

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

| | | | |
|--|--|--------------------------|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization COMMUNITY FOUNDATION OF BLOOMINGTON AND MONROE COUNTY, INC. Doing Business As | | D Employer identification number 35-1811149 |
| | Number and street (or P.O. box if mail is not delivered to street address) 101 W. KIRKWOOD, FOUNTAIN SQUARE | Room/suite 321 | E Telephone number 812-333-9016 |
| | City, town, or post office, state, and ZIP code BLOOMINGTON, IN 47404 | | G Gross receipts \$ 3,829,795. |
| | F Name and address of principal officer: TINA PETERSON SAME AS C ABOVE | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number |
| I 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 | | | |
| J Website: WWW.COMMUNITYFOUNDATION.WS | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | | L Year of formation: 1990 |
| | | | M State of legal domicile: IN |

Part I Summary

| | | | |
|---|---|--|-----------------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: COMMUNITY FOUNDATION RAISING FUNDS FOR LONG TERM SUPPORT OF NON-PROFIT ORGANIZATIONS, PRINCIPALLY | | |
| | 2 Check this box <input type="checkbox"/> 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 | 15 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 15 |
| | 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) | 5 | 12 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 33 |
| | 7 a 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 | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 657,990. | Current Year 979,852. |
| | 9 Program service revenue (Part VIII, line 2g) | 0. | 0. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 585,557. | 546,576. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2,399. | 0. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,245,946. | 1,526,428. |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 985,470. |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 358,461. | 269,678. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| b Total fundraising expenses (Part IX, column (D), line 25) | | 178,872. | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 213,194. | 213,403. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 1,557,125. | 1,188,927. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -311,179. | 337,501. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 19,817,322. | End of Year 22,062,280. |
| | 21 Total liabilities (Part X, line 26) | 2,157,729. | 2,181,111. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 17,659,593. | 19,881,169. |

Part II Signature Block

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

| | | |
|------------------|---|------|
| Sign Here | Signature of officer | Date |
| | TINA PETERSON, PRESIDENT AND CEO Type or print name and title | |

| | | | | | |
|-------------------------------|---|---|--|---|--------------------------|
| Paid Preparer Use Only | Print/Type preparer's name KANDY L. WISCHMEIER, CPA | Preparer's signature KANDY L. WISCHMEIER, | Date 02/07/14 | Check if self-employed <input type="checkbox"/> | PTIN P00118327 |
| | Firm's name BLUE & CO., LLC | Firm's EIN 35-1178661 | Firm's address 106 COMMUNITY DR. SEYMOUR, IN 47274 | Phone no. (812) 522-8416 | |

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

COMMUNITY FOUNDATION OF BLOOMINGTON
AND MONROE COUNTY, INC.

Form 990 (2012)

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
COMMUNITY FOUNDATION RAISING FUNDS FOR LONG TERM SUPPORT OF NON-PROFIT ORGANIZATIONS, PRINCIPALLY IN LOCAL COMMUNITY.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 895,747. including grants of \$ 705,846.) (Revenue \$ _____)
THE COMMUNITY FOUNDATION OF BLOOMINGTON AND MONROE COUNTY EXISTS TO ENHANCE OUR COMMUNITY THROUGH PERMANENT CHARITABLE CAPITAL, EFFECTIVE GRANTS, AND INCLUSIVE LEADERSHIP. THE ORGANIZATION CHAMPIONS LOCAL PHILANTHROPY BY BUILDING COMMUNITY ASSETS, PARTICULARLY PERMANENT ENDOWMENT FUNDS; ADMINISTERS GRANTS IN DIVERSE CHARITABLE FIELDS REFLECTIVE OF DONOR INTERESTS AND COMMUNITY NEEDS AND OPPORTUNITIES; AND STRIVES TO PROVIDE INCLUSIVE COMMUNITY LEADERSHIP ON ISSUES OF LOCAL IMPORTANCE.

THE FOUNDATION ADMINISTERS 182 FUNDS, PRIMARILY PERMANENT ENDOWMENTS, INCLUDING AGENCY OR DESIGNATED, SCHOLARSHIP, DONOR-ADVISED, FIELD-OF-INTEREST AND UNRESTRICTED FUNDS.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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

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

4e Total program service expenses **895,747.**

**COMMUNITY FOUNDATION OF BLOOMINGTON
AND MONROE COUNTY, INC.**

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 <i>Schedule B, Schedule of Contributors</i> ? | 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 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? <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 for which 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, 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? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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 and XII</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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <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</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 hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |

**COMMUNITY FOUNDATION OF BLOOMINGTON
AND MONROE COUNTY, INC.**

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? <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? | | |
| 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? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 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? <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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 | Section 501(c)(3) organizations. 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 11b and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

**COMMUNITY FOUNDATION OF BLOOMINGTON
AND MONROE COUNTY, INC.**

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 | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| 4b | 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? | | X |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| 5c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | |
| 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? | | X |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7a | 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? | | X |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| 7g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 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? | | X |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the organization make any taxable distributions under section 4966? | | X |
| 9b | Did the organization make a distribution to a donor, donor advisor, or related person? | | X |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| 11a | Gross income from members or shareholders | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| 13a | 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. | | |
| 13b | 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 | | |
| 13c | Enter the amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |

**COMMUNITY FOUNDATION OF BLOOMINGTON
AND MONROE COUNTY, INC.**

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

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 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. | 15 | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 15 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | X |
| 6 | Did the organization have members or stockholders? | 6 | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | 8a | X |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | X |

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 | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X |
| 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 | X |
| 13 | Did the organization have a written whistleblower policy? | 13 | X |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | X |
| b | Other officers or key employees of the organization | 15b | X |
| | 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 | X |
| 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 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 - 812-333-9016
101 W. KIRKWOOD, FOUNTAIN SQUARE, NO. 321, BLOOMINGTON, IN 47404

**COMMUNITY FOUNDATION OF BLOOMINGTON
AND MONROE COUNTY, INC.**

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 (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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) E. MAYER MALONEY CHAIR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (2) EDWARD W. NAJAM, JR. VICE-CHAIR | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (3) C. DENISE HOWARD SECRETARY | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (4) KEVIN THIELE TREASURER | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (5) MARK BRADFORD DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (6) JEAN EMERY DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (7) MARGARET M. FRISBIE DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (8) CAROLYN CALLOWAY-THOMAS DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (9) CYNTHIA KRETZ DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (10) W. DAVID MARTIN DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (11) DAVID WALDEN DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (12) MARYFRANCES MCCOURT DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (13) DOROTHY FRAPWELL DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (14) CHRIS COCKERHAM DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (15) TIM DEBRUICKER DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (16) TINA PETERSON PRESIDENT AND CEO | 50.00 | | | X | | | 97,218. | 0. | 5,779. | |

**COMMUNITY FOUNDATION OF BLOOMINGTON
AND MONROE COUNTY, INC.**

Form 990 (2012)

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 | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 979,852. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 80,347. | | | | |
| | h Total. Add lines 1a-1f | | 979,852. | | | | |
| Program Service Revenue | 2 a _____ | Business Code | | | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 586,848. | | | 586,848. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | (i) Real | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | | |
| | | c Rental income or (loss) | | | | | |
| | | d Net rental income or (loss) | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | 2,263,095. | | | | | |
| | | b Less: cost or other basis and sales expenses | | | | | |
| | | 2,303,367. | | | | | |
| | c Gain or (loss) | | | | | | |
| | d Net gain or (loss) | | | -40,272. | | -40,272. | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| | | b Less: direct expenses | b | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | | |
| | b Less: cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a _____ | | | | | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See instructions. | | | 1,526,428. | 0. | 0. | 546,576. | |

**COMMUNITY FOUNDATION OF BLOOMINGTON
AND MONROE COUNTY, INC.**

Form 990 (2012)

35-1811149 Page **10**

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 | 691,638. | 691,638. | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | 14,208. | 14,208. | | |
| 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 | 107,865. | 36,674. | 28,045. | 43,146. |
| 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 | 125,646. | 42,720. | 32,668. | 50,258. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 2,126. | 723. | 553. | 850. |
| 9 Other employee benefits | 17,465. | 5,938. | 4,541. | 6,986. |
| 10 Payroll taxes | 16,576. | 5,636. | 4,310. | 6,630. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 5,288. | 1,798. | 1,375. | 2,115. |
| c Accounting | 26,684. | 9,073. | 6,938. | 10,673. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 41,747. | 41,747. | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 36,442. | 12,390. | 9,475. | 14,577. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 36,196. | 12,307. | 9,409. | 14,480. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 13,492. | 4,587. | 3,508. | 5,397. |
| 17 Travel | 2,163. | 1,081. | | 1,082. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 5,099. | 1,734. | 1,325. | 2,040. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 4,565. | | 4,565. | |
| 23 Insurance | 3,580. | 1,217. | 931. | 1,432. |
| 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 DONOR DEVELOPMENT | 13,060. | | | 13,060. |
| b REPAIRS AND MAINTENANCE | 11,728. | 3,987. | 3,049. | 4,692. |
| c OTHER PROGRAM | 6,385. | 6,385. | | |
| d DUES AND SUBSCRIPTIONS | 3,634. | 1,236. | 944. | 1,454. |
| e All other expenses | 3,340. | 668. | 2,672. | |
| 25 Total functional expenses. Add lines 1 through 24e | 1,188,927. | 895,747. | 114,308. | 178,872. |
| 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)

**COMMUNITY FOUNDATION OF BLOOMINGTON
AND MONROE COUNTY, INC.**

Form 990 (2012)

35-1811149 Page **11**

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 | 55,020. | 1 | 186,537. | |
| | 2 Savings and temporary cash investments | 1,023,930. | 2 | 1,075,609. | |
| | 3 Pledges and grants receivable, net | 11,275. | 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 instr). Complete Part II of Sch L | | | 6 | |
| | 7 Notes and loans receivable, net | | | 7 | |
| | 8 Inventories for sale or use | | | 8 | |
| | 9 Prepaid expenses and deferred charges | 19,888. | | 9 | 13,306. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 1,533,237. | | | |
| | b Less: accumulated depreciation | 59,244. | | | |
| | 11 Investments - publicly traded securities | 1,463,619. | 10c | 10c | 1,473,993. |
| | 12 Investments - other securities. See Part IV, line 11 | 16,986,590. | 11 | 11 | 19,312,835. |
| | 13 Investments - program-related. See Part IV, line 11 | | 12 | 12 | |
| | 14 Intangible assets | | 13 | 13 | |
| | 15 Other assets. See Part IV, line 11 | 257,000. | | 14 | 0. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 19,817,322. | | 15 | 22,062,280. | |
| 17 Accounts payable and accrued expenses | 22,486. | | 16 | 82,389. | |
| 18 Grants payable | 403,035. | | 17 | 387,499. | |
| 19 Deferred revenue | | | 18 | | |
| 20 Tax-exempt bond liabilities | | | 19 | | |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 1,732,208. | | 20 | 1,711,223. | |
| 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 | | | 21 | | |
| 23 Secured mortgages and notes payable to unrelated third parties | | | 22 | | |
| 24 Unsecured notes and loans payable to unrelated third parties | | | 23 | | |
| 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 | | | 24 | | |
| 26 Total liabilities. Add lines 17 through 25 | 2,157,729. | | 25 | 2,181,111. | |
| 27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | |
| 27 Unrestricted net assets | 1,637,761. | | 26 | 2,024,080. | |
| 28 Temporarily restricted net assets | 1,605,311. | | 27 | 10,708,954. | |
| 29 Permanently restricted net assets | 14,416,521. | | 28 | 7,148,135. | |
| 30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | |
| 30 Capital stock or trust principal, or current funds | | | 29 | | |
| 31 Paid-in or capital surplus, or land, building, or equipment fund | | | 30 | | |
| 32 Retained earnings, endowment, accumulated income, or other funds | | | 31 | | |
| 33 Total net assets or fund balances | 17,659,593. | | 32 | 19,881,169. | |
| 34 Total liabilities and net assets/fund balances | 19,817,322. | | 33 | 22,062,280. | |

Form **990** (2012)

**COMMUNITY FOUNDATION OF BLOOMINGTON
AND MONROE COUNTY, INC.**

Part XI Reconciliation 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 | 1,526,428. |
| 2 Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,188,927. |
| 3 Revenue less expenses. Subtract line 2 from line 1 | 3 | 337,501. |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 17,659,593. |
| 5 Net unrealized gains (losses) on investments | 5 | 1,863,090. |
| 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 | 20,985. |
| 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 19,881,169. |

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: <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. | | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| b Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 | X | |
| 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 | | X |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | | |

SCHEDULE A
(Form 990 or 990-EZ)

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 BLOOMINGTON AND MONROE COUNTY, INC.** Employer identification number **35-1811149**

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

The organization is not a private foundation because it is: (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?
 - (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? _____
 - (ii) A family member of a person described in (i) above? _____
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
- h Provide the following information about the supported organization(s).

| | Yes | No |
|-----------------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

| (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 monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| Total | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2012

COMMUNITY FOUNDATION OF BLOOMINGTON

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.") | 349,598. | 879,019. | 723,464. | 657,990. | 979,852. | 3589923. |
| 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 | 349,598. | 879,019. | 723,464. | 657,990. | 979,852. | 3589923. |
| 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) | | | | | | 899,130. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 2690793. |

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 | 349,598. | 879,019. | 723,464. | 657,990. | 979,852. | 3589923. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 628,550. | 418,023. | 368,257. | 361,765. | 586,848. | 2363443. |
| 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.) | | 631. | 550. | 2,399. | | 3,580. |
| 11 Total support. Add lines 7 through 10 | | | | | | 5956946. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|----|-------------------------------------|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | 45.17 % |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14 | 15 | 52.02 % |
| 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 | | <input checked="" type="checkbox"/> |
| 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 | | <input type="checkbox"/> |
| 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 | | <input type="checkbox"/> |
| 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 | | <input type="checkbox"/> |
| 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 | | <input type="checkbox"/> |

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 section 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 ►

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization

COMMUNITY FOUNDATION OF BLOOMINGTON
AND MONROE COUNTY, INC.

Employer identification number

35-1811149

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | | \$ 50,620. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | | \$ 230,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 4 | | \$ 22,676. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 5 | | \$ 73,694. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 6 | | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 7 | _____ _____ _____ | \$ <u>41,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 8 | _____ _____ _____ | \$ <u>25,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 9 | _____ _____ _____ | \$ <u>30,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 10 | _____ _____ _____ | \$ <u>150,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 11 | _____ _____ _____ | \$ <u>110,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| <u>1</u> | 4,775 SHARES ANGIE'S LIST STOCK _____ _____ _____ | \$ <u>50,520.</u> | <u>10/04/12</u> |
| <u>4</u> | 600 SHARES ORACLE STOCK/40 SHARES PEPSICO STOCK _____ _____ _____ | \$ <u>22,176.</u> | <u>12/11/12</u> |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |

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

Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

| | | | |
|--|----------------------------|---|--|
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

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 BLOOMINGTON AND MONROE COUNTY, INC.** **Employer identification number** **35-1811149**

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|---|
| 1 Total number at end of year | 52 | |
| 2 Aggregate contributions to (during year) | 492,258. | |
| 3 Aggregate grants from (during year) | 305,184. | |
| 4 Aggregate value at end of year | 1,752,385. | |
| 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? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Tax 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?
- 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)?
- 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

**COMMUNITY FOUNDATION OF BLOOMINGTON
AND MONROE COUNTY, INC.**

Schedule D (Form 990) 2012

35-1811149 Page **3**

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 | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| Total. (Col. (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 |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Col. (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 |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| 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 |
|---|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | |

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

COMMUNITY FOUNDATION OF BLOOMINGTON
AND MONROE COUNTY, INC.

| 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 | 3,570,250. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains on investments | 2a | 1,863,090. | |
| b | Donated services and use of facilities | 2b | 1,000. | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 351,803. | |
| e | Add lines 2a through 2d | 2e | | 2,215,893. |
| 3 | Subtract line 2e from line 1 | | 3 | 1,354,357. |
| 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 | 41,747. | |
| b | Other (Describe in Part XIII.) | 4b | 130,324. | |
| c | Add lines 4a and 4b | 4c | | 172,071. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 1,526,428. |

| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return | | | | |
|--|--|----|----------|------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 1,348,674. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | 1,000. | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 351,803. | |
| e | Add lines 2a through 2d | 2e | | 352,803. |
| 3 | Subtract line 2e from line 1 | | 3 | 995,871. |
| 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 | 41,747. | |
| b | Other (Describe in Part XIII.) | 4b | 151,309. | |
| c | Add lines 4a and 4b | 4c | | 193,056. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 1,188,927. |

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.

**PART IV, LINE 2B: CUSTODIAL FUNDS REPRESENT FUNDS PLACED ON DEPOSIT WITH
CF OF BLOOMINGTON AND MONROE COUNTY BY OTHER 501(C)(3) ORGANIZATIONS BASED
ON THEIR INDIVIDUAL BOARD RESOLUTIONS.**

**PART V, LINE 4: ENDOWMENT FUNDS ARE HELD FOR THE PRODUCTION OF INCOME.
INCOME ON PERMANENT FUNDS IS USED TO SUPPORT NUMEROUS COMMUNITY CHARITIES.**

PART X, LINE 2: THE FOUNDATION IS A NOT-FOR-PROFIT CORPORATION AS

Part XIII Supplemental Information (continued)

DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOUNDATION AND RECOGNIZE A TAX LIABILITY IF THE FOUNDATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS CONCLUDED THAT AS OF JUNE 30, 2013 AND 2012, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

AS SUCH, THE FOUNDATION IS GENERALLY EXEMPT FROM INCOME TAXES. HOWEVER, THE FOUNDATION IS REQUIRED TO FILE FEDERAL FORM 990 ? RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX WHICH IS AN INFORMATIONAL RETURN ONLY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

| | |
|----------------------------|----------|
| ADMINISTRATIVE FEE REVENUE | 351,803. |
|----------------------------|----------|

PART XI, LINE 4B - OTHER ADJUSTMENTS:

| | |
|---------------------|----------|
| SFAS 136 ADJUSTMENT | 130,324. |
|---------------------|----------|

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|----------------------------|----------|
| ADMINISTRATIVE FEE EXPENSE | 351,803. |
|----------------------------|----------|

Part XIII Supplemental Information *(continued)*

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SFAS 136 ADJUSTMENT 151,309.

**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 BLOOMINGTON
AND MONROE COUNTY, INC.**

**Employer identification number
35-1811149**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" 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.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AREA 10 AGENCY ON AGING 630 W. EDGEWOOD AVE. ELLETTSVILLE, IN 47429 | 31-0955307 | 501(C)3 | 22,589. | 0. | | | FUND DISTRIBUTION & MISC. GRANTS |
| BCT MANAGEMENT, INC./BUSKIRK-CHUMLEY THEATER - 114 E. KIRKWOOD AVE. - BLOOMINGTON, IN 47402 | 35-2146138 | 501(C)3 | 8,359. | 0. | | | IAC GRANT |
| BLOOMINGTON COMMUNITY PARK AND RECREATION FOUNDATION - 401 N MORTON ST STE 250 - BLOOMINGTON, IN 47402 | 31-1209028 | 501(C)3 | 12,545. | 0. | | | FUND DISTRIBUTION |
| BLOOMINGTON PETS ALIVE 2444 S. WALNUT ST. BLOOMINGTON, IN 47401 | 36-4516780 | 501(C)3 | 100,000. | 0. | | | DONOR ADVISED GRANT |
| BLOOMINGTON PLAYWRIGHTS PROJECT 107 W. 9TH ST. BLOOMINGTON, IN 47404 | 31-1012549 | 501(C)3 | 23,689. | 0. | | | MISC. GRANTS |
| BOYS & GIRLS CLUB P. O. BOX 1716 BLOOMINGTON, IN 47402 | 35-0997525 | 501(C)3 | 40,845. | 0. | | | FUND DISTRIBUTION & MISC. GRANTS |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **31.**
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2012)

**COMMUNITY FOUNDATION OF BLOOMINGTON
AND MONROE COUNTY, INC.**

Schedule I (Form 990)

35-1811149

Page 1

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

| (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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|-------------------------------------|
| CARDINAL STAGE COMPANY 900 S. WALNUT BLOOMINGTON, IN 47402 | 20-5837886 | 501(C)3 | 8,249. | 0. | | | IAC GRANT |
| CATHOLIC SOCIAL SERVICES OF SOUTH CENTRAL INDIANA - 631 N. COLLEGE AVE. - BLOOMINGTON, IN 47404 | 35-0867980 | 501(C)3 | 14,808. | 0. | | | FUND DISTRIBUTION & MISC. GRANTS |
| CITY OF BLOOMINGTON P. O. BOX 100 BLOOMINGTON, IN 47402 | 35-6000954 | GOVERNMENT | 15,250. | 0. | | | MISC. GRANTS |
| CITY OF BLOOMINGTON COMMUNITY & FAMILY RESOURCES DEPT - P.O. BOX 100 - BLOOMINGTON, IN 47402 | 35-6000954 | 501(C)3 | 12,000. | 0. | | | MLK GRANT |
| COMMUNITY KITCHEN OF MONROE COUNTY 917 S. ROGERS ST. BLOOMINGTON, IN 47402 | 31-1101408 | 501(C)3 | 6,903. | 0. | | | FUND DISTRIBUTIONS |
| ELLETSVILLE MAIN STREET, INC. P. O. BOX 143 ELLETSVILLE, IN 47429 | 35-2109860 | 501(C)3 | 25,000. | 0. | | | MISC. GRANT |
| GREATER BLOOMINGTON CHAMBER OF COMMERCE FOUNDATION - P. O. BOX 1302 - BLOOMINGTON, IN 47402 | 35-0183215 | 501(C)3 | 6,651. | 0. | | | FUND DISTRIBUTIONS |
| IVY TECH FOUNDATION, INC. 200 DANIELS WAY BLOOMINGTON, IN 47404 | 23-7073977 | 501(C)3 | 58,563. | 0. | | | FUND DISTRIBUTION & MISC. GRANTS |
| LIFEDESIGNS PO BOX 1732 BLOOMINGTON, IN 47402 | 35-1550876 | 501(C)3 | 11,023. | 0. | | | FUND DISTRIBUTION & MISC. GRANTS |

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF BLOOMINGTON
AND MONROE COUNTY, INC.**

Schedule I (Form 990)

35-1811149

Page 1

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

| (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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| MONROE CIRCUIT COURT PROBATION DEPARTMENT - 214 W 7TH STREET, SUITE 200 - BLOOMINGTON, IN 47404 | 35-1732462 | 501(C)3 | 19,693. | 0. | | | MISC. GRANT |
| LOTUS EDUCATION & ARTS FOUNDATION 103 N. COLLEGE AVE. BLOOMINGTON, IN 47402 | 35-1941942 | 501(C)3 | 9,708. | 0. | | | FUND DISTRIBUTION & MISC. GRANTS |
| MONROE COUNTY CASA-COURT APPOINTED SPECIAL ADVOCATES - 201 N. MORTON STREET - BLOOMINGTON, IN 47404 | 26-3994368 | 501(C)3 | 6,078. | 0. | | | FUND DISTRIBUTIONS |
| MONROE COUNTY HISTORICAL SOCIETY, INC. - 202 E. SIXTH STREET - BLOOMINGTON, IN 47408 | 23-7313245 | 501(C)3 | 27,391. | 0. | | | FUND DISTRIBUTIONS |
| MONROE COUNTY HUMANE ASSOCIATION 214 W. 7TH ST., STE 110 BLOOMINGTON, IN 47404 | 35-6064277 | 501(C)3 | 8,157. | 0. | | | FUND DISTRIBUTIONS |
| MONROE COUNTY PUBLIC LIBRARY 303 E. KIRKWOOD BLOOMINGTON, IN 47408 | 35-6000257 | 501(C)3 | 26,000. | 0. | | | MISC. GRANTS |
| MONROE COUNTY TREASURER 501 N. MORTON ST. BLOOMINGTON, IN 47404 | 35-1732462 | GOVERNMENT | 13,411. | 0. | | | FUND DISTRIBUTIONS |
| MONROE COUNTY UNITED MINISTRIES, INC. - 827 WEST 14TH COURT - BLOOMINGTON, IN 47404 | 35-1313090 | 501(C)3 | 17,496. | 0. | | | FUND DISTRIBUTION & MISC. GRANTS |
| PEOPLE AND ANIMAL LEARNING SERVICES, INC. - P. O. BOX 1033 - BLOOMINGTON, IN 47402 | 35-2107038 | 501(C)3 | 50,500. | 0. | | | FUND DISTRIBUTION & MISC. GRANTS |

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF BLOOMINGTON
AND MONROE COUNTY, INC.**

Schedule I (Form 990)

35-1811149

Page 1

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

| (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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|-------------------------------------|
| RICHLAND BEAN BLOSSOM COMMUNITY SCHOOL CORP. - 600 S EDGEWOOD DR. - ELLETTSVILLE, IN 47429 | 35-1088650 | 501(C)3 | 50,472. | 0. | | | PRESCHOOL GRANT & FUND DISTRIBUTION |
| SHALOM COMMUNITY CENTER 620 S. WALNUT ST. BLOOMINGTON, IN 47402 | 74-0356968 | 501(C)3 | 26,445. | 0. | | | FUND DISTRIBUTION & MISC. GRANTS |
| STONE BELT ARC. INC. 2815 E. TENTH STREET BLOOMINGTON, IN 47408 | 35-1059827 | 501(C)3 | 33,402. | 0. | | | FUND DISTRIBUTION & MISC. GRANTS |
| VISUALLY IMPAIRED PRESCHOOL SERVICES, VIPS-BLOOMINGTON - 2600 SOUTH HENDERSON STREET, #154 - BLOOMINGTON, IN 47401 | 61-1061973 | 501(C)3 | 12,275. | 0. | | | FUND DISTRIBUTION & MISC. GRANTS |
| VOLUNTEERS IN MEDICINE 811 W. SECOND ST. BLOOMINGTON, IN 47402 | 20-4383915 | 501(C)3 | 9,234. | 0. | | | FUND DISTRIBUTION & MISC. GRANTS |
| WONDERLAB MUSEUM OF SCIENCE, HEALTH, AND TECHNOLOGY - 308 W. FOURTH STREET - BLOOMINGTON, IN 47404 | 35-1956521 | 501(C)3 | 12,700. | 0. | | | FUND DISTRIBUTION & MISC. GRANTS |
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**COMMUNITY FOUNDATION OF BLOOMINGTON
AND MONROE COUNTY, INC.**

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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| SCHOLARSHIPS | 13 | 14,208. | 0. | | |
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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.

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2012

Open to Public Inspection

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

Employer identification number
35-1811149

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 3 | 80,347. | FMV |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other () | | | | |
| 26 Other () | | | | |
| 27 Other () | | | | |
| 28 Other () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | | X |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

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

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

IN LOCAL COMMUNITY.

FORM 990, PART VI, SECTION B, LINE 11: A COMPLETE COPY OF THE FORM 990 IS PROVIDED TO THE ENTIRE BOARD FOR THEIR REVIEW AND APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MAINTAINS A CONFLICT OF INTEREST POLICY. ALL CANDIDATES FOR MEMBERSHIP ON A BOARD OR COMMITTEE ARE ADVISED OF THIS POLICY PRIOR TO ASSUMING THEIR RESPONSIBILITIES AS MEMBERS. THIS POLICY SHOULD BE DISTRIBUTED PERIODICALLY TO BOARDS, COMMITTEES, AND OTHER VOLUNTEERS, AND PROVIDED TO STAFF WHEN HIRED.

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

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

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

Employer identification number
35-1811149

PERSONS WITH CONFLICTS OF INTEREST

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

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

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

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

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

FOR OTHER EMPLOYEES, THE CEO CONDUCTS PERIODIC REVIEWS OF ALL OTHER STAFF POSITIONS AND CONSIDERS COMPENSATION INCREASES ANNUALLY. COMPARABLE DATA

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

IS CONSULTED (INCLUDING, BUT NOT LIMITED TO, DATA ON COMMUNITY FOUNDATIONS FROM THE COUNCIL ON FOUNDATIONS' SALARY AND BENEFITS SURVEY) AND DECISIONS ARE DOCUMENTED FOR IMPLEMENTATION BY THE ACCOUNTANT AS WELL AS RECORDED IN PERSONNEL FILES.

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
SFAS 136 ADJUSTMENT 20,985.

FORM 990, PART XII, LINE 2C
CHANGE IN PROCEDURES OF AUDIT COMMITTEE
THE PROCEDURES THE AUDIT COMMITTEE TAKES ANNUALLY DID NOT CHANGE IN THE CURRENT YEAR.

Related Organizations and Unrelated Partnerships
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

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

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|---------------------------------|---|-------------------------------|---|-------------------------------------|--|----------|
| | | | | | | Yes | No |
| THE EUPHONIUM FOUNDATION - 30-0058251 1666 K STREET NW WASHINGTON, DC 20006 | SUPPORTS SPECIFIED CHARITIES | WASHINGTON | 501(C)(3) | LINE 11A, I | | | X |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**COMMUNITY FOUNDATION OF BLOOMINGTON
AND MONROE COUNTY, INC.**

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportion- ate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
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**COMMUNITY FOUNDATION OF BLOOMINGTON
AND MONROE COUNTY, INC.**

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|---|-----|----|
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | X | |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of other organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-----------------------------------|----------------------------------|------------------------|--|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

