

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

Indiana Department of Revenue
Indiana Nonprofit Organization's Annual Report

NP-20
 State Form 51062
 (R3 / 3-10)

For the Calendar Year or Fiscal Year
 Beginning 01/01/2010 and Ending 12/31/2010
MM/DD/YYYY MM/DD/YYYY

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

Name of Organization COMMUNITY FOUNDATION OF MORGAN COUNTY, INC.		Telephone Number 317-831-1232
Address 56 N. MAIN ST.	County MORGAN	Indiana Taxpayer Identification Number
City MARTINSVILLE, IN 46151	State IN ZIP Code 46151	Federal Identification Number 35-1956929
Printed Name of Person to Contact DALE DEPOY		Contact's Telephone Number 317-831-1232

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

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

Current Information

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
2. Indicate number of years your organization has been in continuous existence. 15.
3. Attach a schedule, listing the names, titles and addresses of your current officers. **SEE STATEMENT 1**
4. Briefly describe the purpose or mission of your organization below.

THE COMMUNITY FOUNDATION OF MORGAN COUNTY, INC. WORKS WITH OUR CITIZENS TO ENHANCE THE QUALITY OF LIFE FOR CURRENT AND FUTURE GENERATIONS OF MORGAN COUNTY, INDIANA. WE ACCEPT GIFTS, MANAGE FINANCIAL RESOURCES, MAKE GRANTS AND PROVIDE SCHOLARSHIPS.

TZOSS@CFMCONLINE.ORG

Email Address:

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

TREASURER

Signature of Officer or Trustee

Title

Date

Name of Person(s) to Contact

Daytime Telephone Number

Important: Please submit this completed form and/or extension to:
 Indiana Department of Revenue, Tax Administration
 P.O. Box 7147
 Indianapolis, IN 46207-7147
 Telephone: (317) 233-4015

Extensions of Time to File

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

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 7147, Indianapolis, IN 46207-7147, (317) 233-4015.

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

FORM NP-20 LIST OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 1

NAME AND ADDRESS	TITLE
JAMES BRACK 56 N. MAIN ST. MARTINSVILLE, IN 46151	DIRECTOR
CHRIS BRANSON 56 N. MAIN ST. MARTINSVILLE, IN 46151	DIRECTOR
DALE DEPOY 56 N. MAIN ST. MARTINSVILLE, IN 46151	PRESIDENT
DOUG GARRISON 56 N. MAIN ST. MARTINSVILLE, IN 46151	DIRECTOR
JAMES JOHNSON 56 N. MAIN ST. MARTINSVILLE, IN 46151	TREASURER
LILY LAWSON 56 N. MAIN ST. MARTINSVILLE, IN 46151	DIRECTOR
WILLIAM J. MEREDITH 56 N. MAIN ST. MARTINSVILLE, IN 46151	DIRECTOR
SIGNE NICHOLSON 56 N. MAIN ST. MARTINSVILLE, IN 46151	DIRECTOR
ERIN PIPKIN 56 N. MAIN ST. MARTINSVILLE, IN 46151	VICE-PRESIDENT
RUTH RUSIE 56 N. MAIN ST. MARTINSVILLE, IN 46151	DIRECTOR
BRIAN STREMMING 56 N. MAIN ST. MARTINSVILLE, IN 46151	DIRECTOR
SHELLEY VOELZ 56 N. MAIN ST. MARTINSVILLE, IN 46151	DIRECTOR

JUDY WILLIAMS
56 N. MAIN ST.
MARTINSVILLE, IN 46151

DIRECTOR

KAREN YEAGER
56 N. MAIN ST.
MARTINSVILLE, IN 46151

SECRETARY

TOM ZOSS
56 N. MAIN ST.
MARTINSVILLE, IN 46151

EXECUTIVE DIRECTOR