

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No. 1545-0047

2009**Open to Public
Inspection****A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CENTRAL INDIANA COMMUNITY FOUNDATION INC		D Employer identification number 35-1793680
		Doing Business As		E Telephone number (317) 634-2423
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 615 NORTH ALABAMA STREET 119		G Gross receipts \$ 278,341,734.
		City or town, state or country, and ZIP + 4 INDIANAPOLIS, IN 46204		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: BRIAN PAYNE 615 NORTH ALABAMA STREET INDIANAPOLIS, IN 46204		H(c) Group exemption number ▶		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.CICF.ORG		
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1997 M State of legal domicile: IN		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CICF EXISTS TO IMPROVE INDIANA TODAY AND FOREVER. CHARITABLE ASSETS ARE BUILT TO SUPPORT EFFECTIVE CHARITABLE ORGANIZATIONS WITH GRANTS AND PROVIDE LEADERSHIP TO ADDRESS COMMUNITY NEEDS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of employees (Part V, line 2a)	5	40
	6 Total number of volunteers (estimate if necessary)	6	21
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	-947,021.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-947,021.	
Revenue	8 Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	21,723,829.	17,188,854.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	704,842.	-36,981,954.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,062,530.	2,667,289.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,491,201.	-17,125,811.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	27,343,902.	19,672,618.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,436,298.	2,367,357.
	b Total fundraising expenses, Part IX, column (D), line 25) ▶ 1,121,576.	121,168.	103,881.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	6,143,317.	4,893,484.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	37,044,685.	27,037,340.
19 Revenue less expenses. Subtract line 18 from line 12	-11,553,484.	-44,163,151.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	360,640,195.	418,137,784.
	22 Net assets or fund balances. Subtract line 21 from line 20	29,278,789.	28,035,909.
		331,361,406.	390,101,875.

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.			
	Signature of officer		Date	
Paid Preparer's Use Only	Preparer's signature ▶		Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BKD, LLP 200 E. MAIN ST. SUITE 700 FORT WAYNE, IN 46802		Preparer's identifying number (see instructions)	EIN ▶
			Phone no. ▶ 260-460-4000	
May the IRS discuss this return with the preparer shown above? (See instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. *

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Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

ATTACHMENT 2

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 ☐ 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 ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 7,269,272. including grants of \$ 7,082,143.) (Revenue \$)

INSPIRING PLACES THAT ATTRACT AND RETAIN TALENT. WE IMPROVE THE QUALITY OF LIFE IN THE URBAN CORE FOCUSING ON 3 ELEMENTS OF AN AREA: VIBRANCY - BUILDING A DYNAMIC ECONOMY FOR JOB RETENTION AND EXPANSION, INCREASED PROPERTY VALUES AND DIVERSIFIED TAX BASE; SAFETY - DECREASING BLIGHT AND POVERTY IN NEIGHBORHOODS TO DECREASE CRIME; AND ATTRACTIVENESS - CREATING VIABLE LOCAL PLACES THAT ARE ACCESSIBLE, WALKABLE, FUN AND DIVERSE TO ATTRACT AND RETAIN HIGHLY EDUCATED RESIDENTS. WE STRENGTHEN KEY NEIGHBORHOOD SUPPORT ORGANIZATIONS. WE CHAMPION AND EDUCATE ON THE CEO'S FOR CITIES CONCEPTS, FRAMEWORKS AND RESEARCH TO ADVANCE THE VISION OF OUR COMMUNITY AS AN INSPIRING PLACE.

4b (Code:) (Expenses \$ 6,057,727. including grants of \$ 5,901,785.) (Revenue \$)

FAMILY SUCCESS IS ABOUT SUPPORTING FAMILIES AND THEIR COMMUNITIES BY STRENGTHENING NEIGHBORHOOD-BASED PROVIDERS THAT SUPPORT LOW-INCOME FAMILIES IN INCREASING EARNINGS AND ASSETS. WE FOCUS ON PARTNERSHIPS WITH INTERMEDIARY AGENCIES AND DIRECT SERVICE ORGANIZATIONS DEVELOPING A ROBUST NETWORK OF CENTER FOR WORKING FAMILIES, INCREASING ORGANIZATIONAL CAPACITY OF NEIGHBORHOOD CENTERS, LEVERAGING ADDITIONAL FUNDING AND CHAMPIONING THE IMPORTANCE OF NEIGHBORHOOD CENTERS.

4c (Code:) (Expenses \$ 6,865,424. including grants of \$ 6,688,690.) (Revenue \$)

OUR EDUCATION INITIATIVE EMPHASIZES ACCESS TO AND SUPPORT FOR HIGHER EDUCATION. IT HELPS OUR COMMUNITY IMPROVE PUBLIC INSTRUCTION AND STUDENT ACADEMIC ACHIEVEMENT BASED ON EDUCATIONAL INDICATORS. WE INVEST IN COMMUNITY-BASED ORGANIZATIONS THAT PROVIDE COLLEGE ACCESS AND READINESS PROGRAMMING. WE ARE CHAMPIONS FOR THE IMPORTANCE OF ACCESSING POST-SECONDARY OPPORTUNITIES. WE ARE BUILDING A NETWORK OF COMMUNITY-BASED NOT-FOR-PROFIT ORGANIZATIONS TO HELP MARION COUNTY YOUTH CONNECT TO CARING ADULTS, ACCESS FINANCIAL RESOURCES, FIND THE RIGHT COLLEGE AND PREPARE ACADEMICALLY.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 20,192,423.

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	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input checked="" type="checkbox"/>	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	<input checked="" type="checkbox"/>	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• 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.		
• 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.		
• 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.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• 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? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		<input checked="" type="checkbox"/>
12A Was the organization included in consolidated, independent audited financial statement for the tax year?	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<input checked="" type="checkbox"/>

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	<input checked="" type="checkbox"/>	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule J.</i>	<input checked="" type="checkbox"/>	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part I.</i>		<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		<input checked="" type="checkbox"/>
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	<input checked="" type="checkbox"/>	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		<input checked="" type="checkbox"/>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	<input checked="" type="checkbox"/>	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		<input checked="" type="checkbox"/>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		<input checked="" type="checkbox"/>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	<input checked="" type="checkbox"/>	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1a 37		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 40		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b	X	
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: ► CAYMAN ISLANDS See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 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? 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, during the year, 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 For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8		X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966? 9a		X
b Did the 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		

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 in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a	20
b Enter the number of voting members that are independent	1b	20
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 or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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 in Schedule O	9a	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does 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 in 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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► KAY WHITAKER 615 NORTH ALABAMA STREET SUITE 119 INDIANAPOLIS, IN 46204
 317-634-2423

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID BECKER BOARD CHAIR	1.00	X		X				0.	0.	0.
MARK E. HILL VICE-CHAIR	1.00	X		X				0.	0.	0.
ALAN A. LEVIN SECRETARY	1.00	X		X				0.	0.	0.
SARAH WILSON OTTE TREASURER	1.00	X		X				0.	0.	0.
J. MURRAY CLARK BOARD MEMBER	1.00	X						0.	0.	0.
LORI EFROYMSON-AGUILERA BOARD MEMBER	1.00	X						0.	0.	0.
HENRY L. FERNANDEZ BOARD MEMBER	1.00	X						0.	0.	0.
MARIANNE GLICK BOARD MEMBER	1.00	X						0.	0.	0.
STEVEN A. HOLT BOARD MEMBER	1.00	X						0.	0.	0.
PEGGY MONSON BOARD MEMBER	1.00	X						0.	0.	0.
D. WILLIAM MOREAU, JR. BOARD MEMBER	1.00	X						0.	0.	0.
ANN D. MURTLOW BOARD MEMBER	1.00	X						0.	0.	0.
MYRTA J. PULLIAM BOARD MEMBER	1.00	X						0.	0.	0.
JOHN J. QUINN BOARD MEMBER	1.00	X						0.	0.	0.
CYNTHIA SIMON SKJODT BOARD MEMBER	1.00	X						0.	0.	0.
JOSEPH L. SMITH, JR. BOARD MEMBER	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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL L. SMITH BOARD MEMBER	1.00	X						0.	0.	0.
CHARLES P. SUTPHIN BOARD MEMBER	1.00	X						0.	0.	0.
MILTON O. THOMPSON BOARD MEMBER	1.00	X						0.	0.	0.
RAUL E. ZAVALA BOARD MEMBER	1.00	X						0.	0.	0.
BRIAN E. PAYNE PRESIDENT & CEO	40.00			X				195,927.	72,550.	32,945.
ROSEMARY DORSA VP SPECIAL INITIATIVES	40.00			X				128,148.	14,424.	13,072.
KAY WHITAKER CFO	40.00			X				115,627.	27,404.	4,855.
ROBERT MACPHERSON VP DEVELOPMENT	40.00			X				78,197.	42,296.	18,231.
GREGORY A. MCMILLEN VP CIO	40.00			X				67,048.	36,269.	29,775.
ROBERT B. LITTLE VP, LEGACY FUND PRESIDENT	40.00			X				5,259.	94,279.	15,309.
GREGORY E. LYNN VP REAL ESTATE	40.00			X				22,281.	65,749.	12,384.
JOANNA J. NIXON VP GRANTMAKING	40.00			X				69,949.	26,971.	11,124.
1b Total								682,436.	379,942.	137,695.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **3**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

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.

(A) Name and business address	(B) Description of services	(C) Compensation
APPUNITY LLC 120 W. CARMEL DRIVE CARMEL, IN 46032	COMPUTER	196,552.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

Part VIII Statement of Revenue

35-1793680

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	138,275.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	17,050,579.			
	g	Noncash contributions included in lines 1a-1f: \$		2,949,258.			
	h	Total. Add lines 1a-1f		17,188,854.			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,236,700.			6,236,700.
	4	Income from investment of tax-exempt bond proceeds . . .		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross Rents.					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory		252,248,211.			
	b	Less: cost or other basis and sales expenses		295,466,865.			
	c	Gain or (loss)		-43,218,654.			
	d	Net gain or (loss)		-43,218,654.			-43,218,654.
	8a	Gross income from fundraising events (not including \$ 138,275. of contributions reported on line 1c). See Part IV, line 18		24,665.			
	b	Less: direct expenses		680.			
	c	Net income or (loss) from fundraising events		23,985.			23,985.
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less returns and allowances					
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory		0.				
Miscellaneous Revenue				Business Code			
11a	OTHER INCOME		900099	199,042.			199,042.
b	OPERATING SUPPORT FEE		900099	3,391,283.			3,391,283.
c	PARTNERSHIP INCOME		525990	-947,021.		-947,021.	
d	All other revenue						
e	Total. Add lines 11a-11d			2,643,304.			
12	Total Revenue. See instructions			-17,125,811.		-947,021.	-33,367,644.

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	19,005,618.	19,005,618.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	667,000.	667,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	709,781.	113,575.	377,797.	218,409.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	1,116,934.	178,723.	594,514.	343,697.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	152,527.	40,768.	65,627.	46,132.
9 Other employee benefits	259,655.	51,164.	108,873.	99,618.
10 Payroll taxes	128,460.	19,381.	69,693.	39,386.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	19,352.		19,352.	
c Accounting	69,396.	240.	69,156.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	103,881.			103,881.
f Investment management fees	1,623,233.		1,623,233.	
g Other	0.			
12 Advertising and promotion	571.			571.
13 Office expenses	99,204.	29,759.	29,954.	39,491.
14 Information technology	174,042.	37,444.	67,475.	69,123.
15 Royalties	0.			
16 Occupancy	103,265.	26,250.	45,347.	31,668.
17 Travel	18,867.	3,612.	10,268.	4,987.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	26,141.	3,936.	10,096.	12,109.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization . . .	457,750.	1,488.	456,262.	
23 Insurance	38,241.	7,078.	31,163.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a OPERATING SUPPORT FEE	2,060,688.		2,060,688.	
b COMMUNITY RELATIONS & SUPPOR	125,908.	2,255.	18,239.	105,414.
c EMPLOYEE DEV & RELATIONS	22,621.	4,125.	11,406.	7,090.
d DUES & MEMBERSHIPS	45,013.	7.	45,006.	
e LOSS ON DISPOSAL	9,192.		9,192.	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	27,037,340.	20,192,423.	5,723,341.	1,121,576.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	48,135,048.	2	21,625,598.
	3 Pledges and grants receivable, net	7,486,245.	3	3,680,446.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,910,873.		
	b Less: accumulated depreciation	10b 2,662,971.	1,524,945.	10c 1,247,902.
	11 Investments - publicly traded securities	199,197,819.	11	228,600,151.
	12 Investments - other securities. See Part IV, line 11	92,881,095.	12	153,227,394.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	11,415,043.	15	9,756,293.
16 Total assets. Add lines 1 through 15 (must equal line 34)	360,640,195.	16	418,137,784.	
Liabilities	17 Accounts payable and accrued expenses	1,715,132.	17	2,126,175.
	18 Grants payable	10,621,738.	18	9,353,333.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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. Complete Part X of Schedule D	16,941,919.	25	16,556,401.
	26 Total liabilities. Add lines 17 through 25	29,278,789.	26	28,035,909.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	314,350,340.	27	376,040,924.
	28 Temporarily restricted net assets	12,717,573.	28	9,352,441.
	29 Permanently restricted net assets	4,293,493.	29	4,708,510.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	331,361,406.	33	390,101,875.
	34 Total liabilities and net assets/fund balances	360,640,195.	34	418,137,784.

Form **990** (2009)

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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 in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2009)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

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 11, 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.)

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 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

[illegible]

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28,964,107.	29,412,395.	30,119,928.	21,723,829.	17,188,854.	127,409,113.
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	28,964,107.	29,412,395.	30,119,928.	21,723,829.	17,188,854.	127,409,113.
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).						44,898,566.
6 Public support. Subtract line 5 from line 4.						82,510,547.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	28,964,107.	29,412,395.	30,119,928.	21,723,829.	17,188,854.	127,409,113.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,896,980.	14,309,504.	12,367,369.	8,605,475.	6,236,700.	48,416,028.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,469,007.	2,398,267.	3,020,332.	4,016,947.	3,313,240.	15,217,793.
11 Total support. Add lines 7 through 10						191,042,934.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	43.19 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	48.70 %
16a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests - 2009. 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 - 2008. 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 **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 250,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 11,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 1,905,237.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 85,956.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 16,220.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 60,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 24,552.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 44,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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35-1793680

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 500,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 11,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 9,012.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="checked" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 5,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 111,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 25,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 5,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 1,100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 101,221.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 106,451.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 859,393.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$ 54,706.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 7,123.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 12,652.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 4,900,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 40,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$ 22,418.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 290,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 54,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 207,564.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		\$ 17,266.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 7,823.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 35,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 75,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		\$ 92,513.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43		\$ 94,935.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 7,054.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		\$ 20,782.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49		\$ 865,575.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53		\$ 113,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55		\$ 825,647.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57		\$ 997,321.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63		\$ 100,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66		\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
67		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68		\$ 610,895.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71		\$ 20,340.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72		\$ 7,383.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
73		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76		\$ 15,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
77		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
79		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80		\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
84		\$ 57,595.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
85		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86		\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
87		\$ 30,600.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
88		\$ 73,541.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
89		\$ 20,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
90		\$ 780,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CENTRAL INDIANA COMMUNITY FOUNDATION INC

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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
91		\$ 52,885.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
92		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
93		\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
94		\$ 6,955.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
16	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 9,012.	12/10/2009
24	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 859,393.	07/17/2009
44	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 7,054.	12/31/2009
47	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 20,782.	11/16/2009
53	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 113,250.	12/09/2009
55	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 825,647.	12/23/2009

Name of organization CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
57	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 997,321.	12/16/2009
63	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 100,150.	12/17/2009
68	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 610,895.	11/05/2009
71	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 20,340.	12/31/2009
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

- Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	204	
2 Aggregate contributions to (during year)	5,750,021.	
3 Aggregate grants from (during year)	14,910,813.	
4 Aggregate value at end of year	221,850,877.	
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XI V and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XI V.

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	195,970,455.	290,787,773.			
b Contributions	1,682,821.	6,257,817.			
c Net investment earnings, gains, and losses	41,419,473.	-88,052,089.			
d Grants or scholarships	4,710,941.	10,768,837.			
e Other expenditures for facilities and programs	311,174.	269,472.			
f Administrative expenses	1,465,132.	1,984,737.			
g End of year balance	232,585,502.	195,970,455.			

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ 100.0000 %
c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		162,603.	68,209.	94,394.
c Leasehold improvements		1,038,163.	436,426.	601,737.
d Equipment		2,188,833.	1,743,192.	445,641.
e Other		521,274.	415,144.	106,130.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,247,902.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other ALTERNATIVES AND OTHER	153,227,394.	FMV

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	153,227,394.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
Federal income taxes		
AMOUNTS HELD FOR OTHERS	12,327,075.	
INCOME BENEFICIARIES PAYABLE	4,229,326.	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	16,556,401.	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-17,125,811.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	27,037,340.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-44,163,151.
4	Net unrealized gains (losses) on investments	4	103,355,440.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-453,906.
9	Total adjustments (net). Add lines 4 through 8	9	102,901,534.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	58,738,383.

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

1	Total revenue, gains, and other support per audited financial statements	1	85,775,723.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	103,355,440.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-453,906.
e	Add lines 2a through 2d	2e	102,901,534.
3	Subtract line 2e from line 1	3	-17,125,811.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
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	-17,125,811.

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

1	Total expenses and losses per audited financial statements	1	27,037,340.
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 XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	27,037,340.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
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	27,037,340.

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

ENDOWMENT FUNDS

THE ORGANIZATION'S ENDOWMENT FUNDS ARE INTENDED TO PROVIDE LONG-TERM SUPPORT FOR VARIOUS CHARITABLE PURPOSES SERVING THE MARION COUNTY COMMUNITY.

FIN 48 FOOTNOTE

DURING 2009, THE FOUNDATION ADOPTED PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES, CONCERNING THE ACCOUNTING AND DISCLOSURES FOR UNCERTAIN TAX POSITIONS, PREVIOUSLY DEFERRED BY ASC 740-10-65. THE IMPLEMENTATION OF THIS STANDARD HAD NO MATERIAL IMPACT ON THE FOUNDATION'S FINANCIAL STATEMENTS.

PART XI LINE 8 & PART XII LINE 2D

OTHER:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	(49,006)
TRANSFERS	(404,900)
TOTAL OTHER	(453,906)

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 SCHOLARSHIP DIN (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	162,940.		0	162,940.
	2 Less: Charitable contributions	138,275.			138,275.
	3 Gross income (line 1 minus line 2)	24,665.			24,665.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	680.			680.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(680.)
	11 Net income summary. Combine line 3, column (d), and line 10				23,985.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column d, and line 7				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities: _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," explain: _____		
10 a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," explain: _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

- | a The organization's facility | 13a | % |
|------------------------------------------------|------------|---|
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

- b**
- If "Yes," enter the amount of gaming revenue received by the organization ►\$ _____ and the amount of gaming revenue retained by the third party ►\$ _____.

- c**
- If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ►\$ _____

Description of services provided ► _____

☐ Director/officer

 ☐ Employee

 ☐ Independent contractor
17 Mandatory distributions:

- a**
- Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- 17a**

- b**
- Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	100 BLACK MEN OF INDIANAPOLIS, INC.----- 3901 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	351813852	501 (C) (3)	29,000.				OPERATING SUPPORT
	ABOVE & BEYOND CHILDREN'S MUSEUM----- 902 N. 8TH ST. SHEBOYGAN, WI 53081	391739087	501 (C) (3)	50,000.				GENERAL OPERATING
	AFRICAN COMMUNITY INTERNATIONAL, INC.----- 3737 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	352136436	501 (C) (3)	8,420.				GENERAL OPERATING
	ALL SOULS UNITARIAN CHURCH----- 5805 E. 56TH ST.	042103733	501 (C) (3)	36,000.				OPERATING SUPPORT
	AMERICAN CABARET THEATRE----- 121 MONUMENT CIR. INDIANAPOLIS, IN 46204	311225154	501 (C) (3)	80,000.				OPERATING SUPPORT
	AMERICAN PIANISTS ASSOCIATION, INC.----- 4603 CLARENDON RD. INDIANAPOLIS, IN 46208	310969640	501 (C) (3)	79,673.				2009 DISTRIBUTION
	ARCHDIOCESE OF INDIANAPOLIS----- 1400 N. MERIDIAN ST.	351018460	501 (C) (3)	29,500.				PROGRAM SUPPORT
	ART WITH A HEART----- 6002 SUNNYSIDE RD. INDIANAPOLIS, IN 46236	020570317	501 (C) (3)	37,252.				ARTS EDUCATION
	ARTS COUNCIL OF INDIANAPOLIS----- 20 N. MERIDIAN ST.	311225893	501 (C) (3)	399,397.				PUBLIC ART
	ASANTE CHILDREN'S THEATER----- P.O. BOX 22344 INDIANAPOLIS, IN 46222	352203194	501 (C) (3)	13,252.				ARTS EDUCATION
	ASSOCIATION OF FUNDRAISING PROFESSIONALS----- 4000 W. 106TH ST. CARMEL, IN 46032	200489943	501 (C) (3)	7,210.				2009 DISTRIBUTION
	AYS INC.----- 4755 KINGSWAY DR. INDIANAPOLIS, IN 46205	310989270	501 (C) (3)	6,252.				ARTS EDUCATION

2 Enter total number of section 501(c)(3) and government organizations 285

3 Enter total number of other organizations 0

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

Schedule I (Form 990) 2009

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS TO ATTEND U.S. UNIVERSITIES	58	567,000.			
FELLOWSHIPS TO CONTEMPORARY ARTISTS	5	100,000.			

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

SCHEDULE I PART I

WHEN MAKING A GRANT, THE FOUNDATION VERIFIES THE GRANTEE ORGANIZATION'S

CHARITABLE STATUS AND THAT THE GRANTEE IS COMPLIANT WITH ALL CONDITIONS

AND PAST GRANT REPORTING REQUIREMENTS. WE WILL NOT AWARD A NEW GRANT TO

THE ORGANIZATION UNTIL OVERDUE GRANT REPORTS HAVE BEEN SUBMITTED AND

APPROVED BY THE ASSIGNED FOUNDATION STAFF. STAFF COMPARES THE REPORT

WITH THE PURPOSE OF THE GRANT AND FOLLOWS UP WITH THE ORGANIZATION

REGARDING ANY CONCERNS. FOR LARGE OR CONDITIONAL GRANTS, FOUNDATION

STAFF MAY CONDUCT CONVERSATIONS OR SITE VISITS PRIOR TO, DURING, AND

AFTER A GRANT IS ISSUED. A LETTER ACCOMPANYING ALL GRANT PAYMENTS

[illegible]

INCLUDES THE GRANT PURPOSE AND REPORTING REQUIREMENTS IF APPLICABLE

(GREATER THAN \$25,000). THE LETTER ALSO INCLUDES LANGUAGE THAT STATES

THE GRANT FUNDS MUST BE USED SOLELY FOR THE CHARITABLE PURPOSES DESCRIBED

IN THE LETTER, AND THAT ANY UNUSED FUNDS MUST BE RETURNED TO THE

FOUNDATION IMMEDIATELY UNLESS AN AMENDED GRANT PURPOSE IS AUTHORIZED BY

THE FOUNDATION IN WRITING.

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Continuation Sheet for Schedule I (Form 990)► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009**Open to Public
Inspection****Employer identification number**

35-1793680

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALL STATE UNIVERSITY 2000 W. UNIVERSITY AVE. MUNCIE, IN 47306	356000221	501 (C) (3)	5,000,000.				GLASS ART PROGRAM
BEECH GROVE EDUCATION FOUNDATION 5334 HORNET AVE. BEECH GROVE, IN 46107-2306	351982291	501 (C) (3)	42,612.				2009 DISTRIBUTION
BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA 2960 N. MERIDIAN ST.	351323831	501 (C) (3)	235,260.				MENTORING PROGRAM
BIG CAR GALLERY 1043 VIRGINIA AVE. INDIANAPOLIS, IN 46203	113725157	501 (C) (3)	50,220.				GENERAL OPERATING
BISHOP CHATARD HIGH SCHOOL 5885 N. CRITTENDEN AVE.	530196617	501 (C) (3)	15,000.				CHARITABLE CONTRIB.
BOONE COUNTY SENIOR SERVICES 515 CROWN POINTE DR. LEBANON, IN 46052	351445498	501 (C) (3)	10,000.				SENIOR SERVICES
BOSMA INDUSTRIES FOR THE BLIND, INC. 8020 ZIONSVILLE RD. INDIANAPOLIS, IN 46268	311246086	501 (C) (3)	5,448.				YOUTH PROGRAM
BOYS & GIRLS CLUBS OF INDIANAPOLIS 5228 W. MINNESOTA ST.	350888754	501 (C) (3)	227,563.				SUMMER OF SUN
BROADWAY UNITED METHODIST CHURCH 609 EAST 29TH ST. INDIANAPOLIS, IN 46205	135562279	501 (C) (3)	28,000.				SUMMER PROGRAM
BUSINESS OWNERSHIP INITIATIVE OF INDIANA 4755 KINGSWAY DR.	352028160	501 (C) (3)	180,000.				OPERATING SUPPORT
BUTLER UNIVERSITY 4600 SUNSET AVE. INDIANAPOLIS, IN 46208	350867977	501 (C) (3)	6,252.				2009 ARTS EDUCATION
CATHEDRAL HIGH SCHOOL 5225 E. 56TH ST.	356254955	501 (C) (3)	11,000.				TUITION SUPPORT
CATHOLIC CHARITIES INDIANAPOLIS 907 N. HOLMES AVE. INDIANAPOLIS, IN 46222	351018460	501 (C) (3)	74,340.				TRANSITIONAL HOUSING
CENTER FOR LEADERSHIP DEVELOPMENT, INC. 2425 DR. MARTIN LUTHER KING JR. ST.	351389882	501 (C) (3)	100,000.				COLLEGE PREP INSTITU
CENTER FOR SUCCESSFUL PARENTING 2206 E. 96TH ST. INDIANAPOLIS, IN 46240	352079585	501 (C) (3)	767,200.				BRAIN STUDY PHASE IV

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Continuation Sheet for Schedule I (Form 990)► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009**Open to Public
Inspection****Employer identification number**

35-1793680

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL INDIANA CORPORATE PARTNERSHIP FOUND 111 MONUMENT CIR. INDIANAPOLIS, IN 46204	352065457	501 (C) (3)	40,000.				TRANSPORTATION STUDY
CENTRAL INDIANA LAND TRUST INC.----- 1500 N. DELAWARE ST. INDIANAPOLIS, IN 46202	351816493	501 (C) (3)	50,500.				STAFF SUPPORT
CHARLES A. TINDLEY ACCELERATED SCHOOL----- 3960 MEADOWS DR. INDIANAPOLIS, IN 46205	352151971	501 (C) (3)	7,500.				CHARITABLE CONTRIB.
CHICAGO PUBLIC RADIO----- NAVY PIER CHICAGO, IL 60611-3509	363687394	501 (C) (3)	35,000.				GENERAL OPERATING
CHILD ADVOCATES INC.----- 8200 HAVERSTICK RD. INDIANAPOLIS, IN 46240	351788240	501 (C) (3)	40,000.				GENERAL OPERATING
CHILDREN'S BUREAU, INC.----- 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	351061264	501 (C) (3)	95,343.				CHARITABLE CONTRIB.
CHILDREN'S HOME + AID----- 125 S. WACKER DR. CHICAGO, IL 60606	362167743	501 (C) (3)	20,000.				GENERAL OPERATING
CHRISTAMORE HOUSE----- 502 N. TREMONT ST. INDIANAPOLIS, IN 46222	350885588	501 (C) (3)	65,863.				OPERATING SUPPORT
CHRISTEL HOUSE ACADEMY----- 2717 S. EAST ST. INDIANAPOLIS, IN 46225	020550824	501 (C) (3)	100,000.				WATANABE H.S.
CICOA FOUNDATION, INC.----- 4755 KINGSWAY DR. INDIANAPOLIS, IN 46205	351859069	501 (C) (3)	11,000.				35TH ANNIVERSARY
CITY OF INDIANAPOLIS----- 200 E. WASHINGTON ST.	356001063	501 (C) (3)	2,000,000.				CULTURAL TRAIL
COALITION FOR HOMELESSNESS INTERVENTION & P 3737 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	311254018	501 (C) (3)	117,890.				GENERAL OPERATING
COBURN PLACE SAFE HAVEN----- 604 E. 38TH ST. INDIANAPOLIS, IN 46205	371421922	501 (C) (3)	65,878.				CHARITABLE CONTRIB.
COLLEGE MENTORS FOR KIDS! INC.----- 212 W. 10TH ST. INDIANAPOLIS, IN 46202	352002052	501 (C) (3)	115,000.				CHALLENGE GRANT
COLLEGE SUMMIT----- 407 N. FULTON ST. INDIANAPOLIS, IN 46202	522007028	501 (C) (3)	16,840.				COLLEGE PREP. PROG.

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Continuation Sheet for Schedule I (Form 990)► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009**Open to Public
Inspection****Employer identification number**

35-1793680

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA COLLEGE CHICAGO 600 S. MICHIGAN AVE. CHICAGO, IL 60605	366112087	501 (C) (3)	10,000.				A+D GALLERY SUPPORT
COMMUNITY ALLIANCE OF THE FAR EASTSIDE (CAF) 8902 E. 38TH ST. INDIANAPOLIS, IN 46226	352018453	501 (C) (3)	80,496.				OPERATING SUPPORT
COMMUNITY RESURRECTION PARTNERSHIP P.O. BOX 18207 INDIANAPOLIS, IN 46218	352002310	501 (C) (3)	15,000.				OPERATING SUPPORT
CONCORD COMMUNITY DEVELOPMENT CORPORATION 1310 S. MERIDIAN ST. INDIANAPOLIS, IN 46225	351871947	501 (C) (3)	25,260.				BUILDING SUPPORT
CONCORD NEIGHBORHOOD CENTER 1310 S. MERIDIAN ST. INDIANAPOLIS, IN 46225	350817149	501 (C) (3)	71,066.				OPERATING SUPPORT
COPPIN CHAPEL AME CHURCH 3201 N. CAPITOL INDIANAPOLIS, IN 46208	530204696	501 (C) (3)	20,000.				PROGRAM SUPPORT
COUNCIL ON FOUNDATIONS 2121 CRYSTAL DR. ARLINGTON, VA 22202	136068327	501 (C) (3)	5,730.				MEMBERSHIP DUES
CULVER EDUCATIONAL FOUNDATION 1300 ACADEMY RD. CULVER, IN 46511-1291	350868071	501 (C) (3)	70,000.				CHARITABLE CONTRIB.
CURE INTERNATIONAL 701 BOSLER AVE. LEMOYNE, PA 17043	582248383	501 (C) (3)	10,000.				OPERATING ROOM
D.R.E.A.M. ALIVE, INC. 12254 HANCOCK ST. CARMEL, IN 46032	352153384	501 (C) (3)	10,000.				ALGEBRA ACADEMY
DADS, INC. 1449 N. PENNSYLVANIA ST.	203770606	501 (C) (3)	5,320.				GENERAL OPERATING
DANCE KALEIDOSCOPE ROOM 32 INDIANAPOLIS, IN 46208	310896177	501 (C) (3)	23,453.				SPONSORSHIP
DANIEL WEBSTER FAMILY ACADEMY - IPS # 46 1450 S. REISNER ST. INDIANAPOLIS, IN 46221	356002486	501 (C) (3)	8,000.				POCKET PARK SHELTER
DAY NURSERY ASSOCIATION OF INDIANAPOLIS, IN 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	350888763	501 (C) (3)	296,050.				OPERATING SUPPORT
DOMESTIC VIOLENCE NETWORK OF GREATER INDIAN 9539 VALAPRAISO CT. INDIANAPOLIS, IN 46268	352014673	501 (C) (3)	21,050.				GENERAL OPERATING

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Continuation Sheet for Schedule I (Form 990)► Attach to Form 990 to list additional information for
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OMB No. 1545-0047

2009**Open to Public
Inspection****Employer identification number**

35-1793680

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

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DRESS FOR SUCCESS INDIANAPOLIS, INC.----- 820 N. MERIDIAN ST. INDIANAPOLIS, IN 46204	352078412	501 (C) (3)	62,500.				OPERATING SUPPORT
DYSLEXIA INSTITUTE OF INDIANA, INC.----- 2511 E. 46TH ST.	351780312	501 (C) (3)	17,000.				OPERATING SUPPORT
EARTH CHARTER INDIANA, INC.----- 3535 KESSLER BLVD., NORTH DR.	161673591	501 (C) (3)	10,000.				OPERATING SUPPORT
EAST 10TH STREET CIVIC ASSOCIATION----- 2236 E. 10TH ST. INDIANAPOLIS, IN 46201	141857868	501 (C) (3)	15,000.				CONCEPTUAL PLAN
EAST 10TH UNITED METHODIST CHILDREN & YOUTH----- 2327 E. 10TH ST. INDIANAPOLIS, IN 46201	351976975	501 (C) (3)	28,248.				SUMMER DAYS
EAST 91ST STREET CHRISTIAN CHURCH----- 623 NORTHVIEW AVE. INDIANAPOLIS, IN 46220	351923013	501 (C) (3)	6,950.				TRAINING SESSIONS
EASTER SEALS CROSSROADS----- 4740 KINGSWAY DR. INDIANAPOLIS, IN 46205	350869058	501 (C) (3)	23,328.				CAMPABILITY
EDNA MARTIN CHRISTIAN CENTER----- P.O. BOX 18388 INDIANAPOLIS, IN 46218-0388	351072577	501 (C) (3)	103,113.				OPERATING SUPPORT
EITELJORG MUSEUM OF AMERICAN INDIANS AND WE----- 500 W. WASHINGTON ST.	311139447	501 (C) (3)	38,278.				FINE ART
ENCOURAGEMENT SERVICES, INC.----- 5931 W. STATE RD. 46 BLOOMINGTON, IN 47404	352151093	501 (C) (3)	50,000.				ENCOURAGEMENT
ENGLISHTON PARK UNITED PRESBYTERIAN MINISTR----- P.O. BOX 240 LEXINGTON, IN 47138	237378166	501 (C) (3)	10,525.				ACADEMIC REMED.
EXODUS REFUGEE/IMMIGRATION, INC.----- 1125 BROOKSIDE AVE. INDIANAPOLIS, IN 46202	351900090	501 (C) (3)	18,420.				EXODUS PROGRAM
FAY BICCARD GLICK NEIGHBORHOOD CENTER----- 2990 W. 71ST ST. INDIANAPOLIS, IN 46268	351738809	501 (C) (3)	10,000.				SUMMER CAMP 2008
FAY BICCARD GLICK NEIGHBORHOOD CENTER AT CR----- 2990 W. 71ST ST. INDIANAPOLIS, IN 46268	351738809	501 (C) (3)	54,126.				OPERATING SUPPORT
FESTIVAL MUSIC SOCIETY OF INDIANA----- 435 SPRING MILL LANE INDIANAPOLIS, IN 46260	356068649	501 (C) (3)	34,952.				2009 DISTRIBUTION

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**SCHEDULE I-1
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FIDELITY CHARITABLE GIFT FUND P.O. BOX 770001 CINCINNATI, IN 45277-0053	110303001	501 (C) (3)	41,086.				GIFT FUND
FIRST-MERIDIAN HEIGHTS PRESBYTERIAN CHURCH 4701 N. CENTRAL AVE. INDIANAPOLIS, IN 46205	350965666	501 (C) (3)	31,000.				YOUTH
FLANNER HOUSE 2424 DR. MARTIN LUTHER KING JR	350942628	501 (C) (3)	38,596.				OPERATING SUPPORT
FLAT ROCK RIVER YMCA CAMP 6981 W. COUNTY RD. 650 N.	350868211	501 (C) (3)	10,000.				CHARITABLE CONTRIB.
FLETCHER PLACE COMMUNITY CENTER 1637 E. PROSPECT ST. INDIANAPOLIS, IN 46203	351966882	501 (C) (3)	17,630.				OPERATING SUPPORT
FOREST MANOR MULTI-SERVICE CENTER 5603 E. 38TH ST. INDIANAPOLIS, IN 46218	351420208	501 (C) (3)	46,043.				OPERATING SUPPORT
FRANCIS W. PARKER SCHOOL 330 W. WEBSTER AVE. CHICAGO, IL 60614	362171732	501 (C) (3)	10,000.				SECOND CENTURY
FRANKLIN TOWNSHIP EDUCATION FOUNDATION 6141 S. FRANKLIN RD. INDIANAPOLIS, IN 46259	352000204	501 (C) (3)	37,962.				2009 DISTRIBUTION
FRIENDS OF GARFIELD PARK, INC. P.O. BOX 33002 INDIANAPOLIS, IN 46203	352066980	501 (C) (3)	44,600.				2009 DISTRIBUTION
FRIENDS OF HISTORIC ALLEN CHAPEL, INC. P.O. BOX 3692 TERRE HAUTE, IN 47803	352026147	501 (C) (3)	15,000.				HANDI-CAP ACCESS
FRIENDS OF HOLLIDAY PARK, INC. 6363 SPRING MILL RD. INDIANAPOLIS, IN 46260	351816648	501 (C) (3)	93,501.				2009 DISTRIBUTION
FUND FOR HOOSIER EXCELLENCE, INC. P.O. BOX 97 INDIANAPOLIS, IN 46206	351579672	501 (C) (3)	26,000.				CHARITABLE CONTRIB.
GENE B. GLICK FAMILY HOUSING FOUNDATION, IN 8425 WOODFIELD CROSSING BLVD.	201698926	501 (C) (3)	14,569.				AFFORDABLE HOUSING
GENNESARET FREE CLINIC 615 N. ALABAMA ST.	351776518	501 (C) (3)	60,000.				GENERAL OPERATING
GEORGE WASHINGTON COMMUNITY SCHOOL 2215 W. WASHINGTON ST.	356002486	501 (C) (3)	8,000.				SCIENCE EQUIPMENT

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GIRLS INCORPORATED OF FRANKLIN 200 E. MADISON ST. FRANKLIN, IN 46131	310901598	501 (C) (3)	30,000.				OPERATING SUPPORT
GIRLS INCORPORATED OF INDIANAPOLIS 3935 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	351337205	501 (C) (3)	70,700.				OPERATING SUPPORT
GIRLS INCORPORATED OF SHELBYVILLE/SHELBY CO 904 S. MILLER ST. SHELBYVILLE, IN 46176	351277849	501 (C) (3)	20,000.				OPERATING SUPPORT
GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE.	351483868	501 (C) (3)	174,177.				GENERAL OPERATING
GLOBAL PEACE INITIATIVES P.O. BOX 11593 INDIANAPOLIS, IN 46201	204019399	501 (C) (3)	25,500.				GENERAL OPERATING
GOODMAN THEATRE 170 N. DEARBORN ST. CHICAGO, IL 60601	362896025	501 (C) (3)	10,000.				EDUCATIONAL PROGRAM
GOODWILL INDUSTRIES FOUNDATION OF CENTRAL I 1635 W. MICHIGAN ST. INDIANAPOLIS, IN 46222	237148440	501 (C) (3)	966,854.				SCHOLARSHIP
GOODWILL INDUSTRIES OF CENTRAL INDIANA, INC 1635 W. MICHIGAN ST.	350893506	501 (C) (3)	16,000.				FUTUREFOCUS
GREAT COMMISSION CHURCH OF GOD 3302 N. ARSENAL AVE. INDIANAPOLIS, IN 46218	356064030	501 (C) (3)	9,500.				YOUNG MEN, INC.
GREATER INDIANAPOLIS PROGRESS COMMITTEE 200 E. WASHINGTON ST.	351109966	501 (C) (3)	19,735.				GENERAL OPERATING
HAMDARD CENTER FOR HEALTH & HUMAN SERVICES 228 E. LAKE ST. ADDISON, IL 60101	363917885	501 (C) (3)	100,000.				CAPITAL CAMPAIGN
HAPPY HOLLOW CHILDREN'S CAMP, INC. 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	350942648	501 (C) (3)	16,650.				CITY CAMP 2009
HARMONI INC. 212 W. 10TH ST. STUDIO A440	800228952	501 (C) (3)	10,525.				STAFF SUPPORT
HARRISON CENTER FOR THE ARTS, INC. 1505 NORTH DELAWARE INDIANAPOLIS, IN 46202	010798626	501 (C) (3)	15,000.				SUMMER ACADEMY
HARVEST MISSIONARY BAPTIST CHURCH 1914 S. STATE RD. 267 AVON, IN 46123	351984626	501 (C) (3)	5,348.				CHARITABLE CONTRIB.

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

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HARVESTERS REACHING THE NATIONS, INC. ----- P.O. BOX 940811 PLANO, TX 75094-0811	392017746	501 (C) (3)	103,000.				FUNDRAISING EXPENSES
HAWTHORNE COMMUNITY CENTER ----- 2440 W. OHIO ST. INDIANAPOLIS, IN 46222	350874274	501 (C) (3)	67,120.				WORKING FAMILIES
HEALTHNET, INC. ----- 3401 E. RAYMOND ST. INDIANAPOLIS, IN 46203	351579827	501 (C) (3)	258,940.				HEALTH CENTER
HENDRICKS COUNTY SENIOR SERVICES, INC. ----- P.O. BOX 448 DANVILLE, IN 46122	351445497	501 (C) (3)	40,000.				TRANSPORTATION
HERITAGE PLACE OF INDIANAPOLIS, INC. ----- 4550 N. ILLINOIS ST. INDIANAPOLIS, IN 46208	351436580	501 (C) (3)	10,000.				SENIOR SERVICES
HISTORIC HOOSIER HILLS RESOURCE, CONSERVATI ----- 3334 WALSTON RD. RISING SUN, IN 47040	237438274	501 (C) (3)	10,000.				BARN RESTORATION
HISTORIC LANDMARKS FOUNDATION OF INDIANA --- 340 W. MICHIGAN ST.	351162873	501 (C) (3)	75,448.				PROGRAM SERVICES
HISTORIC PRESERVATION ASSOCIATION OF JASPER ----- 605 W. MILROY AVE. RENSSELAER, IN 47978	352094739	501 (C) (3)	10,000.				CHURCH
HOOSIER ENVIRONMENTAL COUNCIL ----- 3951 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	351576694	501 (C) (3)	35,000.				MATCH CHALLENGE
HOOSIER VETERANS ASSISTANCE FOUNDATION, INC ----- 964 N. PENNSYLVANIA ST.	351890547	501 (C) (3)	30,000.				GENERAL OPERATING
HORIZON HOUSE ----- 1033 E. WASHINGTON ST.	351759503	501 (C) (3)	69,576.				EXECUTIVE DIRECTOR
HUDSON INSTITUTE ----- 1015 15TH ST., N.W. WASHINGTON, DC 20005	131945157	501 (C) (3)	10,000.				CHARITABLE CONTRIB.
HUMANE SOCIETY OF INDIANAPOLIS ----- 7929 N. MICHIGAN RD. INDIANAPOLIS, IN 46268	350876385	501 (C) (3)	19,000.				CONSULTANT SUPPORT
IMMANUEL REFORMED PRESBYTERIAN CHURCH ----- P.O. BOX 2155 WEST LAFAYETTE, IN 47996	310911081	501 (C) (3)	20,000.				BUILDING PROJECT
IMMIGRANT WELCOME CENTER ----- 2236 E. 10TH ST.	203222424	501 (C) (3)	35,000.				NATURAL HELPERS

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INDIANA ARTS COMMISSION 100 N. SENATE AVENUE INDIANAPOLIS, IN 46204	356000158	501 (C) (3)	5,366.				2009 DISTRIBUTION
INDIANA BICYCLE COALITION 6358 COLLEGE AVE. INDIANAPOLIS, IN 46220	351886952	501 (C) (3)	5,500.				NEW STRATEGIC PLAN
INDIANA CANINE ASSISTANT NETWORK, INC. 1801 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	352144155	501 (C) (3)	10,000.				CHARITABLE CONTRIB.
INDIANA CENTER FOR MULTIPLE SCLEROSIS FOUND 8424 NAAB RD. INDIANAPOLIS, IN 46260	352028362	501 (C) (3)	151,000.				2008 DISTRIBUTION
INDIANA COALITION AGAINST DOMESTIC VIOLENCE 1915 W. 18TH ST. INDIANAPOLIS, IN 46202	311009769	501 (C) (3)	8,420.				PRO BONO PROGRAM
INDIANA GRANTMAKERS ALLIANCE 32 EAST WASHINGTON ST.	351835134	501 (C) (3)	5,263.				MEMBERSHIP DUES
INDIANA LATINO INSTITUTE 445 N. PENNSYLVANIA ST.	260036285	501 (C) (3)	21,825.				EDUCATIONAL SUPPORT
INDIANA NATIONAL ROAD ASSOCIATION P.O. BOX 284 CAMBRIDGE CITY, IN 47327	351948700	501 (C) (3)	6,500.				INTERPRETIVE CENTER
INDIANA REPERTORY THEATRE, INC. 140 W. WASHINGTON ST.	351186290	501 (C) (3)	422,016.				ARTS EDUCATION
INDIANA UNIVERSITY CENTER ON PHILANTHROPY 550 W. NORTH ST.	356001673	501 (C) (3)	54,528.				2009 DISTRIBUTION
INDIANA UNIVERSITY FOUNDATION 950 N. MERIDIAN ST. INDIANAPOLIS, IN 46204	356018940	501 (C) (3)	150,881.				SCHOLARSHIPS
INDIANA YOUTH GROUP, INC. 2943 E. 46TH ST.	351760451	501 (C) (3)	7,500.				GENERAL OPERATING
INDIANA YOUTH INSTITUTE 603 E. WASHINGTON ST.	311251680	501 (C) (3)	25,000.				COLLEGE READINESS
INDIANAPOLIS ALGEBRA PROJECT, INC. 2804 QUESTEND S. DR. INDIANAPOLIS, IN 46222	352073414	501 (C) (3)	46,285.				INDIANAPOLIS ALGEBRA
INDIANAPOLIS ART CENTER 820 E. 67TH ST. INDIANAPOLIS, IN 46220	351088735	501 (C) (3)	144,962.				LEADERSHIP

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INDIANAPOLIS CHAMBER ORCHESTRA 4603 CLARENDON RD. INDIANAPOLIS, IN 46208	311132072	501 (C) (3)	98,708.				2009 DISTRIBUTION
INDIANAPOLIS CHILDREN'S CHOIR 4600 SUNSET AVE. INDIANAPOLIS, IN 46208	351690755	501 (C) (3)	6,252.				ARTS EDUCATION
INDIANAPOLIS CIVIC THEATRE, INC. 3200 COLD SPRING RD.	350230360	501 (C) (3)	20,000.				SCHOOL HOUSE ROCK
INDIANAPOLIS MUSEUM OF ART 4000 N. MICHIGAN RD.	350867955	501 (C) (3)	45,087.				WOOD PULLIAM CURATOR
INDIANAPOLIS MUSEUM OF CONTEMPORARY ART 1043 VIRGINIA AVE. INDIANAPOLIS, IN 46203	352155600	501 (C) (3)	50,000.				GENERAL OPERATING
INDIANAPOLIS NEIGHBORHOOD RESOURCE CENTER 1802 N. ILLINOIS ST.	351909230	501 (C) (3)	21,050.				GENERAL OPERATING
INDIANAPOLIS OPERA 250 E. 38TH ST. INDIANAPOLIS, IN 46205	351405179	501 (C) (3)	17,108.				ARTS EDUCATION
INDIANAPOLIS PARKS FOUNDATION 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	351860468	501 (C) (3)	83,123.				BOARD DEVELOPMENT
INDIANAPOLIS PEACE AND JUSTICE CENTER 237 N. EAST ST. INDIANAPOLIS, IN 46204	351585014	501 (C) (3)	16,200.				STAFF SUPPORT
INDIANAPOLIS PUBLIC TRANSPORTATION CORP. 1501 W. WASHINGTON ST.	356001063	501 (C) (3)	10,000.				SENIOR SERVICES
INDIANAPOLIS SCHOOL OF BALLET 502 N. CAPITOL AVE. INDIANAPOLIS, IN 46204	342066059	501 (C) (3)	30,000.				CHARITABLE CONTRIB.
INDIANAPOLIS SYMPHONY ORCHESTRA 32 E. WASHINGTON ST.	350998627	501 (C) (3)	97,281.				ARTS EDUCATION
INDIANAPOLIS THEATRE FRINGE FESTIVAL, INC. P. O. BOX 44121 INDIANAPOLIS, IN 46244	202005004	501 (C) (3)	10,525.				2009 FRINGE FESTIVAL
INDIANAPOLIS ZOOLOGICAL SOCIETY, INC. 1200 W. WASHINGTON ST.	351074747	501 (C) (3)	6,278.				ELEPHANT CARE
INDIANAPOLIS-MARION COUNTY PUBLIC LIBRARY 2450 N. MERIDIAN ST.	237016089	501 (C) (3)	9,120.				LITA CAMP

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INDIANAPOLIS-MARION COUNTY PUBLIC LIBRARY F P.O. BOX 6134 INDIANAPOLIS, IN 46206-6134	237016089	501 (C) (3)	274,744.				SUMMER READING
INDY PARKS AND RECREATION 200 E. WASHINGTON ST.	356001063	501 (C) (3)	45,000.				COMMUNITY SCHOOL
INDY READS LIBRARY SERVICES CENTER	311227489	501 (C) (3)	19,126.				GENERAL OPERATING
IRVINGTON PRESBYTERIAN CHURCH 55 JOHNSON AVE. INDIANAPOLIS, IN 46219	236393377	501 (C) (3)	30,304.				2009 DISTRIBUTION
IUPUI UNIVERSITY LIBRARY 755 W. MICHIGAN ST.	356001673	501 (C) (3)	46,947.				NATIONAL COUNCIL
IVY TECH COMMUNITY COLLEGE 50 W. FALL CREEK PARKWAY NORTH DR.	351180631	501 (C) (3)	15,000.				PLAY AND LEARN SITES
JAMESON, INC. 2001 S. BRIDGEPORT RD.	351156756	501 (C) (3)	10,250.				SUMMER CAMP
JASPER BOYS BASKETBALL BOOSTER CLUB, INC. 1860 GREGORY LA. JASPER, IN 47546	203175409	501 (C) (3)	10,000.				GYM
JEWISH FEDERATION OF GREATER INDIANAPOLIS 6705 HOOVER RD. INDIANAPOLIS, IN 46260-4120	350888017	501 (C) (3)	110,000.				CAMPAIGN SUPPORT
JOBS PARTNERSHIP OF GREATER INDIANAPOLIS 3549 BOULEVARD PL. INDIANAPOLIS, IN 46208	043696543	501 (C) (3)	16,840.				JOBS FOR LIFE
JOHN H. BONER COMMUNITY CENTER 2236 E. 10TH ST.	237204495	501 (C) (3)	141,418.				FINANCIAL FOUNDATION
JOURNEYSFIRE INTERNATIONAL 1508 E. 86TH ST. INDIANAPOLIS, IN 46240	223947401	501 (C) (3)	25,000.				GENERAL OPERATING
JOY'S HOUSE 2028 E. BROAD RIPPLE AVE.	352083290	501 (C) (3)	47,000.				GENERAL OPERATING
KEEP INDIANAPOLIS BEAUTIFUL, INC. 1029 FLETCHER AVE. INDIANAPOLIS, IN 46203	311005792	501 (C) (3)	83,675.				GENERAL OPERATING
KIDS GOLF FOUNDATION OF ILLINOIS P.O. BOX 610 SUGAR GROVE, IL 60554	364226416	501 (C) (3)	10,000.				PROGRAM SUPPORT

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Inspection****Employer identification number**

35-1793680

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA PLAZA, INC. _____ 8902 E. 38TH ST. INDIANAPOLIS, IN 46226	300029575	501 (C) (3)	71,512.				OPERATING SUPPORT
LACY LEADERSHIP ASSOCIATION _____ 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	352054817	501 (C) (3)	33,680.				GENERAL OPERATING
LAWRENCE TOWNSHIP FOUNDATION _____ 5626 LAWTON LOOP E. DR.	351573468	501 (C) (3)	57,844.				2009 DISTRIBUTION
LEADERSHIP VENTURES _____ 303 N. ALABAMA ST. INDIANAPOLIS, IN 46204	800083998	501 (C) (3)	40,890.				TOWN HALL SPONSOR
LEAGUE OF WOMEN VOTERS _____ 1730 M ST. NW WASHINGTON, DC 20036-4508	530115655	501 (C) (3)	30,644.				GENERAL OPERATING
LEAGUE OF WOMEN VOTERS INDIANA EDUCATION FU _____ 445 N. PENNSYLVANIA ST.	310976386	501 (C) (3)	29,833.				CHARITABLE CONTRIB.
LOCAL INITIATIVES SUPPORT CORPORATION _____ 333 N. PENNSYLVANIA ST.	133030229	501 (C) (3)	191,555.				NEIGHBORHOODS INIT.
LOFT LITERACY CENTER _____ 1011 WASHINGTON AVE. S.	411297735	501 (C) (3)	10,000.				GENERAL OPERATING
LOST CREEK GROVE RESTORATION & PRESERVATION _____ 7018 E. FORT HARRISON AVE.	320130405	501 (C) (3)	8,615.				LAWN CARE SERVICES
MAKING CONNECTIONS, INDIANAPOLIS, INC. _____ 846 N. SENATE AVE. INDIANAPOLIS, IN 46202	521951681	501 (C) (3)	35,075.				TECHNICAL ASSISTANCE
MAPLETON-FALL CREEK DEVELOPMENT CORPORATION _____ 130 E. 30TH ST. INDIANAPOLIS, IN 46205	351654999	501 (C) (3)	25,260.				PARK DEVELOPMENT
MARIAN UNIVERSITY _____ 3200 COLD SPRING RD.	350868175	501 (C) (3)	75,000.				RESEARCH PROJECT
MARION COUNTY COMMISSION ON YOUTH _____ 3901 N. MERIDIAN ST.	351900516	501 (C) (3)	58,468.				GENERAL OPERATING
MARION COUNTY HEALTH DEPARTMENT _____ 3838 N. RURAL ST.	356005697	501 (C) (3)	10,000.				SENIOR SERVICES
MARTIN LUTHER KING MULTI-SERVICE CENTER _____ 40 W. 40TH ST. INDIANAPOLIS, IN 46208	237415846	501 (C) (3)	23,446.				OPERATING SUPPORT

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**Department of the Treasury
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Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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MARTINDALE BRIGHTWOOD COMMUNITY DEVELOPMENT 2855 N. KEYSTONE AVE.	351870982	501 (C) (3)	90,260.				BUILDING SUPPORT
MARWEN FOUNDATION, INC. 833 N. ORLEANS CHICAGO, IL 60610	363523622	501 (C) (3)	56,500.				GENERAL OPERATING
MARY RIGG NEIGHBORHOOD CENTER 1920 W. MORRIS ST. INDIANAPOLIS, IN 46221	350868954	501 (C) (3)	125,120.				WORKING FAMILIES
MEALS ON WHEELS OF HAMILTON COUNTY 395 WESTFIELD RD.	351344488	501 (C) (3)	10,000.				SENIOR SERVICES
MEALS ON WHEELS, INC. P.O. BOX 40969 INDIANAPOLIS, IN 46240-0969	351182075	501 (C) (3)	30,500.				CHARITABLE CONTRIB.
MENTAL HEALTH AMERICA OF GREATER INDIANAPOL 301 EAST 38TH STREET	350928128	501 (C) (3)	7,100.				CHARITABLE CONTRIB.
MERCY & SHARING 201 N. MILL ST. ASPEN, CO 81611-1552	841323007	501 (C) (3)	25,000.				CHARITABLE CONTRIB.
MSD OF DECATUR TOWNSHIP 5275 KENTUCKY AVE.	351097820	501 (C) (3)	10,232.				2009 DISTRIBUTION
MUSEUM OF CONTEMPORARY ART 220 E. CHICAGO AVE. CHICAGO, IL 60611	366154098	501 (C) (3)	20,000.				CONSTELLATION PROJEC
MUSIC FOR ALL 39 W. JACKSON PL.	363413042	501 (C) (3)	10,000.				CHARITABLE CONTRIB.
NATIONAL SOCIETY OF HISPANIC MBAS P.O. BOX 1501 INDIANAPOLIS, IN 46206	954196238	501 (C) (3)	32,386.				PROJECT SUPPORT
NEW SONG MISSION P.O. BOX 488 NASHVILLE, IN 47448	800082755	501 (C) (3)	15,000.				CONSTRUCTION FUND
NEWSEUM, INC. 555 PENNSYLVANIA AVE., N.W.	541626042	501 (C) (3)	200,000.				GREAT BOOKS GALLERY
NORTH MANCHESTER HISTORICAL SOCIETY, INC P.O. BOX 361 NORTH MANCHESTER, IN 46962	351434591	501 (C) (3)	10,000.				BUILDING REHAB.
NPOWER INDIANA 724 BROAD RIPPLE AVE.	300124443	501 (C) (3)	21,050.				GENERAL OPERATING

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OASIS CHRISTIAN COMMUNITY DEVELOPMENT CORPO 1701 E. 25TH ST. INDIANAPOLIS, IN 46218	352106041	501 (C) (3)	18,500.				SUMMER AT THE OASIS
OHIO STATE UNIVERSITY COLLEGE OF THE ARTS COLUMBUS, OH 43201	311145986	501 (C) (3)	10,000.				CATALOGUE PRODUCTION
OLD NORTHSIDE FOUNDATION, INC. 1451 N. DELAWARE #1 INDIANAPOLIS, IN 46202	351804206	501 (C) (3)	18,000.				2009 DISTRIBUTION
ORCHARD PARK PRESBYTERIAN CHURCH 1605 E. 106TH ST. INDIANAPOLIS, IN 46280	236393377	501 (C) (3)	12,000.				CHARITABLE CONTRIB.
OUTREACH, INC. P.O. BOX 11416 INDIANAPOLIS, IN 46201	351989358	501 (C) (3)	16,000.				CHARITABLE CONTRIB.
PACE/OAR, INC. 2855 N. KEYSTONE AVE.	351062235	501 (C) (3)	70,000.				JOB DEVELOPMENT
PARK TUDOR SCHOOL 7200 N. COLLEGE AVE. INDIANAPOLIS, IN 46240	350909976	501 (C) (3)	162,000.				CHARITABLE CONTRIB.
PARTNERS IN HOUSING DEVELOPMENT CORPORATION 2811 E. 10TH ST. INDIANAPOLIS, IN 46201	351917637	501 (C) (3)	20,208.				RESOURCE COORD.
PATHWAY TO RECOVERY, INC. 2135 N. ALABAMA ST. INDIANAPOLIS, IN 46202	351820889	501 (C) (3)	5,052.				DOVE HOUSE MERGER
PEACE LEARNING CENTER 6040 DELONG RD. INDIANAPOLIS, IN 46254	352067284	501 (C) (3)	56,840.				GENERAL OPERATING
PERRY SENIOR CITIZENS SERVICES, INC. 6901 DERBYSHIRE RD. INDIANAPOLIS, IN 46227	351416248	501 (C) (3)	10,000.				SENIOR SERVICES
PERRY TOWNSHIP EDUCATION FOUNDATION 6548 ORINOCO AVE. INDIANAPOLIS, IN 46227	351923843	501 (C) (3)	67,174.				2009 DISTRIBUTION
PEYBACK FOUNDATION 6325 N. GUILFORD INDIANAPOLIS, IN 46220	341882628	501 (C) (3)	5,400.				PEYBACK BOWL EVENT
PHOENIX THEATRE, INC. 749 N. PARK AVE. INDIANAPOLIS, IN 46202	311069575	501 (C) (3)	19,957.				2009 DISTRIBUTION
PIKE TOWNSHIP EDUCATIONAL FOUNDATION 6321 LA PAS TR. INDIANAPOLIS, IN 46268	351836390	501 (C) (3)	27,718.				2009 DISTRIBUTION

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PLANNED PARENTHOOD OF INDIANA, INC. ----- 200 S. MERIDIAN ST. INDIANAPOLIS, IN 46206	350874276	501 (C) (3)	5,607.				2009 DISTRIBUTION
PLAY BALL INDIANA ----- 7160 ZIONSVILLE RD. INDIANAPOLIS, IN 46268	311032580	501 (C) (3)	17,840.				BASEBALL COMPLEX
PREVAIL, INC. ----- 4140 W. 44TH NOBLESVILLE, IN 46060	351681864	501 (C) (3)	15,000.				OPERATING SUPPORT
PREVENT BLINDNESS INDIANA ----- 5626 LAWTON LOOP E. DR.	356040676	501 (C) (3)	64,465.				CHILDREN'S VISION
PROJECT SEED, INC. ----- 303 N. ALABAMA ST. SUITE 230	381949371	501 (C) (3)	18,500.				YOUTH PROGRAM
PROMISE LAND CHRISTIAN COMMUNITY CHURCH --- 2505 N. ARLINGTON INDIANAPOLIS, IN 46208	351999412	501 (C) (3)	7,500.				EMPLOYMENT CAMP
PROVIDENCE CRISTO REY HIGH SCHOOL ----- P.O. BOX 662 200 WALLACE AVE.	350868174	501 (C) (3)	407,000.				MATCHING GRANT
REACH FOR YOUTH, INC. ----- 8902 VINCENNES CIR. SUITE A	237456842	501 (C) (3)	12,538.				OPERATING SUPPORT
REBUILDING THE WALL INC. ----- 2001 N. CLARK ST. INDIANAPOLIS, IN 46205	352140372	501 (C) (3)	19,073.				THRIVE PROGRAM
RENAISSANCE CHARITABLE FNDN.-HINSON CHARITA 1801 N. MERIDIAN ST. CARMEL, IN 46032	352129262	501 (C) (3)	45,000.				PROGRAMMING SUPPORT
RILEY CHILDREN'S FOUNDATION ----- ST. AUGUSTINE HOME 2345 W. 86TH ST.	350868147	501 (C) (3)	101,700.				ART THERAPY
ROTARY FOUNDATION OF INDIANAPOLIS ----- 333 N. PENNSYLVANIA ST. SUITE 600	356043931	501 (C) (3)	550,000.				2009 DISTRIBUTION
RUSH COUNTY HERITAGE ----- 7018 E. FORT HARRISON AVE.	311190491	501 (C) (3)	10,000.				COVERED BRIDGE
SAGAMORE INSTITUTE FOR POLICY RESEARCH ---- 1525 N. RITTER AVE. INDIANAPOLIS, IN 46202	201161578	501 (C) (3)	30,000.				AFRICA INITIATIVE
SAINT FLORIAN CENTER, INC. ----- 7330 WOODLAND DR. # 201	351971700	501 (C) (3)	22,100.				LEADERSHIP CAMP

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SECOND_HELPINGS, INC.----- 3200 COLD SPRING RD. INDIANAPOLIS, IN 46202	351484281	501 (C) (3)	41,500.				CHARITABLE CONTRIB.
SECOND_REFORMED_PRESBYTERIAN_CHURCH----- 3901 N. MERIDIAN ST. SUITE 201	237016764	501 (C) (3)	11,000.				RESEARCH WORK
SHENANGO_VALLEY_COMMUNITY_FOUNDATION----- 2855 N. KEYSTONE AVE. SUITE 130	251407396	501 (C) (3)	10,125.				FUND CLOSE OUT
SHEPHERD_COMMUNITY_INC.----- 833 N. ORLEANS INDIANAPOLIS, IN 46201	351765846	501 (C) (3)	118,730.				OPERATING SUPPORT
SOAP_FACTORY----- 1920 W. MORRIS ST.	411658987	501 (C) (3)	10,000.				OPERATING SUPPORT
SOCIEDAD_AMIGOS_DE_COLUMBIA, INC. (SADCO)----- 280 N. APPLE ST. CARMEL, IN 46032	351624409	501 (C) (3)	21,361.				EDUCATION SUPPORT
SOCIETY_OF_ST._VINCENT_DE_PAUL----- 1099 N. MERIDIAN ST. SUITE 650	530196617	501 (C) (3)	16,000.				FOOD PANTRY
SOUTHEAST_COMMUNITY_SERVICES, INC.----- 2506 WILLOWBROOK PKWY. SUITE 100	351318068	501 (C) (3)	158,550.				WORKING FAMILIES
ST._LUKE'S UNITED METHODIST CHURCH----- 201 N. MILL ST. SUITE 201	350985951	501 (C) (3)	14,450.				CHARITABLE CONTRIB.
ST._MARY'S CHILD CENTER----- 2410 N. STATION ST. INDIANAPOLIS, IN 46202	530196617	501 (C) (3)	80,000.				GENERAL OPERATING
ST._VINCENT_DE_PAUL_CLIENT_CHOICE_FOOD_PANT----- P.O. BOX 30947 INDIANAPOLIS, IN 46218	530196617	501 (C) (3)	10,191.				FUND CLOSE OUT
ST._VINCENT FOUNDATION----- 212 S. WATER ST. INDIANAPOLIS, IN 46260	356088862	501 (C) (3)	34,701.				ART THERAPY
STARFISH INITIATIVE----- 5275 KENTUCKY AVE. INDIANAPOLIS, IN 46204	562442758	501 (C) (3)	221,200.				GENERAL OPERATING
SYCAMORE LAND TRUST INC.----- 6548 ORINOCO AVE. BLOOMINGTON, IN 47407	351830637	501 (C) (3)	10,000.				EDUCATION PROGRAM
TABERNACLE PRESBYTERIAN CHURCH----- OFFICE OF MINORITY LANGUAGES 9651 E. 21ST S	236393377	501 (C) (3)	8,000.				MINISTRY CONTRIBUTIO

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TECHPOINT FOUNDATION 8550 WOODFIELD CROSSING BLVD.	352155455	501 (C) (3)	21,050.				GENERAL OPERATING
THE ACUMEN FUND 220 E. CHICAGO AVE. NEW YORK, NY 10011	134166228	501 (C) (3)	10,000.				PARTNER SUPPORT
THE ATHENAEUM FOUNDATION, INC. 39 W. JACKSON PL. STE. 150	351834667	501 (C) (3)	17,000.				YEAR-END APPEAL
THE CATHEDRAL CHURCH OF ST. EDWARD THE CONF 1852 W. 19TH ST. INDIANAPOLIS, IN 46220	310921786	501 (C) (3)	10,000.				CHARITABLE CONTRIB.
THE CHILDREN'S MUSEUM OF INDIANAPOLIS P.O. BOX 1501 INDIANAPOLIS, IN 46206-3000	350867985	501 (C) (3)	60,000.				CHARITABLE CONTRIB.
THE CHURCH WITHIN 2301 N. PARK AVE. INDIANAPOLIS, IN 46203	351856732	501 (C) (3)	10,500.				PRODUCTION COSTS
THE COLLEGE OF WILLIAM AND MARY P.O. BOX 27 WILLIAMSBURG, VA 23187-8779	351793680	501 (C) (3)	10,000.				GENERAL OPERATING
THE FAMILY DEFENSE CENTER 5282 EAST 65TH ST. P.O. BOX 20408	203096347	501 (C) (3)	10,000.				GENERAL OPERATING
THE FIELD MUSEUM 2902 COLD SPRING RD. CHICAGO, IL 60605-2496	362167011	501 (C) (3)	26,000.				OPERATING SUPPORT
THE HEALTH FOUNDATION OF GREATER INDIANAPOL 7701 E. 21ST ST. INDIANAPOLIS, IN 46202	356203550	501 (C) (3)	27,105.				SPOTLIGHT 2009
THE HUTSON SCHOOL P.O. BOX 30291 INDIANAPOLIS, IN 46256	352148108	501 (C) (3)	10,000.				CHARITABLE CONTRIB.
THE INDIANA PARTNERSHIPS CENTER 517 W. 30TH ST. INDIANAPOLIS, IN 46240	352145677	501 (C) (3)	30,000.				IPS COLLEGE PATHWAY
THE INDIANA PLAN FOR EQUAL EMPLOYMENT, INC. 724 BROAD RIPPLE AVE.	351171606	501 (C) (3)	12,630.				PROGRAM OUTREACH
THE JULIAN CENTER, INC. 1701 E. 25TH ST. INDIANAPOLIS, IN 46202	351346514	501 (C) (3)	344,007.				CHARITABLE CONTRIB.
THE KING'S COLLEGE 1701 E. 25TH ST. NEW YORK, NY 10118	131810448	501 (C) (3)	40,000.				JOURNALISM PROGRAM

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THE MIND TRUST 212 S. WALNUT INDIANAPOLIS, IN 46202	204560286	501 (C) (3)	168,945.				FELLOWSHIP AWARD
THE NATURE CONSERVANCY IN INDIANA COLLEGE OF THE ARTS 1501 NEIL AVE., SUITE 0	530242652	501 (C) (3)	2,084,256.				CAPITAL CAMPAIGN
THE OAKS ACADEMY 1201 N. CENTRAL AVE. INDIANAPOLIS, IN 46205	352050595	501 (C) (3)	10,500.				CHARITABLE CONTRIB.
THE ORCHARD SCHOOL 1451 N. DELAWARE #1	350909975	501 (C) (3)	30,500.				GENERAL OPERATING
THE SALVATION ARMY 1605 E. 106TH ST. INDIANAPOLIS, IN 46208	350868167	501 (C) (3)	66,340.				EMERGENCY SHELTER
THE SIERRA CLUB FOUNDATION P.O. BOX 335 134 E. BROWN ST.	946069890	501 (C) (3)	25,000.				CHARITABLE CONTRIB.
THE VILLAGES OF INDIANA, INC. 3102 E. 10TH ST.	351708240	501 (C) (3)	27,840.				OPERATING SUPPORT
TOURISM TOMORROW, INC. TIVOLI THEATER PROJECT 1404 PINE LAKE RD.	351573009	501 (C) (3)	21,050.				GENERAL OPERATING
TRAINING INC. 2855 N. KEYSTONE AVE. SUITE 140	351682914	501 (C) (3)	45,000.				GOVERNANCE TRAINING
TURNING POINT/COLUMBUS REGIONAL SHELTER 7200 N. COLLEGE AVE.	310993447	501 (C) (3)	30,000.				OPERATING SUPOPRT
UNITED WAY OF CENTRAL INDIANA 2135 N. ALABAMA ST.	351007590	501 (C) (3)	585,628.				ADMIN. SUPPORT
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN ONE PATRICK HENRY CIR. CHAMPAIGN, IL 61820	376000511	501 (C) (3)	10,000.				I SPACE GALLERY
UNIVERSITY OF KENTUCKY ART MUSEUM 6040 DELONG RD. LEXINGTON, KY 40506-0214	616001218	501 (C) (3)	10,000.				SCULPTURE PADS
UNIVERSITY OF MICHIGAN 6548 ORINOCO AVE. ANN ARBOR, MI 48109-1382	386006309	501 (C) (3)	20,000.				SCREENWRITING PROG.
UNIVERSITY OF NOTRE DAME 749 N. PARK AVE. NOTRE DAME, IN 46556-5612	350868188	501 (C) (3)	10,000.				STUDENT AWARDS

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VOLUNTEERS OF AMERICA OF INDIANA 6321 LA PAS TR. INDIANAPOLIS, IN 46204	131692595	501 (C) (3)	150,000.				THEODORA HOUSE
VSA ARTS OF INDIANA, INC. 434 W. 33RD ST. INDIANAPOLIS, IN 46202	351529183	501 (C) (3)	39,239.				ARTS EDUCATION
WARREN ARTS & EDUCATION FOUNDATION 200 S. MERIDIAN ST. P.O. BOX 397	351572560	501 (C) (3)	11,112.				2009 DISTRIBUTION
WASHINGTON TOWNSHIP SCHOOLS FOUNDATION 1100 S. 9TH ST. SUITE 100	311146508	501 (C) (3)	72,155.				MATH PROJECT
WAYNE TOWNSHIP EDUCATION FOUNDATION 70 E. 91ST ST. SUITE 204	351836690	501 (C) (3)	43,022.				2009 DISTRIBUTION
WEST INDIANAPOLIS DEVELOPMENT CORP. 1078 THIRD AVE. SW	351886746	501 (C) (3)	10,000.				LOCAL HOUSING FUND
WESTMINSTER NEIGHBORHOOD MINISTRIES 700 BROADWAY, 4TH FLOOR	236393377	501 (C) (3)	10,000.				UNLIMITED KIDS
WESTSIDE COMMUNITY MINISTRIES, INC. PO BOX 683 INDIANAPOLIS, IN 46222	352056984	501 (C) (3)	15,000.				GENERAL OPERATING
WFYI FOUNDATION, INC. 8401 WESTFIELD BLVD. ROOM D102	351961650	501 (C) (3)	10,000.				2009 DISTRIBUTION
WFYI TELEPLEX GUYER OPERA HOUSE P.O. BOX 117	351147600	501 (C) (3)	7,000.				GENERAL OPERATING
WHEELER MISSION MINISTRIES 401 E. 34TH ST. INDIANAPOLIS, IN 46201	350888771	501 (C) (3)	51,000.				SHELTER EQUIPMENT
WILLIAM PENN ELEMENTARY SCHOOL #49 2322 N. GUILFORD AVE.	356002486	501 (C) (3)	13,000.				SOCCER SUPPORT
WISHARD MEMORIAL FOUNDATION 350 HUB ETCHISON PKWY	311132066	501 (C) (3)	124,340.				OPERATING SUPPORT
WORKFORCE, INC. 30 S. MERIDIAN ST. SUITE 200	141892402	501 (C) (3)	50,000.				RECYCLING PROGRAM
WRITERS' CENTER OF INDIANA STRATFORD HALL 483 GREAT HOUSE RD.	311105619	501 (C) (3)	7,475.				GATHERING OF WRITERS

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

Schedule I-1 (Form 990) 2009

**SCHEDULE J
(Form 990)**

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" to Form 990,
Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a is 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in 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**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in 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**
- b** Any related organization? **5b**
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in 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**
- b** Any related organization? **6b**
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BRIAN E. PAYNE	(i)	195,927.	0.	0.	6,115.	18,196.	220,238.	0.
	(ii)	72,550.	0.	0.	2,177.	6,458.	81,185.	0.
ROSEMARY DORSA	(i)	128,148.	0.	0.	3,939.	7,962.	140,049.	0.
	(ii)	14,424.	0.	0.	387.	783.	15,594.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

[illegible]

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► **Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
► Attach to Form 990.**

OMB No. 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	24	2,949,258.	SELLING PRICE
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 ►()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		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 non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2009

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M QUESTION 32

A CUSTODIAL BANK IS USED TO SELL GIFTS OF STOCK THAT ARE RECEIVED AS
CONTRIBUTIONS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

ATTACHMENT 1

FORM 990 PART III

NEW PROGRAM SERVICES

AS PART OF OUR FAMILY SUCCESS INITIATIVE, WE HAVE CONTACTED THE CITY OF INDIANAPOLIS ABOUT CONVERTING A CLOSED PUBLIC SCHOOL (IPS # 37) LOCATED IN THE MARTINDALE-BRIGHTWOOD AREA INTO A COMMUNITY CENTER. IT IS ANTICIPATED THAT THE TRANSFER OF MANAGEMENT OF THE FACILITY WILL BE COMPLETED IN 2010.

STATEMENTS REGARDING OTHER IRS FILINGS AND TAX COMPLIANCE

FORM 990 PART V

QUESTION 2A & 2B: THE CENTRAL INDIANA COMMUNITY FOUNDATION INC (CICF) IS THE COMMON PAYMASTER FOR ALL OF OUR AFFILIATED ORGANIZATIONS AND SUPPORTING ORGANIZATIONS THAT HAVE PAYROLL INCLUDING: THE INDIANAPOLIS FOUNDATION, LEGACY FUND, WILLIAM E. ENGLISH FOUNDATION, TECHPOINT FOUNDATION AND INDIANAPOLIS PARKS FOUNDATION. CICF FILES ALL REQUIRED FEDERAL EMPLOYMENT TAX RETURNS AS THE COMMON PAYMASTER.

GOVERNANCE, MANAGEMENT, & DISCLOSURE

FORM 990 PART VI

QUESTION 2:

BOARD MEMBER	ALAN LEVIN	BUSINESS RELATIONSHIP
BOARD MEMBER	D. WILLIAM MOREAU, JR.	BUSINESS RELATIONSHIP
BOARD MEMBER	DAVID BECKER	BUSINESS RELATIONSHIP
BOARD MEMBER	JOHN QUINN	BUSINESS RELATIONSHIP

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

ATTACHMENT 2 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE MISSION OF CENTRAL INDIANA COMMUNITY FOUNDATION (CICF) IS TO INSPIRE, SUPPORT, AND PRACTICE PHILANTHROPY, LEADERSHIP, AND SERVICE IN OUR COMMUNITY. THROUGH THE GENEROSITY OF THOUSANDS OF DONORS, CICF IS THE STEWARD FOR CHARITABLE ASSETS FOCUSING ON THREE AREAS THAT MAKE CENTRAL INDIANA A BETTER PLACE TO LIVE FOR CURRENT AND FUTURE GENERATIONS: 1.) GRANTMAKING FROM A VARIETY OF FUNDS TO OTHER EFFECTIVE NOT-FOR-PROFITS 2.) COMMUNITY LEADERSHIP ON ISSUES LIKE HELPING FAMILIES OVERCOME OBSTACLES, CREATING GREAT PUBLIC SPACES, AND EMBRACING OUR ETHNIC COMMUNITIES 3.) PHILANTHROPIC ADVISING TO HELP PEOPLE MAKE THEIR CHARITABLE GIVING MORE THOUGHTFUL AND ENJOYABLE. WE ACCOMPLISH THE ABOVE THROUGH OUR THREE INITIATIVES: INSPIRING PLACES, FAMILY SUCCESS AND EDUCATION.

ATTACHMENT 3FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
LATINO SCHOLARSHIP DINNER	138,275.
TOTAL	<u>138,275.</u>

ATTACHMENT 4FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
LATINO SCHOLARSHIP DINNER	24,665.	680.	23,985.
TOTALS	<u>24,665.</u>	<u>680.</u>	<u>23,985.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.**

► **Attach to Form 990.**

► **See separate instructions.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

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

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

Part II Identification of Related Tax-Exempt Organizations (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
THE WILLIAM E ENGLISH FOUNDATION 35-0929970 615 NORTH ALABAMA ST SUITE 119 INDIANAPOLIS, IN 46204	CHARITABLE	IN	501 (C) (3)	11A	N/A
THE INDIANAPOLIS FOUNDATION 35-0868115 615 NORTH ALABAMA ST SUITE 119 INDIANAPOLIS, IN 46204	CHARITABLE	IN	501 (C) (3)	7	N/A
LEGACY FUND 20-0900981 515 E MAIN STREET CARMEL, IN 46032	CHARITABLE	IN	501 (C) (3)	7	N/A
TECHPOINT FOUNDATION 35-2155455 615 NORTH ALABAMA ST SUITE 119 INDIANAPOLIS, IN 46204	CHARITABLE	IN	501 (C) (3)	11A	N/A
INDIANAPOLIS RETIREMENT HOME INC 35-0868098 615 NORTH ALABAMA ST SUITE 119 INDIANAPOLIS, IN 46204	CHARITABLE	IN	501 (C) (3)	11A	N/A
MCCAW FAMILY FOUNDATION 35-2057394 615 NORTH ALABAMA ST SUITE 119 INDIANAPOLIS, IN 46204	CHARITABLE	IN	501 (C) (3)	11A	N/A
INDIANAPOLIS PARKS FOUNDATION 35-1860468 615 NORTH ALABAMA ST SUITE 119 INDIANAPOLIS, IN 46204	CHARITABLE	IN	501 (C) (3)	11A	N/A

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

Schedule R (Form 990) 2009

Name of the organization	Employer identification number
CENTRAL INDIANA COMMUNITY FOUNDATION INC	35-1793680

ATTACHMENT 1 (CONT'D)

BOARD MEMBER MARK HILL BUSINESS RELATIONSHIP

QUESTION 11A: ALL BOARD MEMBERS ARE PROVIDED WITH A COPY OF THE FORM 990
TO REVIEW AND ASK QUESTIONS OR REVISE BEFORE IT IS FILED WITH THE IRS.

QUESTION 12C: CONFLICT OF INTEREST POLICIES ARE COMPLETED ANNUALLY BY ALL
BOARD MEMBERS AND STAFF. THE POLICY STATEMENTS ARE REVIEWED ANNUALLY BY
OFFICERS OF CICF. A CONFLICT OF INTEREST LOG IS MAINTAINED WITH THE NAME
AND RELATIONSHIP, IF ANY, WITH OTHER BOARD MEMBERS. WHEN FOUNDATION
BUSINESS IS BEING CONDUCTED AND THERE IS A CONFLICT, THE BOARD OR STAFF
MEMBERS ABSTAIN FROM VOTING ON RELATED MATTERS. THIS IS DOCUMENTED IN
THE BOARD MINUTES.

QUESTION 15A & 15B: COMPARATIVE COMPENSATION INFORMATION IS GATHERED BY
THE HUMAN RESOURCE MANAGER AND USED TO DETERMINE APPROPRIATENESS OF
INDIVIDUAL COMPENSATION FOR ALL EMPLOYEES AS PART OF THE ANNUAL REVIEW
AND BUDGETING PROCESS. THIS REVIEW IS PERFORMED BY THE CEO, CFO, AND
COO. THE CHAIRMAN OF THE BOARD OF DIRECTORS PERFORMS A REVIEW AND MAKES
A RECOMMENDATION FOR COMPENSATION ADJUSTMENTS FOR THE CEO. THE LAST
REVIEW WAS IN OCTOBER 2009.

QUESTION 19: THE PUBLIC DISCLOSURE COPY OF FORM 990 IS AVAILABLE UPON
REQUEST. GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL
STATEMENTS ARE ALSO AVAILABLE UPON REQUEST.

ATTACHMENT 2

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?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 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 other organization(s)	1b	X
c Gift, grant, or capital contribution from other organization(s)	1c	X
d Loans or loan guarantees to or for other organization(s)	1d	X
e Loans or loan guarantees by other organization(s)	1e	X
f Sale of assets to other organization(s)	1f	X
g Purchase of assets from other organization(s)	1g	X
h Exchange of assets	1h	X
i Lease of facilities, equipment, or other assets to other organization(s)	1i	X
j Lease of facilities, equipment, or other assets from other organization(s)	1j	X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	X
m Sharing of facilities, equipment, mailing lists, or other assets	1m	X
n Sharing of paid employees	1n	X
o Reimbursement paid to other organization for expenses	1o	X
p Reimbursement paid by other organization for expenses	1p	X
q Other transfer of cash or property to other organization(s)	1q	X
r Other transfer of cash or property from other organization(s)	1r	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved
(1) TECHPOINT FOUNDATION	B	50,000.
(2) THE WILLIAM E. ENGLISH FOUNDATION	J	78,794.
(3) THE INDIANAPOLIS FOUNDATION	N	434,914.
(4) LEGACY FUND	N	401,264.
(5) TECHPOINT FOUNDATION	N	71,941.
(6) THE WILLIAM E. ENGLISH FOUNDATION	N	471,168.

Schedule R (Form 990) 2009

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.

[illegible]

36314 TX1000

SCHEDULE R-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule R (Form 990)

▶ Attach to Form 990 to list additional information for Schedule R
(Form 990), Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.
▶ See instructions for Schedule R (Form 990).

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of filing organization
CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number
35-1793680

Part I Continuation of Identification of Disregarded Entities

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

[illegible]

Part III

[illegible]

[illegible]

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) INDIANAPOLIS PARKS FOUNDATION	N	187,135.
(8) THE INDIANAPOLIS FOUNDATION	O	281,175.
(9) LEGACY FUND	O	293,303.
(10) THE WILLIAM E. ENGLISH FOUNDATION	O	201,300.
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

Part VI Continuation of Unrelated Organizations Taxable as a Partnership[illegible]

Employer identification number

35-1793680

[illegible]

6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b -43,218,654.

JSA

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

2009Open to Public Inspection
for 501(c)(3) Organizations OnlyFor calendar year 2009 or other tax year beginning _____, 2009, and
ending _____, 20 . See separate instructions.**A** ☐ Check box if
address changed**B** Exempt under section☒ 501(c)(3) ☐ 220(e)
☐ 408(e) ☐ 530(a)
☐ 408A ☐ 529(a)**C** Book value of all assets
at end of year

418,137,784.

**Print
or
Type**Name of organization (☐ Check box if name changed and see instructions.)

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Number, street, and room or suite no. If a P.O. box, see page 8 of instructions.

615 NORTH ALABAMA STREET 119

City or town, state, and ZIP code

INDIANAPOLIS, IN 46204

D Employer identification number(Employees' trust, see instructions for Block D
on page 9.)

35-1793680

E Unrelated business activity codes

(See instructions for Block E on page 9.)

525990

F Group exemption number (See instructions for Block F on page 9.)**G** Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust**H** Describe the organization's primary unrelated business activity. **PARTNERSHIP INCOME****I** 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.**J** The books are in care of **KAY WHITAKER**Telephone number **317-634-2423****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 (Schedule A, line 7)			
3 Gross profit. Subtract line 2 from line 1c			
4a Capital gain net income (attach Schedule D)			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c Capital loss deduction for trusts			
5 Income (loss) from partnerships and S corporations (attach statement)	-947,021.	ATCH 1	-947,021.
6 Rent income (Schedule C)			
7 Unrelated debt-financed income (Schedule E)			
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10 Exploited exempt activity income (Schedule I)			
11 Advertising income (Schedule J)			
12 Other income (See page 10 of the instructions; attach schedule.)			
13 Total. Combine lines 3 through 12	-947,021.		-947,021.

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See page 13 of the instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562)	21	0.
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b 0.
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-947,021.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-947,021.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-947,021.

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation on page 15.Controlled group members (sections 1561 and 1563) check here ☐ **See instructions** and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 **35c****36 Trusts Taxable at Trust Rates.** See instructions for tax computation on page 16. Income tax onthe amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36****37 Proxy tax.** See page 16 of the instructions **37****38 Alternative minimum tax** **38****39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies **39****Part IV Tax and Payments****40 a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a****b** Other credits (see page 16 of the instructions) **40b****c** General business credit. Attach Form 3800 **40c****d** Credit for prior year minimum tax (attach Form 8801 or 8827) **40d****e Total credits.** Add lines 40a through 40d **40e****41** Subtract line 40e from line 39 **41****42** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) **42****43 Total tax.** Add lines 41 and 42 **43****44 a** Payments: A 2008 overpayment credited to 2009 **44a****b** 2009 estimated tax payments **44b****c** Tax deposited with Form 8868 **44c****d** Foreign organizations: Tax paid or withheld at source (see instructions) **44d****e** Backup withholding (see instructions) **44e****f** Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other **44f****45 Total payments.** Add lines 44a through 44f **45****46** Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached **46****47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed **47** 0.**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 0.**49** Enter the amount of line 48 you want: **Credited to 2010 estimated tax** **Refunded** **49** 0.**Part V Statements Regarding Certain Activities and Other Information** (see instructions on page 17)**1** At any time during the 2009 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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes No****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 page 5 of the instructions for other forms the organization may have to file. **Yes No****3** Enter the amount of tax-exempt interest received or accrued during the tax year **\$****Schedule A - Cost of Goods Sold.** Enter method of inventory valuation

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

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.

Sign Here

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ **Yes** ☐ **No****Paid Preparer's Use Only**

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code

BKD, LLP
200 E. MAIN ST. SUITE 700
FORT WAYNE, IN 46802

EIN

Phone no. 260-460-4000

Form **990-T** (2009)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions on page 18)

1. Description of property

(1)
(2)
(3)
(4)

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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶**Schedule E - Unrelated Debt-Financed Income**(see instructions on page 19)

1. Description of debt-financed property		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 schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).

Total dividends-received deductions included in column 8 ▶**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations**(see instructions on page 20)

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)				
Totals ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 20)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals				

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals						

Schedule J - Advertising Income (see instructions on page 21)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
			%
			%
			%
			%
Total. Enter here and on page 1, Part II, line 14			

ATTACHMENT 1FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

AG SUPER FUND LP	40,910.
AIF VI LS AIV LP	24,862.
AMBERBROOK IV, LLC	-4,987.
AUDAX PRIVATE EQUITY FUND	-1,691.
ENTERPRISE PRODUCTS PARTNERS LP	-60,588.
FIA TIMBER PARTNERS SPECIAL SITUATION FUND	-12,068.
GCW INVESTMENT PARTNERSHIP	328.
GMO FORESTRY FUND 8-B LP	-7,162.
KAYNE ANDERSON ENERGY FUND III	-111,163.
KAYNE ANDERSON ENERGY FUND IV	-250,506.
LODH PRIVATE EQUITY - EURO CHOICE III	23.
NATURAL GAS PARTNERS IX	-68,545.
NAREP LP	-37,951.
NAREP II	-17,826.
ONEOK PARTNERS	-163,680.
THE VARDE FUND IX-A LP	108.
KINDER MORGAN ENERGY PARTNERS LP	-277,085.
INCOME (LOSS) FROM PARTNERSHIPS	<u>-947,021.</u>

**Return of U.S. Persons With Respect to
Certain Foreign Partnerships**

OMB No. 1545-1668

2009Department of the Treasury
Internal Revenue ServiceInformation furnished for the foreign partnership's tax year
beginning 01/01/2009, and ending 12/31/2009Attachment
Sequence No. **118**

Name of person filing this return

Filer's identifying number

CENTRAL INDIANA COMMUNITY FOUNDATION INC

35-1793680

Filer's address (if you are not filing this form with your tax return)

A Category of filer (see **Categories of Filers** in the instructions and check applicable box(es)):1 ☐ 2 ☐ 3 ☒ 4 ☐**B** Filer's tax year beginning 01/01/2009, and ending 12/31/2009**C** Filer's share of liabilities: Nonrecourse \$ 0, Qualified nonrecourse financing \$ 0, Other \$ 0.**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name EIN

Address

E Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

F1 Name and address of foreign partnership CIPEF V, LP

WALKER HOUSE, 87 MARY STREET

GEORGETOWN

CJ, KY1-9002

2 EIN (if any)

51-0631126

3 Country under whose laws organized

CJ

4 Date of organization	5 Principal place of business	6 Principal business activity code number	7 Principal business activity	8a Functional currency	8b Exchange rate (see instr.)
03/21/2007	CJ	525990	INVESTMENTS	US DOLLAR	

G Provide the following information for the foreign partnership's tax year:

1 Name, address, and identifying number of agent (if any) in the United States CAPITAL INTERNATIONAL INVESTMENTS V, LP 6455 IRVINE CENTER DRIVE C-3E IRVINE, CA 92618	2 Check if the foreign partnership must file: <input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input checked="" type="checkbox"/> Form 1065 or 1065-B Service Center where Form 1065 or 1065-B is filed: EFILE
3 Name and address of foreign partnership's agent in country of organization, if any WALKERS SPV LIMITED WALKER HOUSE, 87 MARY STREET GEORGETOWN CJ, KY1-9002	4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different IAN CAMERON 6455 IRVINE CENTER DRIVE C-3A IRVINE, CA 92618

- 5** Were any special allocations made by the foreign partnership? ☒ Yes ☐ No
- 6** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, attached to this return (see instructions) _____
- 7** How is this partnership classified under the law of the country in which it is organized? ☒ LIMITED PARTNERSHIP
- 8** Did the partnership own any separate units within the meaning of Regulations section 1.1503-2(c)(3), (4), or 1.1503(d)-1(b)(4)? ☐ Yes ☒ No
- 9** Does this partnership meet **both** of the following requirements?
 • The partnership's total receipts for the tax year were less than \$250,000 and
 • The value of the partnership's total assets at the end of the tax year were less than \$1 million.
 If "Yes," **do not** complete Schedules L, M-1, and M-2. ☐ Yes ☒ No

Sign Here
Only If You
Are Filing
This Form
Separately
and Not With
Your Tax
Return.

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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member

Date

Paid Preparer
Sign and
Complete
Only If Form
is Filed
Separately.Preparer's
signature

Date

Check if
self-
employed ☐

Preparer's SSN or PTIN

Firm's name (or
yours if self-employed),
address, and ZIP code

EIN

Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **8865** (2009)

Schedule A

Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identifying number (if any) of the person(s) whose interest you constructively own. See instructions.

a ☒ Owns a direct interest

b ☐ Owns a constructive interest

Name	Address	Identifying number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 **Certain Partners of Foreign Partnership**(see instructions)

Name	Address	Identifying number (if any)	Check if foreign person

Does the partnership have any other foreign person as a direct partner? ☐ **Yes** ☐ **No**

Schedule A-2

Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

Schedule B **Income Statement - Trade or Business Income**

Caution. Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales	1a		
	b Less returns and allowances	1b		1c
	2 Cost of goods sold			2
	3 Gross profit. Subtract line 2 from line 1c			3
	4 Ordinary income (loss) from other partnerships, estates, and trusts (<i>attach statement</i>) . . *			4
	5 Net farm profit (loss) (<i>attach Schedule F (Form 1040)</i>)			5
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6
	7 Other income (loss) (<i>attach statement</i>)			7
8 Total income (loss). Combine lines 3 through 7			8	
Deductions (see instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)			9
	10 Guaranteed payments to partners			10
	11 Repairs and maintenance			11
	12 Bad debts			12
	13 Rent			13
	14 Taxes and licenses			14
	15 Interest			15
	16 a Depreciation (<i>if required, attach Form 4562</i>)	16a		
	b Less depreciation reported elsewhere on return	16b		16c
	17 Depletion (Do not deduct oil and gas depletion.)			17
	18 Retirement plans, etc.			18
	19 Employee benefit programs			19
	20 Other deductions (<i>attach statement</i>)			20
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20 . . .			21
22 Ordinary business income (loss) from trade or business activities. Subtract line 21 from line 8 . .			22	

Schedule K Partners' Distributive Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 2, line 22)	1	
	2 Net rental real estate income (loss) (<i>attach Form 8825</i>)	2	
	3 a Other gross rental income (loss) 3a		
	b Expenses from other rental activities (<i>attach statement</i>) 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Guaranteed payments	4	
	5 Interest income	5	
	6 Dividends: a Ordinary dividends 6a		
	b Qualified dividends 6b		
	7 Royalties	7	
	8 Net short-term capital gain (loss)	8	
Income (Loss)	9 a Net long-term capital gain (loss) 9a		
	b Collectibles (28%) gain (loss) 9b		
	c Unrecaptured section 1250 gain (<i>attach statement</i>) 9c		
	10 Net section 1231 gain (loss) (<i>attach Form 4797</i>)	10	
	11 Other income (loss) (<i>see instructions</i>) Type ►	11	
Deductions	12 Section 179 deduction (<i>attach Form 4562</i>)	12	
	13 a Contributions 13a		
	b Investment interest expense 13b		
	c Section 59(e)(2) expenditures: (1) Type ► (2) Amount ► 13c(2)		
d Other deductions (<i>see instructions</i>) Type ►	13d		
Self-Employment	14 a Net earnings (loss) from self-employment	14a	
	b Gross farming or fishing income	14b	
	c Gross nonfarm income	14c	
Credits	15 a Low-income housing credit (section 42(j)(5))	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (<i>attach Form 3468</i>)	15c	
	d Other rental real estate credits (see instructions) Type ►	15d	
	e Other rental credits (see instructions) Type ►	15e	
	f Other credits (<i>see instructions</i>) Type ►	15f	
Foreign Transactions	16 a Name of country or U.S. possession ►		
	b Gross income from all sources	16b	
	c Gross income sourced at partner level	16c	
	<i>Foreign gross income sourced at partnership level</i>		
	d Passive category ► e General category ► f Other (<i>attach statement</i>) ► 16f		
	<i>Deductions allocated and apportioned at partner level</i>		
	g Interest expense ► h Other 16h		
	<i>Deductions allocated and apportioned at partnership level to foreign source income</i>		
	i Passive category ► j General category ► k Other (<i>attach statement</i>) ► 16k		
	l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued 16l		
m Reduction in taxes available for credit (<i>attach statement</i>)	16m		
n Other foreign tax information (<i>attach statement</i>)			
Alternative Minimum Tax (AMT) Items	17 a Post-1986 depreciation adjustment	17a	
	b Adjusted gain or loss	17b	
	c Depletion (other than oil and gas)	17c	
	d Oil, gas, and geothermal properties - gross income	17d	
	e Oil, gas, and geothermal properties - deductions	17e	
	f Other AMT items (<i>attach statement</i>)	17f	
Other Information	18 a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses	18c	
	19 a Distributions of cash and marketable securities	19a	
	b Distributions of other property	19b	
	20 a Investment income 20a		
b Investment expenses	20b		
c Other items and amounts (<i>attach statement</i>)			

Schedule L **Balance Sheets per Books.** (Not required if Item G9, page 1, is answered "Yes.")

	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash				
2 a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (<i>attach statement</i>)				
7 Mortgage and real estate loans				
8 Other investments (<i>attach statement</i>)				
9 a Buildings and other depreciable assets				
b Less accumulated depreciation				
10 a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12 a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (<i>attach statement</i>)				
14 Total assets				
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (<i>attach statement</i>)				
18 All nonrecourse loans				
19 Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (<i>attach statement</i>)				
21 Partners' capital accounts				
22 Total liabilities and capital				

Form **8865** (2009)

Schedule M Balance Sheets for Interest Allocation

	(a) Beginning of tax year	(b) End of tax year
1 Total U.S. assets		
2 Total foreign assets:		
a Passive category		
b General category		
c Other (attach statement)		

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return. (Not required if Item G9, page 1, is answered "Yes.")

1 Net income (loss) per books		6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11 not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 16l not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a Depreciation \$	
a Depreciation \$			
b Travel and entertainment \$		8 Add lines 6 and 7	
5 Add lines 1 through 4		9 Income (loss). Subtract line 8 from line 5	

Schedule M-2 Analysis of Partners' Capital Accounts. (Not required if Item G9, page 1, is answered "Yes.")

1 Balance at beginning of year		6 Distributions: a Cash	
2 Capital contributed:		b Property	
a Cash		7 Other decreases (itemize):	
b Property			
3 Net income (loss) per books			
4 Other increases (itemize):		8 Add lines 6 and 7	
		9 Balance at end of year. Subtract line 8 from line 5	
5 Add lines 1 through 4			

Form **8865** (2009)

Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1 Sales of inventory				
2 Sales of property rights (patents, trademarks, etc.)				
3 Compensation received for technical, managerial, engineering, construction, or like services				
4 Commissions received				
5 Rents, royalties, and license fees received				
6 Distributions received				
7 Interest received				
8 Other				
9 Add lines 1 through 8				
10 Purchases of inventory				
11 Purchases of tangible property other than inventory				
12 Purchases of property rights (patents, trademarks, etc.)				
13 Compensation paid for technical, managerial, engineering, construction, or like services				
14 Commissions paid				
15 Rents, royalties, and license fees paid				
16 Distributions paid				
17 Interest paid				
18 Other				
19 Add lines 10 through 18				
20 Amounts borrowed (enter the maximum loan balance during the year) - see instructions				
21 Amounts loaned (enter the maximum loan balance during the year) - see instructions				

Form **8865** (2009)

SCHEDULE O
(Form 8865)Department of the Treasury
Internal Revenue Service**Transfer of Property to a Foreign Partnership**
(under section 6038B)▶ **Attach to Form 8865. See Instructions for Form 8865.**

OMB No. 1545-1668

2009

Name of transferor

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Filer's identifying number

35-1793680

Name of foreign partnership

CIPEF V, LP

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash	12/31/2009		825,696.				.142
Marketable securities							
Inventory							
Tangible property used in trade or business							
Intangible property							
Other property							

Supplemental Information Required To Be Reported (see instructions):

ATTACHMENT 5

Part II Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)?☐ Yes☒ No

For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 2009

FORM 8865, SCHEDULE O DETAIL CENTRAL INDIANA COMMUNITY FOUNDATION INC

ATTACHMENT 5

SCHEDULE O - PART I - SUPPLEMENTAL INFORMATION REQUIRED

DATE OF TRANSFER 1/16/2009 - 14,639, 6/29/2009 - 22,942,
9/23/2009 - 227,150, 10/27/2009 - 57,878, 12/16/2009 - 503,087

THIS PARTNERSHIP IS A PRIVATE EQUITY PARTNERSHIP, WHICH CALLS FUNDS FROM THE LIMITED PARTNERS OVER THE LIFE OF THE PARTNERSHIP AS NEEDED TO FUND THE ACQUISITION OF PRIVATE EQUITY INVESTMENTS. THE AMOUNT IN COLUMN (C) ABOVE REPRESENTS CAPITAL CALLS WHICH WERE MADE BY THE PARTNERSHIP IN 2009.

**Return of U.S. Persons With Respect to
Certain Foreign Partnerships**

OMB No. 1545-1668

2009Department of the Treasury
Internal Revenue ServiceInformation furnished for the foreign partnership's tax year
beginning 01/01/2009 , and ending 12/31/2009Attachment
Sequence No. **118**

Name of person filing this return

Filer's identifying number

CENTRAL INDIANA COMMUNITY FOUNDATION INC

35-1793680

Filer's address (if you are not filing this form with your tax return)

A Category of filer (see **Categories of Filers** in the instructions and check applicable box(es)):1 ☐ 2 ☐ 3 ☒ 4 ☐**B** Filer's tax year beginning 01/01/2009 , and ending 12/31/2009**C** Filer's share of liabilities: Nonrecourse \$

0. Qualified nonrecourse financing \$ 0. Other \$ 0.

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

E Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

F1 Name and address of foreign partnership AIF VI EURO HOLDINGS, LP

ONE MANHATTANVILLE ROAD SUITE 201

PURCHASE, NY 10577

2 EIN (if any)

98-0482836

3 Country under whose laws organized

CJ

4 Date of organization 01/18/2006	5 Principal place of business CJ	6 Principal business activity code number 523900	7 Principal business activity INVESTMENTS	8a Functional currency US DOLLAR	8b Exchange rate (see instr.)
---------------------------------------------	--------------------------------------------	------------------------------------------------------------	-----------------------------------------------------	--------------------------------------------	--------------------------------------

G Provide the following information for the foreign partnership's tax year:

1 Name, address, and identifying number of agent (if any) in the United States		2 Check if the foreign partnership must file: <input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input checked="" type="checkbox"/> Form 1065 or 1065-B Service Center where Form 1065 or 1065-B is filed: OGDEN	
3 Name and address of foreign partnership's agent in country of organization, if any WALKER SVP LIMITED PO BOX 908GT, WALKER HOUSE, MARY STREET GEORGE TOWN, GRAND CAYMAN CJ, B.W.I.		4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different APOLLO ADVISORS VI (EH) LP ONE MANHATTANVILLE ROAD SUITE 201 PURCHASE, NY 10577	

- 5** Were any special allocations made by the foreign partnership? ☐ Yes ☒ No
- 6** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, attached to this return (see instructions) _____
- 7** How is this partnership classified under the law of the country in which it is organized? ☐ EXEMPTED ☐ LIMITED ☒ PARTNERSHIP
- 8** Did the partnership own any separate units within the meaning of Regulations section 1.1503-2(c)(3), (4), or 1.1503(d)-1(b)(4)? ☐ Yes ☒ No
- 9** Does this partnership meet **both** of the following requirements?
 • The partnership's total receipts for the tax year were less than \$250,000 and
 • The value of the partnership's total assets at the end of the tax year was less than \$1 million.
 If "Yes," **do not** complete Schedules L, M-1, and M-2. ☐ Yes ☒ No

Sign Here Only If You Are Filing This Form Separately and Not With Your Tax Return.	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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.			
	Signature of general partner or limited liability company member		Date	
Paid Preparer Sign and Complete Only If Form is Filed Separately.	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	EIN		Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **8865** (2009)

Schedule A

Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identifying number (if any) of the person(s) whose interest you constructively own. See instructions.

a ☒ Owns a direct interestb ☐ Owns a constructive interest

Name	Address	Identifying number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 Certain Partners of Foreign Partnership(see instructions)

Name	Address	Identifying number (if any)	Check if foreign person

Does the partnership have any other foreign person as a direct partner? ☐ Yes ☒ No**Schedule A-2**

Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

Schedule B Income Statement - Trade or Business Income

Caution. Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a	Gross receipts or sales	1a		1c		
	b	Less returns and allowances	1b				
	2	Cost of goods sold			2		
	3	Gross profit. Subtract line 2 from line 1c			3		
	4	Ordinary income (loss) from other partnerships, estates, and trusts (attach statement) *			4		
	5	Net farm profit (loss) (attach Schedule F (Form 1040))			5		
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6		
	7	Other income (loss) (attach statement)			7		
	8	Total income (loss). Combine lines 3 through 7			8		
Deductions (see instructions for limitations)	9	Salaries and wages (other than to partners) (less employment credits)			9		
	10	Guaranteed payments to partners			10		
	11	Repairs and maintenance			11		
	12	Bad debts			12		
	13	Rent			13		
	14	Taxes and licenses			14		
	15	Interest			15		
	16 a	Depreciation (if required, attach Form 4562)	16a				
	b	Less depreciation reported elsewhere on return	16b			16c	
	17	Depletion (Do not deduct oil and gas depletion.)			17		
	18	Retirement plans, etc.			18		
	19	Employee benefit programs			19		
	20	Other deductions (attach statement)			20		
	21	Total deductions. Add the amounts shown in the far right column for lines 9 through 20			21		
22	Ordinary business income (loss) from trade or business activities. Subtract line 21 from line 8			22			

Schedule D Capital Gains and Losses(Use Schedule D-1 (Form 1065) to list additional transactions for lines 1 and 7)**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example: 100 shares of "Z" Co.)	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
1					
2 Enter short-term gain or (loss), if any, Schedule D-1 (Form 1065), line 2					2
3 Short-term capital gain from installment sales from Form 6252, line 26 or 37					3
4 Short-term capital gain (loss) from like-kind exchanges from Form 8824					4
5 Partnership's share of net short-term capital gain (loss), including specially allocated short-term capital gains (losses), from other partnerships, estates, and trusts					5
6 Net short-term capital gain or (loss). Combine lines 1 through 5 in column (f). Enter here and on Form 8865, Schedule K, line 8 or 11					6

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example: 100 shares of "Z" Co.)	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
7					
8 Enter long-term gain or (loss), if any, Schedule D-1 (Form 1065), line 8					8
9 Long-term capital gain from installment sales from Form 6252, line 26 or 37					9
10 Long-term capital gain (loss) from like-kind exchanges from Form 8824					10
11 Partnership's share of net long-term capital gain (loss), including specially allocated long-term capital gains (losses), from other partnerships, estates, and trusts					11
12 Capital gain distributions					12
13 Net long-term capital gain or (loss). Combine lines 7 through 12 in column (f). Enter here and on Form 8865, Schedule K, line 9a or 11					13

Form **8865** (2009)

Schedule K Partners' Distributive Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 2, line 22)	1	
	2 Net rental real estate income (loss) (<i>attach Form 8825</i>)	2	
	3 a Other gross rental income (loss) 3a		
	b Expenses from other rental activities (<i>attach statement</i>) 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Guaranteed payments	4	
	5 Interest income	5	
	6 Dividends: a Ordinary dividends 6a		
	b Qualified dividends 6b		
	7 Royalties	7	
	8 Net short-term capital gain (loss)	8	
Income (Loss)	9 a Net long-term capital gain (loss) 9a		
	b Collectibles (28%) gain (loss) 9b		
	c Unrecaptured section 1250 gain (<i>attach statement</i>) 9c		
	10 Net section 1231 gain (loss) (<i>attach Form 4797</i>)	10	
	11 Other income (loss) (<i>see instructions</i>) Type ▶	11	
Deductions	12 Section 179 deduction (<i>attach Form 4562</i>)	12	
	13 a Contributions 13a		
	b Investment interest expense 13b		
	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶ 13c(2)		
d Other deductions (<i>see instructions</i>) Type ▶	13d		
Self-Employment	14 a Net earnings (loss) from self-employment 14a		
	b Gross farming or fishing income 14b		
	c Gross nonfarm income 14c		
Credits	15 a Low-income housing credit (section 42(j)(5)) 15a		
	b Low-income housing credit (other) 15b		
	c Qualified rehabilitation expenditures (rental real estate) (<i>attach Form 3468</i>) 15c		
	d Other rental real estate credits (see instructions) Type ▶ 15d		
	e Other rental credits (see instructions) Type ▶ 15e		
	f Other credits (<i>see instructions</i>) Type ▶ 15f		
Foreign Transactions	16 a Name of country or U.S. possession ▶		
	b Gross income from all sources 16b		
	c Gross income sourced at partner level 16c		
	<i>Foreign gross income sourced at partnership level</i>		
	d Passive category ▶ e General category ▶ f Other (<i>attach statement</i>) ▶ 16f		
	<i>Deductions allocated and apportioned at partner level</i>		
	g Interest expense ▶ h Other ▶ 16h		
	<i>Deductions allocated and apportioned at partnership level to foreign source income</i>		
	i Passive category ▶ j General category ▶ k Other (<i>attach statement</i>) ▶ 16k		
	l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued 16l		
m Reduction in taxes available for credit (<i>attach statement</i>) 16m			
n Other foreign tax information (<i>attach statement</i>)			
Alternative Minimum Tax (AMT) Items	17 a Post-1986 depreciation adjustment 17a		
	b Adjusted gain or loss 17b		
	c Depletion (other than oil and gas) 17c		
	d Oil, gas, and geothermal properties - gross income 17d		
	e Oil, gas, and geothermal properties - deductions 17e		
	f Other AMT items (<i>attach statement</i>) 17f		
Other Information	18 a Tax-exempt interest income 18a		
	b Other tax-exempt income 18b		
	c Nondeductible expenses 18c		
	19 a Distributions of cash and marketable securities 19a		
	b Distributions of other property 19b		
	20 a Investment income 20a		
b Investment expenses 20b			
c Other items and amounts (<i>attach statement</i>)			

Schedule L **Balance Sheets per Books.** (Not required if Item G9, page 1, is answered "Yes.")

	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash				
2 a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (<i>attach statement</i>)				
7 Mortgage and real estate loans				
8 Other investments (<i>attach statement</i>)				
9 a Buildings and other depreciable assets				
b Less accumulated depreciation				
10 a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12 a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (<i>attach statement</i>)				
14 Total assets				
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (<i>attach statement</i>)				
18 All nonrecourse loans				
19 Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (<i>attach statement</i>)				
21 Partners' capital accounts				
22 Total liabilities and capital				

Schedule M Balance Sheets for Interest Allocation

	(a) Beginning of tax year	(b) End of tax year
1 Total U.S. assets		
2 Total foreign assets:		
a Passive category		
b General category		
c Other (attach statement)		

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return. (Not required if Item G9, page 1, is answered "Yes.")

1 Net income (loss) per books		6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11 not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 16l not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a Depreciation \$	
a Depreciation \$			
b Travel and entertainment \$		8 Add lines 6 and 7	
5 Add lines 1 through 4		9 Income (loss). Subtract line 8 from line 5	

Schedule M-2 Analysis of Partners' Capital Accounts. (Not required if Item G9, page 1, is answered "Yes.")

1 Balance at beginning of year		6 Distributions: a Cash	
2 Capital contributed:		b Property	
a Cash		7 Other decreases (itemize):	
b Property			
3 Net income (loss) per books			
4 Other increases (itemize):		8 Add lines 6 and 7	
-----		9 Balance at end of year. Subtract line 8 from line 5	
5 Add lines 1 through 4			

Form **8865** (2009)

Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1 Sales of inventory				
2 Sales of property rights (patents, trademarks, etc.)				
3 Compensation received for technical, managerial, engineering, construction, or like services				
4 Commissions received				
5 Rents, royalties, and license fees received				
6 Distributions received				
7 Interest received				
8 Other				
9 Add lines 1 through 8				
10 Purchases of inventory				
11 Purchases of tangible property other than inventory				
12 Purchases of property rights (patents, trademarks, etc.)				
13 Compensation paid for technical, managerial, engineering, construction, or like services				
14 Commissions paid				
15 Rents, royalties, and license fees paid				
16 Distributions paid				
17 Interest paid				
18 Other				
19 Add lines 10 through 18				
20 Amounts borrowed (enter the maximum loan balance during the year) - see instructions				
21 Amounts loaned (enter the maximum loan balance during the year) - see instructions				

Form **8865** (2009)

SCHEDULE O
(Form 8865)Department of the Treasury
Internal Revenue Service**Transfer of Property to a Foreign Partnership**
(under section 6038B)

▶ Attach to Form 8865. See Instructions for Form 8865.

OMB No. 1545-1668

2009

Name of transferor

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Filer's identifying number

35-1793680

Name of foreign partnership

AIF VI EURO HOLDINGS, LP

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash	12/31/2009		247,058.				.041
Marketable securities							
Inventory							
Tangible property used in trade or business							
Intangible property							
Other property							

Supplemental Information Required To Be Reported (see instructions):**Part II** Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)?☐ Yes☒ No

For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 2009

**Return of U.S. Persons With Respect to
Certain Foreign Partnerships**

OMB No. 1545-1668

2009Department of the Treasury
Internal Revenue ServiceInformation furnished for the foreign partnership's tax year
beginning 01/01/2009, and ending 12/31/2009Attachment
Sequence No. **118**

Name of person filing this return

Filer's identifying number

CENTRAL INDIANA COMMUNITY FOUNDATION INC

35-1793680

Filer's address (if you are not filing this form with your tax return)

A Category of filer (see **Categories of Filers** in the instructions and check applicable box(es)):1 ☐ 2 ☐ 3 ☒ 4 ☐**B** Filer's tax year beginning 01/01/2009, and ending 12/31/2009**C** Filer's share of liabilities: Nonrecourse \$

0. Qualified nonrecourse financing \$

0. Other \$

0.

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

E Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

F1 Name and address of foreign partnership CATALYST FUND LIMITED PARTNERSHIP II

77 KING ST. WEST, STE 4320, PO BOX 212

TORONTO, ON

CA, M5K1J3

2 EIN (if any)

98-0528262

3 Country under whose laws organized

CA

4 Date of organization

04/21/2006

5 Principal place of business

CA

6 Principal business activity code number

523900

7 Principal business activity

INVESTMENTS

8a Functional currency

US DOLLAR

8b Exchange rate (see instr.)**G** Provide the following information for the foreign partnership's tax year:**1** Name, address, and identifying number of agent (if any) in the United States**2** Check if the foreign partnership must file:☐ Form 1042☐ Form 8804☐ Form 1065 or 1065-B

Service Center where Form 1065 or 1065-B is filed:

3 Name and address of foreign partnership's agent in country of organization, if any

NEWTON GLASSMAN

77 KING ST. WEST, STE 4320, PO BOX 212

TORONTO, ON

CA, M5K 1J3

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

CATALYST FUND GENERAL PARTNER II INC

77 KING ST. WEST, STE 4320, PO BOX 212

TORONTO, ON

CA, M5K 1J3

5 Were any special allocations made by the foreign partnership? ☒ Yes ☐ No**6** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, attached to this return (see instructions)**7** How is this partnership classified under the law of the country in which it is organized? LIMITED PARTNERSHIP**8** Did the partnership own any separate units within the meaning of Regulations section 1.1503-2(c)(3), (4), or 1.1503(d)-1(b)(4)? ☐ Yes ☒ No**9** Does this partnership meet **both** of the following requirements?

- The partnership's total receipts for the tax year were less than \$250,000 and
- The value of the partnership's total assets at the end of the tax year was less than \$1 million.

If "Yes," do not complete Schedules L, M-1, and M-2.

☐ Yes ☒ NoSign Here
Only If You
Are Filing
This Form
Separately
and Not With
Your Tax
Return.

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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member

Date

Paid Preparer
Sign and
Complete
Only If Form
is Filed
Separately.Preparer's
signature

Date

Check if
self-
employed ☐

Preparer's SSN or PTIN

Firm's name (or
yours if self-employed),
address, and ZIP code

EIN

Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **8865** (2009)

Schedule A

Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identifying number (if any) of the person(s) whose interest you constructively own. See instructions.

a ☒ Owns a direct interest

b ☐ Owns a constructive interest

Name	Address	Identifying number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 Certain Partners of Foreign Partnership(see instructions)

Name	Address	Identifying number (if any)	Check if foreign person

Does the partnership have any other foreign person as a direct partner? ☐ Yes ☒ No

Schedule A-2

Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

Schedule B**Income Statement - Trade or Business Income**

Caution. Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales	1a		1c	
	b Less returns and allowances	1b			
	2 Cost of goods sold			2	
	3 Gross profit. Subtract line 2 from line 1c			3	
	4 Ordinary income (loss) from other partnerships, estates, and trusts (<i>attach statement</i>) . . *			4	
	5 Net farm profit (loss) (<i>attach Schedule F (Form 1040)</i>)			5	
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6	
	7 Other income (loss) (<i>attach statement</i>)			7	
8 Total income (loss). Combine lines 3 through 7			8		
Deductions (see instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)			9	
	10 Guaranteed payments to partners			10	
	11 Repairs and maintenance			11	
	12 Bad debts			12	
	13 Rent			13	
	14 Taxes and licenses			14	
	15 Interest			15	
	16 a Depreciation (<i>if required, attach Form 4562</i>)	16a			
	b Less depreciation reported elsewhere on return	16b		16c	
	17 Depletion (Do not deduct oil and gas depletion.)			17	
	18 Retirement plans, etc.			18	
	19 Employee benefit programs			19	
	20 Other deductions (<i>attach statement</i>)			20	
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20 . . .			21	
22 Ordinary business income (loss) from trade or business activities. Subtract line 21 from line 8 . .			22		

Schedule D Capital Gains and Losses(Use Schedule D-1 (Form 1065) to list additional transactions for lines 1 and 7)**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example: 100 shares of "Z" Co.)	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
1					
2 Enter short-term gain or (loss), if any, Schedule D-1 (Form 1065), line 2					2
3 Short-term capital gain from installment sales from Form 6252, line 26 or 37					3
4 Short-term capital gain (loss) from like-kind exchanges from Form 8824					4
5 Partnership's share of net short-term capital gain (loss), including specially allocated short-term capital gains (losses), from other partnerships, estates, and trusts					5
6 Net short-term capital gain or (loss). Combine lines 1 through 5 in column (f). Enter here and on Form 8865, Schedule K, line 8 or 11					6

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example: 100 shares of "Z" Co.)	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
7					
8 Enter long-term gain or (loss), if any, Schedule D-1 (Form 1065), line 8					8
9 Long-term capital gain from installment sales from Form 6252, line 26 or 37					9
10 Long-term capital gain (loss) from like-kind exchanges from Form 8824					10
11 Partnership's share of net long-term capital gain (loss), including specially allocated long-term capital gains (losses), from other partnerships, estates, and trusts					11
12 Capital gain distributions					12
13 Net long-term capital gain or (loss). Combine lines 7 through 12 in column (f). Enter here and on Form 8865, Schedule K, line 9a or 11					13

Form **8865** (2009)

Schedule K Partners' Distributive Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 2, line 22)	1	
	2 Net rental real estate income (loss) (<i>attach Form 8825</i>)	2	
	3 a Other gross rental income (loss) 3a		
	b Expenses from other rental activities (<i>attach statement</i>) 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Guaranteed payments	4	
	5 Interest income	5	
	6 Dividends: a Ordinary dividends 6a		
	b Qualified dividends 6b		
	7 Royalties	7	
	8 Net short-term capital gain (loss)	8	
Income (Loss)	9 a Net long-term capital gain (loss) 9a		
	b Collectibles (28%) gain (loss) 9b		
	c Unrecaptured section 1250 gain (<i>attach statement</i>) 9c		
	10 Net section 1231 gain (loss) (<i>attach Form 4797</i>)	10	
	11 Other income (loss) (<i>see instructions</i>) Type ▶	11	
Deductions	12 Section 179 deduction (<i>attach Form 4562</i>)	12	
	13 a Contributions 13a		
	b Investment interest expense 13b		
	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶ 13c(2)		
d Other deductions (<i>see instructions</i>) Type ▶	13d		
Self-Employment	14 a Net earnings (loss) from self-employment 14a		
	b Gross farming or fishing income 14b		
	c Gross nonfarm income 14c		
Credits	15 a Low-income housing credit (section 42(j)(5)) 15a		
	b Low-income housing credit (other) 15b		
	c Qualified rehabilitation expenditures (rental real estate) (<i>attach Form 3468</i>) 15c		
	d Other rental real estate credits (see instructions) Type ▶ 15d		
	e Other rental credits (see instructions) Type ▶ 15e		
	f Other credits (<i>see instructions</i>) Type ▶ 15f		
Foreign Transactions	16 a Name of country or U.S. possession ▶ 16a		
	b Gross income from all sources 16b		
	c Gross income sourced at partner level 16c		
	<i>Foreign gross income sourced at partnership level</i> 16f		
	d Passive category ▶ e General category ▶ f Other (<i>attach statement</i>) ▶ 16f		
	<i>Deductions allocated and apportioned at partner level</i> 16h		
	g Interest expense ▶ h Other ▶ 16h		
	<i>Deductions allocated and apportioned at partnership level to foreign source income</i> 16k		
	i Passive category ▶ j General category ▶ k Other (<i>attach statement</i>) ▶ 16k		
	l Total foreign taxes (check one): ▶ <input type="checkbox"/> Paid <input type="checkbox"/> Accrued 16l		
m Reduction in taxes available for credit (<i>attach statement</i>) 16m			
n Other foreign tax information (<i>attach statement</i>)			
Alternative Minimum Tax (AMT) Items	17 a Post-1986 depreciation adjustment 17a		
	b Adjusted gain or loss 17b		
	c Depletion (other than oil and gas) 17c		
	d Oil, gas, and geothermal properties - gross income 17d		
	e Oil, gas, and geothermal properties - deductions 17e		
	f Other AMT items (<i>attach statement</i>) 17f		
Other Information	18 a Tax-exempt interest income 18a		
	b Other tax-exempt income 18b		
	c Nondeductible expenses 18c		
	19 a Distributions of cash and marketable securities 19a		
	b Distributions of other property 19b		
	20 a Investment income 20a		
b Investment expenses 20b			
c Other items and amounts (<i>attach statement</i>)			

Form 8865 (2009)

Page **5****Schedule L** **Balance Sheets per Books.** (Not required if Item G9, page 1, is answered "Yes.")

	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash				
2 a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (<i>attach statement</i>)				
7 Mortgage and real estate loans				
8 Other investments (<i>attach statement</i>)				
9 a Buildings and other depreciable assets				
b Less accumulated depreciation				
10 a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12 a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (<i>attach statement</i>)				
14 Total assets				
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (<i>attach statement</i>)				
18 All nonrecourse loans				
19 Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (<i>attach statement</i>)				
21 Partners' capital accounts				
22 Total liabilities and capital				

Form **8865** (2009)

Schedule M Balance Sheets for Interest Allocation

	(a) Beginning of tax year	(b) End of tax year
1 Total U.S. assets		
2 Total foreign assets:		
a Passive category		
b General category		
c Other (attach statement)		

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return. (Not required if Item G9, page 1, is answered "Yes.")

1 Net income (loss) per books		6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11 not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 16l not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a Depreciation \$	
a Depreciation \$			
b Travel and entertainment \$		8 Add lines 6 and 7	
5 Add lines 1 through 4		9 Income (loss). Subtract line 8 from line 5	

Schedule M-2 Analysis of Partners' Capital Accounts. (Not required if Item G9, page 1, is answered "Yes.")

1 Balance at beginning of year		6 Distributions: a Cash	
2 Capital contributed:		b Property	
a Cash		7 Other decreases (itemize):	
b Property			
3 Net income (loss) per books			
4 Other increases (itemize):		8 Add lines 6 and 7	
-----		9 Balance at end of year. Subtract line 8 from line 5	
5 Add lines 1 through 4			

Form **8865** (2009)

Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1 Sales of inventory				
2 Sales of property rights (patents, trademarks, etc.)				
3 Compensation received for technical, managerial, engineering, construction, or like services				
4 Commissions received				
5 Rents, royalties, and license fees received				
6 Distributions received				
7 Interest received				
8 Other				
9 Add lines 1 through 8				
10 Purchases of inventory				
11 Purchases of tangible property other than inventory				
12 Purchases of property rights (patents, trademarks, etc.)				
13 Compensation paid for technical, managerial, engineering, construction, or like services				
14 Commissions paid				
15 Rents, royalties, and license fees paid				
16 Distributions paid				
17 Interest paid				
18 Other				
19 Add lines 10 through 18				
20 Amounts borrowed (enter the maximum loan balance during the year) - see instructions				
21 Amounts loaned (enter the maximum loan balance during the year) - see instructions				

Form **8865** (2009)

SCHEDULE O
(Form 8865)Department of the Treasury
Internal Revenue Service**Transfer of Property to a Foreign Partnership**
(under section 6038B)

▶ Attach to Form 8865. See Instructions for Form 8865.

OMB No. 1545-1668

2009

Name of transferor

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Filer's identifying number

35-1793680

Name of foreign partnership

CATALYST FUND LIMITED PARTNERSHIP II

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash	11/17/2009		525,000.				.555
Marketable securities							
Inventory							
Tangible property used in trade or business							
Intangible property							
Other property							

Supplemental Information Required To Be Reported (see instructions):**Part II** Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)?☐ Yes☒ No

For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 2009

Form **8865****Return of U.S. Persons With Respect to
Certain Foreign Partnerships**

OMB No. 1545-1668

2009Department of the Treasury
Internal Revenue ServiceInformation furnished for the foreign partnership's tax year
beginning 01/01/2009, and ending 12/31/2009Attachment
Sequence No. **118**

Name of person filing this return

Filer's identifying number

CENTRAL INDIANA COMMUNITY FOUNDATION INC

35-1793680

Filer's address (if you are not filing this form with your tax return)

A Category of filer (see **Categories of Filers** in the instructions and check applicable box(es)):1 ☐ 2 ☐ 3 ☒ 4 ☐**B** Filer's tax year beginning 01/01/2009, and ending 12/31/2009**C** Filer's share of liabilities: Nonrecourse \$ 0, Qualified nonrecourse financing \$ 0, Other \$ 0.**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:Name EIN

Address

E Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

F1 Name and address of foreign partnership LODH PRIVATE EQUITY - EURO CHOICE III26 NEW STREETST. HELIERJE, JE2 3RA**2** EIN (if any)00-0000000**3** Country under whose laws organizedJE

4 Date of organization <u>03/29/2006</u>	5 Principal place of business <u>UK</u>	6 Principal business activity code number <u>523900</u>	7 Principal business activity <u>INVESTMENTS</u>	8a Functional currency <u>EURO</u>	8b Exchange rate (see instr.) <u>1.394630000000</u>
----------------------------------------------------	---------------------------------------------------	-------------------------------------------------------------------	------------------------------------------------------------	----------------------------------------------	---------------------------------------------------------------

G Provide the following information for the foreign partnership's tax year:

1 Name, address, and identifying number of agent (if any) in the United States	2 Check if the foreign partnership must file: <input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input type="checkbox"/> Form 1065 or 1065-B Service Center where Form 1065 or 1065-B is filed:
3 Name and address of foreign partnership's agent in country of organization, if any	4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

5 Were any special allocations made by the foreign partnership? ☐ Yes ☒ No**6** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, attached to this return (see instructions)**7** How is this partnership classified under the law of the country in which it is organized? SCOTTISH LIMITED PARTNERSHIP**8** Did the partnership own any separate units within the meaning of Regulations section 1.1503-2(c)(3), (4), or 1.1503(d)-1(b)(4)? ☐ Yes ☒ No**9** Does this partnership meet **both** of the following requirements?

- The partnership's total receipts for the tax year were less than \$250,000 and
- The value of the partnership's total assets at the end of the tax year was less than \$1 million.

If "Yes," **do not** complete Schedules L, M-1, and M-2.☐ Yes ☒ NoSign Here
Only If You
Are Filing
This Form
Separately
and Not With
Your Tax
Return.

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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member

Date

Paid Preparer
Sign and
Complete
Only If Form
is Filed
Separately.Preparer's
signature

Date

Check if
self-
employed ☐

Preparer's SSN or PTIN

Firm's name (or
yours if self-employed),
address, and ZIP code

EIN

Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **8865** (2009)JSA
9X1910 2.000

SE4554 D320

V 09-8.5

36314 TX1000

Schedule A

Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identifying number (if any) of the person(s) whose interest you constructively own. See instructions.

a ☒ Owns a direct interestb ☐ Owns a constructive interest

Name	Address	Identifying number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 Certain Partners of Foreign Partnership(see instructions)

Name	Address	Identifying number (if any)	Check if foreign person

Does the partnership have any other foreign person as a direct partner? ☐ Yes ☒ No**Schedule A-2**

Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

Schedule B Income Statement - Trade or Business Income

Caution. Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales	1a		1c	
	b Less returns and allowances	1b			
	2 Cost of goods sold			2	
	3 Gross profit. Subtract line 2 from line 1c			3	
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement) . *			4	
	5 Net farm profit (loss) (attach Schedule F (Form 1040))			5	
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6	
	7 Other income (loss) (attach statement)			7	
8 Total income (loss). Combine lines 3 through 7			8		
Deductions (see instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)			9	
	10 Guaranteed payments to partners			10	
	11 Repairs and maintenance			11	
	12 Bad debts			12	
	13 Rent			13	
	14 Taxes and licenses			14	
	15 Interest			15	
	16 a Depreciation (if required, attach Form 4562)	16a			
	b Less depreciation reported elsewhere on return	16b		16c	
	17 Depletion (Do not deduct oil and gas depletion.)			17	
	18 Retirement plans, etc.			18	
	19 Employee benefit programs			19	
	20 Other deductions (attach statement)			20	
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20 . . .			21	
22 Ordinary business income (loss) from trade or business activities. Subtract line 21 from line 8 . .			22		

Schedule D Capital Gains and Losses(Use Schedule D-1 (Form 1065) to list additional transactions for lines 1 and 7)**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example: 100 shares of "Z" Co.)	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
1					
2 Enter short-term gain or (loss), if any, Schedule D-1 (Form 1065), line 2					2
3 Short-term capital gain from installment sales from Form 6252, line 26 or 37					3
4 Short-term capital gain (loss) from like-kind exchanges from Form 8824					4
5 Partnership's share of net short-term capital gain (loss), including specially allocated short-term capital gains (losses), from other partnerships, estates, and trusts					5
6 Net short-term capital gain or (loss). Combine lines 1 through 5 in column (f). Enter here and on Form 8865, Schedule K, line 8 or 11					6

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example: 100 shares of "Z" Co.)	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
7					
8 Enter long-term gain or (loss), if any, Schedule D-1 (Form 1065), line 8					8
9 Long-term capital gain from installment sales from Form 6252, line 26 or 37					9
10 Long-term capital gain (loss) from like-kind exchanges from Form 8824					10
11 Partnership's share of net long-term capital gain (loss), including specially allocated long-term capital gains (losses), from other partnerships, estates, and trusts					11
12 Capital gain distributions					12
13 Net long-term capital gain or (loss). Combine lines 7 through 12 in column (f). Enter here and on Form 8865, Schedule K, line 9a or 11					13

Form **8865** (2009)

Schedule K Partners' Distributive Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 2, line 22)	1	
	2 Net rental real estate income (loss) (<i>attach Form 8825</i>)	2	
	3 a Other gross rental income (loss) 3a		
	b Expenses from other rental activities (<i>attach statement</i>) 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Guaranteed payments	4	
	5 Interest income	5	
	6 Dividends: a Ordinary dividends 6a		
	b Qualified dividends 6b		
	7 Royalties	7	
	8 Net short-term capital gain (loss)	8	
Deductions	9 a Net long-term capital gain (loss) 9a		
	b Collectibles (28%) gain (loss) 9b		
	c Unrecaptured section 1250 gain (<i>attach statement</i>) 9c		
	10 Net section 1231 gain (loss) (<i>attach Form 4797</i>)	10	
	11 Other income (loss) (<i>see instructions</i>) Type ▶	11	
	12 Section 179 deduction (<i>attach Form 4562</i>)	12	
	13 a Contributions 13a		
	b Investment interest expense 13b		
	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶ 13c(2)		
	d Other deductions (<i>see instructions</i>) Type ▶ 13d		
	Self-Employment	14 a Net earnings (loss) from self-employment 14a	
b Gross farming or fishing income 14b			
c Gross nonfarm income 14c			
Credits	15 a Low-income housing credit (section 42(j)(5)) 15a		
	b Low-income housing credit (other) 15b		
	c Qualified rehabilitation expenditures (rental real estate) (<i>attach Form 3468</i>) 15c		
	d Other rental real estate credits (see instructions) Type ▶ 15d		
	e Other rental credits (see instructions) Type ▶ 15e		
	f Other credits (<i>see instructions</i>) Type ▶ 15f		
Foreign Transactions	16 a Name of country or U.S. possession ▶		
	b Gross income from all sources 16b		
	c Gross income sourced at partner level 16c		
	<i>Foreign gross income sourced at partnership level</i>		
	d Passive category ▶ e General category ▶ f Other (<i>attach statement</i>) ▶ 16f		
	<i>Deductions allocated and apportioned at partner level</i>		
	g Interest expense ▶ h Other ▶ 16h		
	<i>Deductions allocated and apportioned at partnership level to foreign source income</i>		
	i Passive category ▶ j General category ▶ k Other (<i>attach statement</i>) ▶ 16k		
	l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued 16l		
m Reduction in taxes available for credit (<i>attach statement</i>) 16m			
n Other foreign tax information (<i>attach statement</i>)			
Alternative Minimum Tax (AMT) Items	17 a Post-1986 depreciation adjustment 17a		
	b Adjusted gain or loss 17b		
	c Depletion (other than oil and gas) 17c		
	d Oil, gas, and geothermal properties - gross income 17d		
	e Oil, gas, and geothermal properties - deductions 17e		
	f Other AMT items (<i>attach statement</i>) 17f		
Other Information	18 a Tax-exempt interest income 18a		
	b Other tax-exempt income 18b		
	c Nondeductible expenses 18c		
	19 a Distributions of cash and marketable securities 19a		
	b Distributions of other property 19b		
	20 a Investment income 20a		
b Investment expenses 20b			
c Other items and amounts (<i>attach statement</i>)			

Form 8865 (2009)

Page **5****Schedule L** **Balance Sheets per Books.** (Not required if Item G9, page 1, is answered "Yes.")

	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash				
2 a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (<i>attach statement</i>)				
7 Mortgage and real estate loans				
8 Other investments (<i>attach statement</i>)				
9 a Buildings and other depreciable assets				
b Less accumulated depreciation				
10 a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12 a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (<i>attach statement</i>)				
14 Total assets				
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (<i>attach statement</i>)				
18 All nonrecourse loans				
19 Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (<i>attach statement</i>)				
21 Partners' capital accounts				
22 Total liabilities and capital				

Form **8865** (2009)

Schedule M Balance Sheets for Interest Allocation

	(a) Beginning of tax year	(b) End of tax year
1 Total U.S. assets		
2 Total foreign assets:		
a Passive category		
b General category		
c Other (attach statement)		

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return. (Not required if Item G9, page 1, is answered "Yes.")

1 Net income (loss) per books		6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11 not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 16l not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a Depreciation \$	
a Depreciation \$			
b Travel and entertainment \$		8 Add lines 6 and 7	
5 Add lines 1 through 4		9 Income (loss). Subtract line 8 from line 5	

Schedule M-2 Analysis of Partners' Capital Accounts. (Not required if Item G9, page 1, is answered "Yes.")

1 Balance at beginning of year		6 Distributions: a Cash	
2 Capital contributed:		b Property	
a Cash		7 Other decreases (itemize):	
b Property			
3 Net income (loss) per books			
4 Other increases (itemize):		8 Add lines 6 and 7	
		9 Balance at end of year. Subtract line 8 from line 5	
5 Add lines 1 through 4			

Form **8865** (2009)

Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1 Sales of inventory				
2 Sales of property rights (patents, trademarks, etc.)				
3 Compensation received for technical, managerial, engineering, construction, or like services				
4 Commissions received				
5 Rents, royalties, and license fees received				
6 Distributions received				
7 Interest received				
8 Other				
9 Add lines 1 through 8				
10 Purchases of inventory				
11 Purchases of tangible property other than inventory				
12 Purchases of property rights (patents, trademarks, etc.)				
13 Compensation paid for technical, managerial, engineering, construction, or like services				
14 Commissions paid				
15 Rents, royalties, and license fees paid				
16 Distributions paid				
17 Interest paid				
18 Other				
19 Add lines 10 through 18				
20 Amounts borrowed (enter the maximum loan balance during the year) - see instructions				
21 Amounts loaned (enter the maximum loan balance during the year) - see instructions				

Form **8865** (2009)

SCHEDULE O
(Form 8865)Department of the Treasury
Internal Revenue Service**Transfer of Property to a Foreign Partnership**
(under section 6038B)

▶ Attach to Form 8865. See Instructions for Form 8865.

OMB No. 1545-1668

2009

Name of transferor

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Filer's identifying number

35-1793680

Name of foreign partnership

LODH PRIVATE EQUITY - EURO CHOICE III

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash	12/31/2009		325,828.				.598
Marketable securities							
Inventory							
Tangible property used in trade or business							
Intangible property							
Other property							

Supplemental Information Required To Be Reported (see instructions):**Part II** Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)?☐ Yes☒ No

For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 2009

Schedule D Capital Gains and Losses(Use Schedule D-1 (Form 1065) to list additional transactions for lines 1 and 7)**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example: 100 shares of "Z" Co.)	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
1					
2 Enter short-term gain or (loss), if any, Schedule D-1 (Form 1065), line 2					2
3 Short-term capital gain from installment sales from Form 6252, line 26 or 37					3
4 Short-term capital gain (loss) from like-kind exchanges from Form 8824					4
5 Partnership's share of net short-term capital gain (loss), including specially allocated short-term capital gains (losses), from other partnerships, estates, and trusts					5
6 Net short-term capital gain or (loss). Combine lines 1 through 5 in column (f). Enter here and on Form 8865, Schedule K, line 8 or 11					6

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example: 100 shares of "Z" Co.)	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
7					
8 Enter long-term gain or (loss), if any, Schedule D-1 (Form 1065), line 8					8
9 Long-term capital gain from installment sales from Form 6252, line 26 or 37					9
10 Long-term capital gain (loss) from like-kind exchanges from Form 8824					10
11 Partnership's share of net long-term capital gain (loss), including specially allocated long-term capital gains (losses), from other partnerships, estates, and trusts					11
12 Capital gain distributions					12
13 Net long-term capital gain or (loss). Combine lines 7 through 12 in column (f). Enter here and on Form 8865, Schedule K, line 9a or 11					13

Form **8865** (2009)

NP-20

State Form 51062

(R3 / 3-10)

Indiana Department of Revenue
Indiana Nonprofit Organization's Annual Report
For the Calendar Year or Fiscal Year

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

Beginning 01/01/2009 **and Ending** 12/31/2009
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 CENTRAL INDIANA COMMUNITY FOUNDATION INC			Telephone Number 317-634-2423
Address 615 NORTH ALABAMA STREET		County MARION	Indiana Taxpayer Identification Number
City INDIANAPOLIS	State IN	Zip Code 46204	Federal Identification Number 35-1793680
Printed Name of Person to Contact KAY WHITAKER			Contact's Telephone Number 317-634-2423

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

- 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. **NO**
- Indicate number of years your organization has been in continuous existence. 12
- Attach a schedule, listing the names, titles and addresses of your current officers. **SEE ATTACHED FORM 990**
- Briefly describe the purpose of mission of your organization below.

THE MISSION OF CICF IS TO BUILD CHARITABLE ASSETS, TO SUPPORT

EFFECTIVE CHARITABLE ORGANIZATIONS WITH GRANTS, AND PROVIDE

LEADERSHIP TO ADDRESS COMMUNITY NEEDS.

Email Address:

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

Signature of Officer or Trustee KAY WHITAKER	Title 317-634-2423	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 IT-20NP

State Form 148

(R8/8-09)

Indiana Department of Revenue
Indiana Nonprofit Organization Unrelated Business Income Tax Return
Calendar Year Ending December 31, 2009 or

Fiscal Year Beginning

2009 and Ending 12/31/2009

Check box if amended.

Name of Organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Number and Street

615 NORTH ALABAMA STREET

City

INDIANAPOLIS, IN 46204

State

Indiana County or O.O.S.

ZIP Code

Check box if name changed.

Federal Identification Number (FID)

35-1793680

Principal Business Activity Code

525990

Telephone Number

(317) 634-2423

☒ Check all boxes that apply:

Initial Return

Final Return

In Bankruptcy

Schedule M

☐ Do you have on file a valid extension of time to file your return (federal Form 7004 or an electronic extension of time)? ☒ Yes ☐ No

Due Date: 15th day of the fifth month following close of the tax year.

Adjusted Gross Income Tax Calculation on Unrelated Business Income

Round all entries

1. Unrelated business taxable income (before net operating loss deduction and specific deduction) from federal return Form 990T (attach Form 990T)	1	-947,021.00
2. Specific deduction (generally \$1,000; see instructions)	2	.00
3. Interest on U.S. government obligations on the federal return less related expenses	3	.00
4. Deduction for qualified patents income	4	.00
5. Enter total from lines 2 through 4	5	.00
6. Subtotal for unrelated business income (subtract line 5 from line 1)	6	-947,021.00
7. Indiana modifications. See instructions. (Enter negative adjustments in <brackets>.)	7	.00
8. Unrelated business income, as adjusted (add lines 6 and 7). (If not apportioning, enter same amount on line 10.)	8	-947,021.00
9. Enter Indiana apportionment percentage, if applicable, from line 4(c) of IT-20 Schedule E apportionment (attach schedule)	9	%
10. Unrelated business apportioned to Indiana (multiply line 8 by line 9; otherwise, enter line 8 amount)	10	-947,021.00
11. Enter Indiana NOL deduction without specific deduction (attach Schedule IT-20NOL; see instructions)	11	.00
12. Taxable Indiana unrelated business income (line 10 less line 11)	12	-947,021.00
13. Indiana tax on unrelated business income (multiply line 12 by 8.5% (.085)). See instructions for line 13	13	.00
14. Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet	14	.00
15. Total tax due (add lines 13 and 14)	15	.00

Credit for Estimated Tax and Other Payments

16. Quarterly estimated tax paid: Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Enter total	16	.00
17. Amount paid with extension					17	.00
18. Amount of overpayment credit (from tax year ending)					18	.00
19. Enter name of other credit			Code No. 19a		19b	.00
20. Total credits (add lines 16, 17, 18, and 19b)				Total Credits	20	.00
21. Balance of tax due (line 15 minus 20; if line 20 is greater than line 15, proceed to lines 22, 24, and 26)					21	.00
22. Penalty for the underpayment of income tax. Attach Schedule IT-2220					22	.00
23. Interest: If payment is made after the original due date, compute interest.					23	.00
24. Penalty: If paid late, enter 10% of line 21; see instructions. If line 15 is zero, enter \$10 per day filed past due date					24	.00
25. Total payment due (add lines 21 through 24). (Payment must be made in U.S. funds)				PAY THIS AMOUNT	25	.00
26. Total overpayment (line 20 minus lines 15, 22, and 24)					26	.00
27. Amount of line 26 to be refunded					27	.00
28. Amount of line 26 to be applied to the following year's estimated tax account					28	.00

You must go to the certification and authorization section on page 2 to complete this return.



Indiana Department of Revenue
Indiana Nonprofit Organization Unrelated Business Income

Additional Explanation or Adjustment
State Form 49189
(R8/8-09)

Line (a)

Explanation (b)

Amount (c)

Certification of Signatures and Authorization Section

Under penalties of perjury, I declare I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete.

I authorize the Department to discuss my return with my personal representative (see page 9) ☒ Yes ☐ No

Organization's E-mail address

Signature of Officer _____ Date _____

Print or Type Name of Officer _____ Title _____

JOYCE A. DULWORTH, CPA
Personal Representative's Name (Print or Type)

Telephone Number 260-460-4000
Address 200 E. MAIN STREET, SUITE 700
City FORT WAYNE
State IN ZIP Code + 4 46802

Paid Preparer: Firm's Name (or yours if self-employed.)

JOYCE A. DULWORTH

Check One: Federal I.D. Number ☒ PTIN **OR** Social Security Number
P00151125

Telephone Number 260-460-4000

Address 200 E. MAIN ST. SUITE 700

City FORT WAYNE

State IN ZIP Code + 4 46802

Paid Preparer's Signature Date

Sales/Use Tax Worksheet

List all purchases made during 2009 from out-of-state companies.

Column A

Description of personal property purchased from
out-of-state retailer

Column B

Date of Purchase(s)

Column C

Purchase Price

Magazine subscriptions:

Mail order purchases:

Internet purchases:

Other purchases:

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| 1. Total purchase price of property subject to the sales/use tax | 1C | |
| 2. Sales/use tax: Multiply line 1 by .07 (7%) | 2C | |
| 3. Sales tax previously paid on the above items (up to 7% per item) | 3C | |
| 4. Total amount due: Subtract line 3 from line 2. Carry to Form IT-20NP, line 14. If the amount is
negative, enter zero and put no entry on line 14 of the IT-20NP | 4C | 0 |

Please mail forms to: Indiana Department of Revenue, 100 N. Senate Ave., Indianapolis, IN 46204-2253



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