Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Termination [X] Amended return [ ] Application pending

C Name of organization: COMMUNITY FOUNDATION OF BLOOMINGTON AND MONROE COUNTY, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 101 W. KIRKWOOD, FOUNTAIN SQUARE — Room/suite: 321

City or town, state or country, and ZIP + 4: BLOOMINGTON, IN 47404

D Employer identification number: 35-1811149

E Telephone number: (812) 333-9016

G Gross receipts $ 4,562,369.

F Name and address of principal officer: SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ HTTP://WWW.COMMUNITYFOUNDATION.WS/

K Type of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1990 **M** State of legal domicile: IN

Part I Summary

Activities & Governance

1	Briefly describe the organization's mission or most significant activities SEE SCHEDULE O		
2	Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of employees (Part V, line 2a)	5	5
6	Total number of volunteers (estimate if necessary)	6	41
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,063,179.	349,598.
	9	Program service revenue (Part VIII, line 2g)	52,449.	37,629.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,802,283.	576,541.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-15,440.	-5,480.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,902,471.	958,288.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	868,804.	624,401.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	254,672.	263,602.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 106,124.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	144,268.	126,272.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,267,744.	1,014,275.
	19	Revenue less expenses Subtract line 18 from line 12	1,634,727.	-55,987.
			Beginning of Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	22,929,673.	19,514,245.
	21	Total liabilities (Part X, line 26)	7,143,684.	6,655,113.
	22	Net assets or fund balances Subtract line 21 from line 20	15,785,989.	12,859,132.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 3-10-11

▶ James C. Whitlatch Board Chair

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Kandy Kleinschmeier, CPA — Date 03/03/11 — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BLUE & CO., LLC, 106 COMMUNITY DR., SEYMOUR, IN 47274 — EIN ▶ — Phone no. ▶ (812) 522-8416

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

832001 12-18-08 LHA **For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2008)

SCANNED APR 2011

915 24ne

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

COMMUNITY FOUNDATION RAISING FUNDS FOR LONG TERM SUPPORT OF NON-PROFIT ORGANIZATIONS, PRINCIPALLY IN LOCAL COMMUNITY.

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

If "Yes", describe these new services on Schedule O

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

If "Yes", describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 786,303. including grants of $ 624,401.) (Revenue $)

THE COMMUNITY FOUNDATION OF BLOOMINGTON AND MONROE COUNTY EXISTS TO ENHANCE OUR COMMUNITY THROUGH PERMANENT CHARITABLE CAPITAL, EFFECTIVE GRANTS, AND INCLUSIVE LEADERSHIP. THE ORGANIZATION CHAMPIONS LOCAL PHILANTHROPY BY BUILDING COMMUNITY ASSETS, PARTICULARLY PERMANENT ENDOWMENT FUNDS; ADMINSTERS GRANTS IN DIVERSE CHARITABLE FIELDS REFLECTIVE OF DONOR INTEREST AND COMMUNITY NEEDS AND OPPORTUNITIES; AND STRIVES TO PROVIDE INCLUSIVE COMMUNITY LEADERSHIP ON ISSUES OF LOCAL IMPORTANCE.

THE FOUNDATION ADMINISTERS OVER 150 FUNDS, PRIMARILY PERMANENT ENDOWMENTS, INCLUDING AGENCY OR DESIGNATED, SCHOLARSHIP, DONOR ADVISED, FIELD OF INTEREST AND UNRESTRICTED FUNDS.

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ $ 786,303. *(Must equal Part IX, Line 25, column (B))*

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?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where 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, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total 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 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *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 questions 24b-24d and complete Schedule K If "No", go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) 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
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 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 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, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a 2			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		X
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 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		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).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, 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
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		X
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter N/A				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter: N/A				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
1a	Enter the number of voting members of the governing body — 1a: 16			
b	Enter the number of voting members that are independent — 1b: 16			
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	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ IN

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

OFFICE - (812) 333-9016

101 W. KIRKWOOD, 321 FOUNTAIN SQUARE, BLOOMINGTON, IN 47404

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
SCOTT WALTERS CHAIRMAN	2.00	X						0.	0.	0.
JOHN WEST VICE CHAIRMAN	2.00	X						0.	0.	0.
JAMES L. WHITLATCH SECRETARY	2.00	X						0.	0.	0.
MARY FRANCES MCCOURT TREASURER	2.00	X						0.	0.	0.
CAROLYN CALLOWAY-THOMAS DIRECTOR	2.00	X						0.	0.	0.
JOHN FERNANDEZ DIRECTOR	2.00	X						0.	0.	0.
MELANIE HART DIRECTOR	2.00	X						0.	0.	0.
DENISE HOWARD DIRECTOR	2.00	X						0.	0.	0.
JOHN HURLOW DIRECTOR	2.00	X						0.	0.	0.
MAYER MALONEY DIRECTOR	2.00	X						0.	0.	0.
MIKE MANN DIRECTOR	2.00	X						0.	0.	0.
ROBERT MCCORMACK DIRECTOR	2.00	X						0.	0.	0.
ELIZABETH MCCREA DIRECTOR	2.00	X						0.	0.	0.
KEN MILLER DIRECTOR	2.00	X						0.	0.	0.
TED NAJAM DIRECTOR	2.00	X						0.	0.	0.
ANGELA PARKER DIRECTOR	2.00	X						0.	0.	0.
TINA PETERSON DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
DAVE WALDEN DIRECTOR	2.00	X						0.	0.	0.
SHARI WOODBURY EXECUTIVE DIRECTOR	50.00			X				77,406.	0.	0.
1b Total ▶								77,406.	0.	0.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

Form **990** (2008)

832008 12-18-08

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 349,598.				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f ▶		349,598.			
Program Service Revenue		Business Code				
	2 a FUND MANAGEMENT FEES		37,629.	37,629.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ▶		37,629.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		628,550.			628,550.
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6 a Gross Rents	499,912. /				
	b Less rental expenses	505,392. /				
	c Rental income or (loss)	-5,480. /				
	d Net rental income or (loss) ▶		-5,480.	-5,480.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities 3046680. / (ii) Other				
	b Less: cost or other basis and sales expenses	3098689. /				
	c Gain or (loss)	-52,009. /				
	d Net gain or (loss) ▶		-52,009.			-52,009.
	8 a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less. direct expenses	b				
	c Net income or (loss) from fundraising events ▶					
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities ▶					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11 a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ▶					
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		958,288.	32,149.	0.	576,541.

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	605,301.	605,301.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	19,100.	19,100.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	77,406.	23,644.	26,154.	27,608.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	143,940.	71,719.	33,462.	38,759.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,884.	2,535.	1,585.	1,764.
9 Other employee benefits	19,471.	8,389.	5,244.	5,838.
10 Payroll taxes	16,901.	7,282.	4,552.	5,067.
11 Fees for services (non-employees):				
a Management				
b Legal	995.	144.	293.	558.
c Accounting	23,068.	3,308.	17,851.	1,909.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	22,004.		22,004.	
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology	3,371.	2,529.	474.	368.
15 Royalties				
16 Occupancy	19,465.	12,652.	2,920.	3,893.
17 Travel	1,128.	869.	82.	177.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,748.	5,035.	1,163.	1,550.
23 Insurance	3,233.	918.	1,894.	421.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a DIRECT FUNDRAISING EXPE	11,745.			11,745.
b OTHER PROGRAM EXPENSE	8,608.	8,608.		
c EQUIPMENT EXPENSE	7,346.	4,775.	1,102.	1,469.
d MISCELLANEOUS	7,209.	2,766.	1,515.	2,928.
e OFFICE SUPPLIES AND MAT	5,880.	3,822.	882.	1,176.
f All other expenses	4,472.	2,907.	671.	894.
25 **Total functional expenses.** Add lines 1 through 24f	1,014,275.	786,303.	121,848.	106,124.
26 **Joint Costs** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	17,034.	1	100,301.
	2	Savings and temporary cash investments	1,227,820.	2	1,035,711.
	3	Pledges and grants receivable, net	26,350.	3	13,769.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	4,000.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	18,941.	9	17,727.
	10a	Land, buildings, and equipment cost basis 10a 7,708,789.			
	b	Less accumulated depreciation Complete Part VI of Schedule D 10b 1,879,571.	5,959,326.	10c	5,829,218.
	11	Investments - publicly traded securities	15,064,526.	11	11,929,360.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	615,676.	15	584,159.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	22,929,673.	16	19,514,245.
Liabilities	17	Accounts payable and accrued expenses	20,020.	17	12,854.
	18	Grants payable	436,596.	18	428,895.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	4,781,415.	23	4,647,367.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	1,905,653.	25	1,565,997.
	26	**Total liabilities.** Add lines 17 through 25	7,143,684.	26	6,655,113.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	5,737,535.	27	-779,353.
	28	Temporarily restricted net assets	37,200.	28	611,341.
	29	Permanently restricted net assets	10,011,254.	29	13,027,144.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	15,785,989.	33	12,859,132.
	34	Total liabilities and net assets/fund balances	22,929,673.	34	19,514,245.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF BLOOMINGTON AND MONROE COUNTY, INC.
Employer identification number 35-1811149

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

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state ______
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)
9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete the Part III)
10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)
11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section **(see instructions)**)	(iv) Is the organization in col. (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col. (i) of your support? Yes	No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	No	(vii) Amount of support
Total									

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule A (Form 990 or 990-EZ) 2008**

832021 12-17-08

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	520,632.	356,466.	1139934.	1063179.	349,598.	3429809.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 - 3	520,632.	356,466.	1139934.	1063179.	349,598.	3429809.
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)						1067998.
6 **Public Support.** Subtract line 5 from line 4						2361811.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	520,632.	356,466.	1139934.	1063179.	349,598.	3429809.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	225,491.	286,802.	363,657.	723,690.	628,550.	2228190.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						5657999.

12 Gross receipts from related activities, etc (see instructions) | 12 | 3,344,022.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | 41.74 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 15 | 29.01 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ [X]

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION OF BLOOMINGTON AND MONROE COUNTY, INC.

Employer identification number: 35-1811149

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	35	
2	Aggregate contributions to (during year)	11,561.	
3	Aggregate grants from (during year)	55,814.	
4	Aggregate value at end of year	1,056,827.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☒ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☒ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e.g , recreation or pleasure)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ ______

4 Number of states where property subject to conservation easement is located ▶ ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

(ii) Assets included in Form 990, Part X ▶ $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ____________

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	12764539.				
b Contributions	262,605.				
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	13027144.				

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ ________ %

b Permanent endowment ▶ 100.00 %

c Term endowment ▶ ________ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	1,446,044.	620,103.		2,066,147.
b Buildings		5,580,929.	1,837,066.	3,743,863.
c Leasehold improvements				
d Equipment		61,713.	42,505.	19,208.
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				5,829,218.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
AGENCY FUND ENDOWMENTS	1,550,842.
PLANNED GIVING ANNUITY	15,155.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,565,997.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	958,288.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,014,275.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-55,987.
4	Net unrealized gains (losses) on investments	4	-2,940,345.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	69,475.
9	Total adjustments (net) Add lines 4-8	9	-2,870,870.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,926,857.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	-1,496,665.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-2,940,345.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	505,392.		
e	Add lines 2a through 2d			2e	-2,434,953.
3	Subtract line 2e from line 1			3	938,288.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	20,000.		
c	Add lines 4a and 4b			4c	20,000.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			5	958,288.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	1,430,192.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	505,392.		
e	Add lines 2a through 2d			2e	505,392.
3	Subtract line 2e from line 1			3	924,800.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	89,475.		
c	Add lines 4a and 4b			4c	89,475.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	1,014,275.

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

PART V, LINE 4: ENDOWMENT FUNDS ARE HELD FOR THE PRODUCTION OF INCOME.
INCOME OF PERMANENT FUNDS IS USED TO SUPPORT NUMEROUS COMMUNITY
CHARIITIES. SOMEINCOME COULD ALSO BE USED FOR OPERATIONS OF THE
OFUNDATION BUT HAS NOT BEEN SO USED.

PART XI, LINE 8 - OTHER ADJUSTMENTS:
AGENCY DISTRIBUTIONS - EXPENSE FOR 990: 89475.
AGENCY CONTRIBUTIONS - INCOME FOR 990: -20000.

Part XIV Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE: 505392.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT CONTRIBUTIONS: 20000.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE: 505392.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT GRANTS: 89475.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**
▶ **Attach to Form 990.**

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF BLOOMINGTON AND MONROE COUNTY, INC.

Employer identification number 35-1811149

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEAN BLOSSOM TOWNSHIP - FIRE 7951 W MAIN ST MARTINSVILLE, IN 47464	27-0004226	501(C)(3)	8,600.	0.			IMAGING EQUIPMENT
BIG BROTHERS BIG SISTERS OF SCI PO BOX 2534 BLOOMINGTON, IN 47402	35-1330448	501(C)(3)	6,404.	0.			GENERAL SUPPORT
BLOOMINGTON AREA ARTS COUNCIL 122 SOUTH WALNUT STREET BLOOMINGTON, IN 47404	23-7368180	501(C)(3)	24,587.	0.			GENERAL SUPPORT
BLOOMINGTON COMMUNITY PARKS AND RECREATION - PO BOX 848 - BLOOMINGTON, IN 47404	31-1209028	501(C)(3)	26,432.	0.			GENERAL SUPPORT, NATURE DAY, SCHOLARSHIPS
BOYS AND GIRLS CLUB PO BOX 1716 BLOOMINGTON, IN 47402	35-0997525	501(C)(3)	40,295.	0.			GENERAL SUPPORT, YOUTH LEADERSHIP
CRISIS PREGNANCY CENTER 808 NORTH COLLEGE AVENUE BLOOMINGTON, IN 47404	35-1615036	501(C)(3)	7,710.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations ▶ 227.

3 Enter total number of other organizations ▶

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) 2008**

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Use Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EDUCATIONAL SCHOLARSHIPS	22	19,100.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: ORGANIZATION GRANTS ARE AWARDED BASED UPON REQUESTS BY ORGANIZATIONS TO FUND SPECIFIC PURCHASES OR PROGRAMS. ORGANIZATIONS THEN SUBMIT DOCUMENTATION OF PAID EXPENSES WHICH ARE THEN REIMBURSED BY THE FOUNDATION UP TO THE AMOUNT AUTHORIZED.

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION OF BLOOMINGTON AND MONROE COUNTY, INC.

Employer identification number: 35-1811149

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARMONY SCHOOL PO BOX 2115 BLOOMINGTON, IN 47402	35-1554219	501(C)(3)	7,326.	0.			GENERAL SUPPORT
MARTHA'S HOUSE INC PO BOX 2115 BLOOMINGTON, IN 47402	57-1180763	501(C)(3)	7,305.	0.			GENERAL SUPPORT, ORGANIZATIONAL DEV, HEALTHY LIFESTYLES
MCCSC 401 E MILLER DRVIE BLOOMINGTON, IN 47401	35-1145734	501(C)(3)	10,000.	0.			MIDDLE SCHOOL INITIATIVE
MIDDLE WAY HOUSE, INC PO BOX 95 BLOOMINGTON, IN 47402	23-7300355	501(C)(3)	19,803.	0.			GENERAL SUPPORT, NEW WINGS PROGRAM
MONROE COUNTY CASA 120 WEST SEVENTH STREET BLOOMINGTON, IN 47404	26-3994368	501(C)(3)	15,039.	0.			GENERAL SUPPORT, VOLUNTEER RECRUITING
MONROE COUNTY HISTORICAL SOCIETY 202 EAST 6TH ST BLOOMINGTON, IN 47408	23-7313245	501(C)(3)	30,519.	0.			GENERAL SUPPORT, ENVIRO MONITORING
MONROE COUNTY STEP AHEAD COUNCIL 930 WEST 7TH STREET BLOOMINGTON, IN 47404	35-1941021	501(C)(3)	12,500.	0.			TOUCHPOINTS TRAINING
MONROE COUNTY UNITED MINISTRIES 827 W 14TH COURT BLOOMINGTON, IN 47404	35-1313090	501(C)(3)	27,605.	0.			GENERAL SUPPPORT, CHILDCARE HEALTH

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION OF BLOOMINGTON AND MONROE COUNTY, INC.

Employer identification number: 35-1811149

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RICHLAND BEAN BLOSSOM COMMUNITY 600 S EDGEWOOD DRIVE ELLETTSVILLE, IN 47429	35-1088650	501(C)(3)	15,000.	0.			PARENT ENGAGEMENT
SOUTH CENTRAL COMMUNITY ACTION 1500 WEST 15TH STREET BLOOMINGTON, IN 47404	35-6050613	501(C)(3)	10,435.	0.			CIRCLES INITIATIVE
STEPPING STONES INC PO BOX 1366 BLOOMINGTON, IN 47402	06-1730901	501(C)(3)	6,999.	0.			CAPACITY BUILDING, MAINTENANCE
STONE BELT ARC 2815 EAST 10TH STREET BLOOMINGTON, IN 47408	35-1059827	501(C)(3)	9,903.	0.			GENERAL SUPPORT, ARTS DEVELOPMENT
THE CALDWELL ECO CENTER 323 S WALNUT STREET BLOOMINGTON, IN 47401	35-1074237	501(C)(3)	10,000.	0.			GREEN EDUCATION
VOLUNTEERS IN MEDICINE 811 WEST SECOND STREET BLOOMINGTON, IN 47403	20-4383915	501(C)(3)	6,540.	0.			WELLNESS PROGRAMS
WONDERLAB MUSEUM 308 WEST 4TH STREET BLOOMINGTON, IN 47404	35-1956521	501(C)(3)	7,960.	0.			GENERAL SUPPORT, LIFE SCIENCE ED
YMCA 2125 S HIGHLAND AVE BLOOMINGTON, IN 47402	35-1384590	501(C)(3)	10,272.	0.			GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047
2008
Open To Public Inspection

Name of the organization COMMUNITY FOUNDATION OF BLOOMINGTON AND MONROE COUNTY, INC.

Employer identification number 35-1811149

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total			▶ $							

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
INDIANA UNIVERSITY	COMMON OFFICER	499,912.	BUILDING RE		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

832131 12-17-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
COMMUNITY FOUNDATION OF BLOOMINGTON AND MONROE COUNTY, INC.	35-1811149

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

COMMUNITY FOUNDATION RAISING FUNDS FOR LONG TERM SUPPORT OF NON-PROFIT ORGANIZATIONS, PRINCIPALLY IN LOCAL COMMUNITY.

FORM 990, PART VI, SECTION A, LINE 1: THE BOARD HAS AN EXECUTIVE COMMITTEE WHICH HAS THE FOLLOWING BROAD AUTHORIZATION:

HAVE AND EXERCISE, IN CONFORMITY WITH THE ARTICLES OF INCORPORATION AND THE BYLAWS AND WITHIN THE CONTEXT OF THE BOARD'S VISION AND GOALS FOR THE COMMUNITY FOUNDATION, ALL OF THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE CORPORATIONS AFFAIRS DURING INTERVALS BETWEEN MEETINGS OF THE BOARD. IT MAY ACT ON THE BOARDS BEHALF WITH RESPECT TO THOSE MATTERS WHERE OFFICIAL ACTION OF THE BOARD CANNOT BE SECURED DUE TO THE ABSENCE OF A QUORUM OR UNDER CIRCUMSTANCES WHERE ACTION IS REQUIRED PRIOR TO THE CONVENING OF A SPECIAL MEETING OF THE DIRECTORS. THE BOARD WILL BE NOTIFIED PROMPLTY OF ANY SUCH ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE ON ITS BEHALF.

THIS POWER IS RARELY EXERCISED FOR THE NEED ARISES INFREQUENTLY. VOTING MEMBERS OF THE EXECUTIVE COMMITTEE WERE THE CURRENT CHAIR, VICE CHAIR, TREASURER AND SECRETARY OF THE BOARD, AS WELL AS THE IMMEDIATE PAST CHAIR.

FORM 990, PART VI, SECTION A, LINE 10: NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MAINTAINS A CONFLICT OF INTEREST POLICY. ALL CANDIDATES FOR MEMBERSHIP ON A BOARD OR

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION OF BLOOMINGTON AND MONROE COUNTY, INC.

Employer identification number: 35-1811149

COMMITTEE ARE ADVISED OF THIS POLICY PRIOR TO ASSUMING THEIR RESPONSIBILITIES AS MEMBERS. THIS POLICY SHOULD BE DISTRIBUTED PERIODICALLY TO BOARDS, COMMITTEES AND VOLUNTEERS AND PROVIDED TO STAFF WHEN HIRED.

IT COVERS EACH MEMBER OF THE BOARD OF DIRECTORS AND ITS COMMITTEES, INCLUDING COMMUNITY ADVISORS. EACH MEMBER WILL COMPLETE THE CONFLICT OF INTEREST DECLARATION FORM ANNUALLY, DISCLOSING THEIR INVOLVEMENTS WITH OTHER ORGANIZATIONS, VENDORS, OR WITH ANY OTHER ASSOCIATIONS THAT MIGHT PRODUCE A CONFLICT. THE DECLARATION FORM WILL INDICATE AN INDIVIDUAL'S AGREEMENT TO ABIDE BY THIS POLICY TO THE BEST OF HIS OR HER ABILITY.

WHEN SUCH CONFLICTS ARISE, MEMBERS OF THE BOARD AND ITS COMMITTEES DISCLOSE SUCH POTENTIAL CONFLICTS AND THEN TAKE APPROPRIATE ACTION. SUCH CONFLICTS ARE REVIEWED AT THE BOARD LEVEL SINCE THAT IS THE LEVEL AT WHICH CONFLICTS ARE CONSIDERED AND REPORTED.

PERSONS WITH CONFLICTS OF INTEREST:

1. DO NOT PARTICIPATE IN RELATED DECISIONS AND ALONG WITH THEIR IMMEDIATE FAMILIES ARE NOT ELIGIBLE FOR PERSONAL ASSISTANCE FROM FOUNDATION SCHOLARHIPS, GRANT OR LOAN PROGRAMS.

2. ARE NOT ELIGIBLE FOR ASSISTANCE FROM ANY FOUNDATION FUND.

3. ADVISORY MEMBERS OF AWARDING COMMITTEES ARE NOT ELIGIBLE FOR ASSISTANCE FROM THE SCHOLARSHIP, GRANT OR LOAN PROGRAMS WHICH INVOLVE THEM IN THE EVALUATION OF THE APPLICATION OR IN THE AWARDS SELECTION PROCESS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION OF BLOOMINGTON AND MONROE COUNTY, INC.

Employer identification number: 35-1811149

4. PERSONS COVERED BY THE POLICY MAY RECEIVE RECOGNITION. RECOGNITION WILL BE ACCOMPANIED BY A PUBLIC DISCLAIMER STATING THAT NO MONETARY AWARD IS GRANTED.

FORM 990, PART VI, SECTION B, LINE 15: AS AUTHORIZED BY THE BOARD OF DIRECTORS, THE EXECUTIVE COMMITTEE CONDUCTS THE ANNUAL EVALUATION OF THE CEO, AS WELL AS SETTING THE SALARY POOL, AND DETERMINES ANY COMPENSTION INCREASES. THIS GROUP HAS PERIODICALLY BEEN PROVIDED COMPARABILITY DATA (INCLUDING, BUT NOT LIMITED TO, DATA ON COMMUNITY FOUNDATIONS FROM THE COUNCIL ON FOUNDATIONS SALARY AND BENEFITS SURVEY). THE BOARD CHAIR INSTRUCTS THE FOUNDATIONS ACCOUNTANT ON ANY COMPENSATION INCREASES OR BONUSES ON BEHALF OF SAID COMMITTEE AND SUCH ACTION IS DOCUMENTED IN PERSONNEL FILES.

FOR OTHER EMPLOYEES, THE CEO CONDUCTS PERIODIC REVIEWS OF ALL OTHER STAFF POSITIONS AND CONSIDERS COMPENSATIONS INCREASES ANNUALLY. COMPARABLE DATA IS CONSULTED AND DECISIONS ARE DOCUMENTED FOR IMPLEMENTATION BY THE ACCOUNTANT AS WELL AS RECORDED IN PERSONNEL FILES.

FORM 990, PART VI, SECTION C, LINE 19: TAX RETURNS, ORGANIZATIONAL DOCUMENTS AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST FROM THE OFFICE.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: INDIANA UNIVERSITY

(D) DESCRIPTION OF TRANSACTION: BUILDING RENTED TO UNIVERSITY

Community Foundation of Bloomington and Monroe County, Inc.

Attachment to Amended Form 990's for the years ended 6.30.08 and 6.30.09

Explanation of change for Amended Returns:

The Form 990's for the years ended 6.30.08 and 6.30.09 are being amended to correct the misclassification of income and expenses. In each of these years, the income and expenses from the Showers building was incorrectly classified as unrelated. The 2007 and 2008 Form 990's have been corrected to properly classify the income and expense items as related.

2008 Form 990 changes: The income/loss from this activity has been properly moved from the unrelated business revenue column and included under the related or exempt function revenue column on page 9. Appropriately, on page 5, box 3a has been checked "no". Schedule A has also been updated to correctly reflect the classification of this item.

2007 Form 990 changes: The income/loss from this activity has been properly moved from the unrelated business income column to the related or exempt function income column on page 8. Schedule A has also been updated to correctly reflect the classification of this item.