

**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.

**Open to Public Inspection**

<b>A For the 2010 calendar year, or tax year beginning</b>		<b>, and ending</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>Community Foundation of Boone County, Inc.</u>		<b>D</b> Employer identification number <u>35-1829585</u>
	Doing Business As		<b>E</b> Telephone number <u>(317) 873-0210</u>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		
	P.O. Box <u>92</u>		
	City or town, state or country, and ZIP + 4 <u>Zionsville IN 46077</u>		<b>G</b> Gross receipts \$ <u>9,076,363</u>
<b>F</b> Name and address of principal officer: <u>Beth Sease P.O. Box 92, Zionsville, IN 46077</u>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>J</b> Website: ▶ <u>www.bccn.boone.in.us/cf</u>		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <u>1991</u>	<b>M</b> State of legal domicile: <u>IN</u>

<b>Part I Summary</b>						
<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>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.</u>				
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	16		
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	16		
	<b>5</b>	Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .	<b>5</b>	4		
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	12		
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0		
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0			
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	1,541,727	<b>Current Year</b>	404,705
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .		141,428		171,644
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .		568,900		438,719
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .				3,303
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .		2,252,055		1,018,371
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .		1,083,648		1,006,355
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .				0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .		178,715		160,039
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .				0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>88,290</u>				
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .		437,379		534,467
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .		1,699,742		1,700,861	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 . . . . .		552,313		-682,490	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16) . . . . .	<b>Beginning of Current Year</b>	18,184,880	<b>End of Year</b>	19,064,342
	<b>21</b>	Total liabilities (Part X, line 26) . . . . .		556,643		706,614
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 . . . . .		17,628,237		18,357,728

<b>Part II Signature Block</b>					
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.					
<b>Sign Here</b>	<u>Beth Sease</u>		Date		
	Type or print name and title	President			
<b>Paid Preparer's Use Only</b>	Print/Type preparer's name	Preparer's <u>Patrick Burkey, CPA</u>	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Patrick Burkey		11/15/2011		
	Firm's name ▶ Estep Burkey Simmons, LLC	Firm's EIN ▶		Phone no. (765) 284-7554	
Firm's address ▶ P.O. Box 42, Muncie, IN 47308-0042					

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: The Community Foundation of Boone County (CFBC) is to provide pathways connecting people who care with causes that matter for now and into the future. The CFBC serves a county of approx. 55,000 citizens in providing donors with ways to give back to their community through strategic grant programs that are flexible, visionary and inclusive. (See Sched. O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 1,400,174 including grants of \$ 930,855 ) (Revenue \$ 159,629 ) 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 \$ 105,389 including grants of \$ 75,500 ) (Revenue \$ 12,015 ) The Community Foundation of Boone County introduced its 2010 initiative, BOOST - BUILDING ORGANIZATIONS' OPERATIONAL SUSTAINABILITY TODAY - a competitive grant program designed to provide operating grants to Boone County non-profits who were experiencing increased demand for servicing while incurring budget shortfalls and deficits over the last year.

4c (Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4d Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses 1,505,563

**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)? <i>If "Yes," complete Schedule A . . . . .</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) . . . . .	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>		X
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? <i>If "Yes," complete Schedule C, Part III . . . . .</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI. . . . .</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII. . . . .</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII. . . . .</i>		X
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? <i>If "Yes," complete Schedule D, Part IX. . . . .</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X. . . . .</i>	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)? <i>If "Yes," complete Schedule D, Part X. . . . .</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions) . . . . .</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H . . . . .</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) . . . . .		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	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 employees? <i>If "Yes," complete Schedule J</i> . . . . .		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		X
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? . . . . .		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		X
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . [ ]

Table with columns for question number, description, and Yes/No boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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 O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (16), 1b (16), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IN
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: The Organization (317) 873-0210 60 E. Cedar St., Zionsville, IN 46077

**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.

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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Marc Applegate Director	0.5	X						0	0	0
(2) Brett G. Bayston Director	0.5	X						0	0	0
(3) Beth Casselman Vice President	0.5	X		X				0	0	0
(4) Steve David Director	0.5	X						0	0	0
(5) Tom Easterday Director	0.5	X						0	0	0
(6) Kevin J. Garvey Director	0.5	X						0	0	0
(7) Gary Heck Treasurer	0.5	X		X				0	0	0
(8) Karen Milam Director	0.5	X						0	0	0
(9) Allen W. Milburn Director	0.5	X						0	0	0
(10) Barbara L. Portell Director	0.5	X						0	0	0
(11) Alan Quick Director	0.5	X						0	0	0
(12) Eric Ragsdale Director	0.5	X						0	0	0
(13) Mark Ransom Secretary	0.5	X		X				0	0	0
(14) Suzy Rich Director	0.5	X						0	0	0
(15) Beth Sease President	0.5	X		X				0	0	0
(16) Pam Taylor Director	0.5	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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) Mike Caldwell Executive Director	40.			X			85,325	0	0	
(18)							0	0	0	
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
<b>1b Sub-total</b>							85,325	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b>							0	0	0	
<b>d Total (add lines 1b and 1c)</b>							85,325	0	0	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**



Part VIII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . .	1a	0			
	b	Membership dues . . . . .	1b	0			
	c	Fundraising events . . . . .	1c	0			
	d	Related organizations . . . . .	1d	0			
	e	Government grants (contributions) . . . . .	1e	0			
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	404,705			
	g	Noncash contributions included in lines 1a-1f: \$ . . . . .		0			
	h	<b>Total.</b> Add lines 1a-1f . . . . . ▶		404,705			
	Program Service Revenue			<b>Business Code</b>			
2a		Administrative Fees . . . . .	900099	171,644	171,644		
b		-----		0			
c		-----		0			
d		-----		0			
e		-----		0			
f		All other program service revenue . . . . .		0			
g		<b>Total.</b> Add lines 2a-2f . . . . . ▶		171,644			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		630,514		630,514	
	4	Income from investment of tax-exempt bond proceeds . . . ▶		0			
	5	Royalties . . . . . ▶		0			
	6a	Gross Rents . . . . .	(i) Real	(ii) Personal			
	b	Less: rental expenses . . . . .					
	c	Rental income or (loss) . . . . .	0	0			
	d	Net rental income or (loss) . . . . . ▶		0			
	7a	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses . . . . .	8,057,992	0			
	c	Gain or (loss) . . . . .	-191,795	0			
	d	Net gain or (loss) . . . . . ▶		-191,795		-191,795	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	a		0		
b			Less: direct expenses . . . . .	b	0		
c			Net income or (loss) from fundraising events . . . . . ▶		0		
9a	Gross income from gaming activities. See Part IV, line 19. . . . .	a		0			
		b	Less: direct expenses . . . . .	b	0		
		c	Net income or (loss) from gaming activities . . . . . ▶		0		
10a	Gross sales of inventory, less returns and allowances . . . . .	a		0			
		b	Less: cost of goods sold . . . . .	b	0		
		c	Net income or (loss) from sales of inventory . . . . . ▶		0		
Miscellaneous Revenue		<b>Business Code</b>					
11a	Other Income . . . . .	900099	3,303	3,303			
b	-----		0				
c	-----		0				
d	All other revenue . . . . .		0				
e	<b>Total.</b> Add lines 11a-11d . . . . . ▶		3,303				
12	<b>Total revenue.</b> See instructions. . . . . ▶		1,018,371	174,947	0	438,719	

**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).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .	852,438	852,438		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	153,917	153,917		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0			
4	Benefits paid to or for members . . . . .	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages . . . . .	148,666	42,441	54,464	51,761
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0			
9	Other employee benefits . . . . .	0			
10	Payroll taxes . . . . .	11,373	3,248	4,170	3,955
11	Fees for services (non-employees):				
a	Management . . . . .	0			
b	Legal . . . . .	0			
c	Accounting . . . . .	17,855		17,855	
d	Lobbying . . . . .	0			
e	Professional fundraising services. See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other . . . . .	0			
12	Advertising and promotion . . . . .	4,232			4,232
13	Office expenses . . . . .	4,003	1,321	1,361	1,321
14	Information technology . . . . .	0			
15	Royalties . . . . .	0			
16	Occupancy . . . . .	17,344	5,724	5,896	5,724
17	Travel . . . . .	4,213			4,213
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	3,476		3,476	
20	Interest . . . . .	0			
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	3,269	0	3,269	0
23	Insurance . . . . .	8,232	5,583	2,649	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	Program Expenses	201,160	201,160		
b	Administrative Fees	171,633	171,633		
c	Bank Trustee Fees	63,683	62,896	787	
d	Printing and Publication	8,269			8,269
e	Repairs and Maintenance	6,598		6,598	
f	All other expenses	20,500	5,202	6,483	8,815
25	<b>Total functional expenses.</b> Add lines 1 through 24f .	1,700,861	1,505,563	107,008	88,290
26	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	1,220,929	<b>2</b>	977,760
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,126	<b>9</b>	4,364
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 44,369		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 37,862	8,827	<b>10c</b> 6,507
	<b>11</b> Investments—publicly traded securities . . . . .	16,797,453	<b>11</b>	17,909,957
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	155,545	<b>15</b>	165,754
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	18,184,880	<b>16</b>	19,064,342	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	5,849	<b>17</b>	1,502
	<b>18</b> Grants payable . . . . .	199,082	<b>18</b>	288,758
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	4,678
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	228,177	<b>21</b>	246,795
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	123,535	<b>25</b>	164,881
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	556,643	<b>26</b>	706,614
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	3,118,402	<b>27</b>	3,748,970
	<b>28</b> Temporarily restricted net assets . . . . .	8,630	<b>28</b>	9,665
	<b>29</b> Permanently restricted net assets . . . . .	14,501,205	<b>29</b>	14,599,093
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	17,628,237	<b>33</b>	18,357,728	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	18,184,880	<b>34</b>	19,064,342	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	1,018,371
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	1,700,861
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	-682,490
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	17,628,237
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	1,411,981
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	18,357,728

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	X	
<b>2c</b>	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? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>d</b>	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: . . . . . <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	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? . . . . .		X
<b>3b</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.		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

<b>Name of the organization</b> Community Foundation of Boone County, Inc.	<b>Employer identification number</b> 35-1829585
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**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—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

**h** Provide the following information about the 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?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
<b>Total</b>									0

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

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2010 (45.05%); 15 Public support percentage from 2009 Schedule A, Part II, line 14 (51.76%); 16a 33 1/3% support test-2010 (checked); 16b 33 1/3% support test-2009; 17a 10%-facts-and-circumstances test-2010; 17b 10%-facts-and-circumstances test-2009; 18 Private foundation.

**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
<b>2</b> 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 . . . . .						0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<b>b</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 . . . . .						0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 . . . . .	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	0	0	0	0	0	0
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	0.00%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .	<b>16</b>	0.00%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0.00%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.00%

- 19a 33 1/3% support tests—2010.** 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—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ▶





SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate contributions, aggregate grants, aggregate value, and two Yes/No questions.

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

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes and a table for 'Held at the End of the Tax Year'.

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.

Form for Part III with questions (1a, 1b, 2, a, b) regarding collections of art, historical treasures, or other similar assets.

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 XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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?

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

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

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

Table with 6 columns: Description, (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g

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

- a Board designated or quasi-endowment, b Permanent endowment, c Term endowment

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

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b

- (i) unrelated organizations, (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total

**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 . . . . .	0	
(2) Closely-held equity interests . . . . .	0	
(3) Other -----	0	
(A) -----	0	
(B) -----	0	
(C) -----	0	
(D) -----	0	
(E) -----	0	
(F) -----	0	
(G) -----	0	
(H) -----	0	
(I) -----	0	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0	

**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
(1)	0	
(2)	0	
(3)	0	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0	

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

(a) Description	(b) Book value
(1)	0
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	0

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

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes	0	
(2) Gift Annuities	160,317	
(3) Accrued Liabilities	4,564	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
(11)	0	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	164,881	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1</b> 1,018,371
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25) . . . . .	<b>2</b> 1,700,861
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1 . . . . .	<b>3</b> -682,490
<b>4</b>	Net unrealized gains (losses) on investments . . . . .	<b>4</b> 1,471,376
<b>5</b>	Donated services and use of facilities . . . . .	<b>5</b>
<b>6</b>	Investment expenses . . . . .	<b>6</b>
<b>7</b>	Prior period adjustments . . . . .	<b>7</b>
<b>8</b>	Other (Describe in Part XIV.) . . . . .	<b>8</b> -59,395
<b>9</b>	Total adjustments (net). Add lines 4 through 8 . . . . .	<b>9</b> 1,411,981
<b>10</b>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 . . . . .	<b>10</b> 729,491

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b> 2,424,201
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b> 1,461,239
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>
<b>d</b>	Other (Describe in Part XIV.) . . . . .	<b>2d</b> -40,777
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b> 1,420,462
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b> 1,003,739
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>
<b>b</b>	Other (Describe in Part XIV.) . . . . .	<b>4b</b> 14,632
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b> 14,632
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b> 1,018,371

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b> 1,694,710
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>
<b>c</b>	Other losses . . . . .	<b>2c</b>
<b>d</b>	Other (Describe in Part XIV.) . . . . .	<b>2d</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b> 0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b> 1,694,710
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>
<b>b</b>	Other (Describe in Part XIV.) . . . . .	<b>4b</b> 6,151
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b> 6,151
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b> 1,700,861

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, 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 IV Line 2b: Funds held for agency endowments in accordance with FASB ASC 958.-----

Part XI Line 8: Change in value of FASB ASC 958 Agency Funds: -\$18,618 + Change in value  
of CSV of life insurance policies \$8,973 - Change in value of split-interest agreements  
\$49,750.-----

Part XII Line 2d: Change in value of CSV of life insurance policies \$8,973 - Change in  
value of split-interest agreements \$49,750.-----

Part XII Line 4b: FASB ASC 958 Agency Transactions: \$14,632-----

Part XIII Line 4b: FASB ASC 958 Agency Transactions: \$6,151-----



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization

Employer identification number

Community Foundation of Boone County, Inc.

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. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
(1) Boone County Learning Network 5555 S. 650 E. Whitestown, IN 46186	20-4412396	501(c)(3)	51,350	0			Education
(2) Advance Volunteer Fire Department P.O. Box 4 Advance, IN 46102	35-2080399	501(c)(3)	48,100	0			Community Development
(3) Town of Jamestown P.O. Box 165 Jamestown, IN 46142	35-6001343		46,592	0			Community Development
(4) Boone County Health Department 116 W. Washington, Ste B202 Lebanon, IN 46052	35-6000128		40,412	0			Health
(5) Boone County Child Advocacy Center 218 E. Washington St. Lebanon, IN 46052	37-2027378	501(c)(3)	40,000	0			Human Services
(6) Boone County Senior Services 515 Crown Pointe Drive Lebanon, IN 46052	35-1445498	501(c)(3)	33,618	0			Elderly
(7) Zionsville Education Foundation 900 Mulberry St. Zionsville, IN 46088	30-0024279	501(c)(3)	33,464	0			Education
(8) Families First 615 N. Alabama St. Ste 320 Indianapolis, IN 46204	35-0877572	501(c)(3)	30,000	0			Human Services
(9) Western Boone Education Foundation 1201 N. SR 75 Thorntown, IN 46088	35-1096251	501(c)(3)	27,766	0			Education
(10) Otterbein United Methodist Church 804 South Lebanon Street Lebanon, IN 46052	35-1976932		27,500	0			Community Development
(11) Jamestown Volunteer Fire Department P.O. Box 201 Jamestown, IN 46142	80-0281544	501(c)(3)	27,000	0			Community Development
(12) Boys & Girls Club of Zionsville 1575 Mulberry Street Zionsville, IN 46088	35-1750659	501(c)(3)	20,430	0			Arts/Culture

**2** Enter total number of section 501(c)(3) and government organizations ▶ 31

**3** Enter total number of other organizations ▶ 9

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

Schedule I (Form 990) (2010)

**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	78	153,917	0		
2	0	0	0		
3	0	0	0		
4	0	0	0		
5	0	0	0		
6	0	0	0		
7	0	0	0		

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

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...continued below.

Part I Line 2 : contined from above...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...continued below.

Part I Line 2 : contined from above...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

**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	0	0	0		
2	0	0	0		
3	0	0	0		
4	0	0	0		
5	0	0	0		
6	0	0	0		
7	0	0	0		

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

extent of the applicant organization's effort to complement the services of other community ...continued below.

Part I Line 2 : continued from above...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...continued below.

Part I Line 2 : continued from above...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:...continued below.

Part I Line 2 : continued from above...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



**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	0	0	0		
2	0	0	0		
3	0	0	0		
4	0	0	0		
5	0	0	0		
6	0	0	0		
7	0	0	0		

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

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...continued below.

Part I Line 2 : continued from above...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);...continued below.

Part I Line 2 : continued from above...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

accommodations; 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,...contined below...

Part I Line 2 : continued from above...general maintenance, etc.) of the applicant organization. The availability of matching funds is

**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	0	0	0		
2	0	0	0		
3	0	0	0		
4	0	0	0		
5	0	0	0		
6	0	0	0		
7	0	0	0		

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

not a condition of eligibility for proposal submission. However, the foundation may determine that in 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...continued below.

Part I Line 2 : continued from above...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...continued below.

Part I Line 2 : continued from above...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...continued below.

**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	0	0	0		
2	0	0	0		
3	0	0	0		
4	0	0	0		
5	0	0	0		
6	0	0	0		
7	0	0	0		

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

Part I Line 2 : continued from above...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, legibly 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...continued below.

Part I Line 2 : continued from above...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...continued below.

Part I Line 2 : continued from above...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

**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	0	0	0		
2	0	0	0		
3	0	0	0		
4	0	0	0		
5	0	0	0		
6	0	0	0		
7	0	0	0		

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

narrative should include the following topics, addressing each briefly and succinctly within the...continued below.

Part I Line 2 : continued from above...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...continued below.

Part I Line 2 : continued from above...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...continued below.

Part I Line 2 : continued from above...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,

**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	0	0	0		
2	0	0	0		
3	0	0	0		
4	0	0	0		
5	0	0	0		
6	0	0	0		
7	0	0	0		

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

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...continued below.

Part I Line 2 : continued from above...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...continued below.

Part I Line 2 : continued from above...used. Evaluation: Present a brief plan for producing evidence (quantitative, if possible) that

will permit 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...continued below

Part I Line 2 : continued from above...Budget Explanation: Explain how you arrived at the dollar amount in each line item unless it is

**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	0	0	0		
2	0	0	0		
3	0	0	0		
4	0	0	0		
5	0	0	0		
6	0	0	0		
7	0	0	0		

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

obvious from the budget itself. Include only the line items needing explanation, numbering each according to the numbered line in the budget.

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## Continuation Sheet for Schedule I (Form 990)

Name of the organization Community Foundation of Boone County, Inc.	Employer identification number 35-1829585
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**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States**

(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
(13) Jamestown Christian Church P.O. Box 147 Jamestown, IN 46147	33-1189871		17,077	0			Community Developm
(14) Lebanon Area Boys & Girls Club P.O. Box 362 Lebanon, IN 46052	35-6041946	501(c)(3)	15,705	0			Community Developm
(15) Sugar Creek Art Center 127 S. Pearl St. Thorntown, IN 46071	20-4426463	501(c)(3)	15,300	0			Arts/Culture
(16) Lebanon Educational Foundation 1810 N. Grant Street Lebanon, IN 46052	35-1753231	501(c)(3)	15,000	0			Education
(17) Boone County Cancer Society 117 W. Elm st. Lebanon, IN 46052	35-6044450	501(c)(3)	14,275	0			Health
(18) Love INC P.O. Box 368 Lebanon, IN 46052	20-5072512	501(c)(3)	12,191	0			Community Developm
(19) Little Red Door Cancer Agency 1801 N. Meridian St. Indianapolis, IN 462	35-0914096	501(c)(3)	12,000	0			Human Services
(20) Hattie B. Stokes Elementary School 1005 S. Hendricks Drive Lebanon, IN 460	35-1085670		10,225	0			Arts/Culture
(21) The Cabin Counseling and Resource 220 S. Elm Street Zionsville, IN 46077	27-1134733	501(c)(3)	10,000	0			Human Services
(22) Town of Jamestown, Police Departm 421 East Main Street Jamestown, IN 461	35-6001343		9,475	0			Community Developm
(23) YMCA of Greater Indianapolis 615 N. Alabama St., Suite 200 Indianapo	35-0868211	501(c)(3)	8,660	0			Community Developm
(24) Boone County 4-H Club, Inc. 1300 East 100 South Lebanon, IN 46052	35-1068869	501(c)(3)	8,192	0			Youth
(25) Boone County Community Clinic 404 West Ca m p Street Lebanon, IN 460	35-2127378	501(c)(3)	8,000	0			Community Developm
(26) Youth Action Community Council of 1122 North Lebanon Street Lebanon, IN 4	35-1704070	501(c)(3)	8,000	0			Youth
(27) I.W.I.N. Foundation P.O. Box 30648 Indianapolis, IN 46220	91-2057735	501(c)(3)	7,500	0			Health
(28) United Way of Central Indiana P.O. Box 88409 Indianapolis, IN 46208	35-1007590	501(c)(3)	7,178	0			Human Services
(29) Lebanon Park Foundation 130 East Ulen Boulevard Lebanon, IN 46	35-1804498	501(c)(3)	6,557	0			Community Developm

## Continuation Sheet for Schedule I (Form 990)

Name of the organization Community Foundation of Boone County, Inc.	Employer identification number 35-1829585
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**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States**

(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
(30) St. Mark's Lutheran Church P.O. Box 97 Whitestown, IN 46075	35-6270290		6,385	0			Religious
(31) New Life Recovery Home for Men 224 South Lebanon St. Lebanon, IN 4605	33-1037024	501(c)(3)	6,000	0			Community Developpr
(32) Centenary United Methodist Church 910 Fordice Road Lebanon, IN 46052	35-0996101		5,795	0			Religious
(33) Maplelawn Farmstead Inc. P.O. Box 355 Zionsville, IN 46077	52-2454295	501(c)(3)	5,500	0			Community Developpr
(34) Visitor's Center, Inc. 506 5th Street Columbus, IN 47201	35-1918822	501(c)(3)	5,285	0			Community Developpr
(35) Access Laporte County, Inc. 301 East Eighth Street, Suite Michigan C	35-2018217	501(c)(3)	5,285	0			Community Developpr
(36) Crawford County Community Network 9200 Decker Road Milltown, IN 47145	35-2028566	501(c)(3)	5,285	0			Community Developpr
(37) Lakenet, Inc. 1919 West 81st. Avenue Merrillville, IN 46	35-6006653	501(c)(3)	5,285	0			Community Developpr
(38) Muncie Innovation Connector, Inc. 1208 West White River Blvd. Muncie, IN	35-2216589	501(c)(3)	5,285	0			Community Developpr
(39) SCICAN Corporation 460 S. Main Street Martinsville, IN 46151	35-6270290	501(c)(12)	5,285	0			Community Developpr
(40) Waynet, Inc. 50 North Fifth Street Richmond, IN 47374	35-2035247	501(c)(3)	5,285	0			Community Developpr
(41) .....			0	0			
(42) .....			0	0			
(43) .....			0	0			
(44) .....			0	0			
(45) .....			0	0			
(46) .....			0	0			



# Continuation Sheet for Schedule I (Form 990)

Name of the organization Community Foundation of Boone County, Inc.	Employer identification number 35-1829585
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**Part III Continuation of Grants and Other Assistance to Individuals in the United States**

(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
8	0	0	0		
9	0	0	0		
10	0	0	0		
11	0	0	0		
12	0	0	0		
13	0	0	0		
14	0	0	0		
15	0	0	0		
16	0	0	0		
17	0	0	0		
18	0	0	0		
19	0	0	0		
20	0	0	0		
21	0	0	0		
22	0	0	0		
23	0	0	0		
24	0	0	0		
25	0	0	0		
26	0	0	0		

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

Employer identification number

Community Foundation of Boone County, Inc.

35-1829585

Form 990 Part III Section I Line 1: The CFBC Board which consists of 16 members is made up of diverse backgrounds and is represented in various geographic regions of the county. The CFBC recognizes the responsibility of stewarding community resources wisely and judiciously, adhering to the highest ethical standards.

Form 990 Part VI Section B 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.

Form 990 Part VI Section B 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 benchmarking 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.

Form 990 Part VI Section C 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](http://www.guidestar.org). Form 990 is also immediately available upon request through the Foundation's office.

Form 990 Part XI Line 5: Unrealized Gains \$1,471,376 - Change in Agency Funds Net Assets \$18,618 + Change in Value of CSV of life insurance policy \$8,973 - Change in Value of Split-Interest Agreements: \$49,750.

Name of the organization

Employer identification number

Community Foundation of Boone County, Inc.

35-1829585

Area with horizontal dashed lines for supplemental information.