

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2011

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceUnder 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.

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

## B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

## C Name of organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

## Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

615 NORTH ALABAMA STREET

119

City or town, state or country, and ZIP + 4

INDIANAPOLIS, IN 46204

## F Name and address of principal officer: BRIAN PAYNE

615 NORTH ALABAMA STREET INDIANAPOLIS, IN 46204

## D Employer identification number

35-1793680

## E Telephone number

(317) 634-2423

G Gross receipts \$ 171,303,878.

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

## H(c) Group exemption number ▶

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

J Website: ▶ WWW.CICF.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ 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 net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 19.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 19.	
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 45.	
	6	Total number of volunteers (estimate if necessary)	6 19.	
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 722,254.
7b		Net unrelated business taxable income from Form 990-T, line 34	7b 0	
8		Contributions and grants (Part VIII, line 1h)	Prior Year 19,157,001. Current Year 21,655,876.	
9		Program service revenue (Part VIII, line 2g)	0 0	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,205,042. 15,679,700.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	232,195. 801,916.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	44,594,238. 38,137,492.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,312,522. 29,498,802.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0 0
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,848,296. 2,826,609.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0 0	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 813,400.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,394,632. 3,437,741.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	28,555,450. 35,763,152.	
	19	Revenue less expenses. Subtract line 18 from line 12	16,038,788. 2,374,340.	
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 457,654,609. End of Year 445,843,918.
21		Total liabilities (Part X, line 26)	27,682,050. 28,087,796.	
22		Net assets or fund balances. Subtract line 21 from line 20.	429,972,559. 417,756,122.	

## Part II Signature Block

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

Sign Here

Signature of officer

Date

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

JOYCE A. DULWORTH

Preparer's signature

Date

11/8/12

Check ☐ if self-employed

PTIN

P00151125

Firm's name ▶ BKD, LLP

Firm's EIN ▶

Firm's address ▶ 200 E. MAIN ST. SUITE 700 FORT WAYNE, IN 46802

Phone no. 260-460-4000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☒ X**1** Briefly describe the organization's mission:

ATTACHMENT 1

**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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 15,374,124. including grants of \$ 14,159,425. ) (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 \$ 10,569,710. including grants of \$ 9,734,605. ) (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 \$ 6,085,591. including grants of \$ 5,604,772. ) (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 32,029,425.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b> X	
<b>3</b> 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 . . . . .	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	<b>6</b> X	
<b>7</b> 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 . . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	X
<b>9</b> 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 . . . . .	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	<b>11b</b> X	
<b>c</b> 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 . . . . .	<b>11c</b>	X
<b>d</b> 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 . . . . .	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	<b>14b</b>	X
<b>15</b> 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, Parts II and IV . . . . .	<b>15</b>	X
<b>16</b> 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, Parts III and IV . . . . .	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	<b>17</b> X	
<b>18</b> 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 . . . . .	<b>18</b> X	
<b>19</b> 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 . . . . .	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
<b>22</b> 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>	X	
<b>23</b> 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>	X	
<b>24 a</b> 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 line 25.</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
<b>b</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>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
<b>32</b> 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>		X
<b>33</b> 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>		X
<b>34</b> 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>	X	
<b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
<b>37</b> 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>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	



**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .	66	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	0	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	
<b>2a</b>	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 . . . . .	45	
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	X	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	X	
<b>4b</b>	If "Yes," enter the name of the foreign country: <u>CAYMAN ISLANDS</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. . . . .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		X
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	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? . . . . .		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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? . . . . .	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		X
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders . . . . .		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . .		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .		
<b>13c</b>	Enter the amount of reserves on hand . . . . .		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		

**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.

Check if Schedule O contains a response to any question in this Part VI. ☒ X

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. <b>1a</b> 19		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 19		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> 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		X

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

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

**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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**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**Check if Schedule O contains a response to any question in this Part VII ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week <small>(describe hours for related organizations in Schedule O)</small>	(C) Position <small>(do not check more than one box, unless person is both an officer and a director/trustee)</small>						(D) Reportable compensation from the organization <small>(W-2/1099-MISC)</small>	(E) Reportable compensation from related organizations <small>(W-2/1099-MISC)</small>	(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			
ATTACHMENT 2										
(1) DAVID BECKER BOARD CHAIR	1.00	X		X				0	0	0
(2) MARK E. HILL VICE-CHAIR	1.00	X		X				0	0	0
(3) ALAN A. LEVIN SECRETARY	1.00	X		X				0	0	0
(4) SARAH WILSON OTTE TREASURER	1.00	X		X				0	0	0
(5) LORI EFROYMSON-AGUILERA BOARD MEMBER	1.00	X						0	0	0
(6) HENRY L. FERNANDEZ BOARD MEMBER	1.00	X						0	0	0
(7) MARIANNE GLICK BOARD MEMBER	1.00	X						0	0	0
(8) STEVEN A. HOLT BOARD MEMBER	1.00	X						0	0	0
(9) PEGGY O. MONSON BOARD MEMBER	1.00	X						0	0	0
(10) D. WILLIAM MOREAU, JR. BOARD MEMBER	1.00	X						0	0	0
(11) ANN D. MURTILOW BOARD MEMBER	1.00	X						0	0	0
(12) MYRTA J. PULLIAM BOARD MEMBER	1.00	X						0	0	0
(13) CYNTHIA SIMON SKJODT BOARD MEMBER	1.00	X						0	0	0
(14) 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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
15) CHARLES P. SUTPHIN BOARD MEMBER	1.00	X						0	0	0
16) MILTON O. THOMPSON BOARD MEMBER	1.00	X						0	0	0
17) LARRY J. SABLOSKY BOARD MEMBER	1.00	X						0	0	0
18) GREGORY F. HAHN BOARD MEMBER	1.00	X						0	0	0
19) RAUL E. ZAVALA BOARD MEMBER	1.00	X						0	0	0
20) BRIAN E. PAYNE PRESIDENT & CEO	31.00			X				226,659.	63,929.	35,385.
21) KAY WHITAKER CFO	32.00			X				126,615.	29,700.	7,854.
22) ROBERT MACPHERSON VP DEVELOPMENT	32.00			X				110,549.	27,637.	23,297.
23) TERRY ANKER VP/PRESIDENT, LEGACY FUND	8.00			X				21,484.	85,936.	469.
24) GREGORY E. LYNN VP REAL ESTATE	18.00			X				42,600.	52,067.	14,418.
25) ELIZABETH TATE VP GRANTMAKING	26.00			X				71,000.	38,231.	24,430.
<b>1b Sub-total</b>								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>								598,907.	297,500.	105,853.
<b>d Total (add lines 1b and 1c)</b>								598,907.	297,500.	105,853.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **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
- 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 or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

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 **3**

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	304,946.			
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions) . . . . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	21,350,930.			
	g	Noncash contributions included in lines 1a-1f: \$ . . . . .		6,802,167.			
	h	<b>Total.</b> Add lines 1a-1f . . . . .		21,655,876.			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue . . . . .					
	g	<b>Total.</b> Add lines 2a-2f . . . . .		0			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		4,539,307.			4,539,307.
	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 . . . . .		144,275,844.			
	b	Less: cost or other basis and sales expenses . . . . .		133,135,451.			
	c	Gain or (loss) . . . . .		11,140,393.			
	d	Net gain or (loss) . . . . .		11,140,393.			11,140,393.
	8a	Gross income from fundraising events (not including \$ 304,946. of contributions reported on line 1c). See Part IV, line 18 . . . . .	a	21,100.			
	b	Less: direct expenses . . . . .	b	30,935.			
	c	Net income or (loss) from fundraising events . . . . .	ATCH .5	-9,835.			-9,835.
	9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	a				
	b	Less: direct expenses . . . . .	b				
c	Net income or (loss) from gaming activities . . . . .		0				
10a	Gross sales of inventory, less returns and allowances . . . . .	a					
b	Less: cost of goods sold . . . . .	b					
c	Net income or (loss) from sales of inventory . . . . .		0				
<b>Miscellaneous Revenue</b>				<b>Business Code</b>			
11a	OTHER INCOME . . . . .		900099	89,497.			89,497.
b	PARTNERSHIP INCOME . . . . .		525990	722,254.		722,254.	
c							
d	All other revenue . . . . .						
e	<b>Total.</b> Add lines 11a-11d . . . . .			811,751.			
12	<b>Total revenue.</b> See instructions . . . . .			38,137,492.		722,254.	15,759,362.

**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).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .	28,975,893.	28,975,893.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	522,909.	522,909.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. 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 . . . . .	598,908.	299,454.	179,672.	119,782.
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 . . . . .	1,586,778.	793,389.	476,033.	317,356.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	189,691.	94,846.	56,907.	37,938.
9 Other employee benefits . . . . .	296,293.	148,146.	88,888.	59,259.
10 Payroll taxes . . . . .	154,939.	77,469.	46,482.	30,988.
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	84,167.	42,084.	25,250.	16,833.
c Accounting . . . . .	72,189.	36,094.	21,657.	14,438.
d Lobbying . . . . .	0			
e Professional fundraising services. See Part IV, line 17 . . . . .	0			
f Investment management fees . . . . .	1,653,824.		1,653,824.	
g Other . . . . .	0			
12 Advertising and promotion . . . . .	29,793.	14,896.	8,938.	5,959.
13 Office expenses . . . . .	92,947.	46,474.	27,884.	18,589.
14 Information technology . . . . .	212,120.	106,060.	63,636.	42,424.
15 Royalties . . . . .	0			
16 Occupancy . . . . .	142,911.	86,923.	52,154.	3,834.
17 Travel . . . . .	26,403.	13,201.	7,921.	5,281.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	56,320.	28,160.	16,896.	11,264.
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	300,753.	150,377.	90,226.	60,150.
23 Insurance . . . . .	49,864.	24,932.	14,960.	9,972.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMUNITY RELATIONS & SUPPORT . . . . .	211,269.	105,634.	63,381.	42,254.
b EMPLOYEE DEV & RELATIONS . . . . .	32,537.	16,269.	9,761.	6,507.
c DUES & MEMBERSHIPS . . . . .	39,788.	19,894.	11,936.	7,958.
d LOSS ON DISPOSAL . . . . .	172.	86.	52.	34.
e All other expenses . . . . .	432,684.	426,235.	3,869.	2,580.
25 Total functional expenses. Add lines 1 through 24e . . . . .	35,763,152.	32,029,425.	2,920,327.	813,400.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments	23,402,540.	<b>2</b>	26,590,747.
	<b>3</b> Pledges and grants receivable, net	5,225,560.	<b>3</b>	4,565,539.
	<b>4</b> Accounts receivable, net	0	<b>4</b>	0
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges	0	<b>9</b>	0
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 4,787,498.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 3,224,695.	<b>10c</b>	1,562,803.
	<b>11</b> Investments - publicly traded securities	246,586,085.	<b>11</b>	219,099,892.
	<b>12</b> Investments - other securities. See Part IV, line 11	171,002,544.	<b>12</b>	183,879,494.
	<b>13</b> Investments - program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	10,234,658.	<b>15</b>	10,145,443.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	457,654,609.	<b>16</b>	445,843,918.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	1,969,891.	<b>17</b>	2,315,061.
	<b>18</b> Grants payable	9,231,233.	<b>18</b>	10,173,508.
	<b>19</b> Deferred revenue	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	16,480,926.	<b>25</b>	15,599,227.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	27,682,050.	<b>26</b>	28,087,796.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
<b>27</b> Unrestricted net assets		413,103,188.	<b>27</b>	401,330,598.
<b>28</b> Temporarily restricted net assets		11,867,801.	<b>28</b>	11,892,777.
<b>29</b> Permanently restricted net assets		5,001,570.	<b>29</b>	4,532,747.
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
<b>30</b> Capital stock or trust principal, or current funds			<b>30</b>	
<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund			<b>31</b>	
<b>32</b> Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b>		429,972,559.	<b>33</b>	417,756,122.
<b>34</b> <b>Total liabilities and net assets/fund balances</b>		457,654,609.	<b>34</b>	445,843,918.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	38,137,492.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	35,763,152.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	2,374,340.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	429,972,559.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	-14,590,777.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	417,756,122.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
<b>1</b> 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.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	X	
<b>c</b> 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	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> 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>b</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** (2011)



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

**2011**

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? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2011

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	30,119,928.	21,723,829.	17,188,854.	19,157,001.	21,655,876.	109,845,488.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1 through 3. . . . .	30,119,928.	21,723,829.	17,188,854.	19,157,001.	21,655,876.	109,845,488.
<b>5</b> 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). . . . .						31,353,568.
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4. . . . .						78,491,920.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 . . . . .	30,119,928.	21,723,829.	17,188,854.	19,157,001.	21,655,876.	109,845,488.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	12,367,369.	8,605,475.	6,236,700.	5,980,904.	4,539,307.	37,729,755.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	3,020,332.	4,016,947.	1,330,595.	827,727.	110,597.	9,306,198.
<b>11</b> <b>Total support.</b> Add lines 7 through 10. . . . .						156,881,441.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b> <b>First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	50.03 %
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	<b>15</b>	36.90 %
<b>16a</b> <b>33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b</b> <b>33 1/3% support test - 2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a</b> <b>10%-facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> 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>b</b> <b>10%-facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> 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>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b.						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6.						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15.	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** 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 - 2010.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any 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, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2011****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 foundationCheck 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, total 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 total 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 Part I, 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).

Name of organization **CENTRAL INDIANA COMMUNITY FOUNDATION INC**

Employer identification number

35-1793680

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-- 1 --		\$ 30,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 2 --		\$ 25,200.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 3 --		\$ 44,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 4 --		\$ 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.)
-- 5 --		\$ 1,574,855.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 6 --		\$ 102,909.	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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-- 7 --		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 8 --		\$ 75,374.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 9 --		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 10 --		\$ 11,750.	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 --		\$ 30,000.	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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-- 13 --		\$ ----- 55,132.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 14 --		\$ ----- 13,235.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 15 --		\$ ----- 31,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 16 --		\$ ----- 200,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 17 --		\$ ----- 1,414,207.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 18 --		\$ ----- 15,000.	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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-- 19 --		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 20 --		\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 21 --		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 22 --		\$ 16,322.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 23 --		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 24 --		\$ 9,934.	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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-- 25 --		\$ 14,836.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 26 --		\$ 7,170.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 27 --		\$ 98,849.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 28 --		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 29 --		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 30 --		\$ 6,000.	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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-- 31 --		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 32 --		\$ 1,305,101.	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 --		\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 35 --		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 36 --		\$ 2,334,491.	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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-- 37 --		\$ ----- 150,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 38 --		\$ ----- 750,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 39 --		\$ ----- 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 40 --		\$ ----- 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.)
-- 41 --		\$ ----- 6,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 42 --		\$ ----- 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

35-1793680

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 38,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 31,162.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		\$ 403,250.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		\$ 37,031.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		\$ 42,588.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 35,184.	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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50		\$ 55,124.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51		\$ 1,999,570.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52		\$ 7,080.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53		\$ 31,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54		\$ 71,000.	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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-- 55 --		\$ ----- 54,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 56 --		\$ ----- 13,885.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 57 --		\$ ----- 51,635.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 58 --		\$ ----- 74,253.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 59 --		\$ ----- 125,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 60 --		\$ ----- 33,125.	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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-- 61 --		\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 62 --		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 63 --		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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 --		\$ 114,385.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 66 --		\$ 252,600.	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**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-- 67 --		\$ 15,125.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 68 --		\$ 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.)
-- 69 --		\$ 210,561.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 70 --		\$ 6,032.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 71 --		\$ 100,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 72 --		\$ 23,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-- 73 --		\$ ----- 9,822.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 74 --		\$ ----- 6,000.	Person <input checked="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="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 76 --		\$ ----- 9,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 77 --		\$ ----- 22,750.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 78 --		\$ ----- 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.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-- 79 --		\$ ----- 30,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 80 --		\$ ----- 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.)
-- 81 --		\$ ----- 17,528.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 82 --		\$ ----- 43,537.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 83 --		\$ ----- 250,965.	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.)
-- 84 --		\$ ----- 38,741.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-- 85 --		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 86 --		\$ 31,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 87 --		\$ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 88 --		\$ 114,336.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 89 --		\$ 13,187.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 90 --		\$ 5,871.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-- 91 --		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 92 --		\$ 830,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 93 --		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 94 --		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 95 --		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 96 --		\$ 25,000.	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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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-- 97 --		\$ ----- 1,195,493.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 98 --		\$ ----- 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 99 --		\$ ----- 24,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 100 --		\$ ----- 36,424.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 101 --		\$ ----- 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-- 102 --		\$ ----- 30,000.	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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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>103</u>		\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>104</u>		\$ <u>25,682.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>105</u>		\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>106</u>		\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>107</u>		\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>108</u>		\$ <u>9,986.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$ 10,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
110		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
111		\$ 460,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
112		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
113		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
114		\$ 100,000.	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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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
116		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
117		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
118		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
119		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
120		\$ 199,442.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>121</u>		\$ <u>8,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>122</u>		\$ <u>20,593.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>123</u>		\$ <u>25,277.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>124</u>		\$ <u>125,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>125</u>		\$ <u>25,116.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>126</u>		\$ <u>11,000.</u>	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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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		\$ 13,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
128		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
129		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
130		\$ 6,844.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
131		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
132		\$ 91,815.	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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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133		\$ 100,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
134		\$ 258,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
135		\$ 22,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
136		\$ 38,738.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
137		\$ 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.)
138		\$ 27,000.	Person <input checked="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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>139</u>		\$ <u>10,730.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>140</u>		\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>141</u>		\$ <u>350,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>142</u>		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>143</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>144</u>		\$ <u>30,000.</u>	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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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>145</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>146</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>147</u>		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>148</u>		\$ <u>52,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>149</u>		\$ <u>18,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>150</u>		\$ <u>11,500.</u>	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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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>151</u>		\$ <u>30,000.</u>	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>152</u>		\$ <u>40,800.</u>	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>153</u>		\$ <u>140,000.</u>	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>154</u>		\$ <u>22,900.</u>	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>155</u>		\$ <u>109,907.</u>	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>156</u>		\$ <u>110,000.</u>	Person <input checked="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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>157</u>		\$ <u>212,500.</u>	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>158</u>		\$ <u>10,000.</u>	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>159</u>		\$ <u>15,000.</u>	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>160</u>		\$ <u>20,000.</u>	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>161</u>		\$ <u>48,526.</u>	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>162</u>		\$ <u>153,800.</u>	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>163</u>		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>164</u>		\$ <u>43,474.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>165</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>166</u>		\$ <u>5,317.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>167</u>		\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>168</u>		\$ <u>74,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>12</u>		\$ <u>30,000.</u>	<u>06/12/2011</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>23</u>		\$ <u>30,000.</u>	<u>08/11/2011</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>24</u>		\$ <u>9,934.</u>	<u>03/22/2011</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>36</u>		\$ <u>2,334,491.</u>	<u>03/17/2011</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>51</u>		\$ <u>1,999,570.</u>	<u>08/10/2011</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>65</u>		\$ <u>114,385.</u>	<u>05/05/2011</u>

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
66		\$ 252,600.	01/11/2011
83		\$ 250,965.	11/14/2011
88		\$ 114,336.	06/09/2011
89		\$ 13,187.	12/30/2011
90		\$ 5,871.	03/15/2011
97		\$ 1,195,493.	09/06/2011

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
99		\$ 24,375.	12/22/2011
100		\$ 36,424.	12/22/2011
104		\$ 25,682.	04/29/2011
108		\$ 9,986.	12/12/2011
109		\$ 10,140.	03/18/2011
120		\$ 199,442.	06/06/2011

Name of organization CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
122		\$ 20,593.	12/07/2011
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
123		\$ 25,277.	01/04/2011
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
125		\$ 25,116.	12/28/2011
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
168		\$ 74,300.	03/10/2011
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization **CENTRAL INDIANA COMMUNITY FOUNDATION INC**

Employer identification number

35-1793680

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

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 . . . . .	235.	
2 Aggregate contributions to (during year) . . . . .	14,945,519.	
3 Aggregate grants from (during year) . . . . .	17,133,824.	
4 Aggregate value at end of year . . . . .	239,276,797.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . ☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? . . . . . ☒ Yes ☐ No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<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 Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) relating to these items:

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

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

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

Schedule D (Form 990) 2011

**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  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

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

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

**Part IV 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 XIV and complete the following table:

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

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

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the 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 . . . . .	254,731,923.	232,585,502.	195,970,455.	290,787,773.	
b Contributions . . . . .	4,526,713.	7,053,791.	1,682,821.	6,257,817.	
c Net investment earnings, gains, and losses . . . . .	-1,087,862.	32,160,397.	41,419,473.	-88,052,089.	
d Grants or scholarships . . . . .	15,246,633.	15,422,751.	4,710,941.	10,768,837.	
e Other expenditures for facilities and programs . . . . .	99,738.	236,252.	311,174.	269,472.	
f Administrative expenses . . . . .	2,561,677.	1,408,764.	1,465,132.	1,984,737.	
g End of year balance . . . . .	240,262,726.	254,731,923.	232,585,502.	195,970,455.	

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

a Board designated or quasi-endowment ▶ \_\_\_\_\_ %

b Permanent endowment ▶ 100.0000 %

c Temporarily restricted endowment ▶ \_\_\_\_\_ %

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

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

- (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 Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .		162,603.	81,274.	81,329.
c Leasehold improvements . . . . .		1,765,072.	1,023,374.	741,698.
d Equipment . . . . .		2,334,848.	1,730,872.	603,976.
e Other . . . . .		524,975.	389,175.	135,800.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . 1,562,803.



**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
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) POOLED RESOURCES	183,879,494.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	183,879,494.	

**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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (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) Book value
(1) Federal income taxes	
(2) AMOUNTS HELD FOR OTHERS	12,198,416.
(3) INCOME BENEFICIARIES PAYABLE	3,380,811.
(4) DUE TO OTHER FUNDS	20,000.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	15,599,227.

2. FIN 48 (ASC 740) 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 (ASC 740).

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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	38,137,492.
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	35,763,152.
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1	<b>3</b>	2,374,340.
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	-14,152,055.
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV.)	<b>8</b>	-438,722.
<b>9</b>	Total adjustments (net). Add lines 4 through 8	<b>9</b>	-14,590,777.
<b>10</b>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	<b>10</b>	-12,216,437.

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	23,413,148.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	-14,152,055.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	-572,289.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-14,724,344.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	38,137,492.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	38,137,492.

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	35,629,585.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	35,629,585.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	133,567.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	133,567.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	35,763,152.

**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

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

## PART XI LINE 8

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	\$1,161
DEFINED BENEFIT PENSION PLAN EXPENSE	(573,450)
TRANSFERS AND OTHER EXCHANGES	133,567
TOTAL OTHER	(\$438,722)

## PART XII LINE 2D

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	\$1,161
DEFINED BENEFIT PENSION PLAN EXPENSE	(573,450)
TOTAL OTHER	(\$572,289)

## PART XIII LINE 4B

TRANSFERS AND OTHER EXCHANGES	\$133,567
-------------------------------	-----------



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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))
	<b>Revenue</b>			
1 Gross receipts . . . . .	326,046.			326,046.
2 Less: Charitable contributions . . . . .	304,946.			304,946.
3 Gross income (line 1 minus line 2). . . . .	21,100.			21,100.
<b>Direct Expenses</b>				
4 Cash prizes . . . . .				
5 Noncash prizes . . . . .				
6 Rent/facility costs . . . . .				
7 Food and beverages . . . . .				
8 Entertainment . . . . .				
9 Other direct expenses . . . . .	30,935.			30,935.
10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				( 30,935.)
11 Net income summary. Combine line 3, column (d), and line 10 . . . . .				-9,835.

**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))
<b>Revenue</b>				
1 Gross revenue . . . . .				
<b>Direct Expenses</b>				
2 Cash prizes . . . . .				
3 Noncash prizes . . . . .				
4 Rent/facility costs . . . . .				
5 Other direct expenses . . . . .				
6 Volunteer labor . . . . .	Yes _____ % No	Yes _____ % No	Yes _____ % 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 . . . . .				

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? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 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? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- 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? ☐ Yes ☐ No
- 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 ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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

**2011**

**Open to Public  
Inspection**

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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. Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BLACK MEN OF INDIANAPOLIS, INC. 3901 N. MERIDIAN ST.SUITE 10	35-1813852	501(C)(3)	47,805.				SUMMER ACADEMY
(2)	ACCESSABILITYCENTER FOR INDEPENDENT LIVING, 5302 E. WASHINGTON ST.	35-1722998	501(C)(3)	17,910.				SENIORS ACHIEVING IN
(3)	ADAMS MILL, INC. P.O. BOX 582 CUTLER, IN 46920	27-1875034	501(C)(3)	10,000.				ACQUISITION OF MILL
(4)	AIDS FOUNDATION OF CHICAGO 200 W. JACKSONSUITE 2200 CHICAGO, IL 60607	36-3412054	501(C)(3)	10,000.				OPERATING SUPPORT
(5)	AIDS TASK FORCE, INC. 525 OXFORD ST. FORT WAYNE, IN 45806	31-1191147	501(C)(3)	10,500.				YOUTH EMPOWERMENT PR
(6)	ALTERNATIVES INCORPORATED OF MADISON COUNTY P.O. BOX 1302 ANDERSON, IN 46015-1302	31-0986769	501(C)(3)	25,000.				EMERGENCY SHELTER
(7)	AMERICAN CIVIL LIBERTIES UNION OF INDIANA F 1031 E. WASHINGTON ST.	23-7398358	501(C)(3)	29,894.				OPERATING SUPPORT
(8)	AMERICAN HEART ASSOCIATION IN INDIANA 6100 W. 96TH ST.SUITE 200	13-5613797	501(C)(3)	80,000.				PROGRAMMING SUPPORT
(9)	AMERICAN INDIA FOUNDATION C/O JOSEPH LEIGH DESIGNS1113 WESLEY AVE.	13-4159765	501(C)(3)	25,000.				LEARNING & MIGRATION
(10)	AMERICAN PIANISTS ASSOCIATION, INC. 4603 CLARENDON RD.SUITE 030	31-0969640	501(C)(3)	72,097.				2011 DISTRIBUTION
(11)	ARCH, INC. 818 LAFAYETTE ST. FORT WAYNE, IN 46802	35-1367895	501(C)(3)	7,500.				ALEXANDER RANKIN HOU
(12)	ARCHDIOCESE OF FORT WAYNE-SOUTH BEND 915 S. CLINTON ST.P.O. BOX 390	35-0876373	501(C)(3)	35,000.				ANNUAL BISHOP'S APPE

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Schedule I (Form 990) (2011)

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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

**2011**

**Open to Public  
Inspection**

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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. Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ARCHDIOCESE OF INDIANAPOLIS CATHOLIC COMMUNITY FOUNDATION, INC. P.O. BOX	35-1018460	501(C)(3)	30,500.				PROGRAM SUPPORT
(2)	ART WITH A HEART 6002 SUNNYSIDE RD. INDIANAPOLIS, IN 46236	02-0570317	501(C)(3)	64,585.				HOPE ACADEMY & KIPP
(3)	ARTS COUNCIL OF INDIANAPOLIS 924 N. PENNSYLVANIA ST.	31-1225893	501(C)(3)	60,548.				IDADA ART PAVILION
(4)	ASANTE CHILDREN'S THEATER P.O. BOX 22344502 N. TREMONT	35-2203194	501(C)(3)	7,585.				ACT PREP FOR LIFE
(5)	ATWILL MEMORIAL CHAPEL ASSOCIATION 105 N. NORTHCUTT DR. NORTHPORT, MI 49670	38-6094749	501(C)(3)	10,000.				ATWILL 100 CAMPAIGN
(6)	AUDITORIUM THEATRE OF ROOSEVELT UNIVERSITY, 50 E. CONGRESS PKWY. CHICAGO, IL 60605	36-3145476	501(C)(3)	70,000.				RENOVATION
(7)	BEECH GROVE EDUCATION FOUNDATION 5334 HORNET AVE. BEECH GROVE, IN 46107-2306	35-1982291	501(C)(3)	46,001.				2011 DISTRIBUTION
(8)	BEN DAVIS CHRISTIAN CHURCH 701 S. HIGH SCHOOL RD.	35-1012481	501(C)(3)	6,000.				BENEVOLENCE & BUILD
(9)	BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA 2960 N. MERIDIAN ST. SUITE 150	35-1323831	501(C)(3)	28,000.				OPERATING SUPPORT
(10)	BIG CAR GALLERY 237 N. EAST ST. INDIANAPOLIS, IN 46204	11-3725157	501(C)(3)	21,950.				CULTURAL PROGRAMS
(11)	BILLIES FOOD PANTRY 1754 W. MORRIS ST. INDIANAPOLIS, IN 46221	35-1433969	501(C)(3)	12,000.				PROGRAM SUPPORT
(12)	BISHOP CHATARD HIGH SCHOOL 5885 N. CRITTENDEN AVE.	35-1063332	N/A	10,000.				CHARITABLE CONTRIBUT

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Schedule I (Form 990) (2011)



**SCHEDULE I  
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Department of the Treasury  
Internal Revenue Service

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CENTRAL INDIANA COMMUNITY FOUNDATION INC

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(1)	BOOTH TARKINGTON CIVIC THEATRE 3 CENTER GREENSUITE 200 CARMEL, IN 46032	35-0230360	501(C)(3)	70,000.				CAPITAL CAMPAIGN
(2)	BOSMA INDUSTRIES FOR THE BLIND, INC. 8020 ZIONSVILLE RD. INDIANAPOLIS, IN 46268	31-1246086	501(C)(3)	15,000.				SENIOR PROGRAM
(3)	BOYS & GIRLS CLUBS OF INDIANAPOLIS 2236 E. 10TH ST.SUITE 200	35-0868754	501(C)(3)	284,726.				2011 DISTRIBUTION
(4)	BREBEUF JESUIT PREPARATORY SCHOOL 2801 W. 86TH ST.	35-1062640	501(C)(3)	21,500.				MARK G. KITE WELLNES
(5)	BROAD RIPPLE ALLIANCE FOR PROGRESS 6327FERGUSON ST. INDIANAPOLIS, IN 46220	35-2093353	501(C)(3)	12,500.				ART2ART
(6)	BROADWAY UNITED METHODIST CHURCH 609 EAST 29TH ST. INDIANAPOLIS, IN 46205	35-0872354	N/A	8,278.				JUBILEE ROVING YOUTH
(7)	BROOKE'S PLACE FOR GRIEVING YOUNG PEOPLE, I 50 E. 91ST ST.SUITE 103	35-2045122	501(C)(3)	16,000.				CHARITABLE CONTRIBUT
(8)	BUILDING TOMORROW, INC. 407 N. FULTON ST. INDIANAPOLIS, IN 46202	56-2614329	501(C)(3)	15,000.				OPERATING SUPPORT
(9)	BUTLER UNIVERSITY 4600 SUNSET AVE. INDIANAPOLIS, IN 46208	35-0867977	501(C)(3)	70,785.				COMMUNITY ARTS SCHOO
(10)	CAMPTOWN, INC. 5341 W. 86TH ST. INDIANAPOLIS, IN 46268	35-1823496	501(C)(3)	7,000.				OUTDOOR SUMMER
(11)	CANCER SUPPORT COMMUNITY - CENTRAL INDIANA 5150 W. 71ST ST. INDIANAPOLIS, IN 46268	35-1902427	501(C)(3)	10,975.				CAPACITY-BUILDING EX
(12)	CARMEL PERFORMING ARTS FOUNDATION 355 W. CITY CENTER DR. CARMEL, IN 46032	20-3901164	501(C)(3)	142,857.				OPERATING FUND

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Department of the Treasury  
Internal Revenue Service

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(1)	CATHEDRAL HIGH SCHOOL 5225 E. 56TH ST.	35-6254955	501(C)(3)	11,000.				TUITION SUPPORT
(2)	CATHOLIC CHARITIES INDIANAPOLIS 1400 N. MERIDIAN ST., RM. #217P.O. BOX 1410	35-1018460	501(C)(3)	54,500.				CHARITABLE CONTRIBUT
(3)	CENTER FOR LEADERSHIP DEVELOPMENT, INC. 2425 DR. MARTIN LUTHER KING JR. ST.	35-1389882	501(C)(3)	101,500.				STAFF SALARIES
(4)	CENTER FOR SUCCESSFUL PARENTING 2206 E. 96TH ST. INDIANAPOLIS, IN 46240	35-2079585	501(C)(3)	208,250.				2011 DISTRIBUTION
(5)	CENTRAL INDIANA CORPORATE PARTNERSHIP FOUND 111 MONUMENT CIR. STE. 1800	35-2065457	501(C)(3)	50,000.				CENTRAL INDIANA TRAN
(6)	CENTRAL INDIANA LAND TRUST INC. 1500 N. DELAWARE ST. INDIANAPOLIS, IN 46202	35-1816493	501(C)(3)	40,000.				OPERATING SUPPORT
(7)	CHATHAM ARCH NEIGHBORHOOD FOUNDATION P.O. BOX 441125 INDIANAPOLIS, IN 46244	35-2119515	501(C)(3)	134,209.				2011 DISTRIBUTION
(8)	CHICAGO HIGH SCHOOL FOR THE ARTS 3200 S. CALUMET AVE. SUITE 110	30-0440226	501(C)(3)	25,000.				MORSE GENIUS CHARITA
(9)	CHICAGO PUBLIC MEDIA NAVY PIER 848 E. GRAND AVE.	36-3687394	501(C)(3)	20,000.				MATCH SUPPORT
(10)	CHILDREN'S BUREAU, INC. 1575 MARTIN LUTHER KING DR.	35-1061264	501(C)(3)	12,000.				PRO 100
(11)	CHILDREN'S DISCOVERY MUSEUM 101 E. BEAUFORT NORMAL, IL 61761	37-1288369	N/A	10,000.				"YOU'VE GOT THE POWE R" EXHIBIT
(12)	CHILDREN'S HOME + AID 125 S. WACKER DR. 14TH FLOOR	36-2167743	501(C)(3)	10,000.				OPERATING SUPPORT

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Department of the Treasury  
Internal Revenue Service

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CENTRAL INDIANA COMMUNITY FOUNDATION INC

**Grants and Other Assistance to Organizations,  
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(1)	CHILDREN'S MUSEUM OF FOND DU LAC 51 SHEBOYGAN ST. FOND DU LAC, WI 54935	56-2471187	501(C)(3)	10,000.				OPERATING SUPPORT
(2)	CHRISTAMORE HOUSE 502 N. TREMONT ST. ROOM 310	35-0885588	501(C)(3)	51,338.				SENIOR PROGRAM
(3)	CHRISTEL HOUSE ACADEMY 2717 S. EAST ST. INDIANAPOLIS, IN 46225	02-0550824	501(C)(3)	15,000.				OPERATING SUPPORT
(4)	CICOA AGING & IN-HOME SOLUTIONS 4755 KINGSWAY DR. SUITE 200	35-1310387	501(C)(3)	75,000.				SUPPORT OF MARION CO
(5)	CITY OF INDIANAPOLIS 200 E. WASHINGTON ST.	35-6001063	N/A	2,500,000.				CONSTRUCTION OF CULT
(6)	COALITION FOR HOMELESSNESS INTERVENTION & P 3737 N. MERIDIAN ST. SUITE 401	31-1254018	501(C)(3)	39,510.				2012 ANNUAL INTERMED
(7)	COBURN PLACE SAFE HAVEN 604 E. 38TH ST. INDIANAPOLIS, IN 46205	37-1421922	501(C)(3)	28,800.				OPERATING SUPPORT
(8)	COLLEGE MENTORS FOR KIDS! INC. 212 W. 10TH ST. SUITE B260	35-2002052	501(C)(3)	48,142.				MENTOR PROGRAM
(9)	COLUMBIA COLLEGE CHICAGO 600 S. MICHIGAN AVE. CHICAGO, IL 60605	36-6112087	501(C)(3)	10,000.				OPEN DOORS GALA
(10)	COMMUNITY ALLIANCE OF THE FAR EASTSIDE (CAF 8902 E. 38TH ST. INDIANAPOLIS, IN 46226	35-2018453	501(C)(3)	50,953.				OPERATING SUPPORT
(11)	COMMUNITY FOUNDATION OF GREATER CHATTANOOGA 1270 MARKET ST. CHATTANOOGA, TN 37402	62-6045999	501(C)(3)	10,000.				MAKEHERE PROJECT
(12)	COMMUNITY RESURRECTION PARTNERSHIP P.O. BOX 18207 INDIANAPOLIS, IN 46218	35-2002310	501(C)(3)	20,500.				STUDY CIRCLES INTERM

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Schedule I (Form 990) (2011)

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Department of the Treasury  
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(1)	CONCORD COMMUNITY DEVELOPMENT CORPORATION 2048 S. MERIDIAN INDIANAPOLIS, IN 46225	35-1871947	501(C)(3)	15,000.				SOUTH CIRCLE FARM
(2)	CONCORD NEIGHBORHOOD CENTER 1310 S. MERIDIAN ST. INDIANAPOLIS, IN 46225	35-0817149	501(C)(3)	51,615.				FAMILY SOCIAL SERVICE
(3)	CONNECT2HELP 3901 N. MERIDIAN ST. SUITE 300	31-1216792	501(C)(3)	36,950.				OPERATING SUPPORT
(4)	COVENANT CHRISTIAN HIGH SCHOOL 7525 W. 21ST ST. INDIANAPOLIS, IN 46214	35-1957191	501(C)(3)	7,500.				EDUCATIONAL/SCHOLARS
(5)	CROSSING EDUCATIONAL CENTER 2930 S. NAPPANEE ST. ELKHART, IN 46517	26-0588186	501(C)(3)	50,000.				CROSSINGS NATIONAL
(6)	CROSSROADS OF AMERICA COUNCIL/BOY SCOUTS OF 7125 FALL CREEK RD. N.	35-0867962	501(C)(3)	29,585.				CAPITAL CAMPAIGN
(7)	CROWN HILL HERITAGE FOUNDATION, INC. 700 W. 38TH ST. P.O. BOX 88349	31-1104060	501(C)(3)	58,852.				150TH ANNIVERSARY BO
(8)	CULTURAL TRAIL FUND 615 N. ALABAMA ST., SUITE 119	35-1793680	501(C)(3)	25,000.				CHARITABLE CONTRIBUT
(9)	D.R.E.A.M. ALIVE, INC. 12254 HANCOCK ST. CARMEL, IN 46032	35-2153384	501(C)(3)	18,750.				D.R.E.A.M. ACHIEVEME
(10)	DAMIEN CENTER 26 N. ARSENAL AVE. INDIANAPOLIS, IN 46201	35-1711878	501(C)(3)	47,560.				YOUTH OUTREACH PROGR
(11)	DANCE KALEIDOSCOPE 4603 CLARENDON RD. ROOM 32	31-0896177	501(C)(3)	20,500.				OPERATING SUPPORT
(12)	DANIEL WEBSTER FAMILY ACADEMY - IPS # 346 1450 S. REISNER ST. INDIANAPOLIS, IN 46221	35-6002486	N/A	7,228.				STUDY ISLAND SUPPORT

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(1)	DAY NURSERY ASSOCIATION OF INDIANAPOLIS, IN 615 N. ALABAMA ST. SUITE 300	35-0888763	501(C)(3)	46,000.				TUITION ASSISTANCE P
(2)	DAYSRING CENTER, INC. 1537 N. CENTRAL AVE. P.O. BOX 44105	35-1618998	501(C)(3)	176,500.				GENERAL OPERATING
(3)	DEPAUW UNIVERSITY CHARTER HOUSE GREENCASTLE, IN 46135	35-0869045	501(C)(3)	18,500.				ART STUDENT INTERNSH
(4)	DOMESTIC VIOLENCE NETWORK OF GREATER INDIAN 9539 VALAPRAISO CT. INDIANAPOLIS, IN 46268	35-2014673	501(C)(3)	35,345.				ANNUAL SUPPORT
(5)	DOOR COUNTY LAND TRUST P.O. BOX 65 STURGEON BAY, WI 54235	39-1561423	501(C)(3)	10,000.				OPERATING SUPPORT
(6)	DOVE RECOVERY HOUSE FOR WOMEN 14 N. HIGHLAND AVE. INDIANAPOLIS, IN 46202	35-2120680	501(C)(3)	52,560.				OPERATING SUPPORT
(7)	DRESS FOR SUCCESS INDIANAPOLIS, INC. 820 N. MERIDIAN ST. INDIANAPOLIS, IN 46204	35-2078412	501(C)(3)	45,700.				OPERATING SUPPORT
(8)	DYSLEXIA INSTITUTE OF INDIANA, INC. 8395 KEYSTONE CROSSINGSTE 102	35-1780312	501(C)(3)	84,987.				PROGRAM SUPPORT
(9)	EARTH CHARTER INDIANA, INC. 3535 KESSLER BLVD., NORTH DR.	16-1673591	501(C)(3)	36,200.				INDIANAPOLIS, FOOD,
(10)	EAST 10TH STREET CIVIC ASSOCIATION 2236 E. 10TH ST. INDIANAPOLIS, IN 46201	14-1857868	501(C)(3)	28,535.				EAST 10TH STREET/MAS
(11)	EAST 10TH UNITED METHODIST CHILDREN & YOUTH 2327 E. 10TH ST. INDIANAPOLIS, IN 46201	35-1976975	N/A	35,376.				SUMMER DAYS FOR YOUT
(12)	EASTER SEALS CROSSROADS 4740 KINGSWAY DR. INDIANAPOLIS, IN 46205	35-0869058	501(C)(3)	43,167.				CHILDREN'S PROGRAMS

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(1)	EDNA MARTIN CHRISTIAN CENTER P.O. BOX 18388 INDIANAPOLIS, IN 46218-0388	35-1072577	501(C)(3)	181,622.				EMPLOYMENT COACH/JOB
(2)	EITELJORG MUSEUM OF AMERICAN INDIANS AND WE 500 W. WASHINGTON ST.	31-1139447	501(C)(3)	113,731.				THE EITELJORG CONTE
(3)	ENDANGERED SPECIES CHOCOLATE FOUNDATION 5846 W. 73RD ST. INDIANAPOLIS, IN 46278	26-3877716	501(C)(3)	25,000.				PROJECT ECUADOR
(4)	ENGLISHTON PARK UNITED PRESBYTERIAN MINISTR P.O. BOX 240 LEXINGTON, IN 47138	23-7378186	501(C)(3)	12,073.				2011 ACADEMIC REMEDI
(5)	ESKENAZI HEALTH FOUNDATION 1001 W. 10TH ST. INDIANAPOLIS, IN 46202	31-1132066	501(C)(3)	506,000.				PALLIATIVE CARE FELL
(6)	EXODUS REFUGEE/IMMIGRATION, INC. 1125 BROOKSIDE AVE.SUITE C9	35-1900090	501(C)(3)	51,500.				OPERATING SUPPORT
(7)	EXTENDED HAND MINISTRIES, INC. P.O. BOX 44163 INDIANAPOLIS, IN 46244	31-0899034	501(C)(3)	12,500.				OPERATING SUPPORT
(8)	FALL CREEK ACADEMY 2540 N. CAPITAL ST. INDIANAPOLIS, IN 46208	38-3644164	501(C)(3)	8,000.				FALL CREEK ACADEMY S
(9)	FAMILIES FIRST INDIANA, INC. 615 N. ALABAMA ST.SUITE 320	35-0877572	501(C)(3)	54,170.				FAMILY ENRICHMENT PR
(10)	FATHERS AND FAMILIES RESOURCE/RESEARCH CENT 2835 N. ILLINOIS ST. INDIANAPOLIS, IN 46208	35-2069047	501(C)(3)	20,310.				PROGRAM SUPPORT
(11)	FAY BICCARD GLICK NEIGHBORHOOD CENTER 2990 W. 71ST ST. INDIANAPOLIS, IN 46268	35-1738809	501(C)(3)	14,935.				SUMMER CAMP 2011
(12)	FAYETTE COUNTY FOUNDATION P.O. BOX 844 CONNERSVILLE, IN 47331	31-1185980	501(C)(3)	10,000.				ROBERTS PARK MEMORIA

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (2011)

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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. ☐

Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section If applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	FELEGE HIYWOT CENTER 1648 SHELDON ST. INDIANAPOLIS, IN 46218	20-0916223	501(C)(3)	5,778.				YOUTH WORKING FOR IN
(2)	FESTIVAL MUSIC SOCIETY OF INDIANA 3646 BAY RD S. DR. INDIANAPOLIS, IN 46240	35-6068649	501(C)(3)	49,474.				2011 DISTRIBUTION
(3)	FIRST BAPTIST CHURCH OF LAWRENCEVILLE 810 DUBOIS ST. LAWRENCEVILLE, IL 62439	37-0895228	N/A	10,000.				CHARITABLE CONTRIBUT
(4)	FIRST PRESBYTERIAN CHURCH P.O. BOX 2168 BONITA SPRINGS, FL 34133	59-1622501	N/A	21,662.				FIRST FORWARD & GENE
(5)	FIRST-MERIDIAN HEIGHTS PRESBYTERIAN CHURCH 4701 N. CENTRAL AVE. INDIANAPOLIS, IN 46205	35-0965666	501(C)(3)	23,000.				J.O.Y. PROGRAM
(6)	FLANNER HOUSE OF INDIANAPOLIS, INC. 2424 DR. MARTIN LUTHER KING JR	35-0942628	501(C)(3)	59,098.				CENTER FOR WORKING F
(7)	FLOYD COUNTY HISTORICAL SOCIETY P.O. BOX 455 NEW ALBANY, IN 47151-0455	35-1757240	501(C)(3)	10,000.				YOUNG HOUSE RESTORAT
(8)	FOREST MANOR MULTI-SERVICE CENTER 5603 E. 38TH ST. INDIANAPOLIS, IN 46218	35-1420208	501(C)(3)	38,903.				UJIMA SUMMER DAY CAM
(9)	FRANCIS W. PARKER SCHOOL 330 W. WEBSTER AVE. CHICAGO, IL 60614	36-2171732	501(C)(3)	10,000.				SECOND CENTURY CAMPA
(10)	FRANKLIN TOWNSHIP EDUCATION FOUNDATION 6141 S. FRANKLIN RD. INDIANAPOLIS, IN 46259	35-2000204	501(C)(3)	32,394.				2011 DISTRIBUTION
(11)	FRIENDS OF GARFIELD PARK, INC. P.O. BOX 33002 INDIANAPOLIS, IN 46203	35-2066980	501(C)(3)	36,947.				2011 DISTRIBUTION
(12)	FRIENDS OF HOLLIDAY PARK, INC. 6363 SPRING MILL RD. INDIANAPOLIS, IN 46260	35-1816648	501(C)(3)	100,000.				2011 DISTRIBUTION

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Schedule I (Form 990) (2011)

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Department of the Treasury  
Internal Revenue Service

Name of the organization

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(1)	FUND FOR HOOSIER EXCELLENCE, INC. P.O. BOX 97 INDIANAPOLIS, IN 46206	35-1579672	501(C)(3)	25,000.				SCHOLARSHIP SUPPORT
(2)	GENNESARET FREE CLINIC 615 N. ALABAMA ST. GROUND FLOOR, STE. B	35-1776518	501(C)(3)	70,000.				OPERATING SUPPORT
(3)	GIRL SCOUTS OF CENTRAL INDIANA, INC. 2611 WATERFRONT PARKWAY E. DR. STE. 100	35-0876381	501(C)(3)	35,912.				CAMP DELWOOD DAY CAM
(4)	GIRLS INCORPORATED OF GREATER INDIANAPOLIS 3935 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	35-1337205	501(C)(3)	53,030.				OPERATING SUPPORT
(5)	GIRLS INCORPORATED OF SHELBYVILLE/SHELBY CO. 904 S. MILLER ST. SHELBYVILLE, IN 46176	35-1277849	501(C)(3)	17,850.				COMPUTER EQUIPMENT
(6)	GLEANNERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE.	35-1483868	501(C)(3)	298,598.				BACKSACKS
(7)	GLOBAL GREEN USA 2218 MAIN ST. 2ND FLOOR	77-0387124	501(C)(3)	13,000.				CHARITABLE CONTRIBUT
(8)	GLOBAL PEACE INITIATIVES P.O. BOX 11593 INDIANAPOLIS, IN 46201	20-4019399	501(C)(3)	46,000.				OPERATING SUPPORT
(9)	GOODMAN THEATRE 170 N. DEARBORN ST. CHICAGO, IL 60601	36-2896025	501(C)(3)	270,000.				CULTURAL DIVERSITY E
(10)	GOODWILL INDUSTRIES OF CENTRAL INDIANA, INC. 1635 W. MICHIGAN ST.	35-0893506	501(C)(3)	519,500.				NEW MULTI-PURPOSE CE
(11)	GRAMEEN AMERICA 1460 BROADWAY 14TH FLOOR NEW YORK, NY 10036	20-8497991	501(C)(3)	1,560,000.				OPERATING SUPPORT
(12)	GREATER INDIANAPOLIS PROGRESS COMMITTEE 200 E. WASHINGTON ST. SUITE 2501	35-1109966	501(C)(3)	24,755.				URBAN FELLOW.

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Schedule I (Form 990) (2011)



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,  
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Employer identification number

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(1)	HABITAT FOR HUMANITY OF GREATER INDIANAPOLIS 1011 E. 22ND ST. INDIANAPOLIS, IN 46202	35-1715910	501(C)(3)	15,500.				OPERATING SUPPORT
(2)	HAMDARD CENTER FOR HEALTH & HUMAN SERVICES 1542 W. DEVON ST. CHICAGO, IL 60660	36-3917885	501(C)(3)	100,000.				DOMESTIC VIOLENCE PR
(3)	HAPPY HOLLOW CHILDREN'S CAMP, INC. 615 N. ALABAMA ST.SUITE 228	35-0942648	501(C)(3)	20,000.				SUMMER CAMP 2011
(4)	HARRISON CENTER FOR THE ARTS, INC. 1505 NORTH DELAWARE INDIANAPOLIS, IN 46202	01-0798626	501(C)(3)	66,098.				URBAN LIVING CENTER
(5)	HARVEST MISSIONARY BAPTIST CHURCH 1914 S. STATE RD. 267 AVON, IN 46123	35-1984626	N/A	6,542.				CHARITABLE CONTRIBUT
(6)	HARVESTERS REACHING THE NATIONS, INC. 2001 W. PLANO PKWY.SUITE 3432	39-2017746	501(C)(3)	103,000.				FUNDRAISING EXPENSES
(7)	HAWTHORNE COMMUNITY CENTER 2440 W. OHIO ST. INDIANAPOLIS, IN 46222	35-0874274	501(C)(3)	95,164.				HAWTHORNE CENTER FOR
(8)	HEALTHNET, INC. 3401 E. RAYMOND ST. INDIANAPOLIS, IN 46203	35-1579827	501(C)(3)	20,255.				PATIENT ASSISTANCE F
(9)	HEARTLAND TRULY MOVING PICTURES 1043 VIRGINIA AVESUITE 2	35-1832797	501(C)(3)	145,989.				HEARTLAND FILM FESTI
(10)	HENDRICKS COUNTY COMMUNITY FOUNDATION 5055 E. MAIN ST.SUITE A AVON, IN 46123	35-1878973	501(C)(3)	10,000.				MIRACLE FIELD
(11)	HERITAGE PLACE OF INDIANAPOLIS, INC. 4550 N. ILLINOIS ST. INDIANAPOLIS, IN 46208	35-1436580	501(C)(3)	15,500.				IN-HOME SERVICES/CEN
(12)	HERRON HIGH SCHOOL 110 E. 16TH ST. INDIANAPOLIS, IN 46202	20-2010941	501(C)(3)	59,755.				PROGRAM SUPPORT

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,  
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(1)	HOOSIER ENVIRONMENTAL COUNCIL 3951 N. MERIDIAN ST. SUITE 100	35-1576694	501(C)(3)	30,000.				OPERATING SUPPORT
(2)	HOOSIER SALON PATRONS ASSOCIATION 714 E. 65TH ST. INDIANAPOLIS, IN 46220	35-0393284	501(C)(3)	5,898.				FUND CLOSE OUT
(3)	HOPE ACADEMY THE RECOVERY HIGH SCHOOL AT FA 8102 CLEARVISTA PARKWAY	20-3094377	501(C)(3)	8,780.				STARR PROGRAM.
(4)	HORIZON HOUSE 1033 E. WASHINGTON ST.	35-1759503	501(C)(3)	101,840.				OPERATING SUPPORT
(5)	HORIZONS URBAN STUDENT ENRICHMENT PROGRAM 33 E. 33RD. ST. INDIANAPOLIS, IN 46208	61-1503962	501(C)(3)	10,000.				HORIZONS AT ST. RICH
(6)	HUFFER MEMORIAL CHILDREN'S CENTER 2000 N. ELGIN ST. MUNCIE, IN 47302	35-1275252	501(C)(3)	15,000.				INCREASE TECHNOLOGIC
(7)	HUMANE SOCIETY OF INDIANAPOLIS 7929 N. MICHIGAN RD. INDIANAPOLIS, IN 46268	35-0876385	501(C)(3)	10,000.				CHARITABLE CONTRIBUT
(8)	ICAN 201 S. WASHINGTON ST. CHANDLER, AZ 85225	86-0761030	501(C)(3)	10,000.				CAPITAL CAMPAIGN
(9)	IMMIGRANT WELCOME CENTER 2236 E. 10TH ST.	20-3222424	501(C)(3)	40,000.				OPERATING SUPPORT
(10)	IMPROVING KIDS' ENVIRONMENT 1111 E. 54TH ST. SUITE 212	20-0165700	501(C)(3)	10,975.				ENVIRONMENT CLEAN-UP
(11)	INDIANA ARTS COMMISSION 100 N SENATE AVERM N505	35-6000158	N/A	6,100.				2011 DISTRIBUTION
(12)	INDIANA BLACK EXPO, INC. 3145 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	35-1406245	501(C)(3)	32,925.				PHASE 1 FACILITY & I

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**SCHEDULE I  
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Department of the Treasury  
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,  
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(1)	INDIANA BRANCH - THE INTERNATIONAL DYSLEXIA 9449 PRIORITY WAY, WEST DR.SUITE 130	23-7221760	501(C)(3)	10,000.				ORTON-GILLINGHAM TRA
(2)	INDIANA CANINE ASSISTANT NETWORK, INC. 5610 CRAWFORDSVILLE RD.SUITE 2101	35-2144155	501(C)(3)	15,000.				CHARITABLE CONTRIBUT
(3)	INDIANA CHILDREN'S WISH FUND 6435 CASTLEWAY W. DR.SUITE 130	35-1610742	501(C)(3)	13,000.				CHARITABLE CONTRIBUT
(4)	INDIANA COMMUNITY ACTION ASSOCIATION 1845 W. 18TH ST. INDIANAPOLIS, IN 46202	35-1267319	501(C)(3)	15,500.				INSTITUTE FOR WORKIN
(5)	INDIANA GRANTMAKERS ALLIANCE 32 EAST WASHINGTON ST.1100 SYMPHONY CENTRE	35-1835134	501(C)(3)	5,488.				MEMBERSHIP DUES
(6)	INDIANA HISTORICAL SOCIETY 450 W. OHIO ST. INDIANAPOLIS, IN 46202	35-0876384	501(C)(3)	27,450.				INDIANA EXPERIENCE
(7)	INDIANA HORSE COUNCIL FOUNDATION, INC. 225 S. EAST ST.SUITE 738	35-1866498	501(C)(3)	5,868.				2011 DISTRIBUTION
(8)	INDIANA HUMANITIES COUNCIL 1500 N. DELAWARE ST.	35-1344382	501(C)(3)	11,000.				BOOK CLUB EXPANSION/
(9)	INDIANA LANDMARKS 340 W. MICHIGAN INDIANAPOLIS, IN 46202	35-1162873	501(C)(3)	199,863.				LANDMARKS CENTER
(10)	INDIANA LATINO INSTITUTE 445 N. PENNSYLVANIA ST.SUITE 800	26-0036285	501(C)(3)	25,922.				SCHOLARSHIPS
(11)	INDIANA MULTIPLE SCLEROSIS FOUNDATION, INC. PO BOX 24006SUITE #1A	35-2028362	501(C)(3)	26,924.				CHARITABLE CONTRIBUT
(12)	INDIANA REPERTORY THEATRE, INC. 140 W. WASHINGTON ST.	35-1186290	501(C)(3)	513,778.				2011 DISTRIBUTION

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
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**Grants and Other Assistance to Organizations,  
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(1)	INDIANA SPORTS CORPORATION 201 S. CAPITOL AVE.SUITE 1200	31-0975117	501(C)(3)	10,734.				2011 DISTRIBUTION
(2)	INDIANA UNIVERSITY FOUNDATION 340 W. MICHIGAN ST. INDIANAPOLIS, IN 46202	35-6018940	501(C)(3)	3,364,813.				IU SCHOOL OF LAW
(3)	INDIANA YOUTH INSTITUTE 603 E. WASHINGTON ST.SUITE 800	31-1251680	501(C)(3)	25,000.				COLLEGE READINESS IN
(4)	INDIANAPOLIS ALGEBRA PROJECT, INC. 2804 QUESTEND S. DR. INDIANAPOLIS, IN 46222	35-2073414	501(C)(3)	47,444.				INDIANAPOLIS ALGEBRA
(5)	INDIANAPOLIS ANIMAL CARE AND CONTROL DPMT PUBLIC SAFETY, ANIMAL CARE & CONTR200	35-6001063	N/A	61,257.				STAFF POSITIONS
(6)	INDIANAPOLIS ART CENTER 820 E. 67TH ST. INDIANAPOLIS, IN 46220	35-1088735	501(C)(3)	198,729.				2011 DISTRIBUTION
(7)	INDIANAPOLIS CHAMBER ORCHESTRA 4603 CLARENDON RD.SUITE 36	31-1132072	501(C)(3)	85,152.				2011 DISTRIBUTION
(8)	INDIANAPOLIS CITY BALLET INC. P.O. BOX 40567 INDIANAPOLIS, IN 46240	26-2051938	501(C)(3)	26,000.				EVENING WITH THE STA
(9)	INDIANAPOLIS CONGREGATION ACTION NETWORK 337 N. WARMAN AVE. INDIANAPOLIS, IN 46222	45-2349567	N/A	13,170.				OPERATING SUPPORT
(10)	INDIANAPOLIS CULTURAL TRAIL, INC. 615 N. ALABAMA ST.STE 119	26-3831457	501(C)(3)	45,425.				2011 LANDSCAPE MAINT
(11)	INDIANAPOLIS DOWNTOWN, INC. 111 MONUMENT CIR.SUITE 1900	35-1877771	501(C)(3)	28,340.				INTL IDEA COMPETITIO
(12)	INDIANAPOLIS HEBREW CONGREGATION 6501 N. MERIDIAN ST. INDIANAPOLIS, IN 46260	35-0871004	501(C)(3)	100,000.				ADULT LECTURE SERIES

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Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	INDIANAPOLIS HOUSING AGENCY 1919 N. MERIDIAN ST.	35-1939038	N/A	22,500.				HOUSEKEEPING ASSISTANT
(2)	INDIANAPOLIS MUSEUM OF ART 4000 N. MICHIGAN RD.	35-0867955	501(C)(3)	8,481.				CHARITABLE CONTRIBUTION
(3)	INDIANAPOLIS MUSEUM OF CONTEMPORARY ART 1043 VIRGINIA AVE.SUITE 5	35-2155600	501(C)(3)	67,500.				OPERATING SUPPORT
(4)	INDIANAPOLIS NEIGHBORHOOD HOUSING PARTNERSHIP 3550 N. WASHINGTON BLVD.	35-1742559	501(C)(3)	17,560.				MARTINDALE-BRIGHTWOOD
(5)	INDIANAPOLIS NEIGHBORHOOD RESOURCE CENTER 1802 N. ILLINOIS ST.	35-1909230	501(C)(3)	23,450.				2012 ANNUAL SUPPORT
(6)	INDIANAPOLIS PARKS FOUNDATION 615 N. ALABAMA ST.SUITE 119	35-1860468	501(C)(3)	236,900.				ADA WALKING TRAIL
(7)	INDIANAPOLIS SYMPHONIC CHOIR 4600 SUNSET AVE. INDIANAPOLIS, IN 46208	35-6035494	501(C)(3)	7,500.				TIMELESS IN SONG
(8)	INDIANAPOLIS SYMPHONY ORCHESTRA 32 E. WASHINGTON ST.SUITE 600	35-0998627	501(C)(3)	180,423.				ENSEMBLE-IN-RESIDENCE
(9)	INDIANAPOLIS THEATRE FRINGE FESTIVAL, INC. P.O. BOX 44121 INDIANAPOLIS, IN 46202	20-2005004	501(C)(3)	31,340.				719 E. ST. CLAIR BUT
(10)	INDIANAPOLIS ZOOLOGICAL SOCIETY, INC. 1200 W. WASHINGTON ST.P.O. BOX 22309	35-1074747	501(C)(3)	61,231.				INDIANAPOLIS PRIZE S
(11)	INDIANAPOLIS-MARION COUNTY PUBLIC LIBRARY F P.O. BOX 6134 INDIANAPOLIS, IN 46206-6134	23-7016089	501(C)(3)	285,841.				2011 DISTRIBUTION
(12)	INDY READS LIBRARY SERVICES CENTER2450 N. MERIDIAN ST.	31-1227489	501(C)(3)	91,388.				INDYREADS BOOKSTORE

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

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Schedule I (Form 990) (2011)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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

**2011**

**Open to Public  
Inspection**

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

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(1)	INDYBAROQUE MUSIC, INC. 401 E. MICHIGAN ST. INDIANAPOLIS, IN 46204	35-2107488	501(C)(3)	5,572.				2011 DISTRIBUTION
(2)	INSTITUTE FOR AFFORDABLE TRANSPORTATION 5868 E. 71ST. ST.SUITE E-199	35-2133517	501(C)(3)	6,000.				BUY TO BE SENT TO KE
(3)	INSTITUTE FOR PSYCHOANALYSIS 122 S. MICHIGAN AVE.SUITE 1300	36-1263210	501(C)(3)	45,000.				BARR HARRIS CHILDREN
(4)	INTERLOCHEN CENTER FOR THE ARTS P.O. BOX 199 INTERLOCHEN, MI 49643	38-1689022	501(C)(3)	25,000.				BOOTH TARKINGTON SCH
(5)	INTERNATIONAL CENTER OF INDIANAPOLIS, INC. 32 E. WASHINGTON ST.SUITE 1625	35-1300785	501(C)(3)	11,361.				THE INTERNATIONAL CE
(6)	INTERNATIONAL VIOLIN COMPETITION OF INDIANA 32 E. WASHINGTON ST.SUITE 1320	23-7139746	501(C)(3)	11,756.				OPERATING SUPPORT
(7)	IPS EDUCATION FOUNDATION ROOM 114 - E120 E. WALNUT ST.	31-1103966	501(C)(3)	21,963.				2011 DISTRIBUTION
(8)	IRVINGTON PRESBYTERIAN CHURCH 55 JOHNSON AVE. INDIANAPOLIS, IN 46219	35-0868021	501(C)(3)	25,287.				2011 DISTRIBUTION
(9)	IUPUI UNIVERSITY LIBRARY 755 W. MICHIGAN ST.	35-6001673	N/A	57,816.				2011 DISTRIBUTION
(10)	IVY TECH COMMUNITY COLLEGE 50 W. FALL CREEK PKWY. N. DR.	23-7073977	501(C)(3)	62,560.				OPERATING SUPPORT
(11)	IVY TECH COMMUNITY COLLEGE - BLOOMINGTON 200 DANIELS WAY BLOOMINGTON, IN 47404	35-1180631	N/A	50,000.				SCHOLARSHIP SUPPORT
(12)	JAMESON, INC. 2001 S. BRIDGEPORT RD.P.O. BOX 31156	35-1156756	501(C)(3)	10,500.				RESIDENTIAL SUMMER C

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Schedule I (Form 990) (2011)

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**SCHEDULE I  
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Department of the Treasury  
Internal Revenue Service

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(1)	JEWISH FEDERATION OF GREATER INDIANAPOLIS 6705 HOOVER RD. INDIANAPOLIS, IN 46260-4120	35-0888017	501(C)(3)	107,500.				ANNUAL CAMPAIGN
(2)	JOHN H. BONER COMMUNITY CENTER 2236 E. 10TH ST.	23-7204495	501(C)(3)	113,603.				ASSETS TO INDEPENDEN
(3)	JOY'S HOUSE 2028 E. BROAD RIPPLE AVE.	35-2083290	501(C)(3)	21,000.				SCHOLARSHIP PROGRAM
(4)	JUST THE BEGINNING FOUNDATION 233 S. WACKER DR.SUITE 6600	36-3903197	501(C)(3)	9,000.				INDIANAPOLIS SUMMER
(5)	KALEIDOSCOPE YOUTH CENTER, INC. 4186 N. BROADWAY ST. INDIANAPOLIS, IN 46205	35-1871411	501(C)(3)	13,170.				BUILDING BLOCKS
(6)	KEEP INDIANAPOLIS BEAUTIFUL, INC. 1029 FLETCHER AVE.SUITE 100	31-1005792	501(C)(3)	235,758.				YOUTH TREE TEAM
(7)	KIDS GOLF FOUNDATION OF ILLINOIS P.O. BOX 610 SUGAR GROVE, IL 60554	36-4226416	501(C)(3)	15,000.				OTHER SIDE OF THE GR
(8)	KIDS' VOICE OF INDIANA 9150 HARRISON PARK CT.SUITE C	35-1656579	501(C)(3)	7,000.				GUARDIAN AD LITEM (G
(9)	KING PARK AREA DEVELOPMENT CORPORATION 2430 N. DELAWARE ST.	35-1704590	501(C)(3)	30,730.				PROJECT MANAGER POSI
(10)	LA PLAZA, INC. 8902 E. 38TH ST. INDIANAPOLIS, IN 46226	30-0029575	501(C)(3)	58,977.				MOTHER-DAUGHTER PROG
(11)	LACY LEADERSHIP ASSOCIATION 615 N. ALABAMA ST.SUITE A	35-2054817	501(C)(3)	21,950.				OPERATING SUPPORT
(12)	LAFAYETTE SQUARE AREA COALITION WESTVIEW HOSPITAL3630 GUION RD.	20-4008623	501(C)(3)	15,365.				EXECUTIVE DIRECTOR P

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(1)	LAKE COURT HOUSE FOUNDATION P.O. BOX 556 CROWN POINT, IN 46308	35-1368010	501(C)(3)	10,000.				REHABILITATION OF LA
(2)	LAWRENCE TOWNSHIP FOUNDATION 5626 LAWTON LOOP E. DR.	35-1573468	501(C)(3)	52,889.				2011 DISTRIBUTION
(3)	LITTLE RED DOOR CANCER AGENCY 1801 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	35-0914096	501(C)(3)	94,390.				PROGRAM SUPPORT
(4)	LITTLE SISTERS OF THE POOR OF INDIANAPOLIS, ST. AUGUSTINE HOME 2345 W. 86TH ST.	35-1007734	N/A	12,649.				ST. AUGUSTINE HOME F
(5)	LOCAL INITIATIVES SUPPORT CORPORATION 333 N. PENNSYLVANIA ST. SUITE 600	13-3030229	501(C)(3)	130,485.				CENTER FOR WORKING F
(6)	LOCKERBIE CENTRAL UNITED METHODIST CHURCH 237 N. EAST ST. INDIANAPOLIS, IN 46204	35-0966881	N/A	27,700.				FACILITY UPDATES
(7)	LOFT LITERARY CENTER 1011 WASHINGTON AVE. S. SUITE 200	41-1297735	501(C)(3)	10,000.				OPERATING SUPPORT
(8)	LOST CREEK GROVE RESTORATION & PRESERVATION 7018 E. FORT HARRISON AVE.	32-0130405	501(C)(3)	6,000.				LOST CREEK GROVE LAW
(9)	LUTHERAN CHILD AND FAMILY SERVICES OF INDIA 1525 N. RITTER AVE.	35-0868123	501(C)(3)	21,950.				OPERATING SUPPORT
(10)	MADAME WALKER THEATRE CENTER, INC. 617 INDIANA AVE. 4TH FLOOR	31-0970108	501(C)(3)	18,560.				FUNDING OF STAFF POS
(11)	MAKE-A-WISH FOUNDATION OF INDIANA, INC. 7330 WOODLAND DR. # 201	34-1471131	501(C)(3)	7,500.				CHARITABLE CONTRIBUT
(12)	MAPLETON-FALL CREEK DEVELOPMENT CORPORATION 130 E. 30TH ST. INDIANAPOLIS, IN 46205	35-1654999	501(C)(3)	50,670.				FALL CREEK GARDENS

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(1)	MARIAN UNIVERSITY 3200 COLD SPRING RD.	35-0868175	501(C)(3)	62,000.				CHARITABLE CONTRIBUT
(2)	MARION COUNTY COMMISSION ON YOUTH 3901 N. MERIDIAN ST.SUITE 201	35-1900516	501(C)(3)	55,672.				CAMPECINE YOUTH ACAD
(3)	MARTIN LUTHER KING MULTI-SERVICE CENTER 40 W. 40TH ST. INDIANAPOLIS, IN 46208	23-7415846	501(C)(3)	11,542.				MAKING THE DREAM A R
(4)	MARTINDALE BRIGHTWOOD COMMUNITY DEVELOPMENT 2855 N. KEYSTONE AVE.SUITE 130	35-1870982	501(C)(3)	27,000.				EMPLOYMENT SPECIALIS
(5)	MARWEN FOUNDATION, INC. 833 N. ORLEANS CHICAGO, IL 60610	36-3523622	501(C)(3)	7,000.				MARWEN FALL 2011 CAM
(6)	MARY RIGG NEIGHBORHOOD CENTER 1920 W. MORRIS ST. INDIANAPOLIS, IN 46221	35-0868954	501(C)(3)	98,728.				SENIOR ACTIVE AGING,
(7)	MCGIVNEY HEALTH CARE CENTER 2907 E. 136TH ST. CARMEL, IN 46033	35-2139972	501(C)(3)	71,048.				OPERATING SUPPORT
(8)	MEALS ON WHEELS OF CENTRAL INDIANA P.O. BOX 40969 INDIANAPOLIS, IN 46240-0969	35-1182075	501(C)(3)	48,000.				CHARITABLE CONTRIBUT
(9)	MEALS ON WHEELS OF HAMILTON COUNTY 395 WESTFIELD RD.SUITE 601A, RVCC	35-1344488	501(C)(3)	9,000.				OPERATING SUPPORT
(10)	MEALS ON WHEELS OF HANCOCK COUNTY 280 N. APPLE ST. GREENFIELD, IN 46140	35-2117913	501(C)(3)	5,500.				SUBSIDY ASSISTANCE
(11)	METRO MINISTRIES, INC. 3901 N. MERIDIAN ST.SUITE 210	35-6237110	501(C)(3)	12,000.				DESCUBRIENDO INDY VT
(12)	MICI-AHEC 9101 WESLEYAN RD.SUITE 310	35-2052591	501(C)(3)	5,500.				HEALTH PROFESSIONS I

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(1)	MILLIGAN COLLEGE P.O. BOX 750 MILLIGAN COLLEGE, TN 37682	62-0535755	501(C)(3)	13,500.				CHARITABLE CONTRIBUT
(2)	MSD OF DECATUR TOWNSHIP 5275 KENTUCKY AVE.	35-1097820	N/A	83,500.				COLLEGE READINESS SU
(3)	MSD OF WARREN TOWNSHIP 975 NORTH POST RD. INDIANAPOLIS, IN 46219	35-6006000	N/A	81,000.				COLLEGE READINESS SU
(4)	MUSEUM OF CONTEMPORARY ART 220 E. CHICAGO AVE. CHICAGO, IL 60611	36-6154098	501(C)(3)	100,000.				SCHOOL PARTNERSHIP
(5)	NAPLES CHILDREN & EDUCATION FOUNDATION 6200 SHIRLEY ST.SUITE 206 NAPLES, FL 34109	65-1001650	501(C)(3)	10,000.				OPERATING SUPPORT
(6)	NATIONAL SOCIETY OF HISPANIC MBAS P.O. BOX 1501 INDIANAPOLIS, IN 46206-1501	95-4196238	501(C)(3)	42,382.				NSHMB/PROJECT STEPP
(7)	NEW LIFE DEVELOPMENT MINISTRIES, INC. 4811 KATELYN INDIANAPOLIS, IN 46228	30-0271044	501(C)(3)	23,267.				JOB SKILLS TRAINING
(8)	NEW LIGHT CHRISTIAN CHURCH 2902 COLD SPRING RD. INDIANAPOLIS, IN 46222	42-1551946	501(C)(3)	7,585.				M-POWER YOUTH MENTOR
(9)	NEW PRAIRIE HIGH SCHOOL 5333 N. COUGAR RD. NEW CARLISLE, IN 46552	35-1090941	N/A	7,478.				NEW PRAIRIE BUILDING
(10)	NEWSEUM, INC. 555 PENNSYLVANIA AVE. NW	54-1626042	501(C)(3)	200,000.				PULLIAM GREAT BOOKS
(11)	NOBLE OF INDIANA 7701 E. 21ST ST.	35-0924720	501(C)(3)	143,158.				SHARED GARDEN SUPPOR
(12)	NPOWER INDIANA 5255 WINTHROP AVE.SUITE 140	30-0124443	501(C)(3)	18,560.				OPERATING SUPPORT

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(1) OASIS CHRISTIAN COMMUNITY DEVELOPMENT CORPO 1701 E. 25TH ST. INDIANAPOLIS, IN 46218	35-2106041	501(C)(3)	5,500.				THE M.U.S.T.A.R.D. S
(2) OLD NORTHSIDE FOUNDATION, INC. 1539 N. COLLEGE AVE. INDIANAPOLIS, IN 46202	35-1804206	501(C)(3)	6,000.				2011 DISTRIBUTION
(3) ORCHARD PARK PRESBYTERIAN CHURCH 1605 E. 106TH ST. INDIANAPOLIS, IN 46280	23-6393377	N/A	12,000.				CHARITABLE CONTRIBUT
(4) OUTREACH, INC. P.O. BOX 11416 INDIANAPOLIS, IN 46201	35-1989358	501(C)(3)	5,500.				OPERATING SUPPORT
(5) OUTSIDE THE BOX, INC. 5420 N. COLLEGE AVE.SUITE 100	41-2261668	501(C)(3)	8,780.				STUDIOTB PROGRAM.
(6) PARK TUDOR SCHOOL 7200 N. COLLEGE AVE. INDIANAPOLIS, IN 46240	35-0909976	501(C)(3)	58,600.				ANNUAL FUND
(7) PARKWAYS FOUNDATION 541 N. FAIRBANKS4TH FLOOR CHICAGO, IL 60611	36-3958347	501(C)(3)	40,000.				SCHOLARSHIP SUPPORT
(8) PARTNERS IN HOUSING DEVELOPMENT CORPORATION 2811 E. 10TH ST.SUITE D	35-1917637	501(C)(3)	7,463.				OPERATING SUPPORT
(9) PASSWORD COMMUNITY MENTORING, INC. 4720 KINGSWAY DR.SUITE 400	35-2147801	501(C)(3)	8,000.				PASSWORD SUMMER ACAD
(10) PATHWAY RESOURCE CENTER, INC. 10119 JOHN MARSHALL DR.	38-3681150	501(C)(3)	5,500.				TRAINING YOUTH FOR S
(11) PATHWAY TO RECOVERY, INC. 2135 N. ALABAMA ST. INDIANAPOLIS, IN 46202	35-1820889	501(C)(3)	21,950.				OPERATING SUPPORT
(12) PEACE LEARNING CENTER 6040 DELONG RD. INDIANAPOLIS, IN 46254	35-2067284	501(C)(3)	19,170.				OPERATING SUPPORT

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**Grants and Other Assistance to Organizations,  
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Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

**Part I General Information on Grants and Assistance**

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**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. Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	PENINSULA SCHOOL OF ART P.O. BOX 304 FISH CREEK, WI 54212	39-1730561	501(C)(3)	10,000.				OPERATING SUPPORT
(2)	PEOPLE FOR URBAN PROGRESS 1043 VIRGINIA AVE.SUITE 213	26-3733786	501(C)(3)	7,500.				NEIGHBORHOOD URBAN G
(3)	PERRY SENIOR CITIZENS SERVICES, INC. 6901 DERBYSHIRE RD. INDIANAPOLIS, IN 46227	35-1416248	501(C)(3)	16,000.				OPERATING SUPPORT
(4)	PERRY TOWNSHIP EDUCATION FOUNDATION 6548 ORINOCO AVE. INDIANAPOLIS, IN 46227	35-1923843	501(C)(3)	59,648.				2011 DISTRIBUTION
(5)	PHI KAPPA PSI FOUNDATION 5395 EMERSON WAY	36-6130655	501(C)(3)	41,667.				CHARITABLE CONTRIBUT
(6)	PHILMONT STAFF ASSOCIATION PHILMONT SCOUT RANCH17 DEER RUN RD.	23-7360180	501(C)(3)	25,000.				CHARITABLE CONTRIBUT
(7)	PHOENIX THEATRE, INC. 749 N. PARK AVE. INDIANAPOLIS, IN 46202	31-1069575	501(C)(3)	42,558.				BASILE THEATRE
(8)	PIKE TOWNSHIP EDUCATIONAL FOUNDATION 6901 ZIONSVILLE RD.	35-1836390	501(C)(3)	23,125.				2011 DISTRIBUTION
(9)	PLANNED PARENTHOOD OF INDIANA, INC. 200 S. MERIDIAN ST.P.O. BOX 397	35-0874276	501(C)(3)	138,480.				OPERATING SUPPORT
(10)	PLAY BALL INDIANA 7160 ZIONSVILLE RD. INDIANAPOLIS, IN 46268	31-1032580	501(C)(3)	26,950.				CAPACITY BUILDING
(11)	PRESERVE RICHMOND P.O. BOX 1873 RICHMOND, IN 47375-1873	31-0973964	501(C)(3)	10,000.				PENNSYLVANIA RAILROA
(12)	PRESIDENT BENJAMIN HARRISON FOUNDATION, INC. 1230 N. DELAWARE ST. INDIANAPOLIS, IN 46202	35-1117501	501(C)(3)	10,975.				2011 WINDOWS TO THE

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,  
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(1)	PREVENT BLINDNESS INDIANA 70 E. 91ST ST.SUITE 204	35-6040676	501(C)(3)	45,779.				2011 DISTRIBUTION
(2)	PROJECT HOME INDY PO BOX 683 INDIANAPOLIS, IN 46206	20-5045345	501(C)(3)	53,500.				OPERATING SUPPORT
(3)	PROJECT SEED, INC. 8401 WESTFIELD BLVD.ROOM D102	38-1949371	501(C)(3)	12,000.				SUMMER INTERNSHIP
(4)	PURDUE FOUNDATION DICK AND SANDY DAUCH ALUMNI CENTER403 W. WO	31-0958507	501(C)(3)	27,500.				TED AND NANCY BOOTS
(5)	QUAD CITIES AQUATICS 1617 2ND AVE. ROCK ISLAND, IL 61201	36-3814275	501(C)(3)	15,000.				CHARITABLE CONTRIBUT
(6)	QUEENS UNIVERSITY OF CHARLOTTE 1900 SELWYN AVE. CHARLOTTE, NC 28274	56-0530003	501(C)(3)	500,000.				CAPITAL CAMPAIGN
(7)	REACH FOR YOUTH, INC. 3505 N. WASHINGTON BLVD.	23-7456842	501(C)(3)	17,560.				TEEN COURT AND DIVER
(8)	REACH OUT AND READ, INC. 56 ROLAND ST.SUITE 100D	04-3481253	501(C)(3)	17,560.				OPERATING SUPPORT
(9)	REBUILDING THE WALL INC. 2322 N. GUILFORD AVE.	35-2140372	501(C)(3)	11,000.				OPERATING SUPPORT
(10)	RECYCLEFORCE 754 N. SHERMAN DR.SUITE 220	14-1892402	501(C)(3)	18,750.				PURCHASE OF 75 TOOLB
(11)	REDMOON THEATRE 1438 W. KINZIE CHICAGO, IL 60622	36-3728150	501(C)(3)	40,000.				OPERATING SUPPORT
(12)	RICHMOND ART MUSEUM 350 HUB ETCHISON PKWY	35-6005040	501(C)(3)	10,000.				GREAT AMERICANS EXHI

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**SCHEDULE I  
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Department of the Treasury  
Internal Revenue Service

Name of the organization

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(1)	RILEY CHILDREN'S FOUNDATION 30 S. MERIDIAN ST.SUITE 200	35-0868147	501(C)(3)	10,500.				CHARITABLE CONTRIBUT
(2)	ROCK ISLAND HIGH SCHOOL 1400 25TH AVE. ROCK ISLAND, IL 61201	36-3264395	N/A	45,000.				FOOTBALL TEAM SUPPOR
(3)	ROCKY RIPPLE COMMUNITY ASSOCIATION 5205 BYRAM AVE. INDIANAPOLIS, IN 46208	35-2048116	501(C)(3)	7,000.				2011 DISTRIBUTION
(4)	RONALD MCDONALD HOUSE OF INDIANA 435 LIMESTONE ST.	35-1497202	501(C)(3)	5,500.				CHARITABLE CONTRIBUT
(5)	ROTARY FOUNDATION OF INDIANAPOLIS 401 E. MICHIGAN INDIANAPOLIS, IN 46204	35-6043931	501(C)(3)	200,500.				2011 DISTRIBUTION
(6)	RUTH LILLY HEALTH EDUCATION CENTER 2055 N. SENATE AVE.	31-1071836	501(C)(3)	90,000.				TEENAGE DEPRESSION P
(7)	SAFE SITTER, INC. 8604 ALLISONVILLE RD.SUITE 248	31-1184693	501(C)(3)	20,830.				TEACHING SITE & MATC
(8)	SAGAMORE INSTITUTE FOR POLICY RESEARCH THE LEVEY MANSION2902 N. MERIDIAN ST.	20-1161578	501(C)(3)	150,000.				AFRICA INITIATIVE
(9)	SAINT FLORIAN CENTER, INC. 4600 SUNSET AVE.P.O. BOX 2896	35-1971700	501(C)(3)	22,500.				LEADERSHIP CAMP
(10)	SCHOOL CITY OF MISHAWAKA 1402 S. MAIN ST. MISHAWAKA, IN 46544-5297	35-6002649	N/A	31,821.				STAR COORDINATOR
(11)	SCHOOL ON WHEELS 2815 E. 62ND ST.SUITE 200	35-2151003	501(C)(3)	23,060.				OPERATING SUPPORT
(12)	SECOND HELPINGS, INC. 1121 SOUTHEASTERN AVE.	35-1484281	501(C)(3)	118,925.				FOOD RESCUE AND HUNG

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(1)	SECOND PRESBYTERIAN CHURCH 7700 N. MERIDIAN ST.	35-0868030	N/A	12,400.				2012 SUPPORT
(2)	SEEDS OF HOPE, INC. 1425 S. MICKLEY AVE.	35-2086855	501(C)(3)	33,525.				OPERATING SUPPORT FO
(3)	SHARON L. BASSETT FOUNDATION 1555 W. OAK ST. STE. 100	20-8797220	501(C)(3)	6,725.				WOMEN WITH CANCER
(4)	SHELTERING WINGS CENTER FOR WOMEN P.O. BOX 92 DANVILLE, IN 46122	35-2077713	501(C)(3)	12,000.				OPERATING SUPPORT
(5)	SHEPHERD COMMUNITY INC. 4107 E. WASHINGTON ST.	35-1765846	501(C)(3)	63,304.				CHARITABLE CONTRIBUT
(6)	SHERIDAN COLLEGE FOUNDATION P.O. BOX 6328 SHERIDAN, WY 82801	83-6006226	501(C)(3)	200,000.				SCHOLARSHIP SUPPORT
(7)	SMILEY CHILDCARE CENTER, INC. 4012 MILLERSVILLE DR.	26-1469840	501(C)(3)	25,000.				OPERATING SUPPORT
(8)	SOAP FACTORY P.O. BOX 581696 MINNEAPOLIS, MN 55458-1696	41-1658987	501(C)(3)	25,000.				CAPITAL IMPROVEMENTS
(9)	SOCIEDAD AMIGOS DE COLOMBIA, INC. (SADCO) P.O. BOX 1141 CARMEL, IN 46082	35-1624409	501(C)(3)	38,844.				CHARITABLE CONTRIBUT
(10)	SOUTH BEND CAREER ACADEMY 3801 CRESCENT CIR. SOUTH BEND, IN 46628	27-3113436	501(C)(3)	400,000.				OPERATING SUPPORT
(11)	SOUTHEAST COMMUNITY SERVICES, INC. 901 S. SHELBY ST. INDIANAPOLIS, IN 46203	35-1318068	501(C)(3)	53,881.				CENTER FOR WORKING F
(12)	SOUTHEAST NEIGHBORHOOD DEVELOPMENT, INC. 1030 ORANGE ST. INDIANAPOLIS, IN 46203	35-1557200	501(C)(3)	43,134.				STUDY CIRCLES INTERM

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(1)	ST. LUKE'S UNITED METHODIST CHURCH 100 W. 86TH ST. INDIANAPOLIS, IN 46260	35-0985951	N/A	11,500.				CHARITABLE CONTRIBUT
(2)	ST. MARY'S CHILD CENTER 901 DR. MARTIN LUTHER KING JR. ST.	35-1141484	501(C)(3)	15,325.				2011 DISTRIBUTION
(3)	ST. VINCENT FOUNDATION 8402 HARCOURT RD.#210	35-6088862	501(C)(3)	46,500.				2011 ASSOCIATES CAMP
(4)	STARFISH INITIATIVE 814 N. DELAWARE ST. INDIANAPOLIS, IN 46204	56-2442758	501(C)(3)	37,250.				CHARITABLE CONTRIBUT
(5)	STATE OF INDIANA STATE FAIR RELIEF FUND STATE HOUSE ROOM 212 INDIANAPOLIS, IN 46204		N/A	514,540.				STATE FAIR EMERGENCY
(6)	STEP-UP, INC. 850 N. MERIDIAN ST. FIRST FLOOR	35-2145743	501(C)(3)	39,713.				PREVENTION PROGRAMS
(7)	STOPOVER, INC. 2236 E. 10TH ST.	35-1361111	501(C)(3)	15,365.				CRISIS INTERVENTION
(8)	STORYTELLING ARTS OF INDIANA, INC. P.O. BOX 20743 INDIANAPOLIS, IN 46220	35-1724507	501(C)(3)	9,000.				SENIOR STORYTELLING
(9)	SUMMER ADVANTAGE USA 407 N. FULTON ST. SUITE 102	26-3185485	501(C)(3)	85,000.				SUMMER ADVANTAGE
(10)	SUNCOAST SEABIRD SANCTUARY 18328 GULF BLVD. INDIAN SHORES, FL 33785	23-7271061	501(C)(3)	25,000.				EDUCATION OUTREACH
(11)	SYCAMORE LAND TRUST INC. P.O. BOX 7801 BLOOMINGTON, IN 47407	35-1830637	501(C)(3)	11,500.				ENVIRONMENTAL EDUCAT
(12)	TABERNACLE PRESBYTERIAN CHURCH 418 E. 34TH ST. INDIANAPOLIS, IN 46205	23-6393377	N/A	12,000.				GLOBAL MISSIONS SUPP

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**SCHEDULE I  
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Department of the Treasury  
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(1)	TEACHERS' TREASURES 1800 E. 10TH ST. INDIANAPOLIS, IN 46201	35-2100375	501(C)(3)	10,975.				PROGRAM SUPPORT
(2)	TECHPOINT FOUNDATION 615 N. ALABAMA ST.SUITE 119	35-2155455	501(C)(3)	21,950.				2012 OPERATING SUPPO
(3)	THE ARIZONA FIVE ARTS CIRCLE 15849 N. 71ST. ST.SUITE 132	86-1037482	501(C)(3)	6,000.				CHARITABLE CONTRIBUT
(4)	THE ART INSTITUTE OF CHICAGO 111 S. MICHIGAN AVE. CHICAGO, IL 60603	36-2167725	501(C)(3)	10,000.				SUSTAINING FELLOWS G
(5)	THE ATHENAEUM FOUNDATION, INC. 401 E. MICHIGAN ST. INDIANAPOLIS, IN 46204	35-1834667	501(C)(3)	13,800.				STRATEGIC PLANNING A
(6)	THE CABARET AT THE COLUMBIA CLUB 121 MONUMENT CIR.SUITE 516	31-1225154	501(C)(3)	38,654.				2011 DISTRIBUTION
(7)	THE CARTER CENTER ONE COPENHILL453 FREEDOM PKWY.	58-1454716	501(C)(3)	25,000.				CHARITABLE CONTRIBUT
(8)	THE CATHEDRAL CHURCH OF ST. EDWARD THE CONF 6361 N. KEYSTONE AVE.	31-0921786	501(C)(3)	10,000.				CHARITABLE CONTRIBUT
(9)	THE CHILDREN'S MUSEUM OF INDIANAPOLIS 3000 N. MERIDIAN ST.P.O. BOX 3000	35-0867985	501(C)(3)	15,545.				TAKE ME THERE
(10)	THE COLLEGE OF WILLIAM AND MARY GIFT ACCOUNTING OFFICEP.O. BOX 1693	54-6001718	N/A	20,000.				OPERATING SUPPORT
(11)	THE FAMILY DEFENSE CENTER 725 S. WELLS ST.SUITE 702 CHICAGO, IL 60607	20-3096347	501(C)(3)	42,500.		FMV		OPERATING SUPPORT
(12)	THE FIELD MUSEUM 1400 S. LAKE SHORE DR.	36-2167011	501(C)(3)	22,500.		FMV		I-DIG 2012 SUMMER PR

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(1)	THE HUTSON SCHOOL 7245 E. 75TH ST. INDIANAPOLIS, IN 46256	35-2148108	501(C)(3)	20,000.				THEATER PROGRAM
(2)	THE INDIANA PARTNERSHIPS CENTER 921 E. 86TH ST.SUITE 108	35-2145677	501(C)(3)	88,500.				CRP OPERATING SUPPOR
(3)	THE JULIAN CENTER, INC. 2011 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	35-1346514	501(C)(3)	80,718.				2011 DISTRIBUTION
(4)	THE KING'S COLLEGE 350 FIFTH AVE.SUITE 1500 NEW YORK, NY 10118	13-1810448	501(C)(3)	42,000.				MUSIC PROGRAM
(5)	THE MIND TRUST 1630 N. MERIDIAN, SUITE 330	20-4560286	501(C)(3)	109,910.				YOUTH EDUCATION INITI
(6)	THE MOZEL SANDERS FOUNDATION 709 N. BELMONT AVE. INDIANAPOLIS, IN 46222	35-2025644	501(C)(3)	21,585.				2011 THANKSGIVING ME
(7)	THE NATURE CONSERVANCY IN INDIANA 620 E. OHIO ST. INDIANAPOLIS, IN 46202-2418	53-0242652	501(C)(3)	130,568.				CAMPAIGN FOR SUSTAIN
(8)	THE OAKS ACADEMY 2301 N. PARK AVE. INDIANAPOLIS, IN 46205	35-2050595	501(C)(3)	39,000.				CHARITABLE CONTRIBUT
(9)	THE ORCHARD SCHOOL 615 W. 64TH ST. INDIANAPOLIS, IN 46260-4798	35-0909975	N/A	52,250.				RENOVATIONS AND ENHA
(10)	THE SALVATION ARMY 3100 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	35-0868167	501(C)(3)	49,176.				SOCIAL SERVICE CENTE
(11)	THE SALVATION ARMY RUTH LILLY SOCIAL SERVIC 540 N. ALABAMA ST.	36-2167910	501(C)(3)	25,000.				CONTINUING SUPPORT P
(12)	THE VILLAGES OF INDIANA, INC. 3833 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	35-1708240	501(C)(3)	38,400.				CHILD ABUSE PREVENTI

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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

**2011**

**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. ☐

Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	TRUSTED MENTORS 872 VIRGINIA AVE. INDIANAPOLIS, IN 46203	26-2661971	501(C)(3)	13,170.				OPERATING SUPPORT
(2)	U.S. NAVAL ACADEMY FOUNDATION 291 WOOD RD., BEECH HALL	23-7003516	501(C)(3)	45,000.				FOREIGN AFFAIRS CONF
(3)	UNITED WAY OF CENTRAL INDIANA 3901 N. MERIDIAN ST. P.O. BOX 88409	35-1007590	501(C)(3)	2,190,718.				KITCHEN EQUIPMENT UP
(4)	UNITED WAY OF ST. JOSEPH COUNTY 3517 E. JEFFERSON BLVD.	35-1063368	501(C)(3)	30,000.				FOOD PANTRY
(5)	UNIVERSITY OF MICHIGAN COLLEGE OF LITERATURE, SCIENCE & ARTS 500 S.	38-6006309	N/A	20,000.				SCREENWRITING PROGRA
(6)	UNIVERSITY OF SOUTHERN INDIANA FOUNDATION 8600 UNIVERSITY BLVD. EVANSVILLE, IN 47712	23-7042320	501(C)(3)	10,000.				HISTORIC NEW HARMONY
(7)	VOLUNTEERS OF AMERICA OF INDIANA 927 N. PENNSYLVANIA ST.	13-1692595	501(C)(3)	27,160.				MOVING ON PROGRAM
(8)	VSA INDIANA, INC. 1505 N. DELAWARE ST. SUITE 100	35-1529183	501(C)(3)	85,517.				OPERATING SUPPORT
(9)	WABASH MARKETPLACE, INC. P.O. BOX 420 WABASH, IN 46992	35-1524022	501(C)(3)	7,500.				KING AND SMITTY BUIL
(10)	WAILING WOMEN WIN, INC. 826 E. 38TH ST. INDIANAPOLIS, IN 46205	22-3904811	501(C)(3)	14,900.				OPERATING SUPPORT
(11)	WARREN ARTS & EDUCATION FOUNDATION 975 N. POST RD. INDIANAPOLIS, IN 46219	35-1572560	501(C)(3)	9,302.				2011 DISTRIBUTION
(12)	WASHINGTON TOWNSHIP SCHOOLS FOUNDATION 8550 WOODFIELD CROSSING BLVD.	31-1146508	501(C)(3)	121,353.				2011 DISTRIBUTION

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

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

Schedule I (Form 990) (2011)

JSA

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

► Attach to Form 990.

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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. ☐

Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	WAYNE TOWNSHIP EDUCATION FOUNDATION 1220 S. HIGH SCHOOL RD.	35-1836690	501(C)(3)	49,550.				2011 DISTRIBUTION
(2)	WEST INDIANAPOLIS DEVELOPMENT CORP. 1211 S. HIATT ST	35-1886746	501(C)(3)	7,150.				WI COMMUNITY DAY EXP
(3)	WESTMINSTER NEIGHBORHOOD MINISTRIES 445 N. STATE AVE. P.O. BOX 11465	35-1279675	N/A	42,560.				OPERATING SUPPORT
(4)	WESTSIDE COMMUNITY DEVELOPMENT CORP. 2232 W. MICHIGAN ST. INDIANAPOLIS, IN 46222	35-1643969	501(C)(3)	17,560.				FAMILIES IN TRANSIT
(5)	WFYI FOUNDATION, INC. 1630 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	35-1961650	501(C)(3)	8,500.				2011 DISTRIBUTION
(6)	WFYI TELEPLEX 1630 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	35-1147600	501(C)(3)	43,050.				OPERATING SUPPORT
(7)	WHEELER MISSION MINISTRIES 205 E. NEW YORK ST. INDIANAPOLIS, IN 46201	35-0888771	501(C)(3)	12,337.				CHARITABLE CONTRIBUT
(8)	WILLIAM PENN ELEMENTARY SCHOOL #49 1720 W. WILKINS INDIANAPOLIS, IN 46221	35-6002486	N/A	5,600.				NO BULLYING PROGRAM
(9)	WISHARD MEMORIAL FOUNDATION 1001 W. 10TH ST. INDIANAPOLIS, IN 46202	31-1132066	501(C)(3)	70,000.				CAPITAL CAMPAIGN
(10)	WOMAN MADE GALLERY 685 N. MILWAUKEE AVE.	36-3840956	501(C)(3)	10,000.				OPERATING SUPPORT
(11)	WORKFORCE, INC. 754 N. SHERMAN DR. SUITE 220	14-1892402	501(C)(3)	45,000.				OPERATING SUPPORT
(12)	WRITERS' CENTER OF INDIANA P.O. BOX 30407 INDIANAPOLIS, IN 46230-0407	31-1105619	501(C)(3)	11,296.				LEAVING A LEGACY/SHE

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

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

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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

**2011**

**Open to Public  
Inspection**

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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. ☐

Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	YMCA OF GREATER INDIANAPOLIS 615 N. ALABAMA ST., SUITE 200	35-0868211	501(C)(3)	53,500.				YOUTH & GOVERNMENT P
(2)	YOUNG AUDIENCES OF INDIANA, INC. 3921 N. MERIDIAN ST. SUITE 210	35-1148812	501(C)(3)	31,997.				SCHOOL PARTNERSHIP
(3)	Y-PRESS, INC. 307 N. PENNSYLVANIA ST.	37-1484177	501(C)(3)	45,000.				CHARITABLE CONTRIBUT
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 331.
- 3 Enter total number of other organizations listed in the line 1 table 32.

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

Schedule I (Form 990) (2011)

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**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.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	59.	504,786.		FMV	
2 FELLOWSHIPS	5.	100,000.		FMV	
3					
4					
5					
6					
7					

**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

**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.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

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 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

2011

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.

- ☐ First-class or charter travel  
☐ Travel for companions  
☐ Tax indemnification and gross-up payments  
☐ Discretionary spending account

- ☐ Housing allowance or residence for personal use  
☐ Payments for business use of personal residence  
☐ Health or social club dues or initiation fees  
☐ Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- ☒ Compensation committee  
☐ Independent compensation consultant  
☒ Form 990 of other organizations  
☐ Written employment contract  
☒ Compensation survey or study  
☒ 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?  
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
c Participate in, or receive payment from, an equity-based compensation arrangement?  
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?  
b Any related organization?  
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?  
b Any related organization?  
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 Regulations 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
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2011



Schedule J (Form 990) 2011

Page 2

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BRIAN E. PAYNE	(i)	226,659.	0	0	7,644.	19,956.	254,259.	0
	(ii)	63,929.	0	0	2,156.	5,629.	71,714.	0
2 KAY WHITAKER	(i)	126,615.	0	0	5,097.	1,264.	132,976.	0
	(ii)	29,700.	0	0	1,196.	297.	31,193.	0
3 ROBERT MACPHERSON	(i)	110,549.	0	0	4,545.	14,093.	129,187.	0
	(ii)	27,637.	0	0	1,136.	3,523.	32,296.	0
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2011

**Part III Supplemental Information**

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

**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

**2011**

**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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	22.	6,802,167.	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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 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? . . . . .

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? . . . . .

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) (2011)

**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 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

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: DAVID BECKER AND MARK HILL HAVE A BUSINESS RELATIONSHIP NOT  
RELATED TO THE FOUNDATION.

ALAN LEVIN AND D. WILLIAM MOREAU, JR ARE LAW PARTNERS WITH BARNES &  
THORNBURG.

QUESTION 11B: 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.  
FORM 990 IS ALSO REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM.

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

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

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 AND CFO. 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 2011.

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.

## RECONCILIATION OF NET ASSETS

## PART XI LINE 5

UNREALIZED GAIN ON SALE OF ASSETS	( 14,152,055)
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	1,161
DEFINED BENEFIT PENSION PLAN EXPENSE	(573,450)
TRANSFERS AND OTHER EXCHANGES	133,567
TOTAL OTHER	(\$14,590,777)

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

ATTACHMENT 1FORM 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 2FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
MARK E. HILL	
VICE-CHAIR	1.00
SARAH WILSON OTTE	
TREASURER	1.00
STEVEN A. HOLT	
BOARD MEMBER	1.00
PEGGY O. MONSON	
BOARD MEMBER	1.00
D. WILLIAM MOREAU, JR.	
BOARD MEMBER	1.00
CYNTHIA SIMON SKJODT	
BOARD MEMBER	1.00
MILTON O. THOMPSON	
BOARD MEMBER	1.00
LARRY J. SABLOSKY	
BOARD MEMBER	1.00
GREGORY F. HAHN	
BOARD MEMBER	1.00

Name of the organization	Employer identification number
CENTRAL INDIANA COMMUNITY FOUNDATION INC	35-1793680
ATTACHMENT 2 (CONT'D)	

BRIAN E. PAYNE	
PRESIDENT & CEO	9.00
KAY WHITAKER	
CFO	8.00
ROBERT MACPHERSON	
VP DEVELOPMENT	8.00
TERRY ANKER	
VP/PRESIDENT, LEGACY FUND	32.00
GREGORY E. LYNN	
VP REAL ESTATE	22.00
ELIZABETH TATE	
VP GRANTMAKING	14.00

---

 ATTACHMENT 3
 

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990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
APPNUITY, LLC 120 W. CARMEL DRIVE CARMEL, IN 46032	COMPUTER	199,007.
BKD, LLP 901 E ST. LOUIS ST, STE 1800 SPRINGFIELD, MO 65801	AUDIT & TAX	100,977.
ICE MILLER, LLP PO BOX 663633 INDIANAPOLIS, IN 46266	LEGAL	116,746.
TOTAL COMPENSATION		<u>416,730.</u>

---

 ATTACHMENT 4
 

---

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
LATINO SCHOLARSHIP DINNER	304,946.
TOTAL	<u>304,946.</u>



Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

ATTACHMENT 5

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
LATINO SCHOLARSHIP DINNER	21,100.	30,935.	-9,835.
TOTALS	<u>21,100.</u>	<u>30,935.</u>	<u>-9,835.</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

**2011**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" to 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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) TECHPOINT FOUNDATION 35-2155455 615 NORTH ALABAMA ST SUITE 119 INDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C)(3)	11A	N/A	X	
(2) INDIANAPOLIS PARKS FOUNDATION 35-1860468 615 NORTH ALABAMA ST SUITE 119 INDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C)(3)	11A	N/A	X	
(3) MCCAW FAMILY FOUNDATION 35-2057394 615 NORTH ALABAMA ST SUITE 119 INDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C)(3)	11A	N/A	X	
(4) THE INDIANAPOLIS FOUNDATION 35-0868115 615 N. ALABAMA ST SUITE 119 INDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C)(3)	7	N/A		X
(5) THE WILLIAM E. ENGLISH FOUNDATION 35-0929970 615 N. ALABAMA ST SUITE 119 INDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C)(3)	11A	INDPLS FDN		X
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2011

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) RHD AND SSD CRAT 91-2168489 615 NORTH ALABAMA STREET STE 119 INDIANAPOLIS, IN 46204	CRAT	IN	N/A	CRAT		263,148.	100.0000
(2) E AND C H CRUT 35-2040160 615 NORTH ALABAMA STREET STE 119 INDIANAPOLIS, IN 46204	CRUT	IN	N/A	CRUT		65,433.	100.0000
(3) THE EWR CRUT 35-6639299 615 NORTH ALABAMA STREET STE 119 INDIANAPOLIS, IN 46204	CRUT	IN	N/A	CRUT		175,710.	48.0000
(4) BS CRUT 41-2117818 615 NORTH ALABAMA STREET STE 119 INDIANAPOLIS, IN 46204	CRUT	IN	N/A	CRUT		420,012.	59.0000
(5) S CHILDREN'S CRUT 41-2117820 615 NORTH ALABAMA STREET STE 119 INDIANAPOLIS, IN 46204	CRUT	IN	N/A	CRUT		445,955.	59.0000
(6) NJB CLUT FOR GPB AND FAMILY 225 WACKER STREET SUITE 2140 CHICAGO, IL 60606	CLUT	IN	N/A	CLUT		301,751.	62.0000
(7) NJB CLUT FOR JAP 225 WACKER STREET SUITE 2140 CHICAGO, IL 60606	CLUT	IN	N/A	CLUT		305,147.	62.0000

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) <u>MJC CRUT</u> <u>77-6229276</u> <u>615 NORTH ALABAMA STREET STE 119 INDIANAPOLIS, IN 46204</u>	CRUT	IN	N/A	CRUT		534,420.	53.0000
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s)	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s)	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s)	<b>1e</b>	X
<b>f</b> Sale of assets to related organization(s)	<b>1f</b>	X
<b>g</b> Purchase of assets from related organization(s)	<b>1g</b>	X
<b>h</b> Exchange of assets with related organization(s)	<b>1h</b>	X
<b>i</b> Lease of facilities, equipment, or other assets to related organization(s)	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets from related organization(s)	<b>1j</b>	X
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s)	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s)	<b>1l</b>	X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<b>1m</b>	X
<b>n</b> Sharing of paid employees with related organization(s)	<b>1n</b>	X
<b>o</b> Reimbursement paid to related organization(s) for expenses	<b>1o</b>	X
<b>p</b> Reimbursement paid by related organization(s) for expenses	<b>1p</b>	X
<b>q</b> Other transfer of cash or property to related organization(s)	<b>1q</b>	X
<b>r</b> Other transfer of cash or property from related organization(s)	<b>1r</b>	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	(d) Method of determining amount involved
(1) TECHPOINT FOUNDATION	B	52,000.	FMV
(2) TECHPOINT FOUNDATION	N	89,247.	FMV
(3) TECHPOINT FOUNDATION	O	71,028.	FMV
(4) CULTURAL TRAIL, INC.	B	87,500.	FMV
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) _____													
(2) _____													
(3) _____													
(4) _____													
(5) _____													
(6) _____													
(7) _____													
(8) _____													
(9) _____													
(10) _____													
(11) _____													
(12) _____													
(13) _____													
(14) _____													
(15) _____													
(16) _____													

**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Form **990-T**Department of the Treasury  
Internal Revenue Service**Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))**For calendar year 2011 or other tax year beginning \_\_\_\_\_, 2011, and  
ending \_\_\_\_\_, 20 **See separate instructions.**

OMB No. 1545-0087

**2011**Open to Public Inspection for  
501(c)(3) Organizations Only**A** ☐ Check box if  
address changedName of organization ( ☐ Check box if name changed and see instructions.)**D Employer identification number**  
(Employees' trust, see instructions.)**B Exempt under section**☒ 501(c)(3) ☐ 3  
☐ 408(e) ☐ 220(e)  
☐ 408A ☐ 530(a)  
☐ 529(a)**Print  
or  
Type**

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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

615 NORTH ALABAMA STREET 119

City or town, state, and ZIP code

INDIANAPOLIS, IN 46204

35-1793680

**E Unrelated business activity codes**  
(See instructions.)

525990

**C Book value of all assets  
at end of year**

445,843,918.

**F Group exemption number (See instructions.)****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
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c Balance</b>	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b> 244,572.		244,572.
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b> 477,682.	ATTCH	477,682.
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule.)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 722,254.		722,254.

**Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)**

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules.)	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule)	<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	722,254.
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>31</b>	722,254.
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	<b>33</b>	1,000.
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	0



**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation. 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. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041), . . . . .

36

**37 Proxy tax.** See 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**

**40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . . . . .

40a

**b** Other credits (see instructions), . . . . .

40b

**c** General business credit. Attach Form 3800 (see instructions) . . . . .

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

**44a** Payments: A 2010 overpayment credited to 2011 . . . . .

44a

**b** 2011 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** Credit for small employer health insurance premiums (Attach Form 8941) . . . . .

44f

**g** Other credits and payments:

☐ Form 2439 ☐ Form 4136 ☐ Other

Total

44g

**45 Total payments.** Add lines 44a through 44g . . . . .

45

**46** Estimated tax penalty (see 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

**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid . . . . .

48

**49** Enter the amount of line 48 you want: **Credited to 2012 estimated tax** ☐ **Refunded** ☐

49

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

**1** At any time during the 2011 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 CAYMAN ISLAND

Yes No

X

**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . . . . . If YES, see instructions for other forms the organization may have to file.

Yes No

X

**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

**2** Purchases . . . . .

2

**3** Cost of labor . . . . .

3

**4a** Additional section 263A costs (attach schedule) . . . . .

4a

**b** Other costs (attach schedule) . . . . .

4b

**5** Total. Add lines 1 through 4b . . . . .

5

**6** Inventory at end of year . . . . .

6

**7** Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 . . . . .

7

**8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . .

Yes No

X

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 Use Only

Print/Type preparer's name

JOYCE A. DULWORTH

Preparer's signature

Date

11/9/12

Firm's name BKD, LLPCheck ☐ if self-employed

PTIN

P00151125

Firm's address 200 E. MAIN ST. SUITE 700Firm's EIN 44-0160260Phone no. 260-460-4000

FORT WAYNE, IN 46802

Form 990-T (2011)

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

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)		%		
			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).

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

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

**Nonexempt Controlled Organizations**

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

**Totals** ▶

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach 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).
<b>Totals</b> . . . . . ▶				

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

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.
<b>Totals</b> . . . . . ▶						

**Schedule J - Advertising Income** (see instructions)**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)						
<b>Totals</b> (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.
<b>Totals</b> , Part II (lines 1-5) . . . . . ▶						

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

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

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

AG SUPER FUND LP	7,483.
AIF VI LS AIV LP	16,337.
AMBERBROOK IV, LLC	-2,677.
AUDAX PRIVATE EQUITY FUND	-550.
ENTERPRISE PRODUCTS PARTNERS LP	-49,490.
FIA TIMBER PARTNERS SPECIAL SITUATION FUND	66,144.
GMO FORESTRY FUND 8-B LP	-3,532.
KAYNE ANDERSON ENERGY FUND III	33,213.
KAYNE ANDERSON ENERGY FUND IV	529,458.
KINDER MORGAN ENERGY PARTNERS LP	-223,095.
LIME ROCK RESOURCES B LP	-3,131.
NATURAL GAS PARTNERS IX	103,256.
NAREP LP	12,061.
THE BLACKSTONE GROUP LP	9.
NAREP II	-38,171.
AMBERBROOK V LLC	4,479.
DAVIDSON KEMPNER INSTITUTIONAL PARTNERS	4.
DENHAM COMMODITY PARTNERS FUND LP	-773.
METROPOLITAN REAL ESTATE PARTNERS	26,077.
THE VARDE FUND IX-A LP	580.
INCOME (LOSS) FROM PARTNERSHIPS	<u>477,682.</u>

**Central Indiana Community Foundation**  
**NOL CARRYFORWARD**  
**12/31/2011**

<b>2006</b>	(238,858)
<b>2007</b>	(210,022)
<b>2008</b>	(981,757)
<b>2009</b>	(947,021)
<b>2010</b>	(595,184)
<b>2011</b>	722,254
<b>TOTAL</b>	<u><u>(2,250,588)</u></u>

## Public Disclosure Rules for Form 990

Tax-exempt organizations are required to make a copy of their Form(s) 990 for the last three years available for public inspection, and to provide copies of such forms to individuals or organizations that request copies.

Following is a summary of the public disclosure rules, and a copy of your Form 990 that may be used to comply with such rules. Please note that the public disclosure copy of Form 990 may omit names and addresses of contributors. **Form 990-T can be excluded only for returns filed prior to August 18, 2006.**

### Public Inspection

Tax-exempt organizations must make Form 990 (and Form 990-T as shown above) available for public inspection, and provide copies upon request, at its principal office and at certain regional or district offices during normal business hours for three years from the due date of the return.

The following rules apply unless you make your public disclosure copy available on the World Wide Web via the Internet:

- Anyone requesting a copy in person must be provided a copy on the day of the request. If the request places an unusual burden on the organization (such as a request made just before the close of the normal business day), the copy must be provided on the next business day.
- Any request submitted in writing (via mail, etc.) must be honored within 30 days of receipt of the request or prepayment of copying charges (if prepayment is required).

### Fees

No fees may be charged for public inspection. However, you may charge a fee for providing copies. Currently the permissible fee is \$1.00 for the first page and \$.15 for each additional page. You may require that the fee be paid in advance.

### Penalties

There are substantial penalties that may apply for failure to comply with either the public inspection rules or the requirement to provide copies on request. However, there are rules designed to protect tax-exempt organizations from harassment campaigns.

If you have questions about these rules, please contact your BKD representative.

## Public Disclosure for Tax-Exempt Organizations

Tax-exempt organizations are required to make a copy of their Forms 990 available for public inspection, and to provide copies of such forms to individuals or organizations that request copies. Alternatively, the Internet may be used to make these documents available. (See the "Using the Internet" section which follows.) These rules apply to an organization's Forms 990 for the last three years and to its application for exemption if it was filed after July 15, 1987. An organization **may exclude from the disclosure copy of its return the donor lists and Forms 990-T. Form 990-T can be excluded only for returns filed prior to August 18, 2006.** A failure to comply can result in an enforcement action by the IRS.

### *Effective for Returns Filed After August 17, 2006*

The *Pension Protection Act of 2006* extends the public inspection and disclosure requirements and penalties applicable to Form 990 to Form 990-T of Code Section 501(c)(3) organizations. Certain information may be withheld by the organization from public disclosure and inspection if public availability would adversely affect the organization (*e.g.*, information relating to a trade secret, patent, process, style of work or apparatus of the organization).

While the rules create an additional burden, they also provide an opportunity for your organization to showcase the community benefits that it provides. The rules also heighten the need to carefully review all responses, including narrative explanations, contained on your Form 990/990-T before filing.

### *Where Must Information be Provided?*

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there.

### *How Quickly Must Organizations Reply?*

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent.

### ***Written Requests***

Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

### ***What Can an Organization Charge?***

You are currently allowed to charge a maximum fee of \$1 for the first page and \$.15 cents for each subsequent page in addition to actual postage costs.

If any organization receives a written request for copies with no payment enclosed and the organization requires payment in advance, the organization must request payment within seven days from the date it received the request. An organization is required to accept a personal check for written requests if it does not accept payment by credit card. If an organization does not require prepayment and the requester does not enclose a prepayment with the request, the organization must receive consent from a requester before providing copies for which the fee charge for copying and postage would be in excess of \$20.

### ***Local or Subordinate Organizations***

A local or subordinate organization that is covered by a group exemption letter is given additional time for responding to some requests. If this type of organization receives a request made in person for inspection of its application for tax exemption, the local organization is required to acquire and make available the application for a group exemption letter filed by the central or parent organization within not more than two weeks. The same general rule would apply with respect to a local or subordinate organization that does not file its own Form 990/990-T but is covered under a group return. Again, the local or subordinate organization must make the group return available for inspection within a reasonable period which is defined as not more than two weeks. If the group return includes separate schedules with respect to each local or subordinate organization, the local or subordinate organization may exclude or omit any schedules relating only to other organizations which are included in the group return.

If a request is made for a personal inspection to a local or subordinate organization, it has the option of mailing the return to the requester rather than allowing an inspection. However, if this is done, the local or subordinate organization may not charge for the copying of the document unless the requester consents to the charge. If a local or subordinate organization receives a request for copies, then it must comply with the rules stated previously.

### ***Using the Internet***

As an alternative to providing copies, an organization may provide access to its exemption application and Forms 990 (and Forms 990-T filed after August 17, 2006) through the Internet. The information on the World Wide Web must be in such a format that it may be accessed,



downloaded, viewed or printed in the same format as the actual documents. Obviously, an organization would need to make the Worldwide Web address available to the general public.

There is nothing that prevents others from posting your Forms 990 or 990-T and exemption application on the Internet. Based on this fact and the potential strain on your organization's resources from providing copies, organizations should consider posting these documents on the Internet.

### ***What if the Requests are a Form of Harassment?***

If an organization feels it is subject to a harassment campaign, it can file an application for a harassment determination with the Internal Revenue Service. This would allow the organization to suspend compliance with these requests. In addition, an organization may disregard requests for copies in excess of two per month or four per year made by a single individual or sent from a single address, without submitting an application for a harassment determination.

### ***Conclusion***

For better or worse, many organizations are going to see an increase in requests for their Forms 990 and 990-T. BKD is here to assist you in the preparation of your return to ensure that your organization is putting its "best foot forward."

Please contact our BKD advisor if you have questions about these rules.