

NP-20

State Form 51062  
(R6 / 8-12)

Indiana Department of Revenue  
Indiana Nonprofit Organization's Annual Report

For the Calendar Year or Fiscal Year  
Beginning 01 01 2012 and Ending 12 31 2012  
MM/DD/YYYY MM/DD/YYYY

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

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

Name of Organization <b>COMMUNITY FOUNDATION OF MORGAN COUNTY INC</b>		Telephone Number <b>855 280 3095</b>
Address <b>56 N MAIN ST</b>	County <b>MORGAN</b>	Indiana Taxpayer Identification Number <b>0101077599</b>
City <b>MARTINSVILLE</b>	State <b>IN</b>	ZIP Code <b>46151</b>
Federal Identification Number <b>35 1956929</b>		Contact's Telephone Number <b>855 280 3095</b>
Printed Name of Person to Contact <b>THOMAS ZOSS</b>		

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

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

**Current Information**

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

**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.**

Email Address: TZOSS@CFMCONLINE.ORG

*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) 232-0129

**Extensions of Time to File**

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

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 7147, Indianapolis, IN 46207-7147, (317) 232-0129.

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.



25412111019

---

---

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

---

NAME AND ADDRESS	TITLE
CHRIS BRANSON 56 N. MAIN ST. MARTINSVILLE, IN 46151	SECRETARY
DALE DEPOY 56 N. MAIN ST. MARTINSVILLE, IN 46151	DIRECTOR
JAMES JOHNSON 56 N. MAIN ST. MARTINSVILLE, IN 46151	TREASURER
WILLIAM J. MEREDITH 56 N. MAIN ST. MARTINSVILLE, IN 46151	DIRECTOR
ERIN PIPKIN 56 N. MAIN ST. MARTINSVILLE, IN 46151	DIRECTOR
BRIAN STREMMING 56 N. MAIN ST. MARTINSVILLE, IN 46151	PAST-PRESIDENT
JUDY WILLIAMS 56 N. MAIN ST. MARTINSVILLE, IN 46151	DIRECTOR
LISA ARNOLD 56 N. MAIN ST. MARTINSVILLE, IN 46151	DIRECTOR
JENNA BENNETT 56 N. MAIN ST. MARTINSVILLE, IN 46151	PRESIDENT
DAVID KEISTER 56 N. MAIN ST. MARTINSVILLE, IN 46151	DIRECTOR
MARTY (MARTHA) MILLER 56 N. MAIN ST. MARTINSVILLE, IN 46151	DIRECTOR
GARY OAKES 56 N. MAIN ST. MARTINSVILLE, IN 46151	DIRECTOR

KRISTIN OBERLE  
56 N. MAIN ST.  
MARTINSVILLE, IN 46151

DIRECTOR

PATTY WOOD  
56 N. MAIN ST.  
MARTINSVILLE, IN 46151

VICE PRESIDENT

FRANK ROWE  
56 N. MAIN ST.  
MARTINSVILLE, IN 46151

DIRECTOR

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

EXECUTIVE DIRECTOR