

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning , and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **Community Foundation of Boone County, Inc.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address): **102 N Lebanon St #200** Room/suite
 City or town, state or province, country, and ZIP or foreign postal code: **Lebanon IN 46052-2151**

D Employer identification number: **35-1829585**
E Telephone number: **317-873-0210**
G Gross receipts \$: **5,817,995**

F Name and address of principal officer:
Jodi Gietl
102 N Lebanon St
Lebanon IN 46052

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **www.communityfoundationbc.org** **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1991** **M** State of legal domicile: **IN**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Our mission is to unite people, organizations and philanthropy to create a thriving community for all.		
	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	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	593,346	937,487
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	351,274	366,711
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,187,790	904,765
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	51,714	73,788
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,184,124	2,282,751
	14 Benefits paid to or for members (Part IX, column (A), line 4)	850,560	666,489
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	271,100	295,635
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 91,192		0
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	588,754	673,516	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,710,414	1,635,640	
19 Revenue less expenses. Subtract line 18 from line 12	2,473,710	647,111	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	22,310,708	25,536,563
	22 Net assets or fund balances. Subtract line 21 from line 20	1,789,268	1,456,822
		20,521,440	24,079,741

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: **Jodi Gietl** Date: **President/CEO**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **Thomas A. Roberts** Preparer's signature: **Thomas A. Roberts** Date: **11/16/20** Check if self-employed PTIN: **P00997867**
 Firm's name: **Estep Burkey Simmons, LLC** Firm's EIN: **04-3587095**
 Firm's address: **Muncie, IN 47308-0042** Phone no.: **765-284-7554**

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:
Our mission is to unite people, organizations and philanthropy to create a thriving community for all.

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 \$ **868,240** including grants of \$ **666,489**) (Revenue \$ **366,711**)
Grants paid from designated, donor advised, field of interest and unrestricted funds for the benefits of not-for-profit organizations, charitable purposes or scholarships.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

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

4e Total program service expenses **868,240**