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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
COMMUNITY FOUNDATION OF BOONE COUNTY INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 92

City or town, state or country, and ZIP + 4
ZIONSVILLE, IN 46077

D Employer identification number
35-1829585

E Telephone number
(317)873-0210

G Gross receipts $ 4,547,615

F Name and address of principal officer
STEVE DAVID
PO BOX 92
ZIONSVILLE,IN 46077

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW COMMUNITYFOUNDATIONBC ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1991

M State of legal domicile IN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
OUR MISSION IS TO ENHANCE THE QUALITY OF LIFE IN BOONE COUNTY, INDIANA BY PROACTIVELY ADDRESSING COMMUNITY NEEDS AND EXPANDING, MANAGING AND DISTRIBUTING PHILANTHROPIC RESOURCES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	7
6	Total number of volunteers (estimate if necessary)	6	65
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	537,365	508,455
	9	Program service revenue (Part VIII, line 2g)	248,967	256,919
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,058,527	832,306
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,052	945
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,845,911	1,598,625
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	691,060	726,527
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	181,295	198,604
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶125,137		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	553,848	606,243
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,426,203	1,531,374
	19	Revenue less expenses Subtract line 18 from line 12	419,708	67,251

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	18,287,142	19,411,881
	21	Total liabilities (Part X, line 26)	913,284	810,965
	22	Net assets or fund balances Subtract line 21 from line 20	17,373,858	18,600,916

Part II Signature Block

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

Sign Here

****** 2013-11-14
Signature of officer Date

STEVE DAVID PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
PATRICK W BURKEY		2013-11-14		

Firm's name ▶ ESTEP BURKEY SIMMONS LLC — Firm's EIN ▶

Firm's address ▶ PO BOX 42 MUNCIE, IN 473080042 — Phone no (765) 284-7554

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check ıf Schedule O contaıns a response to any question ın thıs Part III . . . . ☐

1 Brıefly describe the organızatıon's mıssıon

OUR MISSION IS TO ENHANCE THE QUALITY OF LIFE IN BOONE COUNTY, INDIANA BY PROACTIVELY ADDRESSING COMMUNITY NEEDS AND EXPANDING, MANAGING AND DISTRIBUTING PHILANTHROPIC RESOURCES

2 Dıd the organızatıon undertake any sıgnıficant program servıces durıng the year whıch were not lısted on the prıor Form 990 or 990-EZ? . . . . ☐ Yes ☑ No

If "Yes," descrıbe these new servıces on Schedule O

3 Dıd the organızatıon cease conductıng, or make sıgnıficant changes ın how ıt conducts, any program servıces? . . . . ☐ Yes ☑ No

If "Yes," descrıbe these changes on Schedule O

4 Descrıbe the organızatıon's program servıce accomplıshments for each of ıts three largest program servıces, as measured by expenses Sectıon 501(c)(3) and 501(c)(4) organızatıons are requıred to report the amount of grants and allocatıons to others, the total expenses, and revenue, ıf any, for each program servıce reported

4a (Code) (Expenses $ 1,251,497 ıncludıng grants of $ 726,527) (Revenue $)

GRANTS PAID FROM DESIGNATED, DONOR ADVISED, FIELD OF INTEREST AND UNRESTRICTED FUNDS FOR THE BENEFITS OF NOT-FOR-PROFIT ORGANIZATIONS, CHARITABLE PURPOSES OR SCHOLARSHIPS

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

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

4d Other program servıces (Descrıbe ın Schedule O)

(Expenses $ ıncludıng grants of $) (Revenue $)

4e **Total program service expenses** ▶ 1,251,497

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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		No
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		No
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	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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	Yes	
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 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
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		No
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	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		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V 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	1a	8			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	7			
b	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)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	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					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	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 organization, have excess business holdings at any time during the year?			8		No
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		No
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . .	1a 16			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent . . .	1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . .		2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . .		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders? . . .		6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body? . . .		8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . .		8b	Yes	
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		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . .	10a		No
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	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . .	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done* . . .	12c	Yes	
13	Did the organization have a written whistleblower policy? . . .	13	Yes	
14	Did the organization have a written document retention and destruction policy? . . .	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official . . .	15a	Yes	
b	Other officers or key employees of the organization . . .	15b		No
	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 with a taxable entity during the year? . . .	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . .	16b		

Section C. Disclosure

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

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

☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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
▶THE ORGANIZATION 60 E CEDAR ST ZIONSVILLE, IN (317) 873-0210

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MARC APPLEGATE VICE PRESIDE	50	X		X				0	0	0
(2) ALLEN MILBURN SECRETARY	50	X		X				0	0	0
(3) BETH CASSELMAN VICE PRESIDE	50	X		X				0	0	0
(4) STEVE DAVID PRESIDENT	50	X		X				0	0	0
(5) TOM EASTERDAY DIRECTOR	50	X						0	0	0
(6) JEFF WELTY TREASURER	50	X		X				0	0	0
(7) GARY HECK DIRECTOR	50	X						0	0	0
(8) KAREN MILAM DIRECTOR	50	X						0	0	0
(9) BARBARA PORTELL DIRECTOR	50	X						0	0	0
(10) ALAN QUICK DIRECTOR	50	X						0	0	0
(11) RAY INGHAM DIRECTOR	50	X						0	0	0
(12) MARK RANSOM DIRECTOR	50	X						0	0	0
(13) SUZY RICH DIRECTOR	50	X						0	0	0
(14) BETH SEASE DIRECTOR	50	X						0	0	0
(15) MIKE HARLOS DIRECTOR	50	X						0	0	0
(16) JACK JONES DIRECTOR	50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

		(D)	(E)	(F)
1b	**Sub-Total** . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . ▶			

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶

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

Section B. Independent Contractors

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

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

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

Part VIII **Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations . . . 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	508,455				
	g	Noncash contributions included in lines 1a-1f $	12,625				
	h	**Total.** Add lines 1a-1f . . . . ▶		508,455			
Program Service Revenue			Business Code				
	2a	ADMINISTRATIVE FEES	900099	256,919	256,919		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶		256,919			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶		561,420			561,420
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	(i) 3,219,876				
	b	Less cost or other basis and sales expenses	(i) 2,948,990				
	c	Gain or (loss)	(i) 270,886				
	d	Net gain or (loss) . . . . ▶		270,886			270,886
	8a	Gross income from fundraising events (not including $ ________ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	OTHER INCOME	900099	945	945		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . . ▶		945			
	12	**Total revenue.** See Instructions . . . . . ▶		1,598,625	257,864		832,306

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	586,415	586,415		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	140,112	140,112		
3 Grants and other assistance to governments, organizations, and individuals outside the United States 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	184,491	46,575	65,326	72,590
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	14,113	3,563	4,997	5,553
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	23,150		23,150	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	46,424	45,500	924	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	14,363		424	13,939
13 Office expenses	33,878	4,553	8,421	20,904
14 Information technology				
15 Royalties . .				
16 Occupancy	23,236	7,668	7,900	7,668
17 Travel	4,483			4,483
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,711		10,711	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,247		2,247	
23 Insurance	7,943		7,943	
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)				
a ADMINISTRATIVE FEES	256,918	256,918		
b PROGRAM EXPENSES	160,193	160,193		
c EQUIPMENT MAINTENANCE	21,136		21,136	
d MISCELLANEOUS EXPENSES	829		829	
e All other expenses	732		732	
25 **Total functional expenses.** Add lines 1 through 24e	1,531,374	1,251,497	154,740	125,137
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

Check if Schedule O contains a response to any question in this Part X . . . . ☐

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			605,277	2	675,822
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			4,003	9	1,807
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	39,976			
	b	Less accumulated depreciation	10b	35,529	6,694	10c	4,447
	11	Investments—publicly traded securities			17,529,734	11	18,594,093
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			141,434	15	135,712
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			18,287,142	16	19,411,881
Liabilities	17	Accounts payable and accrued expenses			2,209	17	1,622
	18	Grants payable			271,045	18	233,427
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			640,030	25	575,916
	26	**Total liabilities.** Add lines 17 through 25			913,284	26	810,965
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			3,092,247	27	3,640,728
	28	Temporarily restricted net assets			10,753	28	12,612
	29	Permanently restricted net assets			14,270,858	29	14,947,576
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			17,373,858	33	18,600,916
	34	Total liabilities and net assets/fund balances			18,287,142	34	19,411,881

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,598,625
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,531,374
3	Revenue less expenses Subtract line 2 from line 1	3	67,251
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,373,858
5	Net unrealized gains (losses) on investments	5	1,083,508
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	76,299
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	18,600,916

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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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		No
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		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF BOONE COUNTY INC

Employer identification number
35-1829585

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state ________

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☑ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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

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

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

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

h Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,366,743	1,451,727	404,705	537,365	508,455	5,268,995
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	2,366,743	1,451,727	404,705	537,365	508,455	5,268,995
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)						2,421,242
6 **Public support.** Subtract line 5 from line 4						2,847,753

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	2,366,743	1,451,727	404,705	537,365	508,455	5,268,995
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	585,714	531,187	630,514	530,221	561,420	2,839,056
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)						8,108,051

12 Gross receipts from related activities, etc (see instructions)	12	257,864

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	35 120 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	41 720 %

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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).

Facts And Circumstances Test

Explanation

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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

2012

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF BOONE COUNTY INC

Employer identification number
35-1829585

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	84	
2	Aggregate contributions to (during year)	180,868	
3	Aggregate grants from (during year)	354,478	
4	Aggregate value at end of year	6,389,951	

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
- ☐ Preservation of land for public use (e g , recreation or education)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 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 Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

6 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 ▶ $ ______

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

9 In Part XIII, 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 XIII, 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 ▶ $ ______

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

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☐

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	17,306,504	17,892,072	16,678,708	15,261,351	17,807,824
b	Contributions	582,879	391,399	311,990	389,486	1,827,593
c	Net investment earnings, gains, and losses	1,248,100	300,847	1,823,666	1,459,213	-3,981,402
d	Grants or scholarships	569,753	636,609	665,631	302,900	304,900
e	Other expenditures for facilities and programs	119,235	400,865	87,604		
f	Administrative expenses	250,783	240,340	169,057	128,442	87,764
g	End of year balance	18,197,712	17,306,504	17,892,072	16,678,708	15,261,351

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► 16 000 %

b Permanent endowment ► 84 000 %

c Temporarily restricted endowment ►

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
c	Leasehold improvements				
d	Equipment		39,976	35,529	4,447
e	Other				

Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . . . ► 4,447

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
AGENCY FUNDS	459,672
GIFT ANNUITIES	112,448
ACCRUED LIABILITIES	3,796
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	575,916

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

1	Total revenue, gains, and other support per audited financial statements			1	2,732,456
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,083,508		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	98,976		
e	Add lines **2a** through **2d**			2e	1,182,484
3	Subtract line **2e** from line **1**			3	1,549,972
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	48,653		
c	Add lines **4a** and **4b**			4c	48,653
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	1,598,625

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

1	Total expenses and losses per audited financial statements			1	1,505,398
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	1,505,398
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	25,976		
c	Add lines **4a** and **4b**			4c	25,976
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	1,531,374

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	THE FOUNDATION'S ENDOWMENT FUNDS ARE INTENDED TO AWARD GRANTS AND SCHOLARSHIPS FOR CHARITABLE, EDUCATIONAL, OR SCIENTIFIC PROJECTS AND PURPOSES PERMANENT ENDOWMENT FUNDS ARE INTENDED TO AWARD CHARITABLE GRANTS IN PERPETUITY
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	THE FOUNDATION FOLLOWS THE INCOME TAX TOPIC OF THE FASB ASC THE FOUNDATION NOW RECOGNIZES A TAX BENEFIT ONLY IF IT IS MORE LIKELY THAN NOT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR THE AMOUNT RECOGNIZED WILL BE THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION FOR TAX POSITIONS NOT MEETING THE MORE-LIKELY-THAN-NOT TEST, NO TAX BENEFIT WILL BE RECORDED THE FOUNDATION HAS EXAMINED THIS ISSUE AND HAS DETERMINED THERE ARE NO MATERIAL CONTINGENT TAX LIABILITIES THE FOUNDATION'S FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS FOR 2009, 2010, AND 2011 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND THE INDIANA DEPARTMENT OF REVENUE RETURNS ARE GENERALLY SUBJECT TO EXAMINATION FOR THREE YEARS AFTER THEY ARE FILED
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 2D	CHANGE IN VALUE OF CSV OF LIFE INSURANCE POLICIES 10,336 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 88,640
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 4B	AGENCY FUND REVENUE 48,653
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	AGENCY FUND EXPENSES 25,976

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF BOONE COUNTY INC

Employer identification number
35-1829585

Part I General Information on Grants and Assistance

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

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 23

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 1

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	58	140,112			

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	INTEREST AREAS GENERALLY GRANTS WILL BE MADE IN THE FOLLOWING AREAS YOUTH, HUMAN SERVICES, ARTS, CULTURE, HEALTH, CIVIC AFFAIRS, ENVIRONMENT, RECREATION, EDUCATION AND THE ELDERLY PURPOSE THE PURPOSE OF ALL AWARDS IS THE IMPROVEMENT OF THE QUALITY OF LIFE FOR THE RESIDENTS OF BOONE COUNTY, INDIANA ELIGIBILITY AWARDS WILL BE MADE TO NONPROFIT ORGANIZATIONS EXEMPT FROM FEDERAL TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE GRANTS MAY BE ALLOWED TO INDIVIDUALS AND TO NON-501 (C)(3) ORGANIZATIONS IF THERE IS DOCUMENTED CHARITABLE ACTIVITY BENEFITING OR SERVING THE RESIDENTS OF BOONE COUNTY, OR IF THE COMMUNITY FOUNDATION IS ACTING AS FISCAL AGENT FOR THE PROJECT OR PROGRAM SELECTION CRITERIA THE FOUNDATION WILL CONSIDER THE FOLLOWING CRITERIA WHEN MAKING AWARD DETERMINATIONS THE PRIMARY, SECONDARY AND TERTIARY IMPACT OF THE AWARD, THE NUMBER OF BOONE COUNTY RESIDENTS WHO WILL BENEFIT, THE INNOVATIVE AND CREATIVE ASPECTS OF THE PROPOSED PROGRAM, THE EXTENT OF VOLUNTEER INVOLVEMENT AND CONTRIBUTION TOWARD ELIMINATION OF THE NEED OR PROBLEM DESCRIBED IN THE APPLICATION, THE COMPOSITION OF THE APPLICANT ORGANIZATION'S GOVERNING BOARD AND EVIDENCE OF THE BOARD'S COMMITMENT TOWARD RESOLUTION OF THE NEED OR PROBLEM DESCRIBED IN THE APPLICATION, THE EXTENT OF THE APPLICANT ORGANIZATION'S EFFORT TO COMPLEMENT THE SERVICES OF OTHER COMMUNITY ORGANIZATIONS, TO REDUCE OR ELIMINATE DUPLICATION OF EFFORT WITHIN ITS COMMUNITY, AND TO ENCOURAGE AND ENHANCE COOPERATION BETWEEN AND AMONG ORGANIZATIONS IN ITS LOCAL COMMUNITY AND THROUGHOUT BOONE COUNTY THE APPLICANT ORGANIZATION'S FISCAL STABILITY, RESPONSIBILITY, HISTORY AND MANAGEMENT QUALIFICATIONS THE POTENTIAL FOR AN AWARD TO BE USED TO LEVERAGE ADDITIONAL FUNDS FROM OTHER FUNDING SOURCES FOR THE SAME PURPOSES REFERENCED IN THE APPLICATION THE POTENTIAL FOR THE APPLICANT ORGANIZATION TO BE SUCCESSFUL IN OBTAINING THE ADDITIONAL FUNDING NECESSARY TO ELIMINATE THE NEED DEFINED IN THE APPLICATION (IF ADDITIONAL FUNDS ARE REQUIRED) FOR REQUESTS THAT WILL PRODUCE A PERMANENT PROGRAM OR PROJECT, EVIDENCE THAT THE APPLICANT ORGANIZATION PLANS TO, AND IS CAPABLE OF FINANCIALLY SUSTAINING THE EFFORT BEYOND THE END OF THE AWARD PERIOD IS EXPECTED RESTRICTIONS AND CONDITIONS AWARDS WILL BE MADE WITH THE UNDERSTANDING THAT THE FOUNDATION ASSUMES NO OBLIGATION OR COMMITMENT TO PROVIDE ADDITIONAL SUPPORT TO THE APPLICANT APPLICATIONS WILL BE ACCEPTED FROM RELIGIOUS ORGANIZATIONS WHICH ADDRESS SPECIFIC NEEDS NOT DIRECTLY RELATED TO THE PROMOTION OR TEACHING OF DOCTRINE AWARDS WILL NOT BE MADE TO SUPPORT POLITICAL CAMPAIGNS OR ATTEMPTS TO INFLUENCE THE LEGISLATURE OR ANY OTHER GOVERNMENTAL BODY EXCEPT IN SITUATIONS WHERE THE AWARD IS USED TO PRODUCE NONPARTISAN ANALYSES, STUDY RESULTS AND RESEARCH DATA AWARDS WILL BE MADE WITHOUT DISCRIMINATIONS AS TO AGE, COLOR, RACE, RELIGION, SEX, DISABILITY, VETERAN STATUS OR NATIONAL ORIGIN, AND ONLY TO ELIGIBLE RECIPIENTS THAT DO NOT UNLAWFULLY DISCRIMINATE ON THESE SAME CRITERIA NONALLOWABLE EXPENSES INCLUDE SUPPORT OR PRE-AWARD COSTS (I E , PROJECT COSTS GENERATED DURING THE PREPARATIONS OF A PROPOSAL FOR THE SAME PROJECT), EXISTING GENERAL FUND OPERATING EXPENSES, REGULAR SALARIES OR PRE-AWARD PERMANENT STAFF (UNLESS OVERLOAD COMPENSATION IS JUSTIFIED DURING THE LIFE OF THE FUNDED PROJECT), INTERNATIONAL TRAVEL, FIRST-CLASS AIR FARE, LUXURY ACCOMODATIONS, HOSPITALITY FOR PURPOSES OTHER THAN THOSE DIRECTLY RELATED TO MEETING PROGRAM OBJECTIVES AS DEFINED IN THE PROPOSAL, ALCOHOL, AND "INDIRECT" OR REGULAR EXISTING ADMINISTRATIVE COSTS (E G , TELEPHONE, UTILITIES, GENERAL MAINTENANCE, ETC) OF THE APPLICANT ORGANIZATION THE AVAILABILITY OF MATCHING FUNDS IS NOT A CONDITION OF ELIGIBILITY FOR PROPOSAL SUBMISSION HOWEVER, THE FOUNDATION MAY DETERMINE THAT IT SOME SITUATIONS A MATCH WILL BE REQUIRED AS A CONDITION OF AN AWARD REQUESTS FOR FUNDS TO SUPPORT AN EXISTING PROGRAM MUST CLEARLY DEMONSTRATE THAT THE NEED IS RELATED TO A NEW AND INNOVATIVE PROGRAM DIRECTION, AND NOT SIMPLY MAINTENANCE OF THIS STATUS QUO SUBMISSION DEADLINE APPLICANTS MAY BE SUBMITTED AT ANY TIME NOTIFICATION OF ACTION UPON THE FOUNDATION'S RECEIPT OF A PROPOSAL, THE APPLICANT ORGANIZATION WILL BE NOTIFIED OF THEIR AWARD OR DENIAL WITHIN APPROXIMATELY SIX WEEKS APPLICATION PROCEDURES EACH APPLICATION MUST BE SIGNED BY AN AUTHORIZING OFFICIAL (USUALLY THE CHIEF EXECUTIVE OFFICER) OF THE SUBMITTING ORGANIZATION THE PERSON SIGNING THE APPLICATION MUST HAVE AUTHORITY TO MAKE LEGALLY BINDING COMMITMENTS ON BEHALF OF THE APPLICANT ORGANIZATION THE COPY TO WHICH THE ORIGINAL INKED SIGNATURE IS AFFIXED BY THE AUTHORIZED OFFICIAL, PLUS FIVE ADDITIONAL COPIES OF THE APPLICATION (TOTAL OF SIX COPIES) ARE TO BE SUBMITTED APPLICATIONS CAN BE EITHER MAILED TO THE COMMUNITY FOUNDATION OF BOONE COUNTY, P O BOX 92, ZIONSVILLE, IN 46077, OR HAND CARRIED TO THE FOUNDATION OFFICE AT 60 E CEDAR ST , ZIONSVILLE PROPOSALS WILL NOT BE ACCEPTED ELECTRONICALLY CONTENT AND FORMAT (FOR GRANTS OVER 10,000) APPLICATIONS MUST BE SUBMITTED ACCORDING TO THE FOLLOWING GUIDELINE TEN PAGES MAXIMUM (INCLUDING BUDGETS AND APPENDIXES), SINGLE-SPACED WITH A MINIMUM FONT SIZE OF TWELVE, LEGILBLY TYPED OR PRINTED, APPENDIXES SHOULD INCLUDE (1) IRS TAX-EXEMOT STATUS DOCUMENTATION, (2) GOVERNING BOARD ROSTER, (3) APPLICANT ORGANIZATION'S MOST RECENT ANNUAL FINANCIAL STATEMENT, AND (4) OTHER DOCUMENTATION CONSIDERED VITAL TO FOUNDATION REVIEWERS THE FIRST PAGE (COVER SHEET) SHOULD PRESENT THE FOLLOWING INFORMATION ONLY (1) NAME, ADDRESS, TELEPHONE NUMBER AND EMAIL ADDRESS OF APPLICANT ORGANIZATION, (2) TOTAL COST OF THE NEED OR PROBLEM TO BE RESOLVED, (3) DOLLAR AMOUNT REQUESTED FRO THE COMMUNITY FOUNDATION OF BOONE COUNTY, (4) DOLLAR AMOUNT(S) REQUESTED, OR TO BE REQUESTED, OF OTHER FUNDING SOURCES FOR THE SAME NEED AND IDENTIFICATION OF THOSE SOURCES, (5) DOLLAR AMOUNT OF APPLICANT ORGANIZATION'S CONTRIBUTION (IF ANY), AND (6) THE SIGNATURE OF CHIEF EXECUTIVE OFFICER OR OTHER AUTHORIZED OFFICIAL FASTEN PROPOSAL TOGETHER WITH ONE STAPLE IN THE UPPER LEFT HAND CORNER DO NOT ENCLOSE THE PROPOSAL IN A FOLDER OR BINDER PROPOSAL CONTENT AND FORMAT SHOULD BE PRESENTED AS DESCRIBED BELOW PROPOSAL NARRATIVE SHOULD INCLUDE THE FOLLOWING TOPICS, ADDRESSING EACH BRIEFLY AND SUCCINTLY WITHIN THE FOLLOWING FORMAT ABSTRACT OR EXECUTIVE SUMMARY ONE PARAGRAPH PROVIDING A CLEAR OVERVIEW OF THE REQUEST INCLUDING ITS INTENDED OUTCOMES DESCRIPTION OF SUBMITTING ORGANIZATION BRIEF ONE- HALF PAGE OR LESS STATEMENT OF PURPOSE, HISTORIC REFERENCE, ADMINISTRATIVE STRUCTURE, PERTINENT TO THE REQUEST, EXPERIENCE IN ADMINISTERING GRANTS AND OTHER RELEVANT INFORMATION INCLUDE NAMES AND ADDRESSES OF GOVERNING BOARD IRS DETERMINATION LETTER IN AN APPENDIX STATEMENT OF PROBLEM OR NEED PRECISELY DEFINE THE NEED, PROBLEM TO BE SOLVED, OR THE PROBLEM TO BE ELIMINATED THIS SHOULD BE A LUCID ANALYSIS LEAVING NO DOUBT THAT A REAL PROBLEM OR NEED EXISTS INCLUDE DOCUMENTATION (QUANTITATIVE, IF POSSIBLE) ADDITIONAL INFORMATION MAY BE INCLUDED IN AN APPENDIX OBJECTIVES PRESENT ONLY A NUMBERED LIST OF FINAL OUTCOMES (OR PRODUCTS) THAT WILL BE THE RESULT OF THE EXPENDITURE OF THE FUNDS REQUESTED THIS SHOULD NOT BE A DESCRIPTION OF ACTIVITIES THAT WILL TAKE PLACE DURING THE LIFE OF THE AWARD, BUT A PROJECTION OF WHAT WILL HAVE BEEN PRODUCED WHEN THE REQUESTED FUNDS HAVE BEEN EXPENDED PROPOSED SOLUTION THIS SHOULD BE A BRIEF, EXPLICIT STATEMENT CLEARLY DEFINING THE ACTIVITIES TO BE IMPLEMENTED WITH THE FUNDS REQUESTED NO QUESTION SHOULD REMAIN AS TO THE APPLICANT ORGANIZATION'S ABILITY TO ELIMINATE THE PROBLEM OR NEED A PLAN FOR GENERATING ADDITIONAL FUNDS SHOULD BE INCLUDED HERE IF APPLICABLE MATERIALS/EQUIPMENT A LIST OF ITEMS (MATERIALS, EQUIPMENT, ETC) REQUIRED TO CONDUCT THE PROGRAM SHOULD BE INCLUDED HERE JUSTIFICATION FOR EACH SHOULD BE INCLUDED THESE ITEMS SHOULD BE CAREFULLY RELATED TO, AND CLEARLY REPRESENTED IN THE BUDGET STAFF KEY RESPONSIBLE PERSONNEL AND THEIR QUALIFICATIONS SHOULD BE IDENTIFIED FACILITIES DESCRIBE THE SUITABILITY AND/OR SHORTCOMINGS OF THE FACILITIES TO BE USED EVALUATION PRESENT A BRIEF PLAN FOR PRODUCING EVIDENCE (QUANTITIVE, IF POSSIBLE) THAT WILL PREMIT THE FOUNDATION TO EVALUATE THE SUCCESS OF ITS INVESTMENT THE EVIDENCE PRODUCED SHOULD BE SUITABLE FOR INCLUSION IN THE GRANTEE'S FINAL REPORT TO THE FOUNDATION BUDGET DOUBLE SPACE BETWEEN MAJOR DIVISIONS (E G , RENOVATION, EQUIPMENT, CONSULTANTS, ETC), SINGLE SPACE BETWEEN LINE ITEMS WITHIN EACH DIVISION NUMBER EACH BUDGET LINE AT LEFT BUDGET EXPLANATION EXPLAIN HOW YOU ARRIVED AT THE DOLLAR AMOUNT IN EACH LINE ITEM UNLESS IT IS OBVIOUS FROM THE BUDGET ITSELF INCLUDE ONLY THE LINE ITEMS NEEDING EXPLANATION, NUMBERING EACH ACCORDING TO THE NUMBERED LINE IN THE BUDGET

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 35-1829585
Name: COMMUNITY FOUNDATION OF BOONE COUNTY INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARC OF GREATER BOONE COUNTY900 W MAIN ST LEBANON,IN 46052	35-1333698	501C3	16,700				LITERACY PROGRAM
BETHANY CHRISTIAN SERVICES7168 GRAHAM RD INDIANAPOLIS,IN 46250	38-1405282	501C3	9,500				SAFE FAMILIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOONE COUNTY CHILD ADVOCACY CENTER218 E WASHINGTON LEBANON,IN 46052	37-1607071	501C3	54,048				OPERATING SUPPORT
BOONE COUNTY SENIOR SERVICES515 CROWN POINT DR LEBANON,IN 46052	35-1445498	501C3	19,050				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTENARY UNITED METHODIST CHURCH910 FORDICE RD LEBANON,IN 46052	35-0996101	501C3	5,250				OPERATING SUPPORT
CENTER STAGE COMMUNITY THEATER604 W POWELL LEBANON,IN 46052	35-1966885	501C3	6,300				LIGHTING EQUIPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CICOA AGING & IN-HOME SERVICE4755 KINGSWAY DR STE 200 INDIANAPOLIS,IN 46205	35-1310387	501C3	9,000				MEALS AND MORE
FAMILIES FIRST615 N ALABAMA ST STE 320 INDIANAPOLIS,IN 46204	35-0877572	501C3	16,500				SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GLEANERS FOOD BANK OF INDIANA3737 WALDEMERE AVE INDIANAPOLIS,IN 46241	35-1483868	501C3	10,000				MEALS FOR CHILDREN
INDY READS2450 N MERIDIAN ST INDIANAPOLIS,IN 46208	31-1227489	501C3	60,000				LITERACY FOR ADULTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEBANON PUBLIC LIBRARY 104 E WASHINGTON ST LEBANON,IN 46052	35-6001777	GOV	16,700				LITERACY FOR U18
LITTLE RED DOOR CANCER AGENCY1801 N MERIDIAN INDIANAPOLIS,IN 46202	35-0914096	501C3	9,950				CANCER PREVENTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORNING DOVE THERAPEUTIC RIDINGPO BOX 721 ZIONSVILLE,IN 46077	35-2056736	501C3	9,000				GROWTH SUPPORT
OTTERBEIN UNITED METHODIST CHURCH804 S LEBANON ST LEBANON,IN 46052	35-1976932	501C3	10,000				LUNCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PURDUE UNIVERSITY812 W STATE ST MATTHEWS HALL 110 WEST LAFAYETTE,IN 47907	35-6002041	501C3	6,254				BENEFIT BANK OF IN
SAGAMORE STUDENT LEADERSHIP8030 WESTOVER CIRCLE INDIANAPOLIS,IN 46268	27-0539002		10,439				EDUCATIONAL PURPOSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SHARON L BASSETT FOUNDATION1555 W OAK ST STE 100 ZIONSVILLE,IN 46077	20-8797220	501C3	5,800				PAY IT FORWARD PROG
ST MARK'S LUTHERAN CHURCHPO BOX 97 WHITESTOWN,IN 46075	35-6270290	501C3	5,785				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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TOWN OF JAMESTOWN421 E MAIN ST JAMESTOWN,IN 46147	35-6001343	GOV	40,000				RESCUE VEHICLE/EQUIP
UNITED WAY OF CENTRAL INDIANA3901 N MERIDIAN INDIANAPOLIS,IN 46208	35-1007590	501C3	5,328				SUPPORT BOONE COUNTY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WESTERN BOONE COMMUNITY SCHOOL CORP1201 N SR 75 THORNTOWN,IN 46071	35-1096251	GOV	10,665				PRESCHOOL PROGRAM
WESTERN BOONE EDUCATIONAL FOUNDATION1201 N SR 75 THORNTOWN,IN 46071	35-1096251	GOV	22,127				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WITHAM MEMORIAL HOSPITAL FOUNDATION 2605 N LEBANON ST LEBANON,IN 46052	61-1072162	501C3	41,465				MENTORING/COMM NEEDS
ZIONSVILLE EDUCATION FOUNDATION900 MULBERRY ST ZIONSVILLE,IN 46077	30-0024279	501C3	23,494				EDUCATIONAL GRANTS

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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization	Employer identification number
COMMUNITY FOUNDATION OF BOONE COUNTY INC	35-1829585

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 WILL BE DISTRIBUTED TO THE EXECUTIVE COMMITTEE (WHICH ALSO SERVES AS THE FINANCE COMMITTEE) FOR THEIR REVIEW AND COMMENT PRIOR TO ITS FILING
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	IF A FOUNDATION EMPLOYEE, BOARD OR COMMITTEE MEMBER IS INVOLVED IN A DISCUSSION REGARDING A NONPROFIT OR BUSINESS ENTITY WITH WHICH HE OR SHE HAS AN AFFILIATION, HE OR SHE SHOULD MAKE A STATEMENT OF DISCLOSURE OF THE AFFILIATION, BE AVAILABLE FOR DISCUSSION OF THE ORGANIZATION, AND RECUSE HIMSELF OR HERSELF FROM ANY VOTE REGARDING THE ORGANIZATION CONFLICT OF INTEREST DISCLOSURE FORMS ARE FILLED OUT ANNUALLY BY ALL EMPLOYEES, BOARD MEMBERS AND COMMITTEE MEMBERS
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THERE IS NO COMPENSATION PAID TO THE DIRECTORS AND OFFICERS OF THE COMMUNITY FOUNDATION OF BOONE COUNTY, ALL OF THEM ARE INDEPENDENT VOLUNTEERS THE COMPENSATION FOR THE PAID STAFF, INCLUDING THE EXECUTIVE DIRECTOR, IS REVIEWED BY THE PERSONNEL SUB-COMMITTEE OF THE EXECUTIVE COMMITTEE (UTILIZES BECHMARKING DATA FROM OTHER COMMUNITY FOUNDATIONS AND CHARITABLE ORGANIZATIONS) A RECOMMENDATION IS THEN MADE TO THE EXECUTIVE COMMITTEE WHICH CONDUCTS A FURTHER REVIEW AND ANALYSIS OF THE PROPOSED COMPENSATION AND BENEFITS BEFORE MAKING A RECOMMENDATION TO THE FULL BOARD
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE COMMUNITY FOUNDATION OF BOONE COUNTY, INC MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC IMMEDIATELY UPON REQUEST THROUGH THE FOUNDATION'S OFFICE ADDITIONALLY, FINANCIAL INFORMATION IS MADE AVAILABLE IN ITS ANNUAL REPORT, WHICH IS WIDELY DISTRIBUTED TO THE PUBLIC VIA MAILINGS AND OTHER MEANS OF DISBURSEMENT, AS WELL AS ON THE FOUNDATION'S WEBSITE THE FOUNDATION'S FORM 990 IS ALSO AVAILABLE ONLINE AT WWW GUIDESTAR ORG FORM 990 IS ALSO AVAILABLE IMMEDIATELY UPON REQUEST THROUGH THE FOUNDATION'S OFFICE
RECONCILIATION OF CHANGES - OTHER	FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF CSV OF LIFE INSURANCE POLICIES 10,336 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 88,640 AGENCY FUND REVENUE -48,653 AGENCY FUND EXPENSES 25,976
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS, CASH SURRENDER VALUE OF LIFE INSURANCE, AND AGENCY FUNDS - 76,299