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Pg 3

Form

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 2011 Open to Public Inspection

A	For the 2011	calendar year, or tax year beginning , and ending			
	Check if applicable	C Name of organization DUBOIS COUNTY COMMUNITY FOUNDATION,		D Employ	er identification number
Ē	Address change	INC.			
뭄	•	Doing Business As		35-	1990305
닏	Name change		Room/suite		one number
Ш	Initial return	PO BOX 269		812	-482-5295
	Terminated	City or town, state or country, and ZIP + 4			
\Box	Amended return	JASPER IN 47547-0269		G Gross rece	upts\$ 1,087,163
믐		F Name and address of principal officer		0 0,000,1000	
Ш	Application pending		H(a) Is this a gr	roup return for a	affiliates? Yes X No
			H(b) Are all aff	iliates include	17 Yes No
			If "No	," attach a list	(see instructions)
_	Tax-exempt statu	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527			
<u>-</u>		www.DUBOISCOUNTYCOMMUNITYFOUNDATION.OR	H(c) Group ex	emotion numb	er 🕨
	Form of organization		r of formation 1		M State of legal domicile IN
*****		Summary	O TOTTIBLION 2		IN Clare of legal dofficile
	T	describe the organization's mission or most significant activities			
		GRANT FUNDS TO PUBLIC CHARITABLE ORGANIZATIONS			
ဦ	10	GRANT FUNDS TO PUBLIC CHARTTABLE ORGANIZATIONS			
Jar					
Activities & Governance		p-in-thy			
Ó	2 Check	his box $lacktriangle$ if the organization discontinued its operations or disposed of more than 25%	of its net ass	sets	_
∞ ∞	3 Numbe	r of voting members of the governing body (Part VI, line 1a)		3	6
es	4 Numbe	r of independent voting members of the governing body (Part VI, line 1b)		4	6
Ξ	5 Total n	umber of individuals employed in calendar year 2011 (Part V, line 2a)		5	7
Ē	6 Total n	umber of volunteers (estimate if necessary)		6	52
Q		nrelated business revenue from Part VIII, column (C), line 12		7a	0
	1	elated business taxable income from Form 990-T, line 34		7b	0
	1		Prior Yea	ar	Current Year
a	8 Contrib	utions and grants (Part VIII, line 1h)	70:	1,647	572,423
Ĭ	9 Progra	m service revenue (Part VIII, line 2g)		0	0
Revenue	10 Investo	nent income (Part VIII, column (A), lines 3, 4, and 7d)	390	0,205	298,635
₩	11 Other r	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,413	5,248
. >	i i	evenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,265	876,306
, T		and similar amounts paid (Part IX, column (A), lines 1–3)		3,849	173,195
	13 Grants			0	2,3,230
\supset	14 Benefit	s paid to or for members (Part IX, column (A), line 4)	16	8,380	219,816
Denses JUN	15 Salarie	s, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0,380	219,010
C.E.	16a Profes	ional fundraising fees (Part IX column AT (net 1è)/ED		<u> </u>	
<u> </u>	b Total fu	indraising expenses (Part IX, column (D), line-25)	7.0	2 600	142 000
∠Ш 72	17 Other 6	expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		2,689	143,980
	18 Total e	kpenses Add lines 13–17 (must equal Park XX, column (A), line 25)		4,918	536,991
\mathcal{Q}	19 Reveni	le less expenses. Subtract line fig. from line 12		2,347	339,315
SOF		A (A DACA) 111. 11 11 11 11 11 11 11 11 11 11 11 1	Beginning of Cui		End of Year
Net Assets of CANEX	20 Total a	ssets (Part X, line 16)	15,59		15,533,148
¥,	21 Total II	abilities (Part X, line 26)		7,272	350,209
		sets or fund balances Subtract line 21 from line 20	15,18	5,439	15,182,939
	Part II	Signature Block			
		of perjury, I declare that I have examined this return, including accompanying schedules and statemen			owledge and belief, it is
tı	rue, correct, and	complete Declaration of preparer (other than officer) is based on all information of which preparer ha	s any knowledg	je	
		by Not			
Si	gn 🖊	Signature of officer		Date	
Не	ere	Brent Sternburg President		5-1	4-12
-		Type or print name and title			
_	Print/T	ype preparer's name Perparer's signature	Date	Check	ıf PTIN
Pa	id BRTA	N K. HOSTETTER Buan K. Hatty	5.11.12		ployed P00041814
Pre	anarer	DURGULETN C ACCOTAMEG D C		irm's EIN	35-1387485
	e Only	PO BOX 519		mili S E IN F	30 200,100
	·	TAGDED THE 42542 0510	1_	N	812-482-3535
A 4 =		- · · · · · · · · · · · · · · · · · · ·	<u> </u>	hone no	
_		uss this return with the preparer shown above? (see instructions)			Yes No
DA/		Reduction Act Notice, see the separate instructions.			Form 990 (2011)

		MUNITY FOUNDATION, 35-1	990305	Page 2
	tatement of Program Servi	•	F 111	
	ribe the organization's mission	a response to any question in this Par	L III	
		CHARITABLE ORGANIZATION	NS	
-	anization undertake any significant p 990 or 990-EZ?	program services during the year which were no	t listed on the	Yes X No
	scribe these new services on Scheo	lule O		
		e significant changes in how it conducts, any pro	ogram	Yes X No
If "Yes," des	scribe these changes on Schedule	0		
expenses S	Section 501(c)(3) and 501(c)(4) orga	complishments for each of its three largest prog anizations and section 4947(a)(1) trusts are requ nses, and revenue, if any, for each program sen	ured to report the amount of	
4a (Code PROVIDE		37,180 including grants of \$ 1 ABLE ORGANIZATIONS	73,195) (Revenue \$	Al-
4b (Code) (Expenses \$	including grants of \$) (Revenue \$	
4c (Code) (Expenses \$	including grants of \$) (Revenue \$	
4d Other progr (Expenses	ram services (Describe in Schedule		Revenue \$)
	ram service expenses ▶	187,180		
)AA				Form 990 (2011

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		77
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
_	complete Schedule D, Part III	8		<u> </u>
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,"			х
	complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40	x	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	x	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	ľ		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school 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 United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			.,
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	ا ا		_w
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		v
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		х
20-	If "Yes," complete Schedule G, Part III	20a		X
20a		20a 20b		
_0	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200	000	

Part IV Checklist of Required Schedules (continued)

			Yes	No
21`	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			7.5
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
	through 24d and complete Schedule K. If "No," go to line 25	24a		<u>x</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C		24-		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a		25a		х
_	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	234		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	235		
20	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,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? 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		<u> </u>
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		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			٠,,
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		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	ļ	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,	27		v
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	20	х	
	19? Note. All Form 990 filers are required to complete Schedule O	38	•) (2011)
		r Of		

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2011) DUBOIS COUNTY COMMUNITY FOUNDATION, 35-1990305 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 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 2b X If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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 X account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X 7a and services provided to the payor? 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X required to file Form 8282? 7c 7d | If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X 7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring 8 organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9a Did the organization make any taxable distributions under section 4966? X Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter 10a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources 11b against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which 13b the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year?

14b

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

	No response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in S	cneal	ле	(T.F.)
	O See instructions Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management		1	
			Yes	No
1a		-		
	If there are material differences in voting rights among members of the governing body, or			i
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<u> </u>
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		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_ <u>x</u> _
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			İ
а	The governing body?	8a_	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	\Box
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?			ĺ
а	The organization's CEO, Executive Director, or top management official	15a	x	ĺ
b	Other officers or key employees of the organization	15b		х
•	If "Yes" to line 15a or 15b, 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			ĺ
IVa	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		 -
U	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			ĺ
	organization's exempt status with respect to such arrangements?	16b		ĺ
Sec	etion C. Disclosure	100		
17 40				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
46	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			

organization ▶ DUBOIS COUNTY COMMUNITY FOUNDATION 323 E SIXTH STREET

IN 47547-0269 812-482-5295

JASPER

C 000 (0011)	DIIDOTA	COIDIDA	COMMINITARY	FOUNDATION.	25 1000205
Form 990 (2011)	DOROTS	COUNTY	COMMUNITY	FOUNDATION.	32-1330302

Dane 7

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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

(A) Name and Title	(B) Average hours per week			Pos check		than or	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)		icer a		irecto	r/truste	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BRENT STERNBERG		 			-			_	
PRESIDENT	3.00	X		X			0	0	0
(2)BILL KAISER		1							
DIRECTOR	3.00	X					0	0	0
(3) ANDREW KREMPP		1							
DIRECTOR	3.00	X	L				0	0	0
(4) TOM KRODEL					ļ			_	_
DIRECTOR	3.00	X	<u> </u>				0	0	0
(5) RAY SCHWENK								_	_
VICE PRESIDENT	3.00	X		X	<u> </u>	1_1	 0	0	0
(6) DEBBIE SEGER									_
SECRETARY/TREASURER	3.00	X		X		\sqcup	0	0	0
(7)									
(8)									
(9)									
(10)							 		
(11)		 							
(12)						H	 <u> </u>		
(13)					<u> </u>		 		<u></u>
(14)		\vdash	\vdash						<u> </u>

Pai	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s,	and Highest Compen	sated Employees (continued)			
	Name and title Average hours pe week (describ			(describe officer and a director/trustee						(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estr amo or compe	F) mated unt of her msation n the	
		related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		and	ization elated zations	
(15)													
(16)													
(17)													
(18)													•
(19)													
(20)													
(21)													
(22)													
(23)													
(24)							<u>.</u>						
(25)													
1b c	Sub-total Total from continuation she	ets to Part VII.	Sect	ion /	Δ			>					
d	Total (add lines 1b and 1c)				•			<u></u>					
2	Total number of individuals (in reportable compensation from	-			thos	e lis	ted a	abo	ve) who received more	e than \$100,000 in			,
3	Did the organization list any fo	ormer officer, dir	ecto	r, or	trust	ee, l	key e	emp	oloyee, or highest com	pensated		Yes	
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organ	e 1a, is the sum	of re	port	able	com	pen	sati	ion and other compens		3		X
5	individual Did any person listed on line 1	_									4		X
Sec	for services rendered to the or	ganization? If "Y									5		<u> </u>
1	Complete this table for your five	ve highest comp								more than \$100,000 of or within the organization's tax yea	ar		
		(A) business address						L		(B) Description of services		(C) Compens	sation
								_				···	
								_					
										- Li -			
2	Total number of independent received more than \$100,000	-		-						0		<u></u> -	20

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a	Federated cam	paigns	1a					, .
ь	Membership di	ıeş	1b					
С	Fundraising ev	ents	1c					
d	Related organi		1d					
е	Government grants (1e		1			
SI .	All other contribution and similar amounts	s, gifts, grants,	1f	572,42	3			
) a	Noncash contribution	is included in lines 1a-	1f \$					
h	Total. Add line			•	572,423			
1				Busn Code				
2a					7			
Ь								
c								
d				- ,				· - \ ····
ءَ ا								
,	All other progra	am canuca rava	DUA.	 				
	Total. Add line		iiue			_		
3	•	ome (including	duudon					
"			aivideii	us, interest,	301,412			301,41
١.	and other simil	*		•	301,412			301,41
4		ivestment of tax	-exem	ot bond proceeds	-			
5	Royalties						······	
	_	(ı) Real		(ii) Personal	-			
6a	Gross rents				_			
b	Less rental exps				_			
C	Rental inc or (loss)				_			
d d		me or (loss)		<u> </u>				
l 'a	Gross amount from sales of assets	(ı) Securities		(II) Other				
	other than inventory	194,	294	13,78	6			
b	Less cost or other							
	basis & sales exps		418	43				
c	Gain or (loss)	-16,	124	13,34	7			
d	Net gain or (lo	ss)	_	<u> </u>	-2,777	-2,777		
8a	Gross income fro	m fundraising eve	nts					
b	(not including \$							
		eported on line 1c) [
	See Part IV, line		a					
b	Less direct ex		ь		7			
c	Net income or	•	iraising	events >				
	Gross income fro		r					
	See Part IV, line		а					
h	Less direct ex		ь		-			
	Net income or			vities	-			
				ivides	- 			
IVa	Gross sales of							
1.	returns and all		a		\dashv			
1	Less cost of g		þ		\dashv			İ
<u> </u>	Net income or		s of inv					
<u> </u>		ellaneous Revenue		Busn Cod	_			
11a		T FEES		ļ	5,248			5,24
b								
C								
d	All other reven	ue					····	
١ ۵	Total. Add line	s 11a–11d			5,248			
e					876,306	-2,777		0 306,66

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)

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	155 505	155 505		
_	organizations in the U.S. See Part IV, line 21	155,595	155,595		
2	Grants and other assistance to individuals in	17,600	17,600		
2	the U.S. See Part IV, line 22	17,000	17,000		
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				
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	186,433		186,433	٧٠٠
8	Pension plan accruals and contributions (include		- 1		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	19,121		19,121	
10	Payroll taxes	14,262		14,262	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	7,710		7,710	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	30,449		30,449	
g	Other	3,690		3,690	
12	Advertising and promotion	5,944		5,944	
13	Office expenses				
14	Information technology				
15	Royalties				,
16	Occupancy			4 700	
17	Travel	4,729		4,729	
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	21 400		21 400	
22	Depreciation, depletion, and amortization	21,489		21,489 3,675	
23	Insurance	3,675		3,0/3	······································
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O) BANK FEES	13,985	13,985		
a	 		13,365	13,766	
b	CELEBRATION EXPENSE	13,766 7,585		7,585	
C	OFFICE SUPPLIES AMORTIZATION	6,555		6,555	
d		24,403		24,403	
	All other expenses	536,991	187,180	349,811	
2 <u>5</u> 26	Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the	330,331	107,100	327,011	
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here following SOP 98-2 (ASC 958-720) if				

Par	t X	Balance Sheet		· T		
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			1	
	2	Savings and temporary cash investments		676,892	2	839,219
	3	Pledges and grants receivable, net	72,782	3	53,445	
	4	Accounts receivable, net		4		
ı	5	Receivables from current and former officers, directors,	trustees, key			
		employees, and highest compensated employees Comp				
		Schedule L		5	· · · · · · · · · · · · · · · · · · ·	
	6	Receivables from other disqualified persons (as defined	under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B),				
		employers and sponsoring organizations of section 501(
ន		employees' beneficiary organizations (see instructions)			6	
Assets	7	Notes and loans receivable, net			7	
₹	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	······
1	10a	Land, buildings, and equipment cost or				
Ì		other basis Complete Part VI of Schedule D	10a 860,8			
	b	Less accumulated depreciation	10b 55,9			804,886
1	11	Investments—publicly traded securities		14,006,270		13,782,023
1	12	Investments—other securities See Part IV, line 11	33,146	12	41,866	
1	13	Investments—program-related See Part IV, line 11		13		
1	14	Intangible assets		14		
1	15	Other assets See Part IV, line 11		726,354		11,709
1	16	Total assets. Add lines 1 through 15 (must equal line 34	1)	15,592,711		15,533,148
	17	Accounts payable and accrued expenses	47,968	17	18,045	
1.	18	Grants payable		18		
	19	Deferred revenue			19	<u></u>
2	20	Tax-exempt bond liabilities			20	
2	21	Escrow or custodial account liability Complete Part IV of	f Schedule D		21	
s 2	22	Payables to current and former officers, directors, truste	es, key			
≝		employees, highest compensated employees, and disqu	alified persons			
Liabilities		Complete Part II of Schedule L			22	
ء ا '	23	Secured mortgages and notes payable to unrelated third	I parties		23	
2	24	Unsecured notes and loans payable to unrelated third pa			24	
	25	Other liabilities (including federal income tax, payables t				
		parties, and other liabilities not included on lines 17-24)	Complete Part X	250 204		220 164
		of Schedule D		359,304		332,164
4	26	Total liabilities. Add lines 17 through 25	ī	407,272	26	350,209
,		Organizations that follow SFAS 117, check here ►X] and complete			
<u>ë</u>		lines 27 through 29, and lines 33 and 34.		15 105 430		15 100 020
투 :	27	Unrestricted net assets		15,185,439		15,182,939
<u>m</u> 2	28	Temporarily restricted net assets		28		
돌 2	29	Permanently restricted net assets		29		
핕		Organizations that do not follow SFAS 117, check he				
Net Assets or Fund Balances		complete lines 30 through 34.				
ise :	30	Capital stock or trust principal, or current funds		···	30	· · · · · · · · · · · · · · · · · · ·
: ا <u>ک</u>	31	Paid-in or capital surplus, or land, building, or equipmen			31	
	32	Retained earnings, endowment, accumulated income, o	r other funds	15 105 400	32	15 100 000
_ ;	33	Total net assets or fund balances		15,185,439		15,182,939
- [:	34	Total liabilities and net assets/fund balances		15,592,711	34	15,533,148

Form **990** (2011)

Form 990 (2011) DUBOIS COUNTY COMMUNITY FOUNDATION, 35-1990305			Pag	ge 12
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response to any question in this Part XI				\Box
•	1 1			
1 Total revenue (must equal Part VIII, column (A), line 12)	1_1_	· · · · · · · · · · · · · · · · · · ·		<u> 306</u>
2 Total expenses (must equal Part IX, column (A), line 25)	2			<u>991</u>
3 Revenue less expenses Subtract line 2 from line 1	3			<u>315</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,18		
5 Other changes in net assets or fund balances (explain in Schedule O)	5	-34	11,	815
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,				
column (B))	6	15,18	32,	<u>939</u>
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response to any question in this Part XII				
			Yes	No
1 Accounting method used to prepare the Form 990 🔲 Cash 🔀 Accrual 🔲 Other				
If the organization changed its method of accounting from a prior year or checked "Other," explain in				
Schedule O				
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 line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain in				
Schedule O				
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
issued on a separate basis, consolidated basis, or both				
X Separate basis Consolidated basis Both consolidated and separate basis				
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? If the organization did not undergo the				
required audit or audits explain why in Schedule O and describe any steps taken to undergo such audits		3b		
		For	_n 990	(2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

4947(a)(1) nonexempt charitable trust.

Open to Public

Inspection

Department of the Treasury internal Revenue Service

Name of the organization

DUBOIS COUNTY COMMUNITY FOUNDATION,

Employer identification number 35 - 1990305

OMB No 1545-0047

			INC.						35-	199	030	5		
P	irt l	Reas	on for Public Charity	Status (All organizations	must co	mplete	this pa	art) Se	e inst	ruction	าร			
The	orga	nization is not	a private foundation becaus	e it is (For lines 1 through 11, o	heck only	one box)							
1		A church, cor	nvention of churches, or ass	ociation of churches described i	n section	170(b)(1)(A)(i).							
2	\sqcap	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	П			ce organization described in sec	ction 170	(b)(1)(A)(iii).							
4	П	•		d in conjunction with a hospital o			•)(1)(A)(i	ii). Ente	er the ho	ospital'	s name),	
		city, and state					•		•		•		•	
5	\Box	•		of a college or university owned	or operate	ed by a g	overnme	ental unit	descri	bed in				
•			b)(1)(A)(iv). (Complete Part		о, ороли									
6	\Box	-		overnmental unit described in s	ection 17	'0(b)(1)(A)(v)							
7	X			substantial part of its support fro				from the	genera	ıl nublic				
•	نعت	-	section 170(b)(1)(A)(vi). (C		om a gove	,,,,,,,c,,ta,	dint or		genera	, pabilo				
8				i70(b)(1)(A)(vi). (Complete Part	. 11. 3									
9	H	•		i) more than 33 1/3% of its supp		contributi	one me	mharchi	n fees	and are	100			
3	ш	•	• ,	npt functions—subject to certain						_	33			
		•		nd unrelated business taxable in	-		•							
		• •	~	0, 1975 See section 509(a)(2).	•			.) 110111 0	usines:	503				
10	П		•	exclusively to test for public safe			-							
11	H	_	•	exclusively for the benefit of, to	•				out the					
11	Ш	•	•	ed organizations described in se	•			-			,			
				he type of supporting organizati						3000.01	•			
						•	d	 -	e III–Ot	har				
_	\Box		□ ,.	c Type III–Functiona anization is not controlled direc			1				10			
е	Ш		, ,	er than one or more publicly sup	•									
		or section 50	•	than one or more publicly sup	ported or	garrizatio	is desci	ibea iii s	eccion .	505(a)(''			
			, ,, ,	rmination from the IRS that it is	a Type I	Type II	or Type	III sunna	ortina					
f			check this box	initiation from the inco that it is	a Type I,	Type II, V	or Type	iii suppt	Jiting					
_		-		tion accepted any gift or contrib	ution from	any of th	10							Ш
g		_	· · ·	non accepted any gilt of contrib	ution non	i any or u	ic							
		following per		anticle of the class of together:	with norse	dooor	had in (u) and					Yes	No
			•	ontrols, either alone or together	with perso	ons desci	ibea iii (ii) aiiu				440(i)	105	100
		- '	w, the governing body of the	•								11g(i)		-
			member of a person describ									11g(ii)		-
				described in (i) or (ii) above?								11g(iii)		
<u>h</u>		•		he supported organization(s)	(nd to the a		(A) Date		(10)	a tha		/w\ A = -		
(I		e of supported janization	(ii) EIN	(III) Type of organization (described on lines 1–9	1 ' '	organization sted in your		ou notify	organizat	s the ion in col		(VII) Ami		
		•		above or IRC section		document?		of your		zed in the S ?				
				(see instructions))	Yes	No	Yes	oort? No	Yes	No No				
					165	NO	168	140	103	NO				
(A)														
(B)			· · · · · · · · · · · · · · · · · · ·		 				-					
(D)					İ									
(C)														
C														
(D)					 	 								
-,					1									
(E)														
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T = 4 :														

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

Schedule A (Form 990 or 990-EZ) 2011

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

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	450,277	202,133	583,080	701,647	572,423	2,509,560
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	5,999	5,999	5,999	5,999	1,500	25,496
4	Total. Add lines 1 through 3	456,276	208,132	589,079	707,646	573,923	2,535,056
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)						856,750
6	Public support. Subtract line 5 from line 4						1,678,306
	tion B. Total Support	<u> </u>					1,070,300
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	456,276	208,132	589,079	707,646	573,923	2,535,056
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	353,880	343,598	308,100	324,819	301,412	1,631,809
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)	2,595	4,505	4,105	5,411	5,248	21,864
11	Total support. Add lines 7 through 10	/	1	I	l	142	4,188,729
12	Gross receipts from related activities, etc				504	(2)(2)	
13	First five years. If the Form 990 is for the	•	secona, tnira, tou	iπn, or tiπn tax yea	ir as a section 501	(0)(3)	▶ □
Sec	organization, check this box and stop here tion C. Computation of Public Su		age	.			
14	Public support percentage for 2011 (line 6	· · ·		n (fl)		14	40.07%
15	Public support percentage from 2010 Sche		•	'' ('//		15	42.32%
16a	33 1/3% support test—2011. If the organ			13. and line 14 is 3	3 1/3% or more, c		
	box and stop here. The organization quali						▶ [X]
b	33 1/3% support test—2010. If the organ	· · ·	• •		5 is 33 1/3% or mo	ore,	
	check this box and stop here. The organiz					•	▶ 🗍
17a	10%-facts-and-circumstances test—201	· ·		-	a, or 16b, and line	14 is	
	10% or more, and if the organization meet	s the "facts-and-cir	cumstances" test,	check this box and	d stop here. Expla	ain in	
	Part IV how the organization meets the "fa	cts-and-circumstar	ces" test. The org	anization qualifies	as a publicly supp	oorted	
	organization						▶ 🗌
b	10%-facts-and-circumstances test—201	0. If the organization	on did not check a	box on line 13, 16	a, 16b, or 17a, and	d line	
	15 is 10% or more, and if the organization	meets the "facts-ar	nd-circumstances"	test, check this bo	ox and stop here.		
	Explain in Part IV how the organization me	ets the "facts-and-	circumstances" tes	st The organizatio	n qualifies as a pu	iblicly	_
	supported organization						▶ □
18	Private foundation. If the organization did	d not check a box o	n line 13, 16a, 16b	o, 17a, or 17b, che	ck this box and se	e	. —
	instructions						▶ ∐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	<u> </u>		, p. c. c c		/		···
	ndar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					,		
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b							
8 8	Public support (Subtract line 7c from line 6)				<u> </u>			
Sec	tion B. Total Support	<u> </u>		1	<u> </u>	1		
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011		(f) Total
9	Amounts from line 6	(u) 2001	(2) 2000	(0, 200	(4) 20.0	(5)		(4)
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							
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	organization's fire	st, second, third, fo	ourth, or fifth tax ye	ar as a section 50	1(c)(3)		
	organization, check this box and stop her	е						.
Sec	tion C. Computation of Public Su	upport Percen	itage					
15	Public support percentage for 2011 (line 8	, column (f) divide	d by line 13, colun	nn (f))		L	15	%
<u>16</u>	Public support percentage from 2010 Sch						16	<u>%</u>
Sec	tion D. Computation of Investme	nt Income Pe	rcentage					
17	Investment income percentage for 2011 (I	ine 10c, column (f) divided by line 13	3, column (f))		Ĺ	17	%
18	Investment income percentage from 2010	Schedule A, Part	III, line 17				18	%
19a	33 1/3% support tests—2011. If the orga	inization did not ch	neck the box on lin	e 14, and line 15 is	more than 33 1/3	%, and line		. —
	17 is not more than 33 1/3%, check this be		=					▶ [_
b	33 1/3% support tests—2010. If the orga						nd	
	line 18 is not more than 33 1/3%, check th	· ·	-					▶ -
20	Private foundation. If the organization did	d not check a box	on line 14, 19a, or	19b, check this be			~ 000	or 990-F7) 201

DAA

MISCELLANEOUS

Schedule A (Form 990 or 990-EZ) 2011 DUBOIS COUNTY COMMUNITY FOUNDATION, 35-1990305

Page 4

Part iV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions)

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME \$ 16,553

\$

63

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public

Open to Public Inspection

Name of the organization Employer Identification number DUBOIS COUNTY COMMUNITY FOUNDATION, INC. 35-1990305 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 Total number at end of year 31 214 361,197 211,226 Aggregate contributions to (during year) 51,061 122,134 Aggregate grants from (during year) 2,299,480 13,936,592 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised X Yes funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose X Yes conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 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 Tax Year a Total number of conservation easements 2a 2b **b** Total acreage restricted by conservation easements 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, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No (i) and section 170(h)(4)(B)(ii)? 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X

		OUNTY COMMU				Page 2
	rt III Organizations Maintainir					ets (continued)
3	Using the organization's acquisition, acces collection items (check all that apply)	sion, and other records	, check any of the follo	owing that are a signi	ficant use of its	
а	Public exhibition	a∏t	oan or exchange prog	rams		
b	Scholarly research	e 🗍 🤇	Other			
С	Preservation for future generations	_				
4	Provide a description of the organization's	collections and explain	how they further the o	rganization's exempt	purpose in Part	
_	XIV					
5	During the year, did the organization solicit assets to be sold to raise funds rather than			•		☐ Yes ☐ No
Pa	rt IV Escrow and Custodial A				"Yes" to Form	990, Part IV,
	line 9, or reported an amou	_				,
1a	Is the organization an agent, trustee, custo		·	other assets not		
	included on Form 990, Part X?		, ,			Yes No
b	If "Yes," explain the arrangement in Part XI	V and complete the foll	lowing table			
_	The state of the s		gg			Amount
c	Beginning balance				1c	
	Additions during the year				1d	
	Distributions during the year				1e	
	Ending balance				1f	
	Did the organization include an amount on	Form 900 Part Y line	212		L''. 1	Yes No
	If "Yes," explain the arrangement in Part XI		21,			☐ Tes ☐ NO
	rt V Endowment Funds. Com		ation answered "V	es" to Form 990	Part IV line 1	<u></u>
	Endowment unds. Com	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	
10	Beginning of weer helenes	14,046,229	12,392,409	10,137,644		
	Beginning of year balance	534,245	502,709	220,415	1	
	Contributions	334,243	302,709	220,415	1/2,	307
С	Net investment earnings, gains, and	04 065	1 565 024	2 245 247	-3,986,	020
	losses	-84,865	1,565,024	2,245,347		
	Grants or scholarships	146,131	161,336	59,463	290,	337
е	Other expenditures for facilities and	410 505	252 456	151 420		CEZ
	programs	412,785	252,476	151,432		
Ť	Administrative expenses	101	101	101		101
g	End of year balance	13,936,592	14,046,229	12,392,409	10,137,	213
2	Provide the estimated percentage of the cu	•	(line 1g, column (a)) l	held as		
	Board designated or quasi-endowment	%				
	Permanent endowment ► 100.00 %					
С	Temporarily restricted endowment ▶	%				
	The percentages in lines 2a, 2b, and 2c sh	•				
3a	Are there endowment funds not in the poss	session of the organizat	tion 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 organization	ons listed as required or	n Schedule R?			3b
_4	Describe in Part XIV the intended uses of t					
<u>Pa</u>	rt VI Land, Buildings, and Equ	<u>uipment. See Forr</u>	<u>n 990, Part X, line</u>	10		
	Description of property	(a) Cost or other ba	1 ''		Accumulated	(d) Book value
	· · · · · · · · · · · · · · · · · · ·	(investment)	(othe	<u> </u>	depreciation	** ***
1a	Land			58,193		68,193
b	Buildings		65	53,779	13,831	639,948
С	Leasehold improvements					
d	Equipment			03,507	9,345	94,162
	Other			35,365	32,782	2,583
Total	. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Part	X, column (B), line 10	(c))	▶	804,886

Part VII	Investments—Other Securities. See Form	n 990, Part X, line 12.	
	(a) Description of security or category	(b) Book value	(c) Method of valuation
•	(including name of security)		Cost or end-of-year market value
1) Financial	derivatives		
•	eld equity interests		
3) Other	5.5 545.1, m.5.55.15		
•			
(A)		-	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I)			
Γotal. (Colum	in (b) must equal Form 990, Part X, col. (B) line 12.)	•	
Part VIII	Investments—Program Related. See Form	m 990. Part X. line 13	
	(a) Description of investment type	(b) Book value	(c) Method of valuation
	(-,	(-,	Cost or end-of-year market value
(1)	- +		
(1)	· · · · · · · · · · · · · · · · · · ·	/ / 	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
10)			
Fotal. (Colum	in (b) must equal Form 990, Part X, col. (B) line 13.)	•	
Part IX	Other Assets. See Form 990, Part X, line 1	15	
	(a) Description	*	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		·	
(9)			
10)			
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 15)		•
Part X	Other Liabilities. See Form 990, Part X, Irr	ne 25	
l.	(a) Description of liability	(b) Book value	
(1) Federal	income taxes		
	CY ENDOWMENT COMMITTMENTS	332,164	
(3)			
(4)			
(4)			
(5)			
(6)	12 7.		
(7)			
(8)			
(9)			,
10)			
11)			
	in (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 332,164	
	SC 740) Enginete. In Part XIV, provide the text of the foot		tements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Page 3

Sche	dule D (Form 990) 2011 DUBOIS COUNTY COMMUNITY FOUND	ATION	, 35-199030	5	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited	Financial Statem	ents	<u> </u>
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	876,306
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	536,991
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	339,315
4	Net unrealized gains (losses) on investments			4	-346,682
5	Donated services and use of facilities			5	4,867
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	-341,815
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	9		10	-2,500
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements		•	1	538,491
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a	-346,682		
b	Donated services and use of facilities	2b	8,867		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d	,		2e	-337,815
3	Subtract line 2e from line 1			3	876,306
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	876,306
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per F	Retur	'n
1	Total expenses and losses per audited financial statements			1	540,991
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	4,000		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	4,000
3	Subtract line 2e from line 1			3	536,991
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	536,991

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, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

PART XIV - SUPPLEMENTAL FINANCIAL INFORMATION

Part XIV Supplemental Information

THE FOUNDATION'S ENDOWMENT CONSISTS OF APPROXIMATELY 214 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. AS REQUIRED BY GENERAL ACCEPTED ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR IMPOSED RESTRICTIONS.

INTERPRETATION OF RELEVANT LAW

THE BOARD OF THE FOUNDATION HAS INTERPRETED THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UPMIFA) AS PERMITTING THE BOARD TO ACCUMULATE OR APPROPRIATE ENDOWMENT FUNDS AS IT DETERMINES, SO LONG AS THE BOARD ACTS IN GOOD FAITH AND WITH THE CARE A PRUDENT PERSON ACTING IN A LIKE POSITION WOULD USE UNDER SIMILAR CIRCUMSTANCES. IN ACCORDANCE WITH UPMIFA, THE FOUNDATION CONSIDERS THE FOLLOWING FACTORS IN MAKING A DETERMINATION TO APPROPRIATE OR ACCUMULATE DONOR-RESTRICTED ENDOWMENT FUNDS:

- (1) THE DURATION AND PRESERVATION OF THE FUND
- (2) THE PURPOSES OF THE FOUNDATION AND THE DONOR-RESTRICTED ENDOWMENT FUND
- (3) GENERAL ECONOMIC CONDITIONS
- (4) THE POSSIBLE EFFECT OF INFLATION AND DEFLATION
- (5) THE EXPECTED TOTAL RETURN FROM INCOME AND THE APPRECIATION OF INVESTMENTS
- (6) OTHER RESOURCES OF THE ENDOWMENT BENEFICIARY
- (7) THE INVESTMENT POLICIES OF THE FOUNDATION

RETURN OBJECTIVES AND RISK PARAMETERS

THE FOUNDATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY THE FOUNDATION'S ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS. UNDER THIS POLICY, AS APPROVED BY THE BOARD OF THE FOUNDATION, THE ENDOWMENT ASSETS ARE INVESTED IN A MANNER THAT IS INTENDED TO MAXIMIZE RETURN WITHIN REASONABLE AND PRUDENT LEVELS OF RISK.

THE FOUNDATION EXPECTS THE ENDOWMENT FUNDS, OVER TIME, TO PROVIDE AN AVERAGE RATE OF RETURN OF APPROXIMATELY 8.4 PERCENT ANNUALLY. ACTUAL RETURNS IN ANY GIVEN YEAR MAY VARY FROM THIS AMOUNT.

STRATEGIES EMPLOYED FOR ACHIEVING OBJECTIVES

TO SATISFY THE LONG-TERM RATE-OF-RETURN OBJECTIVES, THE FOUNDATION RELIES ON A TOTAL RETURN STRATEGY IN WHICH INVESTMENT RETURNS ARE ACHIEVED THROUGH BOTH CAPITAL APPRECIATION (REALIZED AND UNREALIZED) AND CURRENT YIELD (INTEREST AND DIVIDENDS). THE FOUNDATION TARGETS A DIVERSIFIED ASSET ALLOCATION THAT PLACES A GREATER EMPHASIS ON EQUITY-BASED INVESTMENTS TO ACHIEVE ITS LONG-TERM RETURN OBJECTIVES WITHIN PRUDENT RISK CONSIDERATIONS.

SPENDING POLICY AND HOW THE INVESTMENT OBJECTIVE RELATES TO THE SPENDING THE FOUNDATION HAS A SPENDING POLICY TO SPEND 4.5 PERCENT OF A 3-YEAR MOVING AVERAGE OF QUARTERLY MARKET VALUES. IN ESTABLISHING THIS POLICY, THE FOUNDATION CONSIDERED THE LONG-TERM EXPECTED RETURN ON ITS ENDOWMENT. IN RELATION TO THE EXPECTED RATE OF RETURN, THIS POLICY IS CONSISTENT WITH THE FOUNDATION'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS AND INVESTMENT RETURN.

ENDOWMENT NET ASSET COMPOSITION BY TYPE OF FUND AS OF DECEMBER 31, 2011 IS AS FOLLOWS:

UNRESTRICTED

DONOR ADVISED ENDOWMENT FUNDS \$ 2,299,480

UNRESTRICTED ENDOWMENT FUNDS 11,637,112

TOTAL	ENDOWMENT	FUNDS	\$ 13,936,592

CHANGES IN ENDOWMENT NET ASSETS AS OF DECEMBER 31, 2011 ARE AS FOLLOWS:

THIRD DOWN TOWNS

	UNRESTRICTED
ENDOWMENT NET ASSETS, BEGINNING OF YEAR	\$ 14,046,229
CONTRIBUTIONS	534,245
INVESTMENT INCOME	294,733
NET APPRECIATION (DEPRECIATION)	(379,598)
AMOUNTS APPROPRIATED FOR EXPENDITURE	(559,017)
ENDOWMENT NET ASSETS, END OF YEAR	\$ 13,936,592

SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations,

OMB No 1545-0047

| | Open to Public Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States

Department of the Treasury Internal Revenue Service			► Attach to Form 990.	.06			Inspection
DUBOIS COUNTY INC.	COMMUNITY FOUN	FOUNDATION,	Ν,		Employer Id 35 – 19	Employer identification number 35-1990305	
Part I General Information on Grants and Assistance	d Assistance						
 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 	the amount of the grance? Ince? ontoring the use of g	ants or ass rant funds	istance, the grantees' in the United States	eligibility for the gran	ts or assistance, an	ъ	X Yes
65	overnments and recipient that recipient space is needed	d Organi ceived m	Organizations in the United States. Complete if the organization answered "Yes" eived more than \$5,000. Check this box if no one recipient received more than \$5,01.	ited States. Con Check this box if r	nplete if the orga no one recipient	inization answ received more	ered "Yes" than \$5,000. ▶
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
(1) SALEM UNITED CHURCH OF CHRIST			6,595				VARIOUS
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
 Enter total number of section 501(c)(3) and government organizations listed Enter total number of other organizations listed in the line 1 table 	t organizations listed	in the line 1 table	1 table				1
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	for Form 990.						Schedule I (Form 990) (2011)

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Schedule I (Form 990) (2011) DUBOIS COUNTY COMMUNITY FOUNDATION, 35-1990305

Part III Grants and Other Assistance to Individuals in the United States

Pg 31

	Part III can be duplicated if additional space is needed	ional space is needed				
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
1 SCHO	1 SCHOLARSHIP	2	700			
CHOS	3 SCHOLARSHIP	15	16.900			
က						
4						
2						
ى						
4						
Dort IV	Supplemental Information Complete this part to pro-	molete this part to prov	and the information re	editined in Part I line	ade the information required in Part I line 2 and any other additional information	information

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

THE FOUNDATION REQUESTS INFORMATION FROM GRANT RECIPIENTS TO VERIFY THE

GRANT WAS USED APPROPRIATELY.

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

• Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

OMB No 1545-0047

Name of the organization

DUBOIS COUNTY COMMUNITY FOUNDATION,

INC.

Employer identification number 35 - 1990305

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
TAX RETURN REVIEWED BY PRESIDENT AND EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

DISCLOSE ANNUALY ALL ORGANIZATIONS INDIVIDUALS & FAMILY MEMBERS WHO COULD

HAVE A POTENTIAL CONFLICT OF INTEREST.

IF POTENTIAL CONFLICT EXISTS THEY ARE REQUIRED TO RECLUSE THEMSELVES FROM THE AFFECTED VOTE.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE EXECUTIVE COMMITTEE MEETS AND REVIEWS THE CURRENT SALARY AND PERFORMANCE IN SETTING SALARIES IT TAKES INTO CONSIDERATION CORRESPONDING SALARY LEVELS ON A NATIONAL AND STATE LEVEL.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION AVAILABLE UPON REQUEST.

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

2011

20 I I

Department of the Treasury Internal Revenue Service

(99)

► See separate instructions.

Attach to your tax return.

Attachment

Name(s) shown on return

DUBOIS COUNTY COMMUNITY FOUNDATION,

Identifying number

35-1990305 Business or activity to which this form relates INDIRECT DEPRECIATION Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 1 1 500,000 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 a Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction, Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 15 21,489 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions) Part III Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2011 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (business/investment use (e) Convention (f) Method (a) Depreciation deduction (a) Classification of property placed in period only-see instructions) 19a 3-year property b 5-year property С 7-year property d 10-year property e 15-year property 20-year property 25 yrs S/L 25-year property S/L 27 5 yrs MM Residential rental property S/L 27 5 yrs MM MM Nonresidential real 39 yrs S/L property MM S/L Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs S/L b 12-year 40-year MM S/L 40 yrs Part IV Summary (See instructions)

portion of the basis attributable to section 263A costs

For Paperwork Reduction Act Notice, see separate instructions.

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here

and on the appropriate lines of your return. Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

Listed property Enter amount from line 28

Form 4562 (2011)

21,489

23

21

22

21

22

23