

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

Department of the Treasury
 Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization COMMUNITY FOUNDATION OF SOUTHERN INDIANA, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4104 CHARLESTOWN ROAD City or town, state or country, and ZIP + 4 NEW ALBANY, IN 47150-9538 F Name and address of principal officer: MELANY WESSELS SAME AS C ABOVE	D Employer identification number 35-1827813 E Telephone number 812-948-4662 G Gross receipts \$ 1,904,518. 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) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.CFSOUTHERNINDIANA.COM	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1991 M State of legal domicile: IN	

Part I Summary				
	1	Briefly describe the organization's mission or most significant activities: TO BUILD A PERMANENT RESOURCE OF FUNDS TO HELP MEET COMMUNITY NEEDS TODAY, AND CHANGING NEEDS OF		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3 17	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 17	
	5	Total number of employees (Part V, line 2a)	5 34	
	6	Total number of volunteers (estimate if necessary)	6 30	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	815,287. 919,001.
9		Program service revenue (Part VIII, line 2g)		
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	920,517. 624,716.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	379,181. 312,270.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,114,985. 1,855,987.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,366,402. 1,490,982.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	457,303. 368,480.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	
		16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 262,981.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	728,680. 443,505.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,552,385. 2,302,967.		
19	Revenue less expenses. Subtract line 18 from line 12	-437,400. -446,980.		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	23,107,589. 18,605,608.	
	21	Total liabilities (Part X, line 26)	1,804,217. 2,512,326.	
	22	Net assets or fund balances. Subtract line 21 from line 20	21,303,372. 16,093,282.	

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 _____ MELANY WESSELS, FINANCE OFFICER Type or print name and title	Date		
Paid Preparer's Use Only	Preparer's signature ▶ KANDY L. WISCHMEIER, CPA Firm's name (or yours if self-employed), address, and ZIP + 4 BLUE & CO., LLC 106 COMMUNITY DR. SEYMOUR, IN 47274	Date 02/11/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ (812) 522-8416

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: TO BUILD A PERMANENT RESOURCE OF FUNDS TO HELP MEET COMMUNITY NEEDS TODAY, AND CHANGING NEEDS OF FUTURE GENERATIONS BY ENCOURAGING PHILANTHROPIC LEADERSHIP, PROVIDING FLEXIBLE ENDOWMENT OPPORTUNITIES AND PRACTICING FINANCIAL STEWARDSHIP OF DONATED FUNDS.

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

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

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

4a (Code:) (Expenses \$ 1,746,369. including grants of \$ 1,490,982.) (Revenue \$ 1,855,987.) FUNDS ARE USED TO ASSIST AND BENEFIT PEOPLE IN CLARK, FLOYD AND HARRISON COUNTIES THROUGH FUNDING OF HEALTH, EDUCATION, CULTURAL, CIVIC AND RECREATIONAL PROGRAMS.

ONE PROGRAM, THE SOUTHERN INDIANA ASSET BUILDING COALITION, CONNECTED INDIVIDUALS WITH THE RESOURCES AND OPPORTUNITIES THEY NEEDED TO ACHIEVE FINANCIAL STABILITY (INCLUDES FINANCIAL WORKSHOPS, COUNSELING, COACHING PROGRAMS, AND TAX PREPARATION SERVICES).

THE ACCOMPLISHMENTS OF ANOTHER PROGRAM, YOUTH COUNT, INCLUDE ENGAGING THE COMMUNITY IN BUILDING AWARENESS OF AND PROMOTING ASSET BUILDING FOR YOUTH IN FLOYD COUNTY.

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 \$ 1,746,369. (Must equal Part IX, Line 25, column (B).)

**COMMUNITY FOUNDATION OF SOUTHERN
INDIANA, 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 Schedule B, Schedule of Contributors?	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? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school as 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 U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</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, Part II</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, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21	Did the organization report more than \$5,000 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 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, questions 3, 4, or 5? <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 questions 24b-24d and complete Schedule K. If "No," go to question 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

**COMMUNITY FOUNDATION OF SOUTHERN
INDIANA, INC.**

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
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>	36	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>	37	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 9		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		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		
	2a 34		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and 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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
7h			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
9b			
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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?		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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		X
11	Is there any officer, director or 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		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	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:		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers or key employees of the organization?	X	
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?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **IN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
MELANY WESSELS - 812-948-4662
4104 CHARLESTOWN ROAD, NEW ALBANY, IN 47150

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DONALD J. DAY IMMEDIATE PAST CHAIR	2.00	X					0.	0.	0.	
DR JOSEPH JACOBI BOARD MEMBER	2.00	X					0.	0.	0.	
THOMAS J. LINDLEY III BOARD MEMBER	2.00	X					0.	0.	0.	
BARBARA K. WILLIAMS BOARD MEMBER	2.00	X					0.	0.	0.	
KEVIN HAMMERSMITH BOARD MEMBER	2.00	X					0.	0.	0.	
JUDGE TERRENCE CODY BOARD MEMBER	2.00	X					0.	0.	0.	
DR STEPHEN BODNEY M.D. BOARD MEMBER	2.00	X					0.	0.	0.	
SUE SANDERS BOARD MEMBER	2.00	X					0.	0.	0.	
SAUNDRA O'BANNON BOARD MEMBER	2.00	X					0.	0.	0.	
JUNE J. HUGGINS BOARD MEMBER	2.00	X					0.	0.	0.	
REV. JOHN A. MALONE BOARD MEMBER	2.00	X					0.	0.	0.	
SHIRLEY OHTA BOARD MEMBER	2.00	X					0.	0.	0.	
URIC DUFRENE BOARD MEMBER	2.00	X					0.	0.	0.	
MELANY WESSELS ASST TREAS, EX-OFFICIO	40.00	X					0.	0.	0.	
KYLE R. RIDOUT SECRETARY	2.00			X			0.	0.	0.	
LESLIE FINK ROBERTSON VICE CHAIR	2.00			X			0.	0.	0.	
BUTCH SHAW TREASURER	2.00			X			0.	0.	0.	

COMMUNITY FOUNDATION OF SOUTHERN INDIANA, INC.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DR RITA SHOURDS CHAIR	2.00			X				0.	0.	0.
MIKE WAIZ PRES/CEO, EX-OFFICIO	40.00			X				92,776.	0.	0.
1b Total								92,776.	0.	0.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

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

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

COMMUNITY FOUNDATION OF SOUTHERN INDIANA, INC.

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Part VIII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	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 919,001.					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		919,001.				
	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)		673,247.			673,247.	
	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					
		b Less: cost or other basis and sales expenses		48,531.			
		c Gain or (loss)		-48,531.			
	d Net gain or (loss)		-48,531.	-48,531.			
	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 ADMINISTRATIVE FEE INC	900099	296,995.	296,995.				
b MISCELLANEOUS INCOME	900099	15,275.	15,275.				
c _____							
d All other revenue							
e Total. Add lines 11a-11d		312,270.					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		1,855,987.	263,739.	0.	673,247.		

**COMMUNITY FOUNDATION OF SOUTHERN
INDIANA, INC.**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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 U.S. See Part IV, line 21	1,170,658.	1,170,658.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	320,324.	320,324.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	94,600.	29,326.	34,056.	31,218.
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	254,377.	78,857.	91,576.	83,944.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	19,503.	6,436.	6,631.	6,436.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	237,897.	78,506.	80,885.	78,506.
b Legal	1,776.	586.	604.	586.
c Accounting	23,545.	7,770.	8,005.	7,770.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	24,125.	7,961.	8,203.	7,961.
12 Advertising and promotion	8,827.	2,913.	3,001.	2,913.
13 Office expenses	31,570.	10,418.	10,734.	10,418.
14 Information technology				
15 Royalties				
16 Occupancy	51,639.	12,981.	25,677.	12,981.
17 Travel	2,809.	927.	955.	927.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,959.	3,490.	6,979.	3,490.
23 Insurance	3,261.	1,076.	1,109.	1,076.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a OTHER EXPENSES	44,097.	14,140.	15,202.	14,755.
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,302,967.	1,746,369.	293,617.	262,981.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

COMMUNITY FOUNDATION OF SOUTHERN INDIANA, INC.

Form 990 (2008)

35-1827813 Page **11**

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	313,863.	1	176,495.
	2 Savings and temporary cash investments	3,739,220.	2	3,157,915.
	3 Pledges and grants receivable, net	72,825.	3	58,179.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	167,669.	7	140,000.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost basis ...	110,160.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	65,365.		
	11 Investments - publicly traded securities	48,854.	10c	44,795.
	12 Investments - other securities. See Part IV, line 11	18,593,493.	11	14,720,093.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	171,665.	14	308,131.
16 Total assets. Add lines 1 through 15 (must equal line 34)	23,107,589.	15	18,605,608.	
17 Accounts payable and accrued expenses	28,211.	16	46,915.	
18 Grants payable	455,783.	17	421,807.	
19 Deferred revenue	1,208,296.	18	759,928.	
20 Tax-exempt bond liabilities		19		
21 Escrow account liability. Complete Part IV of Schedule D		20	1,151,728.	
22 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		23		
25 Other liabilities. Complete Part X of Schedule D	111,927.	24	131,948.	
26 Total liabilities. Add lines 17 through 25	1,804,217.	25	2,512,326.	
27 Unrestricted net assets	21,154,977.	26	2,713,013.	
28 Temporarily restricted net assets	44,668.	27	13,380,269.	
29 Permanently restricted net assets	103,727.	28	0.	
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	21,303,372.	32	16,093,282.	
34 Total liabilities and net assets/fund balances	23,107,589.	33	18,605,608.	

Part XI Financial Statements and Reporting

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b	X	
c If "Yes" to lines 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	
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?	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **COMMUNITY FOUNDATION OF SOUTHERN INDIANA, INC.** Employer identification number **35-1827813**

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: (Please check only **one** organization.)

- 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).** (Attach Schedule H.)
- 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 the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1507426.	2655558.	1980649.	815,287.	919,001.	7877921.
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 - 3	1507426.	2655558.	1980649.	815,287.	919,001.	7877921.
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)						995,722.
6 Public Support. Subtract line 5 from line 4.						6882199.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1507426.	2655558.	1980649.	815,287.	919,001.	7877921.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	600,283.	626,323.	804,757.	883,539.	673,247.	3588149.
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.)	13,745.	35,762.	16,720.	33,149.	15,275.	114,651.
11 Total support. Add lines 7 through 10						11580721.
12 Gross receipts from related activities, etc. (see instructions)					12	1,537,498.
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 2008 (line 6, column (f) divided by line 11, column (f))	14	59.43	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	52.99	%
16a 33 1/3% support test - 2008. 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 - 2007. 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 - 2008. 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 - 2007. 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF SOUTHERN INDIANA, INC. **Employer identification number** 35-1827813

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	64	
2 Aggregate contributions to (during year)	450,100.	
3 Aggregate grants from (during year)	670,265.	
4 Aggregate value at end of year	3,266,999.	

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Yes No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of certified historic structure
 Preservation of open space
- 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, 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, 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 XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, 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 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	18504121.				
b Contributions	732,297.				
c Investment earnings or losses	-3017297.				
d Grants or scholarships	1,009,196.				
e Other expenditures for facilities and programs	697,880.				
f Administrative expenses	199,105.				
g End of year balance	14312940.				

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment 2.00 %
 - b** Permanent endowment %
 - c** Term endowment 98.00 %

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		28,427.	6,101.	22,326.
d Equipment		81,733.	59,264.	22,469.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				44,795.

**COMMUNITY FOUNDATION OF SOUTHERN
INDIANA, INC.**

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,855,987.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,302,967.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-446,980.
4	Net unrealized gains (losses) on investments	4	-3,841,280.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-1,167,608.
8	Other (Describe in Part XIV)	8	245,778.
9	Total adjustments (net). Add lines 4-8	9	-4,763,110.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-5,210,090.

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

1	Total revenue, gains, and other support per audited financial statements	1	-1,949,033.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-3,841,280.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-17,273.
e	Add lines 2a through 2d	2e	-3,858,553.
3	Subtract line 2e from line 1	3	1,909,520.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-53,533.
c	Add lines 4a and 4b	4c	-53,533.
5	Total revenue. Add lines 3 and 4c . (This should equal Form 990, Part I, line 12.)	5	1,855,987.

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

1	Total expenses and losses per audited financial statements	1	2,093,449.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,093,449.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	209,518.
c	Add lines 4a and 4b	4c	209,518.
5	Total expenses. Add lines 3 and 4c . (This should equal Form 990, Part I, line 18.)	5	2,302,967.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART IV, LINE 2B: CUSTODIAL FUNDS REPRESENT FUNDS PLACED ON DEPOSIT WITH

CFSI BY OTHER 501(C)(3) ORGANIZATIONS BASED ON THEIR INDIVIDUAL BOARD

RESOLUTIONS.

PART V, LINE 4: TO BUILD A PERMANENT RESOURCE OF FUNDS TO HELP MEET

COMMUNITY NEEDS TODAY, AND CHANGING NEEDS OF FUTURE GENERATIONS BY

ENCOURAGING PHILANTHROPIC LEADERSHIP, PROVIDING FLEXIBLE ENDOWMENT

OPPORTUNITIES AND PRACTICING FINANCIAL STEWARDSHIP OF DONATED FUNDS.

Part XIV Supplemental Information (continued)

PART XI, LINE 8 - OTHER ADJUSTMENTS:

SFAS 136 ADJUSTMENT: 263051.

CHANGE IN SPLIT INTEREST AGREEMENTS: -22719.

CHANGE IN PLEDGE DISCOUNT: 5446.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS: -22719.

CHANGE IN PLEDGE DISCOUNT: 5446.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SFAS 136 ADJUSTMENT: -52919.

LOSS ON JUNKED ASSETS: -614.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

SFAS 136 ADJUSTMENT: 210132.

LOSS ON JUNKED ASSETS: -614.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization **COMMUNITY FOUNDATION OF SOUTHERN INDIANA, INC.** Employer identification number **35-1827813**

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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) 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
ARTS COUNCIL OF SOUTHERN INDIANA 820 EAST MARKET STREET NEW ALBANY, IN 47150	35-1383333	501(C)(3)	5,600.	0.			GENERAL SUPPORT; PUBLICATION OF ARTS RESOURCE GUIDE; PROJECT DAB AT GREEN VALLEY
AMERICAN RED CROSS, CLARK CO. CHAPTER - 1805 EAST 8TH STREET - JEFFERSONVILLE, IN 47130-4820	53-0196605	501(C)(3)	5,000.	0.			PURCHASE OF EMERGENCY SERVICES VEHICLE
BIG BROTHERS & BIG SISTERS OF KENTUCKIANA - 1519 GARDNER LANE STE B - LOUISVILLE, KY 40218	61-6057856	501(C)(3)	5,000.	0.			PROJECT DAB AT GREEN VALLEY
BRANDON'S HOUSE COUNSELING CENTER, INC. - 1618 BEELER STREET - NEW ALBANY, IN 47150	35-1903018	501(C)(3)	9,982.	0.			GENERAL PURPOSES; FUND COUNSELING HOURS
BRIDGEPOINTE SERVICES AND GOODWILL, INC. - PO BOX 2488 - CLARKSVILLE, IN 47131-2488	35-1019658	501(C)(3)	25,712.	0.			CAPITAL CAMPAIGN PLEDGE; FOOD/SUPPLIES FOR THE CHILDREN'S ACADEMY; FALL 2008 ROTARY GRANT
CENTER FOR LAY MINISTRIES P.O. BOX 665 JEFFERSONVILLE, IN 47131	31-0903413	501(C)(3)	11,250.	0.			PROFESSIONAL LEADERSHIP FOR AFTERCARE GROUP; TO PROVIDE FOOD TO THOSE VISITING THE FOOD PANTRY.

- 2** Enter total number of section 501(c)(3) and government organizations ▶ **30.**
- 3** Enter total number of other organizations ▶

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

Schedule I (Form 990) 2008

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

COMMUNITY FOUNDATION OF SOUTHERN INDIANA, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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	145	320,324.	0.		

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

SCHEDULE I, PART I, LINE 2: GRANTEES ARE REQUIRED TO SUBMIT A FINAL REPORT, COMPLETE WITH RECEIPTS AND SUPPORTING INFORMATION, WITHIN 15 DAYS OF THE COMPLETION OF THE GRANT. THIS REPORT IS REVIEWED BY THE PROGRAM OFFICER. FUNDS DEEMED TO BE USED FOR PURPOSES OTHER THAN STATED IN THE GRANT MUST BE REFUNDED.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

BRIDGEPOINTE SERVICES AND GOODWILL, INC.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization
**COMMUNITY FOUNDATION OF SOUTHERN
INDIANA, INC.**

**Employer identification number
35-1827813**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLARK COUNTY OFFICE OF EMERGENCY COMMUNICATIONS - 110 NORTH INDIANA AVENUE - SELLERSBURG, IN 47172	35-6000132	501(C)(3)	21,240.	0.			FUNDS TO BE SPENT ON EWS PER CITY ORDINANCE
CLARK MEMORIAL HOSPITAL FOUNDATION 1206 SPRING STREET JEFFERSONVILLE, IN 47130	31-1202140	501(C)(3)	17,818.	0.			PATIENT AND NURSING EDUCATION; TO SUPPORT COMMUNITY HEALTH INITIATIVES
CLARKSVILLE PARKS AND RECREATION 2000 BROADWAY STE 221 CLARKSVILLE, IN 47129	35-6000980	501(C)(3)	160,000.	0.			SHELTERHOUSE AT LITTLE LEAGUE PARK
COMMUNITIES IN SCHOOLS OF CLARK COUNTY, INC. - 1406 FREDERICK AVE - JEFFERSONVILLE, IN 47130	32-0015379	501(C)(3)	15,400.	0.			EXPANSION OF PROJECT 3, 2, 1 READ; PAYROLL EXPENSES; ISTEP + PREP AND BARE NECESSITIES
COUNCIL ON MENTAL RETARDATION 1151 SOUTH FOURTH STREET LOUISVILLE, KY 40203-3101	61-0476686	501(C)(3)	8,213.	0.			DESIGNATED FUND DISTRIBUTION
FLOYD COUNTY YOUTH SERVICES BUREAU (SHELTER) - 3005 GRANT LINE ROAD STE 4 - NEW ALBANY, IN 47150-6947	35-1878563	501(C)(3)	10,150.	0.			THERAPEUTIC SERVICES FOR CHILDREN; NEW DIRECTIONS; FLOYD COUNTY TEEN COURT; CHARTERING FEE FOR PCA OF
FLOYD MEMORIAL FOUNDATION 1850 STATE STREET NEW ALBANY, IN 47150	31-0933781	501(C)(3)	13,229.	0.			2008/2009 GOLF CLASSIC SPONSORSHIP; GENERAL SUPPORT; PRESCRIPTION ASSISTANCE
HARRISON COUNTY COMMUNITY FOUNDATION - P.O. BOX 279 - CORYDON, IN 47112	35-1986569	501(C)(3)	10,830.	0.			DICTIONARY PROJECT-HARRISON COUNTY; TRANSFER OF FUNDS

2 Enter total number of Section 501(c)(3) and government organizations **3** Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization
**COMMUNITY FOUNDATION OF SOUTHERN
INDIANA, INC.**

**Employer identification number
35-1827813**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERFAITH COMMUNITY COUNCIL, INC. 702 EAST MARKET STREET NEW ALBANY, IN 47150	35-1128300	501(C)(3)	14,304.	0.			NEW VOLUNTEER MANAGEMENT SOFTWARE FOR R.S.V.P.; RISE TO THE CHALLENGE; EMERGENCY FOOD CAPACITY
IVY TECH FOUNDATION 8204 HIGHWAY 311 SELLERSBURG, IN 47172	23-7073977	501(C)(3)	16,424.	0.			TO SUPPORT VARIOUS SCHOLARSHIPS
JEFF/GRC AMERICAN LITTLE LEAGUE OF JEFFERSONVILLE, INDIANA - P.O. BOX 699 - JEFFERSONVILLE, IN 47130	35-1592852	501(C)(3)	10,000.	0.			CAPITAL IMPROVEMENTS TO JEFF-GRC LITTLE LEAGUE PARK
LIFESPRING, INC. 460 SPRING STREET JEFFERSONVILLE, IN 47130	35-1097350	501(C)(3)	7,000.	0.			SUPPORTED EMPLOYMENT; CHILDREN AND FAMILIES SERVICES
METRO UNITED WAY, INC. P.O. BOX 4488 LOUISVILLE, KY 40204-0488	61-0444680	501(C)(3)	27,883.	0.			COMMUNITY SOLUTIONS COMMITTEE - CLARK/FLOYD COUNTIES
NEW ALBANY FLOYD COUNTY CONSOLIDATED SCHOOL CORPORATION - P.O. BOX 1087 - NEW ALBANY, IN 47151-1087	35-6005953	501(C)(3)	122,638.	0.			CONSTRUCTION PROJECT AT THE ACADEMY; FALL 2008 ROTARY GRANT CYCLE-BOOKSHELF PROJECT
NOAH'S ARK, INC. 101 NOAH'S LANE JEFFERSONVILLE, IN 47131-1238	35-1997829	501(C)(3)	14,005.	0.			LODGE IMPROVEMENTS; FUNDING FOR BASIC UTILITIES, TRANSPORTATION AND FOOD COSTS
OUR LADY OF PROVIDENCE JUNIOR/SENIOR HIGH SCHOOL - 727 PROVIDENCE WAY - CLARKSVILLE, IN 47129-1599	35-0894977	501(C)(3)	13,488.	0.			SUPPORT FOR THE BOY'S/GIRL'S GOLF TEAMS; SADD WINTER BREAK KICK-OFF; SCHOLARSHIP

2 Enter total number of Section 501(c)(3) and government organizations **3** Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization
**COMMUNITY FOUNDATION OF SOUTHERN
INDIANA, INC.**

**Employer identification number
35-1827813**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PERSONAL COUNSELING SERVICE, INC. P.O. BOX 2294 CLARKSVILLE, IN 47129	31-0919635	501(C)(3)	24,560.	0.			WOMEN'S FOUNDATION AWARD OF EXCELLENCE; A WEAKENED ECONOMY INCREASES MENTAL HEALTH NEEDS IN
R.O.C.K. - RECLAIM OUR CULTURE KENTUCKIANA - 1717 ALLIANT AVE STE 21A - LOUISVILLE, KY 40299	20-0934146	501(C)(3)	10,000.	0.			TO SUPPORT ON-GOING PUBLIC AWARENESS CAMPAIGNS AND EDUCATION INITIATIVES
RAUCH, INC. 845 PARK PLACE; ADMINISTRATIVE OFFICES - NEW ALBANY, IN 47150-2294	35-1011521	501(C)(3)	11,350.	0.			A PLACE TO CREATE REVITALIZATION PROJECT; BENEFICIARY SERVICES/REPRESENTATIVE
SALVATION ARMY OF NEW ALBANY P.O. BOX 82 NEW ALBANY, IN 47150	35-0868167	501(C)(3)	16,024.	0.			COMMUNITY RELIEF FUND - FREEZER FOR FOOD STORAGE
ST. LUKE'S UNITED CHURCH OF CHRIST 329 WALNUT STREET JEFFERSONVILLE, IN 47130	35-0901292	501(C)(3)	10,000.	0.			GENERAL SUPPORT
YMCA OF SOUTHERN INDIANA P.O. BOX 1525 JEFFERSONVILLE, IN 47130-1525	31-1183203	501(C)(3)	19,800.	0.			VARIOUS PROGRAMS; CHILD CARE SUBSIDY
MORTON MEMORIAL UNITED METHODIST 435 EASTERN BLDV CLARKSVILLE, IN 47129	35-0965618	501(C)(3)	6,000.	0.			COMMUNITY SOLUTIONS
PINEHAVEN CHRISTIAN CHILDRENS RANCH AND SCHOOL - PO BOX 940 - ST IGNATIUS, MT 59865	81-0370189	501(C)(3)	6,519.	0.			GENERAL SUPPORT FOR THE SCHOOL AND RANCH

2 Enter total number of Section 501(c)(3) and government organizations **3** Enter total number of other organizations

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL CAMPAIGN PLEDGE; FOOD/SUPPLIES FOR THE CHILDREN'S ACADEMY; FALL 2008 ROTARY GRANT CYCLE-LISTENING CENTERS

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITIES IN SCHOOLS OF CLARK COUNTY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPANSION OF PROJECT 3, 2, 1 READ; PAYROLL EXPENSES; ISTEP + PREP AND BARE NECESSITIES PROGRAM; CISCC BORDEN FAMILY FUN NIGHT

NAME OF ORGANIZATION OR GOVERNMENT: FLOYD COUNTY YOUTH SERVICES BUREAU (SHELTER)

(H) PURPOSE OF GRANT OR ASSISTANCE: THERAPEUTIC SERVICES FOR CHILDREN; NEW DIRECTIONS; FLOYD COUNTY TEEN COURT; CHARTERING FEE FOR PCA OF CLARK AND FLOYD COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: INTERFAITH COMMUNITY COUNCIL, INC. (H) PURPOSE OF GRANT OR ASSISTANCE: NEW VOLUNTEER MANAGEMENT SOFTWARE FOR R.S.V.P.; RISE TO THE CHALLENGE; EMERGENCY FOOD CAPACITY BUILDING

NAME OF ORGANIZATION OR GOVERNMENT: OUR LADY OF PROVIDENCE JUNIOR/SENIOR HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR THE BOY'S/GIRL'S GOLF TEAMS; SADD WINTER BREAK KICK-OFF; SCHOLARSHIP FUND

NAME OF ORGANIZATION OR GOVERNMENT: PERSONAL COUNSELING SERVICE, INC. (H) PURPOSE OF GRANT OR ASSISTANCE: WOMEN'S FOUNDATION AWARD OF EXCELLENCE; A WEAKENED ECONOMY INCREASES MENTAL HEALTH NEEDS IN

Part IV Supplemental Information

CLARKSVILLE; TO BRING PART-TIME COUNSELOR TO FULL-TIME TO MEET INCREASED
DEMAND

NAME OF ORGANIZATION OR GOVERNMENT: RAUCH, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: A PLACE TO CREATE REVITALIZATION
PROJECT; BENEFICIARY SERVICES/REPRESENTATIVE PAYEE PROGRAM

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF SOUTHERN
INDIANA, INC.

Employer identification number

35-1827813

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

FUTURE GENERATIONS BY ENCOURAGING PHILANTHROPIC LEADERSHIP, PROVIDING
FLEXIBLE ENDOWMENT OPPORTUNITIES AND PRACTICING FINANCIAL STEWARDSHIP
OF DONATED FUNDS.

FORM 990, PART VI, SECTION A, LINE 10: THE 990 WAS REVIEWED BY THE FINANCE
OFFICER AND PRESIDENT/CEO PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICY -
POLICY IS SIGNED ON AN ANNUAL BASIS AT THE BEGINNING OF EACH FISCAL YEAR.
IN ADDITION, BOARD MEMBERS MUST DISCLOSE ANY NEW POTENTIAL CONFLICTS AS
EARLY AS POSSIBLE OR BEFORE A MEETING DURING WHICH A GRANT REQUEST OR
CONTRACT FOR GOODS AND SERVICES WILL BE CONSIDERED OR VOTED UPON.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE ACTS AS THE
EMPLOYEE REVIEW COMMITTEE. THE COMMITTEE CONDUCTS AN ANNUAL EXECUTIVE
DIRECTOR EVALUATION/PERFORMANCE REVIEW. THE EVALUATION/PERFORMANCE REVIEW,
YEARS OF SERVICE, ANNUAL BUDGET, FULL-TIME OR PART-TIME SERVICE ARE ALL
CONSIDERED WHEN MAKING A RECOMMENDATION TO THE BOARD FOR APPROVAL ON
EXECUTIVE DIRECTOR COMPENSATION ALONG WITH COMPARABILITY DATA. THE
COMPARABLE DATA USED COMPARES EMPLOYEE POSITION, ASSET SIZE, AND
GEOGRAPHICAL AREA. COMPENSATION SURVEYS FROM COUNCIL OF FOUNDATIONS AS
WELL AS THE INDIANA GRANTMAKERS ALLIANCE ARE USED FOR THIS COMPARISON.

FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS ARE MADE AVAILABLE
ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization	COMMUNITY FOUNDATION OF SOUTHERN INDIANA, INC.	Employer identification number 35-1827813
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FORM 990, PART XI, LINE 2C

COMMITTEE RESPONSIBLE FOR OVERSIGHT

THE FINANCE COMMITTEE OF THE COMMUNITY FOUNDATION OF SOUTHERN INDIANA IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT.

Related Organizations and Unrelated Partnerships

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

Name of the organization **COMMUNITY FOUNDATION OF SOUTHERN INDIANA, INC.** **Employer identification number** **35-1827813**

Part I Identification of Disregarded Entities

(A) Name, address, and EIN 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

Part II Identification of Related Tax-Exempt Organizations

(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
4100 CHARLESTOWN, INC. - 20-0843755 4104 CHARLESTOWN RD NEW ALBANY, IN 47150	SUPPORT CF OF SI	INDIANA	501(C)(3)	SUPPORT ORG TYPE 1	
JEFFERSONVILLE CARNEGIE LIBRARY FOUNDATION, INC - 59-3774660, 4104 CHARLESTOWN RD, NEW ALBANY, IN 47150	SUPPORT CF OF SI	INDIANA	501(C)(3)	SUPPORT ORG TYPE 1	
NEW ALBANY FLOYD COUNTY EDUCATION FOUNDATION, INC. - 20-2552199, 4104 CHARLESTOWN RD, NEW ALBANY, IN 47150	SUPPORT CF OF SI	INDIANA	501(C)(3)	SUPPORT ORG TYPE 1	
OSI FOUNDATION, INC. - 20-0626196 4104 CHARLESTOWN RD NEW ALBANY, IN 47150	SUPPORT CF OF SI	INDIANA	501(C)(3)	SUPPORT ORG TYPE 1	

COMMUNITY FOUNDATION OF SOUTHERN

Part V Transactions With Related Organizations

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

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 (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)	X	
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)	X	
k Performance of services or membership or fundraising solicitations for other organization(s)	X	
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets	X	
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses	X	
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other 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(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Check if: Change of Address
 Amended Report
 Final Report: Indicate Date Closed _____

Indiana Department of Revenue
Indiana Nonprofit Organization's Annual Report
 For the Calendar Year or Fiscal Year
 Beginning 07/01/2008 and Ending 06/30/2009
MM/DD/YYYY MM/DD/YYYY

NP-20
 State Form 51062
 (R2 / 3-09)

Due on the 15th day of the 5th month following the end of the tax year.
NO FEE REQUIRED.

Name of Organization COMMUNITY FOUNDATION OF SOUTHERN INDIANA, INC.		Telephone Number 812-948-4662
Address 4104 CHARLESTOWN ROAD	County FLOYD	Indiana Taxpayer Identification Number
City NEW ALBANY, IN	State IN	ZIP Code 47150-9538
Federal Identification Number 35-1827813		
Printed Name of Person to Contact MELANY WESSELS		Contact's Telephone Number 812-948-4662

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

Note: If your organization has unrelated business income of more than \$1,000 as defined under **Section 513** of the Internal Revenue Code, **you must also file Form IT-20NP.**

Current Information

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
2. Indicate number of years your organization has been in continuous existence. 17
3. Attach a schedule, listing the names, titles and addresses of your current officers. **SEE STATEMENT 1**
4. Briefly describe the purpose or mission of your organization below.

TO BUILD A PERMANENT RESOURCE OF FUNDS TO HELP MEET COMMUNITY NEEDS TODAY, AND CHANGING NEEDS OF FUTURE GENERATIONS BY ENCOURAGING PHILANTHROPIC LEADERSHIP, PROVIDING FLEXIBLE ENDOWMENT OPPORTUNITIES AND PRACTICING FINANCIAL STEWARDSHIP OF DONATED FUNDS.

Email Address: _____

I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.

Signature of Officer or Trustee	FINANCE OFFICER	Date
	Title	

Name of Person(s) to Contact _____ Daytime Telephone Number _____

Important: Please submit this completed form and/or extension to:
 Indiana Department of Revenue, Tax Administration
 P.O. Box 7147
 Indianapolis, IN 46207-7147
 Telephone: (317) 232-4015

Extensions of Time to File

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. **Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption.** Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 7147, Indianapolis, IN 46207-7147, (317) 232-4015.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.

FORM NP-20

LIST OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 1

NAME AND ADDRESS

TITLE

DONALD J. DAY
4104 CHARLESTOWN ROAD
NEW ALBANY, IN 47150-9538

IMMEDIATE PAST CHAIR

DR JOSEPH JACOBI
4104 CHARLESTOWN ROAD
NEW ALBANY, IN 47150-9538

BOARD MEMBER

THOMAS J. LINDLEY III
4104 CHARLESTOWN ROAD
NEW ALBANY, IN 47150-9538

BOARD MEMBER

BARBARA K. WILLIAMS
4104 CHARLESTOWN ROAD
NEW ALBANY, IN 47150-9538

BOARD MEMBER

KEVIN HAMMERSMITH
4104 CHARLESTOWN ROAD
NEW ALBANY, IN 47150-9538

BOARD MEMBER

JUDGE TERRENCE CODY
4104 CHARLESTOWN ROAD
NEW ALBANY, IN 47150-9538

BOARD MEMBER

DR STEPHEN BODNEY M.D.
4104 CHARLESTOWN ROAD
NEW ALBANY, IN 47150-9538

BOARD MEMBER

SUE SANDERS
4104 CHARLESTOWN ROAD
NEW ALBANY, IN 47150-9538

BOARD MEMBER

SAUNDRA O'BANNON
4104 CHARLESTOWN ROAD
NEW ALBANY, IN 47150-9538

BOARD MEMBER

JUNE J. HUGGINS
4104 CHARLESTOWN ROAD
NEW ALBANY, IN 47150-9538

BOARD MEMBER

REV. JOHN A. MALONE
4104 CHARLESTOWN ROAD
NEW ALBANY, IN 47150-9538

BOARD MEMBER

SHIRLEY OHTA
4104 CHARLESTOWN ROAD
NEW ALBANY, IN 47150-9538

BOARD MEMBER

URIC DUFRENE 4104 CHARLESTOWN ROAD NEW ALBANY, IN 47150-9538	BOARD MEMBER
MELANY WESSELS 4104 CHARLESTOWN ROAD NEW ALBANY, IN 47150-9538	ASST TREAS, EX-OFFICIO
KYLE R. RIDOUT 4104 CHARLESTOWN ROAD NEW ALBANY, IN 47150-9538	SECRETARY
LESLIE FINK ROBERTSON 4104 CHARLESTOWN ROAD NEW ALBANY, IN 47150-9538	VICE CHAIR
BUTCH SHAW 4104 CHARLESTOWN ROAD NEW ALBANY, IN 47150-9538	TREASURER
DR RITA SHOURDS 4104 CHARLESTOWN ROAD NEW ALBANY, IN 47150-9538	CHAIR
MIKE WAIZ 4104 CHARLESTOWN ROAD NEW ALBANY, IN 47150-9538	PRES/CEO, EX-OFFICIO