** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

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

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 **and ending** JUN 30, 2025

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

C Name of organization
COMMUNITY FOUNDATION ALLIANCE INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 20 NW 3RD STREET SUITE 820

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
EVANSVILLE, IN 47708

F Name and address of principal officer: JILL CARPENTER
SAME AS C ABOVE

D Employer identification number
35-1830262

E Telephone number
812-429-1191

G Gross receipts $ 47,074,901.

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

H(c) Group exemption number

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

J Website: WWW.COMMUNITYFOUNDATIONALLIANCE.COM

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: THE COMMUNITY FOUNDATION ALLIANCE INC IS A CHARITABLE RESOURCE DEVOTED TO ITS LOCAL

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	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	16
6	Total number of volunteers (estimate if necessary)	6	250
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-3,381.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	15,388,667.	15,998,084.
9	Program service revenue (Part VIII, line 2g)	70,995.	27,000.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,299,067.	7,026,686.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,758,729.	23,051,770.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,291,877.	9,547,129.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,477,598.	1,745,981.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 693,917.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	936,063.	1,111,524.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,705,538.	12,404,634.
19	Revenue less expenses. Subtract line 18 from line 12	9,053,191.	10,647,136.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	148,989,659.	167,856,552.
21	Total liabilities (Part X, line 26)	7,635,664.	8,046,960.
22	Net assets or fund balances. Subtract line 21 from line 20	141,353,995.	159,809,592.

Part II Signature Block

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

Sign Here

Signature of officer — Date

JILL CARPENTER, CEO/SECRETARY
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
KANDY L. WISCHMEIER, CPA	KANDY L. WISCHMEIER,	03/26/26	☐	P00118327

Firm's name BLUE & CO., LLC — Firm's EIN 35-1178661

Firm's address 813 WEST SECOND STREET SEYMOUR, IN 47274 — Phone no. 812-522-8416

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE COMMUNITY FOUNDATION ALLIANCE WORKS TOWARD A THRIVING SOUTHWEST INDIANA FOR ALL, FOR GENERATIONS TO COME. WE CULTIVATE RESOURCES AND RELATIONSHIPS TO ADDRESS THE EVOLVING NEEDS OF SOUTHWEST INDIANA. WE SERVE ALL NINE COUNTIES IN OUR REGION - DAVIESS, GIBSON, KNOX, PERRY,

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 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 $ 5,518,039. including grants of $ 4,812,391.) (Revenue $ 27,000.)
HEALTH AND HUMAN SERVICES - GRANTS IN THIS CATEGORY SUPPORTED PROGRAMS THAT IMPROVE HEALTH, WELLNESS, AND ACCESS TO ESSENTIAL SERVICES FOR INDIVIDUALS AND FAMILIES. FUNDING PROVIDED HEALTH CARE FOR UNINSURED WOMEN AND LOW-INCOME CHILDREN, NUTRITION AND FOOD PROGRAMS, ADAPTIVE EQUIPMENT FOR SPECIAL NEEDS POPULATIONS, CHILDCARE INITIATIVES, AND TUTORING PROGRAMS. THESE INVESTMENTS STRENGTHEN COMMUNITY RESILIENCE AND HELP FAMILIES BUILD PATHWAYS TO LONG-TERM SUCCESS.

4b (Code:) (Expenses $ 2,023,826. including grants of $ 1,765,019.) (Revenue $)
COMMUNITY DEVELOPMENT AND RECREATION - THIS CATEGORY REFLECTS GRANTS THAT ENHANCE THE LIVABILITY AND CONNECTEDNESS OF OUR COMMUNITIES. FUNDING SUPPORTED MAINTENANCE AND EQUIPMENT FOR PARKS AND PLAYGROUNDS, IMPROVEMENTS TO DOWNTOWN AREAS AND COMMUNITY CENTERS, AND COMMUNITY-WIDE EVENTS. BY INVESTING IN SPACES, EXPERIENCES, AND PROGRAMS THAT BRING PEOPLE TOGETHER, THESE GRANTS FOSTER ENGAGEMENT, STRENGTHEN NEIGHBORHOODS, AND IMPROVE QUALITY OF LIFE ACROSS THE REGION.

4c (Code:) (Expenses $ 1,695,558. including grants of $ 1,478,730.) (Revenue $)
EDUCATION AND SCHOLARSHIPS - GRANTS SUPPORTING EDUCATION AND SKILLS DEVELOPMENT ARE REPORTED HERE, INCLUDING SCHOLARSHIPS, LIBRARY PROGRAMS, TUTORING, AND WORKFORCE DEVELOPMENT INITIATIVES. THESE INVESTMENTS PROVIDE RESIDENTS WITH THE TOOLS AND OPPORTUNITIES TO GROW PERSONALLY AND PROFESSIONALLY, SUPPORTING PATHWAYS TO ECONOMIC MOBILITY AND LONG-TERM SUCCESS.

4d Other program services (Describe on Schedule O.)
(Expenses $ 1,709,615. including grants of $ 1,490,989.) (Revenue $)

4e Total program service expenses 10,947,038.

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	21		
b	Enter the number of Forms W-2G included on 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?	1c		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
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** 16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on 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)?	**4a**		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		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 receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		X
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		X
10	**Section 501(c)(7) organizations.** Enter:			
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:			
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?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

Part VI Governance, Management, and Disclosure. *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed IN

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

THE ORGANIZATION - 812-429-1191
20 NW 3RD STREET SUITE 820, EVANSVILLE, IN 47708

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JILL CARPENTER CEO/SECRETARY	40.00			X				195,921.	0.	17,558.
(2) TIMOTHY JONES CFO	40.00			X				140,004.	0.	4,200.
(3) MELINDA WALDROUP CHIEF PROGRAM OFFICER	40.00			X				101,890.	0.	14,503.
(4) ALYSSA RICKER DIRECTOR	1.00	X						0.	0.	0.
(5) CHRIS HERTEL DIRECTOR	1.00	X						0.	0.	0.
(6) CRAIG KIRK DIRECTOR	1.00	X						0.	0.	0.
(7) ED HAGEDORN DIRECTOR	1.00	X						0.	0.	0.
(8) HANS SCHMITZ DIRECTOR	1.00	X						0.	0.	0.
(9) JASON BARISANO DIRECTOR	1.00	X						0.	0.	0.
(10) JODY GILES DIRECTOR	1.00	X						0.	0.	0.
(11) JOHN DUDENHOEFFER DIRECTOR	1.00	X						0.	0.	0.
(12) JON CRAIG DIRECTOR	1.00	X						0.	0.	0.
(13) KARI FLUEGEL DIRECTOR	1.00	X						0.	0.	0.
(14) KIM SCHULTZ DIRECTOR	1.00	X						0.	0.	0.
(15) LESLIE MUSTARD DIRECTOR	1.00	X						0.	0.	0.
(16) MARK WATERMAN DIRECTOR	1.00	X						0.	0.	0.
(17) MIKE POWERS DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(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			
(18) PATSY ALVEY DIRECTOR	1.00	X						0.	0.	0.
(19) SARAH BELMORE DIRECTOR	1.00	X						0.	0.	0.
(20) TIM HUBER DIRECTOR	1.00	X						0.	0.	0.
(21) LAURA BYERS IMMEDIATE PAST CHAIR	1.00	X		X				0.	0.	0.
(22) ERIC REED CHAIR	1.00	X		X				0.	0.	0.
(23) PATRICK GRIFFIN VICE CHAIR	1.00	X		X				0.	0.	0.
(24) LORI NEWMAN TREASURER	1.00	X		X				0.	0.	0.
1b Subtotal								437,815.	0.	36,261.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								437,815.	0.	36,261.

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

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		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? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a 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	15,998,084.				
	g Noncash contributions included in lines 1a-1f	1g	$ 321,100.				
	h **Total.** Add lines 1a-1f			15,998,084.			
Program Service Revenue			**Business Code**				
	2a ADMINISTRATIVE INCOME		900099	27,000.	27,000.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			27,000.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,689,245.		-3,381.	4692626.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a	26,360,572.				
	b Less: cost or other basis and sales expenses	7b	24,017,429. / 5,702.				
	c Gain or (loss)	7c	2,343,143. / -5,702.				
	d Net gain or (loss)			2,337,441.			2337441.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			**Business Code**				
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d						
	12 **Total revenue.** See instructions			23,051,770.	27,000.	-3,381.	7030067.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,824,336.	8,824,336.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	722,793.	722,793.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	505,646.	213,064.	130,121.	162,461.
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	969,988.	408,722.	249,612.	311,654.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,741.	14,217.	8,683.	10,841.
9 Other employee benefits	131,888.	55,573.	33,939.	42,376.
10 Payroll taxes	104,718.	44,125.	26,948.	33,645.
11 Fees for services (nonemployees):				
a Management				
b Legal	15,391.		15,391.	
c Accounting	25,550.		25,550.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	328,474.	328,474.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	56,655.			56,655.
13 Office expenses	36,352.		36,352.	
14 Information technology	100,217.	30,065.	70,152.	
15 Royalties				
16 Occupancy	117,059.	48,222.	32,067.	36,770.
17 Travel	57,656.	17,950.	10,962.	28,744.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	59,382.		59,382.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,467.	11,574.	7,068.	8,825.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CONSULTING AND RESEARCH	218,220.	193,555.	24,665.	0.
b PROFESSIONAL DEVELOPMEN	39,507.	34,368.	5,139.	0.
c MISCELLANEOUS	17,237.		15,291.	1,946.
d DUES AND SUBSCRIPTIONS	12,357.		12,357.	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	12,404,634.	10,947,038.	763,679.	693,917.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		80,767.	1	255,378.
	2	Savings and temporary cash investments		10,876,132.	2	16,334,714.
	3	Pledges and grants receivable, net		124,021.	3	454,370.
	4	Accounts receivable, net		179,486.	4	101,132.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		25,760.	9	4,965.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 235,078.			
	b	Less: accumulated depreciation	10b 142,219.	78,219.	10c	92,859.
	11	Investments - publicly traded securities		115,555,493.	11	129,434,468.
	12	Investments - other securities. See Part IV, line 11		18,932,213.	12	20,258,629.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		3,137,568.	15	920,037.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		148,989,659.	16	167,856,552.
Liabilities	17	Accounts payable and accrued expenses		85,753.	17	24,205.
	18	Grants payable		803,212.	18	806,397.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		6,286,119.	21	6,823,753.
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		460,580.	25	392,605.
	26	**Total liabilities.** Add lines 17 through 25		7,635,664.	26	8,046,960.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		4,297,813.	27	5,011,049.
	28	Net assets with donor restrictions		137,056,182.	28	154,798,543.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		141,353,995.	32	159,809,592.
	33	Total liabilities and net assets/fund balances		148,989,659.	33	167,856,552.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,051,770.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,404,634.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,647,136.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	141,353,995.
5	Net unrealized gains (losses) on investments	5	8,307,726.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-499,265.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	159,809,592.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION ALLIANCE INC

Employer identification number
35-1830262

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4987038.	4386824.	2813643.	15388667.	15998084.	43574256.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	4987038.	4386824.	2813643.	15388667.	15998084.	43574256.
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)						22927478.
6 **Public support.** Subtract line 5 from line 4.						20646778.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	4987038.	4386824.	2813643.	15388667.	15998084.	43574256.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2997507.	3079221.	3152248.	3853608.	4692626.	17775210.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			-6,673.	-2,196.	-3,381.	-12,250.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						61337216.

12 Gross receipts from related activities, etc. (see instructions) 12 178,184.

13 **First 5 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

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 33.66 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 15 45.82 %

16a **33 1/3% support test - 2024.** 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 ☒

b **33 1/3% support test - 2023.** 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 ☐

17a **10% -facts-and-circumstances test - 2024.** 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2023.** 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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 ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on 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 VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** 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 - 2023.** 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 ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	*Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6 Other distributions (describe in **Part VI**). See instructions.	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**8**	
9 Distributable amount for 2024 from Section C, line 6	**9**	
10 Line 8 amount divided by line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i)** **Excess Distributions**	**(ii)** **Underdistributions Pre-2024**	**(iii)** **Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

COMMUNITY FOUNDATION ALLIANCE INC

Employer identification number

35-1830262

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... $ _____

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

Name of organization

COMMUNITY FOUNDATION ALLIANCE INC

Employer identification number

35-1830262

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 11,715,058.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

COMMUNITY FOUNDATION ALLIANCE INC

Employer identification number

35-1830262

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization: COMMUNITY FOUNDATION ALLIANCE INC

Employer identification number: 35-1830262

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990) (Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION ALLIANCE INC

Employer identification number
35-1830262

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	107	
2	Aggregate value of contributions to (during year)	2,303,787.	
3	Aggregate value of grants from (during year)	473,662.	
4	Aggregate value at end of year	15,786,131.	

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? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

Part II Conservation Easements.

Complete if the organization answered "Yes" on 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 (for example, recreation or education)
- [ ] Preservation of a historically important land area
- [ ] Protection of natural habitat
- [ ] Preservation of a certified historic structure
- [ ] Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [ ] Yes [ ] No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on 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 acquisition, accession, and other records, check any of the following that make 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 program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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 Escrow and Custodial Arrangements Complete if the organization answered "Yes" on 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 XIII 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, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds Complete if the organization answered "Yes" on 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	131,081,003.	112,901,278.	103,599,160.	128,323,442.	94,882,757.
b Contributions	3,143,025.	3,316,034.	2,470,805.	3,725,820.	5,535,088.
c Net investment earnings, gains, and losses	22,593,754.	23,674,018.	13,126,668.	-21,260,361.	33,007,962.
d Grants or scholarships	7,301,598.	6,908,221.	4,643,098.	5,299,301.	3,262,804.
e Other expenditures for facilities and programs				299.	610.
f Administrative expenses	2,101,056.	1,902,106.	1,652,257.	1,890,141.	1,838,951.
g End of year balance	147,415,128.	131,081,003.	112,901,278.	103,599,160.	128,323,442.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %
b Permanent endowment _____ %
c Term endowment 100 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		235,078.	142,219.	92,859.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				92,859.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) PRIVATE EQUITY	1,244,577.	COST
(B) HEDGE FUNDS	19,014,052.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	20,258,629.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY LIABILITIES	73,057.
(3) LONG TERM LEASE LIABILITY	319,548.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	392,605.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
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 XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
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	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
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 XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

OUR ENDOWMENTS CREATE LASTING CHARITABLE RESOURCES THAT TRANSFORM LIVES ACROSS OUR REGION. WE PARTNER WITH DONORS, THEIR ADVISORS, AND LOCAL NONPROFITS TO MAKE GIVING SIMPLE, INTENTIONAL, AND IMPACTFUL. EVERY GIFT IS CAREFULLY STEWARDED TO HONOR THE DONOR'S VISION AND BENEFIT FUTURE GENERATIONS. BEYOND MANAGING FUNDS, WE TAKE A LEADERSHIP ROLE ON KEY COMMUNITY ISSUES, ENSURING THAT GIVING SUPPORTS MEANINGFUL, MEASURABLE CHANGE.

PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED THAT AS OF JUNE 30, 2025 AND 2024, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

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

Part XIII Supplemental Information *(continued)*

SCHEDULE I (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION ALLIANCE INC

Employer identification number
35-1830262

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? ..... [X] 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MISSION FIRST INC 318 MAIN ST, STE 102 EVANSVILLE, IN 47708-1456	88-3228667	501C3	1,347,427.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
EASTERSEALS REHABILITATION CENTER 3701 BELLEMEADE AVE EVANSVILLE, IN 47714-0137	35-1087526	501C3	549,464.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
EVANSVILLE MUSEUM OF ARTS, HISTORY, & SCIENCE - PO BOX 3435 - EVANSVILLE, IN 47733-3435	35-0874517	501C3	358,705.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
EVANSVILLE TRAILS COALITION PO BOX 932 EVANSVILLE, IN 47706	27-1556835	501C3	269,996.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
YOUTH FIRST, INC. 111 SE 3RD ST., STE 405 EVANSVILLE, IN 47708-1469	35-2050168	501C3	240,393.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
MEMORIAL COMMUNITY DEVELOPMENT CORPORATION - 645 CANAL ST - EVANSVILLE, IN 47713	35-1962979	501C3	225,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 206.

3 Enter total number of other organizations listed in the line 1 table ..... 0.

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARC SOUTHWEST INDIANA PO BOX 5 PRINCETON, IN 47670-0005	35-6032606	501C3	209,040.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
MARIAH HILL FOUNDATION PO BOX 194 MARIAH HILL, IN 47556-0194	23-7233568	501C3	203,165.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
PARK PALS, INC. PO BOX 6 NEWBURGH, IN 47629-0006	83-0665856	501C3	185,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
USI FOUNDATION 8600 UNIVERSITY BLVD EVANSVILLE, IN 47712	23-7042320	501C3	148,044.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
WELBORN BAPTIST FOUNDATION INC. 20 NW 3RD ST, STE 1500 EVANSVILLE, IN 47708	35-2056722	501C3	130,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
WARRICK WELLNESS PATHWAYS, INC. PO BOX 862 NEWBURGH, IN 47629	46-4049559	501C3	128,334.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
YMCA OF VINCENNES 2010 COLLEGE AVE VINCENNES, IN 47591	35-0868218	501C3	116,853.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
TELL CITY PARKS & RECREATION PO BOX 515 TELL CITY, IN 47586	35-6001209	GOVERNMENT	115,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
INDIANA MILITARY MUSEUM 715 S 6TH ST VINCENNES, IN 47591-9246	35-1545943	501C3	114,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY COORDINATED CHILD CARE OF SOUTHERN INDIANA DBA BUILDING BLOCKS - 101 NW 1ST ST, STE 118 - EVANSVILLE, IN 47708-1259	31-0971740	501C3	110,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
CITY OF VINCENNES 201 VIGO ST VINCENNES, IN 47591-1140	35-6001221	GOVERNMENT	105,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
YMCA OF SOUTHWESTERN INDIANA 516 COURT ST EVANSVILLE, IN 47708-1340	35-0869074	501C3	101,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
WASHINGTON FREE METHODIST CHURCH 1155 TROY RD WASHINGTON, IN 47501-4146	35-1752335	501C3	91,750.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
DAVIESS COUNTY ECONOMIC DEVELOPMENT FOUNDATION - 201 E MAIN ST, STE 202 - WASHINGTON, IN 47501	35-2219605	501C3	89,334.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
DAVIESS COUNTY FAMILY YMCA 405 NE 3RD ST WASHINGTON, IN 47501-2062	35-1050606	501C3	79,950.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
ODON VOLUNTEER FIRE DEPARTMENT 109 S SPRING ST ODON, IN 47562-1313	35-6005010	501C3	73,173.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
EVANSVILLE WARTIME MUSEUM PO BOX 6510 EVANSVILLE, IN 47719-0510	45-3995469	501C3	70,400.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
EVANSVILLE ZOOLOGICAL SOCIETY, INC 1545 MESKER PARK DR EVANSVILLE, IN 47720-8224	35-6031419	501C3	63,900.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON COMMUNITY SCHOOL FOUNDATION CORP. - 301 E SOUTH ST - WASHINGTON, IN 47501	35-1996118	501C3	61,389.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
ECHO HOUSING CORPORATION 528 MAIN ST., STE 202 EVANSVILLE, IN 47708-1627	35-1831922	501C3	61,270.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
EVANSVILLE PHILHARMONIC ORCHESTRA 20 NW 3RD ST, STE 500 EVANSVILLE, IN 47708-1245	35-0965634	501C3	56,821.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
AURORA, INC. 1001 MARY ST EVANSVILLE, IN 47710-2029	35-1759576	501C3	56,490.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
AMERICAN RED CROSS SOUTHWEST INDIANA CHAPTER - 29 S STOCKWELL RD - EVANSVILLE, IN 47714-0248	53-0196605	501C3	56,172.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
CANCER PATHWAYS MIDWEST 5740 VOGEL RD EVANSVILLE, IN 47715	26-1932741	501C3	53,830.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
SPENCER COUNTY 4-H ASSOCIATION INC. - 1101 E COUNTY ROAD 800 N - CHRISNEY, IN 47611-8401	35-6043972	501C3	53,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
POSEY COUNTY COMMISSIONERS 126 E 3RD ST, RM 220 MOUNT VERNON, IN 47620	35-6000188	501C3	50,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
ST. PAUL'S UNITED CHURCH OF CHRIST 7700 MIDDLE MOUNT VERNON RD EVANSVILLE, IN 47712	35-0870101	501C3	50,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIBSON COUNTY ECONOMIC DEVELOPMENT CORPORATION - 127 N HART ST - PRINCETON, IN 47670	20-5369753	501C3	50,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
DISCOVER DOWNTOWN WASHINGTON 201 E MAIN ST, STE 202 WASHINGTON, IN 47501	92-0250884	501C3	49,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
ALBION FELLOWS BACON CENTER, INC. PO BOX 3164 EVANSVILLE, IN 47731-3164	31-1029051	501C3	48,343.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
POSEY COUNTY COUNCIL ON AGING 611 W 8TH ST MOUNT VERNON, IN 47620-1641	35-1330462	501C3	45,020.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
SYCAMORE LAND TRUST PO BOX 7801 BLOOMINGTON, IN 47407-7801	35-1830637	501C3	42,280.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
AMERICAN CIVIL LIBERTIES UNION (ACLU) FOUNDATION, INC. - 125 BROAD ST., FL 18 - NEW YORK, NY 10004-2454	13-6213516	501C3	40,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
EVANSVILLE POLICE DEPARTMENT FOUNDATION - PO BOX 3114 - EVANSVILLE, IN 47730	26-2290745	GOVERNMENT	39,930.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
PERRY COUNTY DEVELOPMENT CORPORATION - 601 MAIN ST STE A - TELL CITY, IN 47586	35-1826530	501C3	35,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
GIBSON SOUTHERN SCHOLARSHIPS, INC. 2366 W 1300 S HAUBSTADT, IN 47639-8669	46-3799250	501C3	34,650.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION PROGRAM OF EVANSVILLE & VANDERBURGH COUNTY, INC. (CAPE) - MAIN - 401 SE 6TH ST STE 1 - EVANSVILLE, IN 47713-1249	35-1176665	501C3	34,349.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
CHRISTIAN EDUCATIONAL FOUNDATION OF VINCENNES INC. - 229 CHURCH ST - VINCENNES, IN 47591	35-1185419	501C3	32,800.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
WESSELMAN NATURE SOCIETY, INC. 551 N BOEKE RD EVANSVILLE, IN 47711-5994	23-7193105	501C3	31,770.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
TRI-STATE FOOD BANK 2504 LYNCH RD EVANSVILLE, IN 47711-2955	35-1539870	501C3	30,265.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
REITZ HOME PRESERVATION SOCIETY INC. - 112 CHESTNUT ST - EVANSVILLE, IN 47713-1024	23-7372602	501C3	29,207.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
NORTH SPENCER COUNTY SCHOOL CORPORATION - 3720 E STATE ROAD 162 - LINCOLN CITY, IN 47552-9700	35-3311132	GOVERNMENT	29,096.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
OZANAM FAMILY SHELTER 1100 READ ST EVANSVILLE, IN 47710-2162	35-1771442	501C3	28,400.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
PIKE COUNTY SCHOOL CORPORATION 211 S 12TH ST PETERSBURG, IN 47567-1501	35-1123799	GOVERNMENT	28,360.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
LAMPION CENTER 655 S HEBRON AVE EVANSVILLE, IN 47714-4048	35-0868077	501C3	28,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VINCENNES UNIVERSITY FOUNDATION 1002 N 1ST ST, # DC-38 VINCENNES, IN 47591-1504	23-7268826	501C3	27,635.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
ASSOCIATION FOR A BETTER ROCKPORT PO BOX 302 ROCKPORT, IN 47635	91-2185692	501C3	27,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
MEALS ON WHEELS OF EVANSVILLE 3700 BELLEMEADE AVE STE 113 EVANSVILLE, IN 47714-0106	23-7076022	501C3	27,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
BREAD OF LIFE MINISTRY INC. PO BOX 12 LYNNVILLE, IN 47619-0012	35-1672783	501C3	27,300.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
HOLLY'S HOUSE, INC. PO BOX 4125 EVANSVILLE, IN 47724-0125	20-4475135	501C3	25,860.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
IMMIGRANT WELCOME AND RESOURCE CENTER INC - 500 S GREEN RIVER RD - EVANSVILLE, IN 47715-7316	99-1869155	501C3	25,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
CHORDOMA FOUNDATION PO BOX 2127 DURHAM, NC 27702-2127	20-8423943	501C3	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
JUNIOR ACHIEVEMENT OF SOUTHWESTERN INDIANA - 431 E DIAMOND AVE - EVANSVILLE, IN 47711-3713	35-6048156	501C3	24,791.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
BUFFALO TRACE COUNCIL-BOY SCOUTS OF AMERICA - 3501 E LLOYD EXPY - EVANSVILLE, IN 47715-8624	35-0867971	501C3	24,459.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVANGELICAL UNITED CHURCH OF CHRIST - 802 10TH ST - TELL CITY, IN 47586-2118	35-0876368	501C3	24,340.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
THE ISAIAH 1:17 PROJECT 117 N HART ST PRINCETON, IN 47670-1532	82-0712213	501C3	23,739.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
CHRISTIAN RESOURCE CENTER 499 JEFFERSON ST ROCKPORT, IN 47635-1273	35-0975325	501C3	23,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
EVSC FOUNDATION 1901 LYNCH RD EVANSVILLE, IN 47711	26-2863843	501C3	22,998.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
PRINCETON PUBLIC LIBRARY 124 S HART ST PRINCETON, IN 47670-2104	35-6002027	GOVERNMENT	22,944.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
WADESVILLE CENTER TOWNSHIP VOL. FIRE DEPT. - PO BOX 180 - WADESVILLE, IN 47638	35-1474004	501C3	22,250.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
GIBSON FOOD PARTNERS 3761 N 175 W PATOKA, IN 47666-9243	99-3183271	501C3	22,094.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
FIRST CHOICE SOLUTIONS 714 W WALNUT ST WASHINGTON, IN 47501-2574	76-0723485	501C3	21,660.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
UNITED WAY OF POSEY COUNTY INC. 215 S KIMBALL ST MOUNT VERNON, IN 47620-2501	35-6030053	501C3	20,290.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA'S ELVES AND SANTA CLAUS MUSEUM - PO BOX 1 - SANTA CLAUS, IN 47579-0001	31-0899429	501C3	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
THRIVE 601 MAIN ST MOUNT VERNON, IN 47620-9276	86-1230733	501C3	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
IMPACT EVANSVILLE 1201 S BEDFORD AVE EVANSVILLE, IN 47713-2612	86-3629886	501C3	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
SOUTHWESTERN HEALTHCARE, INC. 415 MULBERRY ST EVANSVILLE, IN 47713-1230	26-1503650	501C3	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
RAPP GRANARY - OWEN FOUNDATION PO BOX 371 NEW HARMONY, IN 47631-0371	76-0387354	501C3	19,840.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
YOUTH RESOURCES OF SOUTHWESTERN INDIANA - PO BOX 3635 - EVANSVILLE, IN 47735	35-1719143	501C3	19,530.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
MT. VERNON HIGH SCHOOL 700 HARRIET ST MOUNT VERNON, IN 47620	35-6006027	GOVERNMENT	19,470.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
CHILDREN & FAMILY SERVICES, CORP 105 BROADWAY ST VINCENNES, IN 47591-1251	31-1012426	501C3	18,750.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
PRINCETON PRESBYTERIAN CHURCH 130 E STATE ST PRINCETON, IN 47670-1854	83-3443177	501C3	17,570.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.

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PRINCETON YOUTH BASEBALL 301 N RICHLAND CREEK DR PRINCETON, IN 47670-8173	35-6042601	501C3	17,535.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
RIVER BEND FOOD PANTRY PO BOX 169 MOUNT VERNON, IN 47620-0169	87-4506435	501C3	17,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
MOUNT VERNON YOUTH BASEBALL PO BOX 168 MOUNT VERNON, IN 47620-0168	35-1708981	501C3	17,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
WARRICK ECUMENICAL SOUP KITCHEN OF ST. CLEMENT CATHOLIC CHURCH - 422 E SYCAMORE ST - BOONVILLE, IN 47601-1619	35-1952199	501C3	17,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
ROCKPORT ELEMENTARY SCHOOL 200 S 6TH ST ROCKPORT, IN 47635	35-1105590	GOVERNMENT	16,950.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
STUDENT FINANCIAL AID ASSOCIATION PO BOX 3646 EVANSVILLE, IN 47735-3646	35-6024366	501C3	16,450.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
DUBOIS-PIKE-WARRICK ECONOMIC OPPORTUNITY COMMITTEE, INC., D/B/A TRI-CAP - 607 3RD AVE - JASPER, IN 47547-0729	35-1121163	501C3	16,192.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
KCARC 2525 N 6TH ST VINCENNES, IN 47591-2405	35-1182628	501C3	16,030.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
GIBAULT FOUNDATION INC. 6401 S US HIGHWAY 41 TERRE HAUTE, IN 47802-4749	35-1718781	501C3	15,970.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

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WASHINGTON BAND BOOSTERS ASSOCIATION - 3867 N STATE ROAD 57 - WASHINGTON, IN 47501	27-5072686	501C3	15,874.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
DSI DIVERSIFIED SOLUTIONS, INC 2212 E NATIONAL HWY WASHINGTON, IN 47501-4516	82-2656495	501C3	15,771.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
BORROWED HEARTS DAVIESS COUNTY 110 SE 2ND ST WASHINGTON, IN 47501	85-3501811	501C3	15,475.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
BIG BROTHERS BIG SISTERS OF SOUTHWESTERN INDIANA - 320 SE MARTIN LUTHER KING JR BLVD, SUITE C - EVANSVILLE, IN 47713-1815	35-1305578	501C3	15,340.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
CANNELTON FOOD PANTRY 200 W 5TH ST CANNELTON, IN 47520	86-1934517	501C3	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
ELBERFELD COMMUNITY LEAGUE S 1ST ST ELBERFELD, IN 47613	88-1253257	501C3	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
CHANDLER CUMBERLAND PRESBYTERIAN CHURCH - 338 S STATE ST - CHANDLER, IN 47610-9634	35-1383258	501C3	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
EVANSVILLE CHRISTIAN LIFE CENTER 509 S KENTUCKY AVE EVANSVILLE, IN 47714-1091	31-1191608	501C3	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
JUNIOR ACHIEVEMENT OF WEST KENTUCKY, INC. - 123 W 4TH ST, STE 301 - OWENSBORO, KY 42303-4160	61-0564988	501C3	14,930.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

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FAMILY HEALTH CENTER 702 OLD WHEATLAND RD VINCENNES, IN 47591-3620	82-2966384	501C3	14,853.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
ST. PAUL CATHOLIC CHURCH - CATHOLIC MINISTRY CENTER - 824 JEFFERSON ST - TELL CITY, IN 47586-1786	35-0891620	501C3	14,833.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
HABITAT FOR HUMANITY OF EVANSVILLE 560 E DIAMOND AVE EVANSVILLE, IN 47711-4729	35-1602775	501C3	14,751.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
HABITAT FOR HUMANITY OF GIBSON COUNTY - 1302 W BRUMFIELD AVE - PRINCETON, IN 47670-1154	35-1959561	501C3	14,640.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
HEART TO HEART HOSPICE FOUNDATION 7240 CHASE OAKS BLVD PLANO, TX 75025	37-1541320	501C3	14,586.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
NORTH SPENCER COMMUNITY ACTION CENTER, INC. - 5 N WASHINGTON ST - DALE, IN 47523-0079	35-1885941	501C3	14,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
CHEMO BUDDIES 3700 BELLEMEADE AVE, STE 118 EVANSVILLE, IN 47714-0106	45-3043243	501C3	14,460.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
SALVATION ARMY EVANSVILLE CORPS PO BOX 4055 EVANSVILLE, IN 47710-0055	36-2167910	501C3	14,350.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
ISAIAH 117 HOUSE SPENCER/PERRY 1251 E COUNTY ROAD 800 N CHRISNEY, IN 47611-9464	82-0631497	501C3	14,226.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

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DEACONESS FOUNDATION 600 MARY ST EVANSVILLE, IN 47747-1658	35-0593390	501C3	14,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
STIR-N-UP HOPE INC. 17336 N STATE ROAD 162 FERDINAND , IN 47532-7654	35-2174085	501C3	13,991.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
HERITAGE HILLS SCHOLARSHIP FOUNDATION INC. - 1416 ST MEINRAD RD - ST. MEINRAD, IN 47577	35-1725475	501C3	13,700.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
EVANSVILLE PARKS FOUNDATION, INC. PO BOX 3112 EVANSVILLE, IN 47730	35-1520591	501C3	13,370.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
RSVP OF DAVIESS COUNTY PO BOX 648 WASHINGTON, IN 47501-0648	35-1760790	501C3	13,350.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
GRAYVILLE SCHOLARSHIP TRUST FUND 209 LOREN DR GRAYVILLE, IL 62844	37-1218644	501C3	13,270.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
TELL CITY JR.-SR. HIGH SCHOOL 900 12TH ST TELL CITY, IN 47586-1604	35-1184876	GOVERNMENT	12,736.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
SOUTHERN INDIANA RESOURCE SOLUTIONS, INC. - 1579 S FOLSOMVILLE RD - BOONVILLE, IN 47601	35-1152797	501C3	12,590.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
JD SHETH FOUNDATION, INC. PO BOX 195 EVANSVILLE, IN 47702-0195	47-4129062	501C3	12,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.

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NEWLIFE RESCUE & ADOPTION, INC. 6500 LEONARD RD N MOUNT VERNON, IN 47620-6927	31-1059873	501C3	12,250.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
PIKE COUNTY PROGRESS PARTNERS, INC. - PO BOX 204 - PETERSBURG, IN 47567	46-1291334	501C3	12,215.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
NEW HARMONY VOLUNTEER FIREMEN'S CLUB - PO BOX 121 - NEW HARMONY, IN 47631-0121	35-1617724	501C3	12,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
PERRY COUNTY MEMORIAL HOSPITAL 8885 STATE ROAD 237 TELL CITY, IN 47586	35-1121699	501C3	11,870.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
UNITED WAY OF SOUTHWESTERN INDIANA INC. - 318 MAIN ST, STE 504 - EVANSVILLE, IN 47708	35-0868069	501C3	11,780.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
GIRL SCOUTS OF SOUTHWEST INDIANA 5000 E VIRGINIA ST, STE 2 & 3 EVANSVILLE, IN 47715-2672	35-0876380	501C3	11,561.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
SIGNATURE SCHOOL FOUNDATION 610 MAIN ST EVANSVILLE, IN 47708	35-1932976	501C3	11,450.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
COUNCIL OF COLLEGE AND MILITARY EDUCATORS - 2310 N HENDERSON AVE, STE B 1152 - DALLAS, TX 75206	95-3860114	501C3	11,230.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
WASHINGTON CATHOLIC MIDDLE & HIGH SCHOOL - 201 NE 2ND ST - WASHINGTON, IN 47501-2717	35-1282201	501C3	10,720.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

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ROTARY FOUNDATION OF EVANSVILLE, INC. - PO BOX 1131 - EVANSVILLE, IN 47706	35-1820749	501C3	10,650.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
PERRY COUNTY PUBLIC LIBRARY 2328 TELL ST TELL CITY, IN 47586-2554	35-1121568	GOVERNMENT	10,414.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
SAINT MEINRAD ARCHABBEY 200 HILL DR SAINT MEINRAD, IN 47577-9989	35-0868161	501C3	10,145.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
GIBSON COUNTY YOUTH THEATRE 775 S WHITE CHURCH RD PRINCETON, IN 47670-8122	46-1737585	501C3	10,050.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
CANNELBURG FIRE DEPARTMENT 203 S MAIN ST CANNELBURG, IN 47519-5109	47-2462196	501C3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
MICAH 68 PROJECT 7251 E MOODY RD OAKTOWN, IN 47561	46-1773624	501C3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
HEART OF POSEYVILLE INC 129 W FLETCHALL ST POSEYVILLE, IN 47633	88-3085795	501C3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
WARRICK LITERACY AND EDUCATIONAL CONNECTIONS - 6160 PEMBROOKE DR - NEWBURGH, IN 47630-1722	84-3208728	501C3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
FRIENDS OF THE 1818 ROME COURTHOUSE, INC. - PO BOX 262 - TELL CITY, IN 47586	87-3948730	501C3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.

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JEFFERSON TOWNSHIP COMMUNITY CENTER INC DBA OTWELL COMMUNITY CENTER - PO BOX 157 - OTWELL, IN 47564-5409	35-1434293	501C3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
HOPE OF EVANSVILLE 900 N MAIN ST EVANSVILLE, IN 47711-5054	35-6075575	501C3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
TOWN OF DALE 103 S WALLACE ST DALE, IN 47523-0117	35-6001001	GOVERNMENT	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
PERRY COUNTY, INDIANA HABITAT FOR HUMANITY - PO BOX 72 - TELL CITY, IN 47586	35-1993626	501C3	9,999.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
GROUSELAND FOUNDATION INC. 3 W SCOTT ST VINCENNES, IN 47591-1118	35-2088602	501C3	9,891.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
PURDUE RESEARCH FOUNDATION 1281 WIN HENTSCHEL BLVD WEST LAFAYETTE, IN 47906	35-1052049	501C3	9,858.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
TOWN OF GRANDVIEW 316 MAIN ST GRANDVIEW, IN 47615-0638	35-1092075	GOVERNMENT	9,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
SAINT MEINRAD VOLUNTEER FIRE DEPT. 19392 N STATE ROAD 545 SAINT MEINRAD, IN 47577-0157	35-6042500	501C3	9,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
MISS CANDYS KIDS FOR AUTISTIC CHILDREN CORP. - 3755 OXFORD LANE - TELL CITY, IN 47586	26-4241903	501C3	9,410.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.

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TOWN OF WINSLOW PO BOX 69 WINSLOW, IN 47598-0069	35-6001244	GOVERNMENT	9,312.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
NEWBURGH ELEMENTARY SCHOOL 306 STATE ST NEWBURGH, IN 47630	35-1617571	GOVERNMENT	9,263.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
NORTH DAVIESS JR. SR. HIGH SCHOOL 5494 E STATE ROAD 58 ELNORA, IN 47529	35-1050826	GOVERNMENT	9,100.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
SOUTH SPENCER SCHOLARSHIP FOUNDATION - 822 SYCAMORE ST - ROCKPORT, IN 47635	35-1595445	501C3	9,010.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
MT. CARMEL HIGH SCHOOL 201 PEAR ST MOUNT CARMEL, IL 62863	37-6004834	GOVERNMENT	8,880.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
CRISIS CONNECTION INC 1500 S MERIDIAN RD JASPER, IN 47547-0903	35-1719802	501C3	8,710.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
POSEY COUNTY SOIL AND WATER CONSERVATION DISTRICT - 1805 MAIN ST - MOUNT VERNON, IN 47620-1209	35-4640463	501C3	8,449.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
UNITED WAY OF DAVIESS COUNTY PO BOX 224 WASHINGTON, IN 47501-0224	35-1404567	501C3	8,390.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
HEART TO HEART INC, A WOMEN'S RESOURCE CENTER - 1404 N 4TH ST - VINCENNES, IN 47591-2310	35-2099757	501C3	8,320.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.

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SOUTH KNOX SCHOOL CORPORATION 6116 E STATE ROAD 61 VINCENNES, IN 47591-9078	35-1070991	GOVERNMENT	8,320.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
CHRISNEY BAPTIST CHURCH 308 S MAIN ST CHRISNEY, IN 47611-9560	80-0369045	501C3	8,300.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
PARISH OF SAINT FRANCIS OF ASSISI 8 E MAPLE ST DALE, IN 47523	38-3956772	501C3	8,100.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
IVY TECH FOUNDATION 3501 N FIRST AVE, STE 208 EVANSVILLE, IN 47710-3319	23-7073977	501C3	8,030.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
FIRST UNITED METHODIST CHURCH OF VINCENNES - 411 N 4TH ST - VINCENNES, IN 47591	35-0976750	501C3	8,010.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
NORTH GIBSON EDUCATION FOUNDATION, INC. - 1104 N EMBREE ST - PRINCETON, IN 47670-8321	82-2703048	501C3	8,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
DAVIESS COUNTY PARTNERSHIP INC 211 E MAIN ST WASHINGTON, IN 47501-2913	33-1088311	501C3	8,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
DREAM BUILDERS OF INDIANA 446 E OLD PETERSBURG RD PRINCETON, IN 47670-8516	93-4070240	501C3	8,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
OTWELL PROGRESS COMMITTEE INC. 2935 N STATE ROAD 257 OTWELL, IN 47564-8716	88-2623948	501C3	8,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.

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PANTHEON EDUCATIONAL CENTER 428 MAIN ST VINCENNES, IN 47591-2020	83-4597285	GOVERNMENT	8,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
EVANSVILLE RESCUE MISSION 500 E WALNUT ST EVANSVILLE, IN 47713	35-0942622	501C3	7,980.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
PRINCETON AREA DOLLARS FOR SCHOLARS - 1645 E STATE ROAD 64 - PRINCETON, IN 47670-8828	46-4664044	501C3	7,830.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
GIBSON COUNTY FAIRGROUNDS PAVILION, INC. - PO BOX 356 - PRINCETON, IN 47670	35-2013911	501C3	7,770.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
EVANSVILLE CHRISTIAN SCHOOL 10644 LINCOLN AVE NEWBURGH, IN 47630	31-0017078	501C3	7,730.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
DAVIESS COMMUNITY HOSPITAL FOUNDATION - 1314 E WALNUT ST - WASHINGTON, IN 47501	35-1570504	501C3	7,530.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
HERITAGE HILLS PATS 3646 E COUNTY ROAD 1600 N LINCOLN CITY, IN 47552-9662	82-5431559	501C3	7,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
GENERATIONS, DIVISION OF VINCENNES UNIVERSITY'S STATEWIDE SERVICE - 1019 N 4TH ST - VINCENNES , IN 47591-2355	23-7268826	501C3	7,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
IRREVERENT WARRIORS - VINCENNES CHAPTER - 1804 N STATE ROAD 67 - VINCENNES, IN 47591-6885	47-4789126	501C3	7,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF VINCENNES - BETTYE J. MCCORMICK SENIOR CENTER - 2009 PROSPECT AVE - VINCENNES, IN 47591	35-0868218	501C3	7,460.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
PERRY COUNTY PROBATION DEPARTMENT 2219 PAYNE ST TELL CITY, IN 47586-2844	35-6000185	501C3	7,400.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
PIGEON TOWNSHIP VOLUNTEER FIRE DEPARTMENT - 11922 YELLOWBANKS TRL - DALE, IN 47523-9126	56-2499596	501C3	7,400.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
FIRST CHRISTIAN CHURCH OF VINCENNES - PO BOX 978 - VINCENNES, IN 47591-0978	35-0953438	501C3	7,370.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
BARR-REEVE SCHOLARSHIP FOUNDATION PO BOX 25 MONTGOMERY, IN 47558	41-1607576	501C3	7,340.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
EAST GIBSON SCHOOL CORPORATION 941 S FRANKLIN ST OAKLAND CITY, IN 47660-1631	35-1103813	GOVERNMENT	7,325.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
SANTA CLAUS POLICE DEPARTMENT PO BOX 92 SANTA CLAUS, IN 47579	35-1176652	GOVERNMENT	7,266.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
INDIANA STATE MUSEUM AND HISTORIC SITES - 650 W WASHINGTON ST - INDIANAPOLIS, IN 46204-2725	35-6202818	501C3	7,265.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
TRADES FOR TOMORROW PO BOX 461 EVANSVILLE, IN 47703-0451	87-2160833	501C3	7,260.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SLEEP IN HEAVENLY PEACE, INC. 1560 ELDRIDGE AVE TWIN FALLS, ID 83301-7815	46-4346568	501C3	7,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
MEMORIAL HOSPITAL FOUNDATION 800 W 9TH ST JASPER, IN 47546-2514	35-1359445	501C3	7,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
DAVIESS COUNTY HISTORICAL SOCIETY 212 E MAIN ST WASHINGTON, IN 47501	31-0918640	501C3	6,800.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
PALMYRA TOWNSHIP VOLUNTEER FIRE DEPARTMENT - 380 N ANSON RD - VINCENNES, IN 47591-9658	35-1358178	501C3	6,765.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
SALVATION ARMY VINCENNES CORPS 2300 N 2ND ST VINCENNES, IN 47591-0293	36-2167910	501C3	6,745.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
UNITED METHODIST YOUTH HOME 2521 N BURKHARDT RD EVANSVILLE, IN 47715-2151	31-0951608	501C3	6,720.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
VINCENNES ROTARY FOUNDATION INC. PO BOX 71 VINCENNES, IN 47591	35-1941160	501C3	6,710.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
NORTH POSEY HIGH SCHOOL 5900 HIGH SCHOOL RD POSEYVILLE, IN 47633	35-6006163	GOVERNMENT	6,660.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
CHILDREN'S LEARNING CENTER OF POSEY COUNTY - 2100 W 4TH ST - MOUNT VERNON, IN 47620-9421	35-1887207	501C3	6,575.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PERRY COUNTY SHERIFFS OFFICE 2211 HERRMAN ST TELL CITY, IN 47586-1074	35-6000185	GOVERNMENT	6,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
HOLLAND UNITED METHODIST CHURCH 205 N 2ND AVE HOLLAND, IN 47541	35-1856844	501C3	6,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
LITTLE LAMBS OF EVANSVILLE 609 SE 2ND ST EVANSVILLE, IN 47713-1107	26-0827878	501C3	6,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
WNIN TRI-STATE PUBLIC MEDIA, INC. 2 MAIN ST EVANSVILLE, IN 47708-1450	35-1307165	501C3	6,485.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
HISTORIC SANTA CLAUS CAMPGROUND INC. - 16670 N COUNTY ROAD 625 E - SANTA CLAUS, IN 47579-9711	35-1791843	501C3	6,240.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
THE ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 1560 SHERMAN AVE - EVANSTON, IL 60201	36-3245072	501C3	6,177.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
HAPPY FEET EQUALS LEARNING FEET, INC. - PO BOX 296 - CLAY, KY 42404-0296	45-5231361	501C3	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
CITY OF WASHINGTON 101 NE 3RD ST WASHINGTON, IN 47501	35-6001228	GOVERNMENT	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
TRINITY UNITED METHODIST CHURCH OF EVANSVILLE - REV. GILE - 216 SE 3RD ST - EVANSVILLE, IN 47713	47-2659076	501C3	5,710.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PERRY COUNTY 4-H COUNCIL 65 PARK AVE TELL CITY, IN 47586-2717	23-7404489	501C3	5,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
EVANSVILLE GOODWILL INDUSTRIES, INC. - 5001 WASHINGTON AVE - EVANSVILLE, IN 47715	35-0868075	501C3	5,432.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
THE ARC EVANSVILLE 615 W VIRGINIA ST EVANSVILLE, IN 47710-1615	35-0992718	501C3	5,410.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
UNITED WAY OF PERRY COUNTY PO BOX 73 TELL CITY, IN 47586	23-7330365	501C3	5,340.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
PERRY COUNTY COUNCIL ON AGING 645 MAIN ST., STE 200 TELL CITY, IN 47586-1796	23-7425656	501C3	5,300.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
WARRICK HUMANE SOCIETY INC. 5722 VANN RD NEWBURGH, IN 47629-0082	35-1574531	501C3	5,260.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
YWCA OF EVANSVILLE 118 VINE ST EVANSVILLE, IN 47708-1213	35-0869075	501C3	5,221.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
VINCENNES EDUCATION FOUNDATION 1712 S QUAIL RUN RD VINCENNES, IN 47591-6870	35-1927642	501C3	5,180.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
TELL CITY-TROY TWP SCHOOL CORPORATION - 837 17TH ST - TELL CITY, IN 47586	35-1184876	GOVERNMENT	5,136.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ILLIANA CHRISTIAN ASSEMBLY 723 E 450 S WASHINGTON, IN 47501-7851	35-1311255	501C3	5,130.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.
CHRIST UNITED METHODIST CHURCH 104 N MERIDIAN ST WASHINGTON, IN 47501-2930	35-1052165	501C3	5,075.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	262	722,793.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:
FOR GRANTS FROM UNRESTRICTED OR FIELD OF INTEREST FUNDS, GRANTEES ARE REQUIRED TO SUBMIT A FINAL REPORT, COMPLETE WITH RECEIPTS AND SUPPORTING INFORMATION, BY A DATE DETERMINED BY THE FOUNDATION IN A GRANT AGREEMENT. THIS REPORT IS REVIEWED BY THE DIRECTOR OF COMMUNITY PHILANTHROPY. FUNDS DEEMED TO BE USED FOR PURPOSES OTHER THAN STATED IN THE GRANT MUST BE REFUNDED. GRANTS FROM ALL OTHER TYPES OF FUNDS ARE SENT LETTERS WITH INSTRUCTIONS FOR USE.

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION ALLIANCE INC

Employer identification number

35-1830262

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	**2**		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☒ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	**7**		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JILL CARPENTER	(i)	195,921.	0.	0.	5,878.	11,680.	213,479.	0.
CEO/SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:
THE CEO'S SALARY IS DETERMINED BY UTILIZING PEER COMPARISONS, NATIONAL SALARY SURVEY'S, AND A REVIEW COMMITTEE MADE UP OF BOARD OF DIRECTORS.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION ALLIANCE INC

Employer identification number

35-1830262

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	16	321,100.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

				Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29			
30a	During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a			X
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a			X
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION ALLIANCE INC

Employer identification number
35-1830262

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMMUNITIES. THE ORGANIZATION HELPS PEOPLE MAKE MEANINGFUL GIFTS THAT IMPROVE LIFE IN DAVIESS, GIBSON, KNOX, PERRY, PIKE, POSEY, SPENCER, VANDERBAUGH, AND WARRICK COUNTIES TODAY AND FOR GENERATIONS TO COME.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PIKE, POSEY, SPENCER, VANDERBURGH, AND WARRICK - TURNING GENEROSITY INTO LASTING LOCAL IMPACT. WE HELP DONORS TRANSFORM THEIR GIVING INTO MEANINGFUL, MEASURABLE CHANGE THAT STRENGTHENS OUR COMMUNITIES TODAY AND FOR GENERATIONS TO COME.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
YOUTH DEVELOPMENT, RELIGION AND SPIRITUAL DEVELOPMENT, ENVIRONMENT, ARTS AND CULTURE.
EXPENSES $ 1,709,615. INCLUDING GRANTS OF $ 1,490,989. REVENUE $ 0.

FORM 990, PART VI, SECTION B, LINE 11B:
PRESIDENT & CEO AS WELL AS THE CFO REVIEW BEFORE SUNMITTING TO THE BOARD TO REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:
PRIOR TO ANY ACTION ON SUBSTANTIVE BUSINESS THE CHAIRMAN OF THE BOARD OR CHAIRMAN OF A COMMITTEE SHALL STATE THE POLICY ON CONFLICTS OF INTEREST. SHOULD A CONFLICT OF INTEREST TRANSACTION ARISE, THE DIRECTOR, COMMITTEE MEMBER OR OFFICER SO AFFECTED SHALL DISCLOSE THE NATURE OF THE CONFLICT AND THE MATERIAL FACTS TO THE BOARD OR COMIMITTEE. THE INDIVIDUAL MAY BE INVITED TO PARTICIPATE IN DISCUSSIONS AFTER THE DISCLOSURE BUT DISQUALIFIED FROM VOTING.

FORM 990, PART VI, SECTION B, LINE 15:
ANNUALLY THE EXECUTIVE COMMITTEE REVIEWS THE COMPENSATION INFORMATION UTILIZING THE ANNUAL SALARY SURVEY FROM THE COUNCIL OF FOUNDATIONS, AS WELL AS OTHER RELEVANT MATERIALS AND MAKES A RECCOMENDATION TO THE FULL BOARD.

FORM 990, PART VI, SECTION C, LINE 19:
THE CEO EMAILED OR MAILED THE REQUESTED INFORMATION AS SOON A POSSIBLE AFTER RECEIVING REQUESTS FOR THE GOVERNING DOCUMENTS, INVESTMENT RETURN, AND FINANCIAL STATEMENTS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN ANNUITY	-765.
SFAS 136 ADJUSTMENT	-522,180.
CHANGE IN VALUE SPLIT INTEREST	51,526.
CHANGE IN CASH SURRENDER VALUE	6,670.
CHANGE IN DISCOUNT OF PLEDGES RECEIVABLE	-34,516.
TOTAL TO FORM 990, PART XI, LINE 9	-499,265.

FORM 990, PART XII, LINE 2C
THE FINANCE COMMITTEE OF THE COMMUNITY FOUNDATION ALLIANCE IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION ALLIANCE INC

Employer identification number
35-1830262

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
ALLIANCE INITIATIVES FUND INC - 35-2116083 20 NW 3RD STREET SUITE 820 EVANSVILLE, IN 47708	CHARITABLE	INDIANA	501(C)(3)		N/A		X
CITY OF EVANSVILLE ENDOWMENT FUND - 35-2062629, 20 NW 3RD STREET SUITE 820, EVANSVILLE, IN 47708	CHARITABLE	INDIANA	501(C)(3)		N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

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

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r	X	
s Other transfer of cash or property from related organization(s)	1s		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 related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

CARRYOVER DATA TO 2025

Name	Employer Identification Number
COMMUNITY FOUNDATION ALLIANCE INC	35-1830262

Based on the information provided with this return, the following are possible carryover amounts to next year.

INDIANA NET OPERATING LOSS	12,250.
FEDERAL POST-2017 NET OPERATING LOSS - INVESTMENTS	12,250.

EXTENDED TO MAY 15, 2026

Form **990-T**

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

For calendar year 2024 or other tax year beginning JUL 1, 2024 , and ending JUN 30, 2025 .

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

OMB No. 1545-0047

2024

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A ☐ Check box if address changed.

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
COMMUNITY FOUNDATION ALLIANCE INC

D Employer identification number
35-1830262

Number, street, and room or suite no. If a P.O. box, see instructions.
20 NW 3RD STREET SUITE 820

E Group exemption number (see instructions)

City or town, state or province, country, and ZIP or foreign postal code
EVANSVILLE, IN 47708

F ☐ Check box if an amended return.

C Book value of all assets at end of year 167,856,552.

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university ☐ 6417(d)(1)(A) Applicable entity

H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ☐

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of THE ORGANIZATION Telephone number 812-429-1191

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2	Reserved	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000.
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000.
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21)	1	0.
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	
3	**Proxy tax.** See instructions	3	
4a	Amount from Form 4255, Part I , line 3, column (q)	4a	
b	Other tax amounts. See instructions	4b	
5	Alternative minimum tax	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	0.
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e			
f	Total amounts due. Add lines 3a through 3e			3f	0.
4	**Total tax.** Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here			4	0.

Part III Tax and Payments *(continued)*

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5	0.
6 a	Payments: Preceding year's overpayment credited to the current year	6a			
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b			
c	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Elective payment election amount from Form 3800	6g			
h	Payment from Form 2439	6h			
i	Credit from Form 4136	6i			
j	Other (see instructions)	6j			
7	**Total payments.** Add lines 6a through 6j			7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐			8	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9	
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid			10	
11	Enter the amount of line 10 you want: **Credited to 2025 estimated tax** **Refunded**			11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year $		
4	Enter available pre-2018 NOL carryovers here $ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
900001	$ 8,869.
	$
	$
	$

6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer | Date | CEO/SECRETARY Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KANDY L. WISCHMEIER, CPA	KANDY L. WISCHMEIER, CPA	03/26/26		P00118327

Firm's name BLUE & CO., LLC | Firm's EIN 35-1178661

Firm's address 813 WEST SECOND STREET SEYMOUR, IN 47274 | Phone no. 812-522-8416

Form **990-T** (2024)

423711 01-30-25

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2024

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization: COMMUNITY FOUNDATION ALLIANCE INC

B Employer identification number: 35-1830262

C Unrelated business activity code (see instructions): 900001

D Sequence: 1 of 1

E Describe the unrelated trade or business: INVESTMENTS

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances	c Balance 1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1	5	-3,381.		-3,381.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	**Total.** Combine lines 3 through 12	13	-3,381.		-3,381.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions	7			
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)			14	
15	**Total deductions.** Add lines 1 through 14			15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	-3,381.
17	Deduction for net operating loss. See instructions			17	0.
18	**Unrelated business taxable income.** Subtract line 17 from line 16			18	-3,381.

For Paperwork Reduction Act Notice, see instructions. **Schedule A (Form 990-T) 2024**

LHA 423741 01-30-25

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	☐ Yes ☐ No	

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Rent received or accrued				
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) 0.

4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) 0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Gross income from or allocable to debt-financed property				
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0.

9	Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0.

11 **Total dividends-received deductions** included in line 10 0.

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations: 7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D	
2	Gross advertising income					
a	Add columns A through D. Enter here and on Part I, line 11, column (A)					0.
3	Direct advertising costs by periodical					
a	Add columns A through D. Enter here and on Part I, line 11, column (B)					0.
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-					
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7					
a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13					0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 1

DESCRIPTION	NET INCOME OR (LOSS)
MONTAUK TRIGUARD FUND V LP - ORDINARY BUSINESS INCOME (LOSS)	-3,381.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-3,381.

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/23	6,673.	0.	6,673.	6,673.
06/30/24	2,196.	0.	2,196.	2,196.
NOL CARRYOVER AVAILABLE THIS YEAR			8,869.	8,869.