              |  |                       |                                   |     |                      |                 |     |    |                         |
|  |                  |   |                              |  |                       |                                   |     |                      |                 |     |    |                         |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization | <b>(b)</b><br>Primary activity | (C)<br>Legal domicile<br>(state or<br>foreign | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | <b>(f)</b><br>Share of total<br>income | <b>(g)</b><br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | Sec<br>512(t<br>contr<br>ent | (i)<br>ction<br>b)(13)<br>rolled<br>tity? |
|--|--------------------------------|---|-------------------------------------|--|--|---|--------------------------------|------------------------------|---|
|  |                                | country)                                      |                                     |  |  |   |                                | Yes                          | No  |
|  |                                |   |                                     |  |  |   |                                |                              |   |
|  |                                |   |                                     |  |  |   |                                |                              |   |
|  |                                |   |                                     |  |  |   |                                |                              | <u> </u>                                  |
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|  |                                |   |                                     |  |  |   |                                |                              |   |

#### Schedule R (Form 990) 2022 POLK 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.

| Not | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  |    | Yes | No |
|-----|---|----|-----|----|
| 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? |    |     |    |
| а   | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity   | 1a |     | Х  |
|     | Gift, grant, or capital contribution to related organization(s)   | 1b |     | Х  |
|     | Gift, grant, or capital contribution from related organization(s)   | 1c | X   |    |
|     | Loans or loan guarantees to or for related organization(s)  | 1d |     | Х  |
|     | Loans or loan guarantees by related organization(s)   | 1e |     | Х  |
|     |   |    |     |    |
| f   | Dividends from related organization(s)  | 1f |     | Х  |
| g   | Sale of assets to related organization(s)   | 1g |     | Х  |
|     | Purchase of assets from related organization(s)   | 1h |     | Х  |
|     | Exchange of assets with related organization(s)   | 1i |     | Х  |
| j   | Lease of facilities, equipment, or other assets to related organization(s)  | 1j |     | Х  |
|     |   |    |     |    |
| k   | Lease of facilities, equipment, or other assets from related organization(s)  | 1k |     | X  |
|     | Performance of services or membership or fundraising solicitations for related organization(s)  | 11 |     | X  |
|     | Performance of services or membership or fundraising solicitations by related organization(s)   | 1m |     | X  |
|     | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   | 1n | X   |    |
| o   | Sharing of paid employees with related organization(s)  | 10 | X   | L  |
|     |   |    |     |    |
| р   | Reimbursement paid to related organization(s) for expenses  | 1p |     | X  |
|     | Reimbursement paid by related organization(s) for expenses  | 1q |     | X  |
|     |   |    |     |    |
| r   | Other transfer of cash or property to related organization(s)   | 1r |     | X  |
| s   | Other transfer of cash or property from related organization(s)   | 1s | X   | L  |

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)<br>Name of related organization | <b>(b)</b><br>Transaction<br>type (a-s) | <b>(c)</b><br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|---|-------------------------------|--|
| MARJORIE M AND LAWRENCE R BRADLEY   |   |                               |  |
| (1) ENDOWMENT                       | ន                                       | 222,866.                      | PERCENTAGE FEE FOR MANAGEMENT                |
| MARJORIE M AND LAWRENCE R BRADLEY   |   |                               |  |
| (2) ENDOWMENT                       | С                                       | 750,000.                      | CASH   |
| (3)                                 |   |                               |  |
| (4)                                 |   |                               |  |
| (5)                                 |   |                               |  |
| (6)                                 |   |                               |  |

## Schedule R (Form 990) 2022 POLK COUNTY COMMUNITY FOUNDATION, INC.

## 51-0168751 Page 4

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)                    | (b)              | (c)                        | (d)  | ((                           | <b>e)</b><br>e all | (f)    | (g)    | ()                      | 1)    | (i)  | (j)    | (k)             |
|------------------------|------------------|----------------------------|--|------------------------------|--------------------|--------|--------|-------------------------|-------|--|--------|-----------------|
| Name, address, and EIN | Primary activity | Legal domicile             | Predominant income   | Are<br>partne<br>501(<br>org | e all<br>rs sec.   |        |        | Dispr<br>tior<br>alloca | opor- | Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | Genera | l or Percentage |
| of entity              |                  | (state or foreign country) | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | 0100<br>010                  |                    |        |        |                         | ions? | of Schedule K-1  | partne | ownership       |
|                        |                  | country)                   | sections 512-514)  | Yes                          | No                 | income | assets | Yes                     | No    | (Form 1065)  | Yes I  | 10              |
|                        |                  |                            |  |                              |                    |        |        |                         |       |  |        |                 |
|                        |                  |                            |  |                              |                    |        |        |                         |       |  |        |                 |
|                        |                  |                            |  |                              |                    |        |        |                         |       |  |        |                 |
|                        |                  |                            |  |                              |                    |        |        |                         |       |  |        |                 |
|                        |                  |                            |  |                              |                    |        |        |                         |       |  |        |                 |
|                        |                  |                            |  |                              |                    |        |        |                         |       |  |        |                 |
|                        |                  |                            |  |                              |                    |        |        | Щ                       |       |  |        |                 |
|                        |                  |                            |  |                              |                    |        |        |                         |       |  |        |                 |
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|                        |                  |                            |  |                              |                    |        |        |                         |       |  |        |                 |
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|                        |                  |                            |  |                              |                    |        |        |                         |       |  |        |                 |
|                        |                  |                            |  |                              |                    |        |        |                         |       |  |        |                 |
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|                        | -                |                            |  |                              |                    |        |        |                         |       |  |        |                 |
|                        |                  |                            |  |                              |                    |        |        |                         |       |  |        |                 |
|                        |                  |                            |  |                              |                    |        |        |                         |       |  |        |                 |
|                        |                  |                            |  |                              |                    |        |        |                         |       |  |        |                 |
|                        | -                |                            |  |                              |                    |        |        |                         |       |  |        |                 |
|                        |                  |                            |  |                              |                    |        |        |                         |       |  |        |                 |
|                        |                  |                            |  |                              |                    |        |        |                         |       |  |        |                 |
|                        |                  |                            |  |                              |                    |        |        |                         |       |  |        |                 |
|                        |                  |                            |  |                              |                    |        |        |                         |       |  |        |                 |
|                        |                  |                            |  |                              |                    |        |        |                         |       |  |        |                 |
|                        |                  |                            |  |                              |                    |        |        |                         |       |  |        |                 |

# Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2022

232165 09-14-22

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

#### File a separate application for each return.

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

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

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

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

| Type o   | Name of exempt organization or other filer, see inst   | Taxpayer identification number (TIN) |   |                           |  |                   |  |  |  |
|--|--|--------------------------------------|---|---------------------------|--|-------------------|--|--|--|
| print  | POLK COUNTY COMMUNITY FOUN   | 51-0168751                           |   |                           |  |                   |  |  |  |
| File by th<br>due date<br>filing you   | normal Number, street, and room or suite no. If a P.O. box,  |                                      | -   |                           |  |                   |  |  |  |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.           TRYON, NC         28782   |                                      |   |                           |  |                   |  |  |  |
| Enter t  | he Return Code for the return that this application is for (   | file a separa                        | te application for each return)   |                           |  |                   |  |  |  |
| Application Return Application   |  |                                      |   |                           | Return   |                   |  |  |  |
| ls For   |  | Code                                 | Is For  | Code                      |  |                   |  |  |  |
| Form 9   | 90 or Form 990-EZ  | 01                                   | Form 1041-A   |                           |  | 08                |  |  |  |
| Form 4   | 720 (individual)   | 03                                   | Form 4720 (other than individual)   | 09                        |  |                   |  |  |  |
| Form 9   | 90-PF  | 04                                   | Form 5227   |                           | 10   |                   |  |  |  |
| Form 9   | 90-T (sec. 401(a) or 408(a) trust)   | 05                                   | Form 6069   | 11                        |  |                   |  |  |  |
| Form 9   | 90-T (trust other than above)  | 06                                   | Form 8870   | 12                        |  |                   |  |  |  |
| Form 9   | 90-T (corporation)<br>SARA BELL  | 07                                   |   |                           |  |                   |  |  |  |
| • If the box •   | request an automatic 6-month extension of time until<br>he organization named above. The extension is for the or<br>$\mathbf{X}$ calendar year $2022$ or                             | it Group Exe                         | mption Number (GEN) I<br>tech a list with the names and TINs of<br>MBER 15, 2023 , to file<br>return for: | f this is fo<br>all membe | r the whole <u>g</u><br>ers the exten<br>upt organizat<br> | group, check this |  |  |  |
|  | Change in accounting period  |                                      |   |                           |  |                   |  |  |  |
|  | f this application is for Forms 990-PF, 990-T, 4720, or 600<br>any nonrefundable credits. See instructions.  | 3a                                   | \$  | 0.                        |  |                   |  |  |  |
|  | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. |                                      |   |                           |  | 0.                |  |  |  |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by |  |                                      |   |                           |  |                   |  |  |  |
|  | using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$   |                                      |   |                           |  | 0.                |  |  |  |
| Cautio<br>instruc  | <b>n:</b> If you are going to make an electronic funds withdraw tions.   | al (direct del                       | bit) with this Form 8868, see Form 84   | 153-TE and                | d Form 8879  | -TE for payment   |  |  |  |
| LHA  | For Privacy Act and Paperwork Reduction Act Notice   | e, see instru                        | ictions.  |                           | Form 8   | 868 (Rev. 1-2022) |  |  |  |