

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



As Filed Data efile GRAPHIC print - DO NOT PROCESS

DLN: 93492191008000

OMB No 1545-1150

2008

Form 990-EZ

# Short Form

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)

▶ Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

Open to Public Inspection

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2008 calendar year, or tax year beginning 09-01-2008 , and ending 08-31-2009 Check if applicable C Name of organization FOUNDATION OF THE MONROE COUNTY D Employer identification number Please Address change use IRS COMMUNITY SCHOOLS INC 31-0889739 label or Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number print or 315 NORTH DRIVE Initial return type. (812) 330-7700 Termination Specific City or town, state or country, and ZIP + 4 BLOOMINGTON, IN 474016555 F Group Exemption Amended return Instruc Application pending tions. GAccounting method Cash Accrual • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts Other (specify) must attach a completed Schedule A (Form 990 or 990-EZ). 🕏 Check ► ✓ If the organization I Website: ► WWW MCCSFOUNDATION ORG is **not** required to attach **J Organization type** (check only one)— 501(c) (3) **◄**(insert no ) 4947(a)(1) or 527 Schedule B (Form 990, 990-EZ, or 990-PF) K Check ▶ If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ 517,979 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I ) Contributions, gifts, grants, and similar amounts received 497,164 1 1 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 20,815 Investment income Gross amount from sale of assets other than inventory 5a Less cost or other basis and sales expenses 5b Revenue Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here 🕨 「 Gross revenue (not including \$\_\_\_\_ of contributions reported on line 1) . . . . . . 6a Less direct expenses other than fundraising expenses . . 6b b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6с Gross sales of inventory, less returns and allowances 7a 7a Less cost of goods sold . . . . . . . b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe **Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 517.979 9 9 10 Grants and similar amounts paid (attach schedule) 🐿 10 175.187 11 Benefits paid to or for members . . 11 12 Salaries, other compensation, and employee benefits 81,297 Expenses Professional fees and other payments to independent contractors 13 13 14 Occupancy, rent, utilities, and maintenance 14 450 Printing, publications, postage, and shipping 15 7,195 156,554 Other expenses (describe 16 16 Total expenses (add lines 10 through 16) 420,683 17 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 97,296 18 **Net Assets** 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 265,350 20 Other changes in net assets or fund balances (attach explanation) 20 Net assets or fund balances at end of year (combine lines 18 through 20) 21 21 Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II ) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 598,900 527,056 1,732 23 Land and buildings 23 1,632 24 Other assets (describe 🛌 24 25 528,688 600,632 25 Total assets 26 Total liabilities (describe 🟲 📆 335,282 166,042 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 265,350 27 362,646

Part III Statement of Pr	Expenses					
What is the organization's primar SCHOOL FOUNDATION TO EN MONROE COUNTY COMMUNIT	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts,					
Describe what was achieved in codescribe the services provided, totile	opti	onal for others)				
28 See Additional Data Table						
(Grants \$ )	If thi	s amount includes foreign (	grants, check here .	▶┌	28a	
29						
(Grants \$ )	Ifthi	s amount includes foreign (	grants, check here .	▶┌	29a	
30						
(Grants \$ )	Ifthi	s amount includes foreign (	grants, check here .	▶┌	30a	
<b>31</b> O ther program services (attack (Grants \$ )		le) s amount includes foreign (	grants, check here	▶ ┌	31a	
32 Total program service expense					32	277,29
Part IV List of Officers, Dire	ctors, Iru	stees, and Key Employees.	1	T .		·
(a) Name and address		(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit p deferred compens	lans &	(e) Expense account and other allowances
See Additional Data Table						

33	Pa	rt V Other Information (Note the statement requirements in the instructions for Part VI.)		Yes	No
34 No or any changes make to the organization of overming documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes  35 If the enganization had some from houses activities, such as these reported on line 2, 6a, and 7a (storage others), and the enganization had not reported on from 900. The change of the makes and activities, such as these reported on line 2, 6a, and 7a (storage others).  36 If the organization have unrelated bus mess gross income of \$1,000 or more or 60.33(e) notice, reporting, and proxy tex requirements?  37 In the state and injudical expenditure, direct or industry to the state of the period of the sphiciable period of Schedule IV.  38 If "Yes," complete sphiciable period or industry, as described in the industrial contraction during the year? If "Yes," complete applicable period of Schedule IV.  38 Did the organization file Form 1120-POL for this year?  39 Solic(7/1) organizations in T120-POL for this year?  39 Solic(7/1) organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?  39 Solic(7/1) organizations. Enter a mount of the trust of the period covered by this return?  30 If the organization become a were of an excess benefit transaction of the start of the period of the organization during the year under section \$910 IV.  39 Solic(7/1) organizations. Enter amount of tax imposed on the organization during the year under section \$910 IV.  39 Solic(7/1) organizations. Enter amount of tax imposed on the organization during the year under section \$910 IV.  39 Solic(7/1) organizations. Enter amount of tax imposed on the organization during the year under sections \$910 IV.  30 Solic(7/1) organizations. Enter amount of tax imposed on the organization of the organization from a prior year? If "Yes," and the transaction during the year under sections \$910 IV.  30 Solic(7/1) organizations. Enter amount of tax on line \$9	33		22		No
35 If the organization had women from founders exhaults as these reproduction terms. 2 fax, and 7 a camony others).  a Did the organization have unrelated business gross income of \$1,000 or more of 6033(e) notice, reporting, and proxy tax requirements?  36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N.  37 Bit an amount of political expenditures, direct or indirect, as described in the instructions. ■ 37a	34	·	33		
but not reproted on Form 1990 F, attach a statement corplanary your resists for not reporting the motion con Form 1990 F.  Did the organization have unreliated business gross income of \$1,000 or more of 60.33(e) notice, reporting, and proxy tax requirements?  35a No.  Diff "Yes," has it filled a tax return on Form 1990-T for this year?  35b Was there a flugidation, discolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N.  37b No.  Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still ungoal at the start of the period covered by this return?  37b No.  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still ungoal at the start of the period covered by this return?  37b No.  Did the organizations borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still ungoal at the start of the period covered by this return?  37b No.  Did the organizations borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still ungoal at the start of the period overed by this return?  37c No.  37d No.  38d No.			34		N o
by 16 "Yes," has it filed a tax return on Form 990-T for this year?  15 If "Yes," for this it filed a tax return on Form 990-T for this year?  15 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete apids of Schedule N. 10 of Did the organization for Form 1120-POL for this year?  15 Did the organization for Form 1120-POL for this year?  16 Did the organization for Form 1120-POL for this year?  17 Use, "complete Schedule L. Part II and enter the total amount involved any such loans made in a prior year and still unpaid at the start of the period covered by this return?  18 Did the organizations. Enter amount of this imposed on the organization during the year under section 4911    18 Section 501(c/l3) and (4) organizations. Enter amount of tax imposed on the organization during the year under section 4911    19 Section 501(c/l3) and (4) organizations. Enter amount of tax imposed on the organization during the year under section 4911    10 Section 501(c/l3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction during the year or did it become aware of an excess benefit transaction during the year or did it become aware of an excess benefit transaction during the year or did it become aware of an excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," doubt it transaction?  18 All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter  19 Let the stales with which a copy of this return in filed    10 Mills organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter  19 Let the stales with which a copy of this return in filed    10 Mills organization.  10 All any terminations are compared to the organization have an interest in or a signature or other authonity or a start of t	35				
b If "Yes," has it filed a tax return on Form 990-T for this year?  36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N .  36 No  37a Inter amount of policial expenditures, direct or indirect, as described in the instructions ▶ 37a   37b   100  37b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? .  38a No  37b If "Yes," complete Schedule L, Part II and enter the total amount involved .  38b   39b	а		352		No
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete gards of Schedule N. No.  37a bitter amount of political expenditures, detect or indirect, as described in the instructions   37b	ь		-		
applicable parts of Schedule N  The theramount of political expenditures, direct or indirect, as described in the instructions ▶  The theramount of political expenditures, direct or indirect, as described in the instructions ▶  The theory of the organization borrow from, or make any locans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?  The third of the start of the period covered by this return?  The third of the sand capital contributions included on line 9  The third of the sand capital contributions included on line 9  The third of the sand capital contributions included on line 9  The third of the sand capital contributions included on line 9  The third of the sand capital contributions included on line 9  The third of the sand capital contributions included on line 9  The third of the sand capital contributions included on line 9  The third of the sand capital contributions included on line 9  The third of the sand capital contributions included on line 9  The third of the sand capital contributions included on line 9  The third of the sand capital contributions included on line 9  The third of the sand capital contributions included on line 9  The third of the sand capital contributions included on line 9  The third of the sand of the sand of the organization and the organization of the sand of the s		· · · · · · · · · · · · · · · · · · ·			
b Did the organization file Form 1120-POL for this year?		applicable parts of Schedule N	36		Νο
any such loans made in a prior year and still unpaid at the start of the period covered by this return?	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
any such loans made in a prior year and still unpaid at the start of the period covered by this return?	b	Did the organization file Form 1120-POL for this year?	37b		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved  38 b) SOL(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 9  40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 491 ▶ section 491 ▶ section 495 ▶ Section 501(c)(3) and (4) organizations. Did the organization engage in any section 495 € excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes,"  40 b No  1. c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Enter amount of tax introduced by the organization of the organization aparty to a prohibited tax shelter transaction?  41 List the states with which a copy of this return is filed ▶ №  42 The books are in care of ▶ IIMA PETERSON  Telephone no ▶ (812) 330-7700  315 N DRIVE Located at ▶ BLOOMINIGTON, IN  ZIP + 4 ▶ 4.7401  b 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 ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S ?  42 No  1f "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.  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
39 SO1(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 9		any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		No
a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911  Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year of did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule, Part I.  1.	b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
b Gross receipts, included on line 9, for public use of club facilities . 39b    40a Section \$91(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section \$911	39	501(c)(7) organizations. Enter			
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶	а	Initiation fees and capital contributions included on line 9			
b Section 4911    b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule I, Part  c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Enter amount of tax on line 40c reimbursed by the organization a party to a prohibited tax shelter transaction?  41	b	Gross receipts, included on line 9, for public use of club facilities			
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year of did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule I, Part I.  c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Enter amount of tax on line 40c reimbursed by the organization a party to a prohibited tax shelter transaction?  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?  10 Located at ▶ BLOOMINGTON, IN Telephone no ▶ (812) 330-7700  1315 N DRNE Located at ▶ BLOOMINGTON, IN ZIP+4 ▶ 47401  b 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 accounts)?  1 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.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  42c No  1 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.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  42c No  1 If "Yes," enter the name of the foreign country  2 If "Yes," enter the name of the foreign country and enter the amount of tax-exempt interest received or accrued during the tax year  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here  and enter the amount of tax-exempt interest received or accrued during the tax year  44 No  15 Is any related organization a controlled entity of the organization within the meaning of section 512(	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes,"  Located at Para BLOMINGTON, IN  Located at BLOMINGTON, IN  Located at BLOMINGTON, IN  Located at BLOMINGTON, IN  Located at Para or did the organization have an interest in or a signature or other authority over a financial account; or the froinging country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U S?  No  1f "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.  C At any time during the calendar year, did the organization maintain an office outside of the U S?  No  1f "Yes," enter the name of the foreign country Again the organization maintain an office outside of the U S?  No  1f "Yes," enter the name of the foreign country Again the organization maintain and office outside of the U S?  No  1f "Yes," enter the name of the foreign country Again the organization maintain and office outside of the U S?  No  1f "Yes," enter the name of the foreign country Again the organization maintain and office outside of the U S?  No  1f "Yes," enter the name of the foreign country Again the organization maintain and office outside of the U S?  No  1f "Yes," enter the name of the foreign country Again the organization maintain and office outside of the U S?  No  1f "Yes," enter the name of the foreign country Again the organization maintain and office outside of the U S?  No  1f "Yes," enter the name of the foreign country Again the organization maintain and office outside of the U S?  No  1f "Yes," enter the name of the foreign country Again the organization maintain and office outside of the U S?  No  1f "Yes," enter the name of the foreign country Again the organization maintain and office outside of the U S?		section 4911 ▶, section 4912 ▶, section 4955 ▶			
during the year under sections 4912, 4955, and 4958.  d Enter amount of tax on line 40c reimbursed by the organization	b	transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes,"	40Ь		N o
transaction?  Let the states with which a copy of this return is filed   IN  The books are in care of   INA  The books are in care of   IN  The books are in care of the instruction of the annual in an interest in or a signature or other authority  The books are in care of the fereign country over a financial account, or other financial account, or other financial account.  The prove in an interest in or a signature or other authority  The interest in or a signature or other authority  The interest in or a signature or other authority  The interest in or a signature or other authority  The interest in or a signature or other authority  The interest in or a signature or other authority  The interest in or a signature or other authority  The interest in or a signature or other authority  The i	_	during the year under sections 4912, 4955, and 4958			
The books are in care of TINA PETERSON  Telephone no (812) 330-7700  Telephone no (812) 330-7700  Telephone no (812) 330-7700  ZIP + 4 47401  Telephone no (812) 330-7700  ZIP + 4 47401  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)?  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.  C At any time during the calendar year, did the organization maintain an office outside of the U S?  42c No  No  If "Yes," enter the name of the foreign country Section 4947 (a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	e		40e		No
b 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)?  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.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country ▶  43 Section 4947 (a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶  44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990	41	List the states with which a copy of this return is filed 🏲 🔟			
b 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)?  If "Yes," enter the name of the foreign country \( \)	42a		330-7	700	
over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  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.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  42c No  If "Yes," enter the name of the foreign country    43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here					
over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  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.  C At any time during the calendar year, did the organization maintain an office outside of the U S?  42c No  If "Yes," enter the name of the foreign country    43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	Ь		[	Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  42c No  If "Yes," enter the name of the foreign country  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			42b		
Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the US?  42c No  If "Yes," enter the name of the foreign country  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		If "Yes," enter the name of the foreign country 🕨			
If "Yes," enter the name of the foreign country -  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year					
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	c	At any time during the calendar year, did the organization maintain an office outside of the U S $^\circ$	42c		No
and enter the amount of tax-exempt interest received or accrued during the tax year		If "Yes," enter the name of the foreign country ▶			
44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.  44 No  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990	43	and the contract of the contra		<b>▶</b>	
44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.  44 No  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990			[	Vec	
Form 990-EZ.  44 No  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If  "Yes", Form 990	11	Did the organization maintain any denor advised funds? If "Ver" Form 000 must be completed instead of		162	
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990	-+-+		44		Νο
must be completed instead of Form 990-EZ.	45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
		must be completed instead of Form 990-EZ.	45		Νο

Part	Section 501(c)(3) orga	and	ection 501(c)(3) org	anizations must answer	questi	ons 46	,-49
	complete the tables for lir	nes 50 and 51.					
<b>46</b> Dı	d the organization engage in direct	or indirect political campa	aign activities on behal	f of or in opposition to		Yes	No
ca	ndidates for public office? If "Yes,"	' complete Schedule C, Pa	rt I		46		Νo
<b>47</b> Dı	rt II	47		No			
<b>48</b> Is	the organization operating a school	ol as described in section :	170(b)(1)(A)(II)? If "ye	es," complete Schedule E	48		No
<b>49a</b> Dı	d the organization make any transf	ers to an exempt non-cha	rıtable related organıza	tion?	49a		No
<b>b</b> If	"Yes," was the related organization	ı(s) a section 527 organız	ation?		49b		
	omplete this table for the five highe ceived more than \$100,000 of com				/ employ	yees) w	ho
<b>(a)</b> Naı	me and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	ad	Experion (a) Exper	and
NONE							
Total nu	mber of other employees paid over \$100,000 ►						
<b>51</b> Cd	omplete this table for the five highe	st compensated independ	•nt contractors who ea	ch received more than \$10	0,000 c	of	
	mpensation from the organization	•			T () (		
(a)	Name and address of each indepe	ndent contractor paid mor	e than \$100,000	(b) Type of service	(c) C	ompen	sation
NONE							
					<u> </u>		
Total nu	mber of other independent contrac	tors receiving over \$100,0	000				
	Under penalties of perjury, I declare and belief, it is true, correct, and com	that I have examined this return	n, including accompanying s other than officer) is based	chedules and statements, and to on all information of which prepa	the best or rer has ar	of my kno ny knowle	owledge edge
Please Sign	***** Signature of officer			2010-07-10 Date			
Here	TINA PETERSON EXECUTIVE DIRE	CTOR		bute			
	Preparer's	Da	te Ch	neck if Preparer's PTIN	(See Ger	ı Inst X)	
Paid	signature CRAIG P COFFMAN		10-07-10 se	, , ,	,	••,	
Prepare Use Onl	uf self-employed),	PROACTIVE CPA SERVICES LLC		EIN Þ			
	address, and ZIP + 4 PO BOX 59			Phone no 🕨 (	 812) 859-	6361	
	SDENCED	IN 47460		1	•		

SPENCER, IN 47460

May the IRS discuss this return with the preparer shown above? See instructions . . . . . . . . . .

No

Yes

As Filed Data -

DLN: 93492191008000

Employer identification number

OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

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.

2008

Open to Public Inspection

		ATION OF THE MONROE COUNTY  NITY SCHOOLS INC  31-0889739									
Pai	rt I	Reason	for Public Cl	harity Status (to be co	mpleted	by all or	ganızatıo				
The o	rganiz			ation because it is (Please						•	
1	$\Gamma$	A church, c	onvention of ch	iurches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)	(A)(i).		
2	Γ	A school described in <b>Section 170(b)(1)(A)(ii).</b> (Attach Schedule E )									
3	$\Gamma$	A hospital	or a cooperative	e hospital service organizati	on describ	bed in <b>Sec</b>	tion 170(Ł	o)(1)(A)(i	ii). (Attac	h Schedu	le H )
4	Г	A medical i	research organı	zation operated in conjuncti	on with a l	hospital de	escribed ii	Section	170(b)(1)	(A)(iii). E	nter the
		hospital's r	name, city, and	state							
5	Γ	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unıt desc	rıbed ın
		Section 170	D(b)(1)(A)(iv).	(Complete Part II )							
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt descr	ıbed ın <b>Se</b>	ct ion 170(	(b)(1)(A)	(v).		
7	✓	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a govei	rnmental u	ınıt or fron	n the gene	eral public
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)						
8	$\Gamma$	A communi	ty trust describ	ed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	plete Part	tII)				
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from co	ontribution	ıs, membe	rship fees	s, and gross
		receipts fro	m activities rel	ated to its exempt functions	s—subject	to certair	exceptio	ns, and (2	) no more	than 331,	/3% of
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	() from bu	sinesses
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)		
10	$\sqcap$	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509(	( <b>a)(4).</b> (Se	ee instruc	tions )
11	$\sqcap$	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purposes of
				orted organizations describe						Section 5	<b>09(a)(3).</b> Check
		a T		type of supporting organiza  Type II c	Type III				n <b>d</b>	□ Type	III - Other
e	$\overline{}$		• •	rtify that the organization is							
	'	•	- '	agers and other than one or			•			•	· ·
		section 50				, ,	J				,,,,
f		_		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supporti	ng organizatio <u>n,</u>
		check this		as the organization accepted	d any gift i	or contribi	ition from	any of the			J
g		following pe		as the organization accepted	u any gnt	or contrib		any or the	•		
		(i) a persor	n who directly o	r indirectly controls, either a	alone or to	gether wit	th persons	describe	d ın (ıı)		Yes No
		and (III) bel	ow, the governi	ng body of the the supported	d organiza	tion?				11g	(i)
		(ii) a famıly	/ member of a p	erson described in (i) above	?					11g(	(ii)
		(iii) a 35%	controlled enti	ty of a person described in (	i) or (ii) al	bove?				11g(	iii)
h		Provide the	following inforr	nation about the organizatio	ns the org	janızatıon	supports				· · · · · · · · · · · · · · · · · · ·
		ame of	(ii) EIN	(iii) Type of organization		s the	, , ,	ou notify		s the	(vii) A mount of
Supported (described on lines 1-9 organization in the organization organization Organization above or IRC section col (i) listed in in col (i) of your col (i) o						support?					
,	Organization above or IRC section col (i) listed in in col (i) of your col (i) organized support? in the U.S.?										
				(		ment?					
					Yes	No	Yes	No	Yes	No	

Total

# Part II Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	ked the box or	n line 5, 7, or	8 of Part I.)				
Р	ublic Support							
Cal	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	<b>(d)</b> 2007	(e)	2008	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	118,771	229,506	256,602	562,362		497,164	1,664,405
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
3	its behalf The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	118,771	229,506	256,602	562,362		497,164	1,664,405
5	The portion of total contribution by each	,	,	,	,			· · ·
J	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column							344,953
6	(f) <b>Public Support</b> subtract line 5 from line 4							1,319,452
T	otal Support			•				
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	118,771	18,234	256,602	562,362		497,164	1,664,405
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,529	18,234	39,402	33,201		20,815	134,181
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)							1,798,586
12	Gross receipts from related activities, etc	(See instruction	s)			12		
13	<b>First Five Years.</b> If the Form 990 is for the organization, check this box and <b>stop here</b>	organızatıon's fır	st, second, third	d, fourth, or fifth	tax year as a 5	01(c)(		<b>▶</b> ┌
	omputation of Public Support Perc							
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		73.360 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, lıne 26f			15		75.989 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization di	s a publicly supp	orted organizati	on				►V
	box and stop here. The organization qualification for the stop in	es as a publicly s If the organizatio	supported organ on did not check	ization a box on line 13	3, 16a, or 16b a	ınd lıne	e 14 is 10	<b>▶</b> % or
b	more, and if the organization meets the "fac organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007.	ances" test The If the organization	e organization qu on did not check	ualifies as a pub a box on line 13	licly supported 3, 16a, 16b, or	organı 17a ar	zation nd line 15	<b>►</b> □ is 10% or
18	more, and if the organization meets the "fact the organization meets the "facts and circu <b>Private Foundation.</b> If the organization did	ımstances" test	The organizatio	n qualifies as a	publicly suppor	ted or	ganızatıon	•w ▶
	Instructions		•	•	•			<b>▶</b> □

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	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	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% 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 **33 1/3% 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

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

**EIN:** 31-0889739

Name: FOUNDATION OF THE MONROE COUNTY

COMMUNITY SCHOOLS INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved manner, describe the service each program title.	(4)	Expenses (Required for 501(c)(3) and (4) organizations and 4947 (a)(1) trusts; optional for others.)		
	MPERSHIPS FOR FIFTH GRADE CAMP  If this amount includes foreign grants, check here	_	10,000	
(Grants \$ 10,000)	In this unloant includes loreign grants, check here	28a	10,000	
29 GRANTS TO TEACHERS SCHOOL	FOR USE IN CLASSROOMS AND SUPPORT FOR NEW TECH HIGH		,	
(Grants \$ 130,289)	If this amount includes foreign grants, check here 🕨	- 29a	130,289	
30 AWARDS AND SCHOLAR	RSHIPS			
(Grants \$ 11,825)	If this amount includes foreign grants, check here 🕨	- 30a	11,825	
	TEN PROGRAM READ 180 21ST CENTURY EDUCATION SERIES FITNESS NCE INITIATIVE OTHER CURRICULUM SUPPORT			
	If this amount includes foreign grants, check here 🕨	-	125,183	

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
TINA PETERSON 🕏 315 N DRIVE BLOOMINGTON,IN 47401	EXEC DIR 40	51,597		
TOM BUNGER  PO BOX 910 BLOOMINGTON,IN 47402	PRESIDENT 1	0		
DEREK FULLERTON 🕏 2604 ROCK CREEK DRIVE BLOOMINGTON,IN 47401	VICE PRES 1	0		
CRAIG COFFMAN 🕏 10381 KEITH ROAD COAL CITY,IN 47427	TREASURER 1	0		
FRAN WEINBERG    1220 COLLINSWOOD DR BLOOMINGTON,IN 47401	SECRETARY 1	0		
JANICE BIZZARI 🕏 6585 E LAMPKINS RIDGE BLOOMINGTON,IN 47401	DIRECTOR 1	0		
STEVE BRYANT   3525 S TUDOR LANE BLOOMINGTON, IN 47401	DIRECTOR 1	0		
ED GROSS    1200 E BENSON CT BLOOMINGTON,IN 47401	DIRECTOR 1	0		
TOM HERBERT 🕏 PO BOX 500 BLOOMINGTON,IN 47402	DIRECTOR 1	0		
JANE ST JOHN 🕏 408 E WYLIE BLOOMINGTON,IN 47401	DIRECTOR 1	0		
DENNY MORRISON <b>©</b> 645 S ROGERS STREET BLOOMINGTON,IN 47403	DIRECTOR 1	0		
KEN GROS LOUIS   4965 HERITAGE WOODS RD BLOOMINGTON,IN 47405	DIRECTOR 1	0		
JEFF MCCLAINE    3778 S CLAYBRIDGE DR BLOOMINGTON,IN 47401	DIRECTOR 1	0		
DAN PETERSON 🔁 4660 E CRANBROOK ROAD BLOOMINGTON,IN 47401	DIRECTOR 1	0		
GARY STRATTEN 🕏 2604 TROTTERS RUN BLOOMINGTON,IN 47401	DIRECTOR 1	0		
TRISH STERLING    200 EAST THIRD STREET BLOOMINGTON,IN 47401	DIRECTOR 1	0		
CINDY VLASMAN 🕏 2735 BUTTON WOOD LANE BLOOMINGTON, IN 47401	DIRECTOR 1	0		
JOANNE WEDDLE    5390 W SHADYBROOK DR BLOOMINGTON, IN 47403	DIRECTOR 1	0		
JOHN WHIKEHART 🕏 3027 DANIEL STREET BLOOMINGTON,IN 47401	DIRECTOR 1	0		
LINDA WILLIAMSON   4901 E INVERNESS WOODS ROAD BLOOMINGTON,IN 47401	DIRECTOR 1	0		
LEGENE WHITE   5651 E KERR CREEK ROAD BLOOMINGTON,IN 47408	DIRECTOR 1	0		
JOHN COOPMAN 🕏 315 N DRIVE BLOOMINGTON,IN 47401	EX-OFFICIO 1	0		
LINDA RICHARDSON 🕏 7811 N THAMES DRIVE BLOOMINGTON,IN 47408	EX-OFFICIO 1	0		
SUE WANZER   315 N DRIVE BLOOMINGTON, IN 47401	EX-OFFICIO 1	0		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93492191008000

OMB No 1545-0172

Department of the Treasury

Internal Revenue Service

# **Depreciation and Amortization** (Including Information on Listed Property)

		▶	See separate instructions	s. 🕨 Attach (	to your tax re	eturn.		Attachment Sequence No. <b>67</b>
Name(s) shown	on return		Business or a	activity to which	this form rel	ates Id	ent if yin	g number
		IONROE COUNT						
COMMUNITY			INDIRECT D	EPRECIATION		31	08897	739
		•	sted property, comple			nnlete Part I.		
			for a higher limit for cert				1	250,000
			ced in service (see instru				2	,
			before reduction in limit	•	uctions) .		3	800,000
			from line 2 If zero or les	•			4	
			line 4 from line 1 If zero		 D- If married	filina		
separately,		•					. 5	
								1
	(a) [	Description of pro	nerty	(b) Cost	(business us	e (c) Electe	d cost	
	(4)			•	only)	(6) 210000		_
6								-
7 Listed prop	artu Entar	the amount from	June 20		. 7			귄
	•						. 8	-
			erty Add amounts in colu	anni (c), nnes o	aliu / .		9	
			of line 5 or line 8 .				1	
•			l line 13 of your 2007 For business income (not less that		o instructions)		. 10	
			•		•		11	
	•		ines 9 and 10, but do not		_		12	
			009 Add lines 9 and 10,		13			
			pelow for listed proper Allowance and Othe			t include listed	nronort	v 1/Saa instructions 1
			lified property (other than					y ) (See instructions )
tax year (se			imed property (other than	instea property	) placed iii se	ervice during tr	14	
<b>15</b> Property su	ıbject to se	ction 168(f)(1) e	election				15	
16 Other depre	eciation (in	cluding ACRS)					. 16	450
Part IIII M	IACRS De	epreciation (I	<b>Do not</b> include listed p	property. <b>)</b> (Se	e instructio	ns.)	•	•
				ction A				1
17 MACRS dec	ductions fo	r assets placed ı	n service in tax years be	gınnıng before 2	008 .		17	
•	_		ssets placed in service	e during the to	ax year into	one or more	e	
		unts, check her				<u>▶l</u>	<u> </u>	
Sectio	n B—Ass	ets Placed in	Service During 200	08 Tax Year	Using the	General De	precia	ition System
		(b) Month and	(c) Basıs for depreciation					
(a) Classific proper		year placed in	(business/investment	(d) Recovery period	(e) Convent	tion <b>(f)</b> Met	hod	<b>(g)</b> Depreciation deduction
ргорсі	- 7	service	use only—see instructions)	period				acadetion
<b>19a</b> 3-year prop	nertv		only—see mstructions)					
<b>b</b> 5-year prop								
<b>c</b> 7-year prop	perty							
<b>d</b> 10-year pr	operty							
<b>e</b> 15-year pr	operty							
<b>f</b> 20-year pro	operty							
<b>g</b> 25-year pr	operty			25 yrs		S/L		
<b>h</b> Residential	l rental			27 5 yrs	MM	S/L		
property				27 5 yrs	MM	S/L		
i Nonresident property	tial real			39 yrs	MM	S/L		
property	Section	n C—Assets Dlag	 ced in Service During 2008	R Tay Vear Hein	1	tive Depresiati	ion Syst	am
<b>20a</b> Class life	Section	The Company of the Co	Led in Service During 2000	s rax rear osing	The Aitema	S/L	on Syst	eiii
<b>b</b> 12-year		1		12 yrs		S/L		
<b>c</b> 40-year				40 yrs	ММ	S/L		
Part IV	Summa	ry (See ınstruc	ctions)	·				
21 Listed prop	erty Enter	amount from line	28				21	
		•	14 through 17, lines 19 urn Partnerships and S c			e 21 Enter he	re <b>22</b>	450
			service during the curren	t year, enter the			•	
portion of th	ne basıs at	tributable to sect	tion 263A costs		23			

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . . **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? \_ . . . . . . 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

#### amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492191008000

# **TY 2008 Compensation Explanation**

Name: FOUNDATION OF THE MONROE COUNTY

COMMUNITY SCHOOLS INC

Person Name	Explanation
TINA PETERSON	
TOM BUNGER	
DEREK FULLERTON	
CRAIG COFFMAN	
FRAN WEINBERG	
JANICE BIZZARI	

Person Name	Explanation	
STEVE BRY ANT		
ED GROSS		
TOM HERBERT		
JANE ST JOHN		
DENNY MORRISON		
KEN GROS LOUIS		

Person Name	Explanation
JEFF MCCLAINE	
DAN PETERSON	
GARY STRATTEN	
TRISH STERLING	
CINDY VLASMAN	
JOANNE WEDDLE	

Person Name	Explanation	
JOHN WHIKEHART		
LINDA WILLIAMSON		
LEGENE WHITE		
JOHN COOPMAN		
LINDA RICHARDSON		
SUE WANZER		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492191008000

### **TY 2008 Grants and Similar Amounts Paid Schedule**

Name: FOUNDATION OF THE MONROE COUNTY

COMMUNITY SCHOOLS INC

Item No.	1
Class of Activity	GRANTS & ASSISTANCE
Donee's Name	MCCS SCHOOL SYSTEM MCCS SCHOOL SYSTEM
Donee's Address	315 N DRIVE BLOOMINGTON, IN 47401
Amount (FMV)	
Purpose of Payment to Affiliate	CLASS ROOM ASSISTANC
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	ASSISTANCE
Donee's Name	BRADFORD WOODS CAMPERSHIPS
Donee's Address	
Amount (FMV)	
Purpose of Payment to Affiliate	STUDENT ENRICHMENT
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	ASSISTANCE
Donee's Name	SCHOLARSHIPS & AWARDS
Donee's Address	
Amount (FMV)	
Purpose of Payment to Affiliate	STUDENT ASSISTANCE
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	ASSISTANCE
Donee's Name	READ 180
Donee's Address	
Amount (FMV)	
Purpose of Payment to Affiliate	STUDENT DEVELOPMENT
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

# **TY 2008 Other Expenses Schedule**

Name: FOUNDATION OF THE MONROE COUNTY

COMMUNITY SCHOOLS INC

EIN: 31-0889/39		
Description	Amount	
EXPENSES		
ADMINISTRATION FEES	26,266	
FMCCS SCIENCE INITIATIVE	11,894	
AURORA SCIENCE & LITERACY	3,629	
HEALTH CURRICULUM SUPPORT	3,103	
AUTHOR VISITS	3,000	
21ST CENTRY EDUCATION SER	622	
MIDDLE SCHOOL LIBRARIES	2,056	
DONORS CHOOSE	5,750	
FIELD TRIP TRANSPORTATION	4,063	
GRANT RECEPTIONS	1,490	
PE CURRICULUM SUPPORT	8,302	
SUMMIT LIBRARY	979	
INVESTMENT CONSULTING FEE	752	
BOARD DEVELOPMENT	1,428	
SERVICE CHARGES & FEES	939	
DUES	774	
CONTINUING EDUCATION	400	
INSURANCE	1,139	
OTHER ADMINISTRATIVE EXPE	227	
UNREALIZED LOSS ON INV	40,566	
CONTRACT SERVICES ALUMNI	297	
DANCING WITH CELEBRITIES	4,001	
DINNER DANCE EVENT	28,632	
DONOR RECOGNITION	2,443	
ADVERTISING & PROMOTION	915	
WEBSITE & SOFTWARE FEES	2,887	

### **TY 2008 Other Liabilities Schedule**

Name: FOUNDATION OF THE MONROE COUNTY

COMMUNITY SCHOOLS INC

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	3,691	2,722
GRANTS PAYABLE	52,840	24,173
DEFERRED REVENUE	250,000	100,000
PASS-THROUGH FUNDS	28,751	39,147
	335,282	166,042