

Form **990**

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.

OMB No. 1545-0047
2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2023 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) Room/suite
102 N Lebanon St #200
 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 **4,617,113**

F Name and address of principal officer:
Shawna Lake
102 N Lebanon St #200
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**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1991** **M State of legal domicile:** **IN**

H(c) Group exemption number

Part I Summary

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 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 2023 (Part V, line 2a) **5** **8**

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, Part I, line 11 **7b** **0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	559,632	638,328
9 Program service revenue (Part VIII, line 2g)	470,433	574,428
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,682,000	1,423,620
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,045	9,606
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,715,110	2,645,982
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,103,009	1,010,250
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	381,905	382,521
15a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) 97,768		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	847,884	871,418
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,332,798	2,264,189
19 Revenue less expenses. Subtract line 18 from line 12	382,312	381,793

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	30,139,633	33,645,750
21 Total liabilities (Part X, line 26)	1,008,377	1,058,293
22 Net assets or fund balances. Subtract line 21 from line 20	29,131,256	32,587,457

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: *Julie Reagan*
 Date: **10/11/2024**
Julie Reagan 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: **09/24/24**
 Check if self-employed if PTIN **P00997867**
 Firm's name: **Estep Burkey Simmons, LLC**
 Firm's EIN: **04-3587095**
 Firm's address: **PO Box 42**
Muncie, IN 47308-0042
 Phone no.: **765-284-7554**

May the IRS discuss this return with the preparer shown above? See instructions Yes No