

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2012**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)**

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

A For the 2012 calendar year, or tax year beginning , 2012, 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
119

615 NORTH ALABAMA STREET

City, town or post office, state, and ZIP code

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 \$ 104,989,267.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

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

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.CICF.ORG**H(c)** Group exemption number ▶**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	21.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21.
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	51.
	6 Total number of volunteers (estimate if necessary)	6	21.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-253,930.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-253,930.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 21,655,876.	Current Year 31,014,303.
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,679,700.	11,612,740.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	801,916.	816,592.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	38,137,492.	43,443,635.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	29,498,802.	35,067,386.
	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)	2,826,609.	3,057,698.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 940,887.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,437,741.	3,469,526.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	35,763,152.	41,594,610.
19 Revenue less expenses. Subtract line 18 from line 12	2,374,340.	1,849,025.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 445,843,918.	End of Year 477,294,973.
	21 Total liabilities (Part X, line 26)	28,087,796.	26,413,299.
	22 Net assets or fund balances. Subtract line 21 from line 20	417,756,122.	450,881,674.

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

11-12-13

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** (2012)JSA
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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒

- 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 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 \$ 16,463,730. including grants of \$ 15,429,650.) (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 \$ 8,232,664. including grants of \$ 7,714,825.) (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 \$ 12,723,209. including grants of \$ 11,922,911.) (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 ► 37,419,603.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 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	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14 a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Form 990 (2012)

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 79	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 51	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a X	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a X	
b If "Yes," enter the name of the foreign country: ► CAYMAN ISLANDS		
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8	X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9a	X
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note. See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		
	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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. ☒**Section A. Governing Body and Management**

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► 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 ☐ Other (explain in Schedule O)

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: ► JENNIFER BARTENBACH 615 NORTH ALABAMA STREET SUITE 119 INDIANAPOLIS, IN 46 317-634-2423

JSA

Form 990 (2012)

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) DAVID BECKER BOARD MEMBER	1.00	X		X				0	0	0
(2) MARK E. HILL BOARD CHAIR	1.00	X		X				0	0	0
(3) ALAN A. LEVIN SECRETARY	1.00 2.00	X		X				0	0	0
(4) SARAH WILSON OTTE BOARD MEMBER	1.00 2.00	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) PEGGY O. MONSON BOARD MEMBER	1.00 1.00	X						0	0	0
(9) D. WILLIAM MOREAU, JR. BOARD MEMBER	1.00 2.00	X						0	0	0
(10) JULIE MANNING-MAGGIO BOARD MEMBER	1.00	X						0	0	0
(11) MYRTA J. PULLIAM BOARD MEMBER	1.00	X						0	0	0
(12) CYNTHIA SIMON SKJODT VICE-CHAIR	1.00 2.00	X		X				0	0	0
(13) JOSEPH L. SMITH, JR BOARD MEMBER	1.00	X						0	0	0
(14) CHARLES P. SUTPHIN 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) MILTON O. THOMPSON BOARD MEMBER	1.00 2.00	X						0	0	0
(16) LARRY J. SABLOSKY BOARD MEMBER	1.00 1.00	X						0	0	0
(17) GREGORY F. HAHN TREASURER	1.00 2.00	X		X				0	0	0
(18) TRACI DOLAN BOARD MEMBER	1.00	X						0	0	0
(19) MARISOL SANCHEZ BOARD MEMBER	1.00	X						0	0	0
(20) CORBY D. THOMPSON BOARD MEMBER	1.00 1.00	X						0	0	0
(21) LEE WHITE BOARD MEMBER	1.00	X						0	0	0
(22) BRIAN E. PAYNE PRESIDENT & CEO	31.00 9.00			X				236,136.	66,602.	36,400.
(23) KAY WHITAKER CFO	32.00 8.00			X				132,122.	30,992.	8,137.
(24) ROBERT MACPHERSON VP DEVELOPMENT	32.00 8.00			X				112,613.	28,153.	23,957.
(25) TERRY ANKER VP/PRESIDENT, LEGACY FUND	8.00 32.00			X				25,206.	100,823.	10,552.
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								593,166.	280,955.	116,897.
d Total (add lines 1b and 1c)								593,166.	280,955.	116,897.

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
APPNUTY, LLC 120 W. CARMEL DRIVE CARMEL, IN 46032	COMPUTER	130,864.
PATRIOT ELECTRIC, LLC PO BOX 665 PLAINFIELD, IN 46168	CONTRACTOR	398,577.
ICE MILLER, LLP PO BOX 663633 INDIANAPOLIS, IN 46266	LEGAL	108,243.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(26) GREGORY E. LYNN - LEFT 4/12	18.00			X				10,956.	13,390.	6,539.
VP REAL ESTATE	22.00									
(27) ELIZABETH TATE	26.00			X				76,133.	40,995.	31,312.
VP GRANTMAKING	14.00									
- - - - -										
- - - - -										
- - - - -										
- - - - -										
- - - - -										
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- - - - -										
- - - - -										
- - - - -										
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										
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 ▶										

	Yes	No
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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation
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 ►		

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	293,710.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	30,720,593.			
	g	Noncash contributions included in lines 1a-1f: \$		1,603,684.			
	h	Total. Add lines 1a-1f		31,014,303.			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,845,427.		-253,930.	5,099,357.
	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	68,207,200.	21,277.			
	b	Less: cost or other basis and sales expenses	61,436,690.	24,474.			
	c	Gain or (loss)	6,770,510.	-3,197.			
	d	Net gain or (loss)	6,767,313.	-3,197.		6,770,510.	
	8a	Gross income from fundraising events (not including \$ 293,710. of contributions reported on line 1c). See Part IV, line 18	a	31,651.			
	b	Less: direct expenses	b	84,468.			
	c	Net income or (loss) from fundraising events	ATCH 3	-52,817.		-52,817.	
	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				
Miscellaneous Revenue				Business Code			
11a	OTHER INCOME	900099	193,296.			193,296.	
b	OPERATING SUPPORT INCOME	900099	676,113.	676,113.			
c							
d	All other revenue						
e	Total. Add lines 11a-11d		869,409.				
12	Total revenue. See instructions		43,443,635.	672,916.	-253,930.	12,010,346.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response 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	34,377,284.	34,377,284.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	690,102.	690,102.		
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	593,166.	296,583.	177,950.	118,633.
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	1,498,794.	749,397.	449,638.	299,759.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	470,324.	235,162.	141,097.	94,065.
9 Other employee benefits	338,054.	169,027.	101,416.	67,611.
10 Payroll taxes	157,360.	78,680.	47,208.	31,472.
11 Fees for services (non-employees):				
a Management	0			
b Legal	34,346.	17,173.	10,304.	6,869.
c Accounting	75,506.	37,753.	22,652.	15,101.
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	1,822,790.		1,822,790.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	61,203.	30,601.	18,361.	12,241.
12 Advertising and promotion	40,593.	20,296.	12,178.	8,119.
13 Office expenses	99,010.	49,505.	29,703.	19,802.
14 Information technology	224,662.	112,331.	67,398.	44,933.
15 Royalties	0			
16 Occupancy	167,093.	83,546.	50,128.	33,419.
17 Travel	26,486.	13,243.	7,946.	5,297.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	52,016.	26,008.	15,605.	10,403.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	377,197.	188,599.	113,159.	75,439.
23 Insurance	54,111.	27,056.	16,233.	10,822.
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 CONSULTING	369,642.	184,821.	110,893.	73,928.
b DUES & MEMBERSHIPS	37,687.	18,844.	11,306.	7,537.
c EMPLOYEE RELATIONS	27,184.	13,592.	8,155.	5,437.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	41,594,610.	37,419,603.	3,234,120.	940,887.
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

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	26,590,747.	2	29,916,783.
	3 Pledges and grants receivable, net	4,565,539.	3	4,437,285.
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other 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). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,368,400.		
	b Less: accumulated depreciation	10b 3,141,548.	10c	4,226,852.
	11 Investments - publicly traded securities	219,099,892.	11	244,661,830.
	12 Investments - other securities. See Part IV, line 11	183,879,494.	12	184,795,481.
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	10,145,443.	15	9,256,742.
16 Total assets. Add lines 1 through 15 (must equal line 34)	445,843,918.	16	477,294,973.	
Liabilities	17 Accounts payable and accrued expenses	2,315,061.	17	2,328,740.
	18 Grants payable	10,173,508.	18	9,047,819.
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	15,599,227.	25	15,036,740.
	26 Total liabilities. Add lines 17 through 25	28,087,796.	26	26,413,299.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	401,330,598.	27	435,534,639.
	28 Temporarily restricted net assets	11,892,777.	28	10,602,566.
	29 Permanently restricted net assets	4,532,747.	29	4,744,469.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	417,756,122.	33	450,881,674.
	34 Total liabilities and net assets/fund balances.	445,843,918.	34	477,294,973.

Form 990 (2012)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI. ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	43,443,635.
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,594,610.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,849,025.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	417,756,122.
5	Net unrealized gains (losses) on investments	5	30,641,691.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	634,836.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	450,881,674.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2012)

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

2012

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-Non-functionally integrated
- 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?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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 monetary 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) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21,723,829.	17,188,854.	19,157,001.	21,655,876.	31,014,303.	110,739,863.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3.	21,723,829.	17,188,854.	19,157,001.	21,655,876.	31,014,303.	110,739,863.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						23,970,480.
6 Public support. Subtract line 5 from line 4.						86,769,383.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	21,723,829.	17,188,854.	19,157,001.	21,655,876.	31,014,303.	110,739,863.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,605,475.	6,236,700.	5,980,904.	4,539,307.	4,804,564.	30,166,950.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	4,016,947.	1,330,595.	827,727.	110,597.	941,923.	7,227,789.
11 Total support. Add lines 7 through 10.						148,134,602.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	58.57 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	50.03 %
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2012. 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 ▶ <input type="checkbox"/>		
b 33 1/3% support tests - 2011. 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 ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

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 of Contributors

OMB No. 1545-0047

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

2012

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, 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		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 50,174.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 1,336,208.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 10,300.	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
7		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 16,658.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 252,147.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 17,600.	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
13		\$ 23,889.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 67,931.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 275,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CENTRAL INDIANA COMMUNITY FOUNDATION INC**Employer identification number
35-1793680**Part I** **Contributors** (see instructions). 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		\$ 18,051.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 91,209.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 42,428.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 5,950.	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
25		\$ 850,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 163,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 38,775.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 68,202.	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		\$ 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.)
32		\$ 500,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 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.)
34		\$ 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.)
35		\$ 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.)
36		\$ 5,900.	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
37		\$ 5,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 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.)
39		\$ 110,650.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 295,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 52,788.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		\$ 27,959.	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		\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 54,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		\$ 9,292.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		\$ 63,390.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 18,430.	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
49		\$ 10,943.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50		\$ 1,000,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51		\$ 7,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52		\$ 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.)
53		\$ 322,600.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54		\$ 115,924.	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
55		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59		\$ 133,035.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60		\$ 9,120.	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
61		\$ 29,134.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62		\$ 9,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64		\$ 61,461.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65		\$ 20,055.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number

35-1793680

Part I Contributors (see instructions). 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		\$ 613,744.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69		\$ 1,940,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70		\$ 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.)
71		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72		\$ 30,000.	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
73		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75		\$ 425,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
77		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CENTRAL INDIANA COMMUNITY FOUNDATION INC**Employer identification number
35-1793680**Part I** **Contributors** (see instructions). 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		\$ 607,164.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81		\$ 25,277.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83		\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
84		\$ 100,000.	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
85		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86		\$ 25,698.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
87		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
88		\$ 10,073.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
89		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
90		\$ 1,000,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number

35-1793680

Part I **Contributors** (see instructions). 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		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
92		\$ 5,251.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
93		\$ 100,519.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
94		\$ 49,916.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
95		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
96		\$ 400,000.	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
97		\$ 240,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
98		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
99		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
100		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
101		\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
102		\$ 32,000.	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
103		\$ 11,740,414.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
104		\$ 6,118.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
105		\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
106		\$ 33,883.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
107		\$ 104,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
108		\$ 52,000.	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
109		\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
110		\$ 88,804.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
111		\$ 50,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
112		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
113		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
114		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number

35-1793680

Part I **Contributors** (see instructions). 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		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
116		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
117		\$ 75,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
118		\$ 11,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
119		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
120		\$ 131,458.	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
121		\$ 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.)
122		\$ 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.)
123		\$ 43,274.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
124		\$ 1,006,059.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
125		\$ 105,675.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
126		\$ 36,380.	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
127	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
128	----- ----- -----	\$ 16,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
129	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part II Noncash Property (see instructions). 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
9	PUBLICLY TRADED SECURITIES	\$ 16,658.	10/31/2012
61	PUBLICLY TRADED SECURITIES	\$ 29,134.	07/18/2012
67	PUBLICLY TRADED SECURITIES	\$ 613,744.	01/26/2012
70	PUBLICLY TRADED SECURITIES	\$ 30,000.	08/14/2012
79	PUBLICLY TRADED SECURITIES	\$ 607,164.	12/19/2012
81	PUBLICLY TRADED SECURITIES	\$ 25,277.	12/19/2012

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
86	PUBLICLY TRADED SECURITIES	\$ 25,698.	04/17/2012
88	PUBLICLY TRADED SECURITIES	\$ 10,073.	02/23/2012
92	PUBLICLY TRADED SECURITIES	\$ 5,251.	12/12/2012
93	PUBLICLY TRADED SECURITIES	\$ 100,519.	08/08/2012
94	PUBLICLY TRADED SECURITIES	\$ 49,916.	12/24/2012
100	PUBLICLY TRADED SECURITIES	\$ 40,000.	11/16/2012

Employer identification number

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

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Name of organization CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

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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

2012

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	234.	
2 Aggregate contributions to (during year)	22,183,399.	
3 Aggregate grants from (during year)	25,209,079.	
4 Aggregate value at end of year	261,525,747.	

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" 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 XIII, 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) 2012

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table:

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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	240,262,726.	254,731,923.	232,585,502.	195,970,455.	290,787,773.
b Contributions	1,815,816.	4,526,713.	7,053,791.	1,682,821.	6,257,817.
c Net investment earnings, gains, and losses	23,255,505.	-1,087,862.	32,160,397.	41,419,473.	-88,052,089.
d Grants or scholarships	12,771,369.	15,246,633.	15,422,751.	4,710,941.	10,768,837.
e Other expenditures for facilities and programs	48,159.	99,738.	236,252.	311,174.	269,472.
f Administrative expenses	3,208,467.	2,561,677.	1,408,764.	1,465,132.	1,984,737.
g End of year balance	249,306,052.	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 XIII 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.	91,696.	70,907.
c Leasehold improvements		4,684,201.	1,666,379.	3,017,823.
d Equipment		1,984,659.	1,171,117.	813,542.
e Other		536,937.	212,357.	324,580.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,226,852.

Schedule D (Form 990) 2012

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	184,795,481.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	184,795,481.	

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) AMOUNTS HELD FOR OTHERS	10,973,381.	
(3) INCOME BENEFICIARIES PAYABLE	3,344,359.	
(4) DUE TO OTHER FUNDS	719,000.	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	15,036,740.	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. ☐

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

1	Total revenue, gains, and other support per audited financial statements	1	74,658,742.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	30,641,691.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	573,416.
e	Add lines 2a through 2d	2e	31,215,107.
3	Subtract line 2e from line 1	3	43,443,635.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	43,443,635.

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

1	Total expenses and losses per audited financial statements	1	41,533,190.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	41,533,190.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	61,420.
c	Add lines 4a and 4b	4c	61,420.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	41,594,610.

Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII 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.

ASC 740 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 2D

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	\$559,201
CHANGE IN DEFINED BENEFIT PENSION PLAN	14,215
TOTAL:	\$573,416

PART XII LINE 4B

TRANSFERS AND OTHER EXCHANGES	\$61,420
-------------------------------	----------

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|---|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 CABELLO, ASSOCIATES	MARKETING CONSULTING		X	248,961.	15,353.	233,608.
2 KEPPLER ASSOCIATES	MARKETING CONSULTING		X	76,400.	50,000.	26,400.
3						
4						
5						
6						
7						
8						
9						
10						
Total				325,361.	65,353.	260,008.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

IN,

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	(b) Event #2	(c) Other events	(d) Total events
		SCHOLARSHIP DIN (event type)	WOMEN'S PHILAN (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	248,961.	76,400.		325,361.
	2 Less: Contributions	230,410.	63,300.		293,710.
	3 Gross income (line 1 minus line 2).	18,551.	13,100.		31,651.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	15,809.	68,659.		84,468.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(84,468.)
11 Net income summary. Combine line 3, column (d), and line 10				-52,817.	

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

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

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

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

Name ► _____

Address ► _____

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

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

2012

**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. 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)	COMMUNITY FOUNDATION OF GREATER FORT WAYNE 555 E. WAYNE ST. FORT WAYNE, IN 46802	351119450	501(C)(3)	12,160,203.				FUND 3599 CLOSE OUT
(2)	BOYS & GIRLS CLUBS OF INDIANAPOLIS 3530 SOUTH KEYSTONE AVE. SUITE 200	350888754	501(C)(3)	1,570,565.				FUND CLOSE OUT 2352
(3)	TRADEWINDS SERVICES 5901 W. 7TH AVE. GARY, IN 46406	351139485	501(C)(3)	1,250,000.				BUILDING PURCHASE
(4)	BUTLER UNIVERSITY 4600 SUNSET AVE. INDIANAPOLIS, IN 46208	350867977	501(C)(3)	1,000,000.				CAMPAIGN FOR HINKLE
(5)	INDIANAPOLIS ZOOLOGICAL SOCIETY, INC. 1200 W. WASHINGTON ST. P.O. BOX 22309	351074747	501(C)(3)	750,000.				ORANGUTAN CENTER CAP
(6)	UNITED WAY OF CENTRAL INDIANA 3901 N. MERIDIAN ST. P.O. BOX 88409	351007590	501(C)(3)	392,000.				FOCUS SCHOOL STRATEG
(7)	PROVIDENCE CRISTO REY HIGH SCHOOL 75 N. BELLEVIEW PL.	350868174	501(C)(3)	325,000.				TRANSPORTATION & SCH
(8)	INDIANA REPERTORY THEATRE, INC. 140 W. WASHINGTON ST.	351186290	501(C)(3)	314,109.				2012 DISTRIBUTION
(9)	UNITED WAY OF CENTRAL INDIANA 3901 N. MERIDIAN ST. P.O. BOX 88409	351007590	501(C)(3)	292,113.				PRESCHOOL PROGRAM EX
(10)	UNITED WAY OF CENTRAL INDIANA 3901 N. MERIDIAN ST. P.O. BOX 88409	351007590	501(C)(3)	250,000.				MENTOR RETENTION
(11)	THE CHILDREN'S MUSEUM OF INDIANAPOLIS 3000 N. MERIDIAN ST. P.O. BOX 3000	350867985	501(C)(3)	250,000.				NATURAL WORLD SPACE
(12)	THE HUTSON SCHOOL 7245 E. 75TH ST. INDIANAPOLIS, IN 46256	352148108	501(C)(3)	250,000.				PURCHASE OF 5626 LAW

- 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) (2012)

**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

2012

**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. 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)	UNITED WAY OF CENTRAL INDIANA 3901 N. MERIDIAN ST. P.O. BOX 88409	351007590	501(C)(3)	200,000.				YOUTH PROGRAMS
(2)	NEWSEUM, INC. 555 PENNSYLVANIA AVE. NW	203985447	501(C)(3)	200,000.				GREAT BOOKS GALLERY
(3)	FRANCIS W. PARKER SCHOOL 330 W. WEBSTER AVE. CHICAGO, IL 60614	362171732	501(C)(3)	200,000.				DIANE AND DAVID B. H
(4)	ROTARY FOUNDATION OF INDIANAPOLIS 401 E. MICHIGAN INDIANAPOLIS, IN 46204	356043931	501(C)(3)	180,000.				2012 DISTRIBUTION
(5)	INDIANAPOLIS PUBLIC SCHOOLS 120 E. WALNUT ST. INDIANAPOLIS, IN 46204	356002486	EDUCATIONAL ORG	175,560.				PRESCHOOL PROGRAM AT
(6)	BUTLER UNIVERSITY 4600 SUNSET AVE. INDIANAPOLIS, IN 46208	350867977	501(C)(3)	150,000.				SUSTAINABLE URBAN FO
(7)	CHICAGO HIGH SCHOOL FOR THE ARTS 521 E. 35TH ST. CHICAGO, IL 60616	300440226	501(C)(3)	150,000.				HIRE ACADEMIC TUTORS
(8)	INDIANAPOLIS-MARION COUNTY PUBLIC LIBRARY F P.O. BOX 6134 INDIANAPOLIS, IN 46206-6134	237016089	501(C)(3)	146,371.				2012 DISTRIBUTION
(9)	THE CENTER FOR THE PERFORMING ARTS 355 W. CITY CENTER DR. CARMEL, IN 46032	203901164	501(C)(3)	142,857.				GENREAL OPERATING FU
(10)	UNITED WAY OF CENTRAL INDIANA 3901 N. MERIDIAN ST.	351007590	501(C)(3)	140,000.				AFTERSCHOOL PROGRAMM
(11)	DAYSRING CENTER, INC. P.O. BOX 44105 INDIANAPOLIS, IN 46244-0105	351618998	501(C)(3)	110,000.				PROGRAM SUPPORT AND
(12)	ORCHARD PARK PRESBYTERIAN CHURCH 1605 E. 106TH ST. INDIANAPOLIS, IN 46280	236393377	RELIGIOUS ORGAN	109,143.				HAITI MISSION- NEW V

- 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) (2012)

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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.

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OMB No. 1545-0047

2012

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Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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- 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. 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)	UNITED WAY OF CENTRAL INDIANA 3901 N. MERIDIAN ST.	351007590	501(C)(3)	100,000.				2012-2013 ANNUAL CAM
(2)	JEWISH FEDERATION OF GREATER INDIANAPOLIS 6705 HOOVER RD. INDIANAPOLIS, IN 46260-4120	350888017	501(C)(3)	100,000.				2012-2013 ANNUAL CAM
(3)	INDIANA UNIVERSITY FOUNDATION 340 W. MICHIGAN ST. INDIANAPOLIS, IN 46202	356018940	501(C)(3)	100,000.				ATHLETICS CAPITAL PR
(4)	THE ORCHARD SCHOOL 615 W. 64TH ST. INDIANAPOLIS, IN 46260-4798	350909975	EDUCATIONAL ORG	100,000.				FIELD TRIPS, CAPITAL
(5)	ROTARY FOUNDATION OF INDIANAPOLIS 401 E. MICHIGAN INDIANAPOLIS, IN 46204	356043931	501(C)(3)	100,000.				2012 DISTRIBUTION
(6)	HAMDARD CENTER FOR HEALTH & HUMAN SERVICES 228 E. LAKE ST. ADDISON, IL 60101	363917885	501(C)(3)	100,000.				GENERAL OPERATING SU
(7)	JOY'S HOUSE 2028 E. BROAD RIPPLE AVE.	352083290	501(C)(3)	100,000.				GUEST SCHOLARSHIP SU
(8)	HERRON HIGH SCHOOL 110 E. 16TH ST. INDIANAPOLIS, IN 46202	202010941	501(C)(3)	100,000.				CAPITAL CAMPAIGN SUP
(9)	VISTING NURSE ASSOCIATION & HOSPICE FOUNDAT 1110 35TH LA. VERO BEACH, FL 32960	592804739	501(C)(3)	100,000.				CHARITABLE CONTRIBUT
(10)	UNIVERSITY OF CALIFORNIA, BERKELEY FOUNDATI 2440 BANCROFT WAY, STE. 203	946090626	501(C)(3)	100,000.				ARLENE ALLSOPP MCKIN
(11)	GRAMEEN AMERICA 1460 BROADWAY NEW YORK, NY 10036	208497991	501(C)(3)	100,000.				OPERATING SUPPORT
(12)	THE INDIANAPOLIS PUBLIC LIBRARY FOUNDATION, P.O. BOX 6134 INDIANAPOLIS, IN 46206-6134	237016089	501(C)(3)	86,020.				2012 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

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Schedule I (Form 990) (2012)

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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

2012

**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. 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	262661971	501(C)(3)	85,000.				OPERATING SUPPORT
(2)	THE FORTUNE ACADEMY 5626 LAATON LOOP DR.	352148108	501(C)(3)	78,000.				CHILLER INSTALLATION
(3)	AMERICAN CIVIL LIBERTIES UNION OF INDIANA F 1031 E. WASHINGTON ST.	237398358	501(C)(3)	77,000.				GENERAL OPERATING SU
(4)	BOYS & GIRLS CLUBS OF INDIANAPOLIS 2236 E. 10TH ST. INDIANAPOLIS, IN 46201	350888754	501(C)(3)	75,688.				2012 DISTRIBUTION
(5)	UNITED WAY OF CENTRAL INDIANA 3901 N. MERIDIAN ST. P.O. BOX 88409	351007590	501(C)(3)	75,000.				STAFF SALARIES
(6)	UNITED WAY OF CENTRAL INDIANA 3901 N. MERIDIAN ST. P.O. BOX 88409	351007590	501(C)(3)	75,000.				SCHOLARSHIPS FOR LOW
(7)	INDIANA REPERTORY THEATRE, INC. 140 W. WASHINGTON ST.	351186290	501(C)(3)	75,000.				COMMUNITY OUTREACH/S
(8)	COBURN PLACE SAFE HAVEN 604 E. 38TH ST. INDIANAPOLIS, IN 46205	371421922	501(C)(3)	75,000.				STAFFING EXPANSION
(9)	WASHINGTON TOWNSHIP SCHOOLS FOUNDATION 8550 WOODFIELD CROSSING BLVD.	311146508	501(C)(3)	73,000.				2012 DISTRIBUTION
(10)	AMERICAN PIANISTS ASSOCIATION, INC. 4603 CLARENDON RD. INDIANAPOLIS, IN 46208	310969640	501(C)(3)	70,697.				2012 DISTRIBUTION
(11)	INDIANAPOLIS ART CENTER 820 E. 67TH ST. INDIANAPOLIS, IN 46220	351088735	501(C)(3)	70,543.				2012 DISTRIBUTION R" EXHIBIT
(12)	ST. THOMAS AQUINAS/ ST. VINCENT DE PAUL FOO 4625 N. KENWOOD INDIANAPOLIS, IN 46208	371507632	501(C)(3)	70,000.				BUILDING PURCHASE

- 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) (2012)

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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**

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Employer identification number

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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)	UNITED WAY OF CENTRAL INDIANA 3901 N. MERIDIAN ST. P.O. BOX 88409	351007590	501(C)(3)	65,000.				GENERAL OPERATING SU
(2)	INDIANAPOLIS-MARION COUNTY PUBLIC LIBRARY F P.O. BOX 6134 INDIANAPOLIS, IN 46206-6134	237016089	501(C)(3)	64,368.				2012 DISTRIBUTION
(3)	VSA INDIANA, INC. 1505 N. DELAWARE ST. INDIANAPOLIS, IN 46202	351529183	501(C)(3)	63,016.				GENERAL OPERATING SU
(4)	UNITED WAY OF CENTRAL INDIANA 3901 N. MERIDIAN ST. P.O. BOX 88409	351007590	501(C)(3)	60,000.				WORKFORCE DEVELOPMEN
(5)	YMCA OF GREATER INDIANAPOLIS 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	350868211	501(C)(3)	60,000.				COLLEGE READINESS EF
(6)	JOHN P. CRAINE HOUSE, INC. 3535 N. PENNSYLVANIA ST.	351021203	501(C)(3)	60,000.				KITCHEN RENOVATIONS
(7)	LOCAL INITIATIVES SUPPORT CORPORATION 333 N. PENNSYLVANIA ST.	133030229	501(C)(3)	60,000.				CWF NETWORK
(8)	EITELJORG MUSEUM OF AMERICAN INDIANS AND WE 500 W. WASHINGTON ST.	311139447	501(C)(3)	60,000.				KIDS AND ART
(9)	SAGAMORE INSTITUTE FOR POLICY RESEARCH 2902 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	201161578	501(C)(3)	60,000.				AFRICA INTIATIVE
(10)	SUMMER ADVANTAGE USA SUITE 102 INDIANAPOLIS, IN 46202	263185485	501(C)(3)	60,000.				SUMMER ADVANTAGE SUM
(11)	BOYS & GIRLS CLUBS OF INDIANAPOLIS 2236 E. 10TH ST. INDIANAPOLIS, IN 46201	350888754	501(C)(3)	56,518.				2012 DISTRIBUTION
(12)	INDIANAPOLIS-MARION COUNTY PUBLIC LIBRARY F P.O. BOX 6134 INDIANAPOLIS, IN 46206-6134	237016089	501(C)(3)	55,000.				SUMMER READING PROGR

- 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) (2012)

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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.

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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 CHAMBER ORCHESTRA 4603 CLARENDON RD. INDIANAPOLIS, IN 46208	311132072	501(C)(3)	54,035.				2012 DISTRIBUTION
(2)	AMERICAN CIVIL LIBERTIES UNION OF INDIANA F 1031 E. WASHINGTON ST.	237398358	501(C)(3)	54,000.				EDUCATION OUTREACH A
(3)	ESKENAZI HEALTH FOUNDATION 1001 W. 10TH ST. INDIANAPOLIS, IN 46202	311132066	501(C)(3)	53,625.				SIDNEY AND LOIS ESKE
(4)	PERRY TOWNSHIP EDUCATION FOUNDATION 6548 ORINOCO AVE. INDIANAPOLIS, IN 46227	351923843	501(C)(3)	53,206.				2012 DISTRIBUTION
(5)	FESTIVAL MUSIC SOCIETY OF INDIANA 3646 BAY RD S. DR. INDIANAPOLIS, IN 46240	356068649	501(C)(3)	50,260.				2012 DISTRIBUTION
(6)	UNITED WAY OF CENTRAL INDIANA 3901 N. MERIDIAN ST. P.O. BOX 88409	351007590	501(C)(3)	50,000.				AFTER-SCHOOL PROGRAM
(7)	UNITED WAY OF CENTRAL INDIANA 3901 N. MERIDIAN ST. P.O. BOX 88409	351007590	501(C)(3)	50,000.				PROGRAM OPERATING SU
(8)	EDNA MARTIN CHRISTIAN CENTER P.O. BOX 18388 INDIANAPOLIS, IN 46218-0388	351072577	501(C)(3)	50,000.				EMPLOYMENT COACH FOR
(9)	CICOA AGING & IN-HOME SOLUTIONS 4755 KINGSWAY DR. INDIANAPOLIS, IN 46205	351310387	501(C)(3)	50,000.				CI NURSING HOME LEAD
(10)	CICOA AGING & IN-HOME SOLUTIONS 4755 KINGSWAY DR. INDIANAPOLIS, IN 46205	351310387	501(C)(3)	50,000.				AGC DIRECTOR SALARY
(11)	GIRLS INCORPORATED OF GREATER INDIANAPOLIS 3935 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	351337205	501(C)(3)	50,000.				CAPACITY BUILDING
(12)	GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE.	351483868	501(C)(3)	50,000.				FOOD FOR SENIORS

- 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) (2012)

**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

2012

**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. 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)	BOOTH TARKINGTON CIVIC THEATRE 3 CENTER GREEN CARMEL, IN 46032	350230360	501(C)(3)	50,000.				OPERATING SUPPORT
(2)	ESKENAZI HEALTH FOUNDATION 1001 W. 10TH ST. INDIANAPOLIS, IN 46202	311132066	501(C)(3)	50,000.				2012 CAPITAL CAMPAIG
(3)	ESKENAZI HEALTH FOUNDATION 1001 W. 10TH ST. INDIANAPOLIS, IN 46202	311132066	501(C)(3)	50,000.				2012 CAPITAL CAMPAIG
(4)	FRIENDS OF HOLLIDAY PARK, INC. 6363 SPRING MILL RD. INDIANAPOLIS, IN 46260	351816648	501(C)(3)	50,000.				2012 DISTRIBUTION
(5)	INDIANA YOUTH INSTITUTE 603 E. WASHINGTON ST.	311251680	501(C)(3)	50,000.				COLLEGE READINESS EF
(6)	WAYNE TOWNSHIP EDUCATION FOUNDATION 1220 S. HIGH SCHOOL RD.	351836690	501(C)(3)	50,000.				2011 DISTRIBUTION
(7)	INDIANA HISTORICAL SOCIETY 450 W. OHIO ST. INDIANAPOLIS, IN 46202	350876384	501(C)(3)	50,000.				PUBLICATION OF INDIA
(8)	INDY READS 2450 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	311227489	501(C)(3)	50,000.				INDY READS BOOKSTORE
(9)	INDIANA STATE MUSEUM FOUNDATION, INC. 650 W. WASHINGTON ST.	356202818	501(C)(3)	50,000.				THE LINCOLNS EXHIBIT
(10)	SCHOOL ON WHEELS 2815 E. 62ND ST. INDIANAPOLIS, IN 46220	352151003	501(C)(3)	50,000.				PROGRAM IMPACT ASSES
(11)	HENDRICKS COUNTY SENIOR SERVICES, INC. P.O. BOX 448 DANVILLE, IN 46122	351445497	501(C)(3)	50,000.				TRANSPORTATION FOR S
(12)	ART WITH A HEART 1125 BROOKSIDE AVE. INDIANAPOLIS, IN 46202	020570317	501(C)(3)	50,000.				INTEGRATED ARTS PROG

- 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) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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

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

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OMB No. 1545-0047

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**Open to Public
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Employer identification number

35-1793680

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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 MUSEUM OF CONTEMPORARY ART 1043 VIRGINIA AVE. INDIANAPOLIS, IN 46203	352155600	501(C)(3)	50,000.				GENERAL OPERATING SU
(2)	STARFISH INITIATIVE 814 N. DELAWARE ST. INDIANAPOLIS, IN 46204	562442758	501(C)(3)	50,000.				COLLEGE READINESS ME
(3)	RECYCLEFORCE 1125 BROOKSIDE AVE. INDIANAPOLIS, IN 46202	141892402	501(C)(3)	50,000.				GENERAL OPERATING SU
(4)	BIG CAR 615 N. ALABAMA ST., STE. 119	113725157	501(C)(3)	50,000.				GENERAL OPERATING/MA
(5)	COLLEGE SUMMIT 407 N. FULTON ST. INDIANAPOLIS, IN 46202	522007028	501(C)(3)	50,000.				SCHOOL-BASED COLLEGE
(6)	THE STANLEY CLARK SCHOOL 3123 MIAMI ST. SOUTH BEND, IN 46614	351019540	501(C)(3)	50,000.				GO THE DISTANCE
(7)	HIGH JUMP 59 W. NORTH BLVD. CHICAGO, IL 60610	364470186	501(C)(3)	50,000.				FRANCIS W. PARKER SC
(8)	UNITED WAY OF CENTRAL INDIANA 3901 N. MERIDIAN ST. P.O. BOX 88409	351007590	501(C)(3)	49,266.				PLAY 60 AND FIT KIDS
(9)	IMMIGRANT WELCOME CENTER 2236 E. 10TH ST.	203222424	501(C)(3)	46,679.				2012 DISTRIBUTION
(10)	INDIANA UNIVERSITY CENTER ON PHILANTHROPY 550 W. NORTH ST.	356001673	501(C)(3)	46,144.				2012 DISTRIBUTION
(11)	AMERICAN CIVIL LIBERTIES UNION OF INDIANA F 1031 E. WASHINGTON ST.	237398358	501(C)(3)	44,000.				EDUCATION OUTREACH A
(12)	INDIANA UNIVERSITY FOUNDATION 340 W. MICHIGAN ST. INDIANAPOLIS, IN 46202	356018940	501(C)(3)	43,465.				2012 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) (2012)

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**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. 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)	INDIANA LATINO INSTITUTE 445 N. PENNSYLVANIA ST.	260036285	501(C)(3)	41,828.				NSHMB/PROJECT STEPP
(2)	CONNECT2HELP 3901 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	311216792	501(C)(3)	40,950.				CONNECTIONG SENIORS
(3)	UNITED WAY OF CENTRAL INDIANA 3901 N. MERIDIAN ST.	351007590	501(C)(3)	40,679.				CALVARY TEMPLE PROMI
(4)	KEEP INDIANAPOLIS BEAUTIFUL, INC. 1029 FLETCHER AVE. INDIANAPOLIS, IN 46203	311005792	501(C)(3)	40,000.				GENERAL OPERATING SU
(5)	INDIANAPOLIS SYMPHONY ORCHESTRA 32 E. WASHINGTON ST.	350998627	501(C)(3)	40,000.				METROPOLITAN YOUTH O
(6)	SOUTHEAST COMMUNITY SERVICES, INC. 901 S. SHELBY ST. INDIANAPOLIS, IN 46203	351318068	501(C)(3)	40,000.				CENTER FOR WORKING F
(7)	ESKENAZI HEALTH FOUNDATION 1001 W. 10TH ST. INDIANAPOLIS, IN 46202	311132066	501(C)(3)	40,000.				CHARITABLE CONTRIBUT
(8)	MIRACLE PLACE 940 TEMPLE AVE. INDIANAPOLIS, IN 46201	352098706	501(C)(3)	40,000.				GENERAL OPERATING SU
(9)	ST. PIUS X CHURCH 52553 FIR RD. GRANGER, IN 46530-9162	350940397	RELIGIOUS ORGAN	40,000.				CHARITABLE CONTRIBUT
(10)	TANGRAM 5155 PENNWOOD DR. INDIANAPOLIS, IN 46205	351661813	501(C)(3)	39,521.				TANGRAM CORPORATE DE
(11)	RILEY CHILDREN'S FOUNDATION 30 S. MERIDIAN ST.	350868147	501(C)(3)	38,000.				CHARITABLE CONTRIBUT
(12)	SOCIEDAD AMIGOS DE COLUMBIA, INC. (SADCO) P.O. BOX 1141 CARMEL, IN 46082	351624409	501(C)(3)	37,873.				SCHOLARSHIP SUPPORT

- 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) (2012)

**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

2012

**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. 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)	INDIANA LATINO INSTITUTE 445 N. PENNSYLVANIA ST.	260036285	501(C)(3)	37,753.				SCHOLARSHIP SUPPORT
(2)	UNITED WAY OF CENTRAL INDIANA 3901 N. MERIDIAN ST.	351007590	501(C)(3)	37,665.				MT. CARMEL COMMUNITY
(3)	RECYCLEFORCE 754 N. SHERMAN DR. INDIANAPOLIS, IN 46201	141892402	501(C)(3)	36,465.				PEER MENTORING PROGR
(4)	THE JULIAN CENTER, INC. 2011 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	351346514	501(C)(3)	35,818.				2012 DISTRIBUTION
(5)	INDIANA LATINO INSTITUTE 445 N. PENNSYLVANIA ST.	260036285	501(C)(3)	35,382.				PROJECT STEPPING STO
(6)	THE JULIAN CENTER, INC. 2011 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	351346514	501(C)(3)	35,000.				OPERATING SUPPORT
(7)	WASHINGTON TOWNSHIP SCHOOLS FOUNDATION 8550 WOODFIELD CROSSING BLVD.	311146508	501(C)(3)	35,000.				INTERNATIONAL BACCAL
(8)	PEACE LEARNING CENTER 6040 DELONG RD. INDIANAPOLIS, IN 46254	352067284	501(C)(3)	35,000.				FOCUS 2020 COMM SUMM
(9)	THE KING'S COLLEGE 350 FIFTH AVE. NEW YORK, NY 10118	131810448	501(C)(3)	35,000.				CMUSIC PROGRAM
(10)	FRIENDS OF GARFIELD PARK, INC. P.O. BOX 33002 INDIANAPOLIS, IN 46203	352066980	501(C)(3)	34,861.				2012 DISTRIBUTION
(11)	INDIANAPOLIS ART CENTER 820 E. 67TH ST. INDIANAPOLIS, IN 46220	351088735	501(C)(3)	34,507.				2012 DISTRIBUTION
(12)	INDIANA REPERTORY THEATRE, INC. 140 W. WASHINGTON ST.	351186290	501(C)(3)	33,667.				A LITTLE NIGHT MUSIC

- 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) (2012)

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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.

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Inspection**

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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35-1793680

Part I General Information on Grants and Assistance

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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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)	INDIANA LANDMARKS 1201 CENTRAL AVE. INDIANAPOLIS, IN 46202	351162873	501(C)(3)	33,063.				2012 DISTRIBUTION
(2)	THE MIND TRUST 1630 N. MERIDIAN INDIANAPOLIS, IN 46202	204560286	501(C)(3)	32,175.				GROW WHAT WORKS
(3)	ESKENAZI HEALTH FOUNDATION 1001 W. 10TH ST. INDIANAPOLIS, IN 46202	311132066	501(C)(3)	31,016.				CHARITABLE CONTRIBUT
(4)	GENNESARET FREE CLINIC 615 N. ALABAMA ST.	351776518	501(C)(3)	31,016.				CHARITABLE CONTRIBUT
(5)	HISTORIC WOODRUFF PLACE FOUNDATION 735 EAST DR. INDIANAPOLIS, IN 46201	351776895	501(C)(3)	31,016.				CHARITABLE CONTRIBUT
(6)	SECOND HELPINGS, INC. 1121 SOUTHEASTERN AVE.	351484281	501(C)(3)	30,502.				FOOD RESCUE PROGRAM
(7)	YOUNG AUDIENCES OF INDIANA, INC. 3921 N. MERIDIAN ST.	351148812	501(C)(3)	30,030.				ARTS FOR LEARNING SC
(8)	KING PARK AREA DEVELOPMENT CORPORATION 2430 N. DELAWARE ST.	351704590	501(C)(3)	30,030.				SMART GROWTH DISTRIC
(9)	CENTRAL INDIANA CORPORATE PARTNERSHIP FOUND 111 MONUMENT CIR. INDIANAPOLIS, IN 46204	352065457	501(C)(3)	30,000.				CENTRAL INDIANA TRAN
(10)	INDIANAPOLIS ART CENTER 820 E. 67TH ST. INDIANAPOLIS, IN 46220	351088735	501(C)(3)	30,000.				FACULTY OF THE YEAR
(11)	MARTIN LUTHER KING COMMUNITY CENTER 40 W. 40TH ST. INDIANAPOLIS, IN 46208	237415846	501(C)(3)	30,000.				SENIOR PROGRAM/NORC
(12)	LOCAL INITIATIVES SUPPORT CORPORATION 202 E. MARKET ST. INDIANAPOLIS, IN 46204	133030229	501(C)(3)	30,000.				CENTER FOR WORKING F

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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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**Grants and Other Assistance to Organizations,
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(1)	MARIAN UNIVERSITY 3200 COLD SPRING RD.	350868175	501(C)(3)	30,000.				SUMMER LEARNING INST
(2)	THE FIELD MUSEUM 1400 S. LAKE SHORE DR.	362167011	501(C)(3)	30,000.				CHARIMAN'S CIRCLE SU
(3)	GOODMAN THEATRE 170 N. DEARBORN ST. CHICAGO, IL 60601	362896025	501(C)(3)	30,000.				A CHRISTMAS CAROL EN
(4)	FIVE STAR LIFE 2204 CALIFORNIA RD. ELKHART, IN 46514	383325828	501(C)(3)	30,000.				OPERATING SUPPORT
(5)	UNIVERSITY OF CHICAGO SMART MUSEUM OF ART 5550 S. GREENWOOD AVE. CHICAGO, IL 60637	362177139	501(C)(3)	30,000.				THE SAHMAT COLLECTIV
(6)	THE FIELD MUSEUM 1400 S. LAKE SHORE DR.	362167011	501(C)(3)	29,569.				MAHARAJA: THE SPLEND
(7)	THE INDIANAPOLIS PUBLIC LIBRARY FOUNDATION, P.O. BOX 6134 INDIANAPOLIS, IN 46206-6134	237016089	501(C)(3)	29,562.				2012 DISTRIBUTION
(8)	BOYS & GIRLS CLUBS OF INDIANAPOLIS 2236 E. 10TH ST. INDIANAPOLIS, IN 46201	350888754	501(C)(3)	28,390.				2012 DISTRIBUTION
(9)	PREVENT BLINDNESS INDIANA 70 E. 91ST ST. INDIANAPOLIS, IN 46240	356040676	501(C)(3)	27,300.				2012 DISTRIBUTION
(10)	THE CABARET 121 MONUMENT CIR. INDIANAPOLIS, IN 46204	311225154	501(C)(3)	27,033.				2012 DISTRIBUTION
(11)	FRANKLIN TOWNSHIP EDUCATION FOUNDATION 6141 S. FRANKLIN RD. INDIANAPOLIS, IN 46259	352000204	501(C)(3)	26,806.				2012 DISTRIBUTION
(12)	FOOTLITE MUSICALS 1847 N. ALABAMA ST. INDIANAPOLIS, IN 46202	356028411	501(C)(3)	25,740.				HEDBACK THEATRE

- 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) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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

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35-1793680

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(1)	MARIAN UNIVERSITY 3200 COLD SPRING RD.	350868175	501(C)(3)	25,740.				LAKE SULLIVAN SPORTS
(2)	THE NATURE CONSERVANCY IN INDIANA 620 E. OHIO ST. INDIANAPOLIS, IN 46202-2418	530242652	501(C)(3)	25,216.				ENDOWMENT FUND SUPPO
(3)	THE HEALTH FOUNDATION OF GREATER INDIANAPOL 429 E. VERMONT ST. INDIANAPOLIS, IN 46202	356203550	501(C)(3)	25,000.				SPOTLIGHT 2012 EVENT
(4)	FINE ARTS SOCIETY OF INDIANAPOLIS P.O. BOX 1706 INDIANAPOLIS, IN 46206	237002448	501(C)(3)	25,000.				CHARITABLE CONTRIBUT
(5)	INDIANA REPERTORY THEATRE, INC. 140 W. WASHINGTON ST.	351186290	501(C)(3)	25,000.				A LITTLE NIGHT MUSIC
(6)	THE HEALTH FOUNDATION OF GREATER INDIANAPOL 429 E. VERMONT ST. INDIANAPOLIS, IN 46202	356203550	509 PF PRIVATE	25,000.				INDIANA AIDS FUND SP
(7)	DAMAR SERVICES, INC. 6067 DECATUR BLVD INDIANAPOLIS, IN 46241	351168048	501(C)(3)	25,000.				AUTISM TRANSITION IN
(8)	GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE.	351483868	501(C)(3)	25,000.				OPERATING SUPPORT
(9)	KEEP INDIANAPOLIS BEAUTIFUL, INC. 1029 FLETCHER AVE. INDIANAPOLIS, IN 46203	311005792	501(C)(3)	25,000.				RECONNECTING OUR WAT
(10)	JUNIOR ACHIEVEMENT OF CENTRAL INDIANA, INC. 7435 N. KEYSTONE AVE.	351003695	501(C)(3)	25,000.				2012 DONATION
(11)	SOUTHEAST COMMUNITY SERVICES, INC. 901 S. SHELBY ST. INDIANAPOLIS, IN 46203	351318068	501(C)(3)	25,000.				MOVING FORWARD PROJE
(12)	UNITED WAY OF CENTRAL INDIANA 3901 N. MERIDIAN ST.	351007590	501(C)(3)	25,000.				READ UP

- 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) (2012)

**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

2012

**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. 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)	VSA INDIANA, INC. 1505 N. DELAWARE ST. INDIANAPOLIS, IN 46202	351529183	501(C)(3)	25,000.				TEACHING ARTISTS POS
(2)	BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA 2960 N. MERIDIAN ST.	351323831	501(C)(3)	25,000.				CHARITABLE CONTRIBUT
(3)	DAY NURSERY ASSOCIATION OF INDIANAPOLIS, IN 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	350888763	501(C)(3)	25,000.				TUITION ASSISTANCE P
(4)	MARION COUNTY COMMISSION ON YOUTH 3901 N. MERIDIAN ST.	351900516	501(C)(3)	25,000.				YOUTH EMPLOYMENT TRA
(5)	LOCAL INITIATIVES SUPPORT CORPORATION 333 N. PENNSYLVANIA ST.	133030229	501(C)(3)	25,000.				INDY FOOD FUND
(6)	GENNESARET FREE CLINIC 615 N. ALABAMA ST.	351776518	501(C)(3)	25,000.				CHARITABLE CONTRIBUT
(7)	MAPLETON-FALL CREEK DEVELOPMENT CORPORATION 130 E. 30TH ST. INDIANAPOLIS, IN 46205	351654999	501(C)(3)	25,000.				FALL CREEK GARDENS
(8)	HORIZON HOUSE 1033 E. WASHINGTON ST.	351759503	501(C)(3)	25,000.				CASE MANAGEMENT FOR
(9)	LITTLE RED DOOR CANCER AGENCY 1801 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	350914096	501(C)(3)	25,000.				MAMMOGRAPHY ASSISTAN
(10)	LAWRENCE TOWNSHIP FOUNDATION 5626 LAWTON LOOP E. DR.	351573468	501(C)(3)	25,000.				2012 DISTRIBUTION
(11)	WAYNE TOWNSHIP EDUCATION FOUNDATION 1220 S. HIGH SCHOOL RD.	351836690	501(C)(3)	25,000.				2012 DISTRIBUTION
(12)	WAYNE TOWNSHIP EDUCATION FOUNDATION 1220 S. HIGH SCHOOL RD.	351836690	501(C)(3)	25,000.				2012 DISTRIBUTION

- 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) (2012)

**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.

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OMB No. 1545-0047

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Employer identification number

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(1)	WAYNE TOWNSHIP EDUCATION FOUNDATION 1220 S. HIGH SCHOOL RD.	351836690	501(C)(3)	25,000.				2012 DISTRIBUTION
(2)	SECOND HELPINGS, INC. 1121 SOUTHEASTERN AVE.	351484281	501(C)(3)	25,000.				SENIOR HUNGER RELIEF
(3)	SECOND HELPINGS, INC. 1121 SOUTHEASTERN AVE.	351484281	501(C)(3)	25,000.				CHARITABLE CONTRIBUTION
(4)	FUND FOR HOOSIER EXCELLENCE, INC. P.O. BOX 97 INDIANAPOLIS, IN 46206	351579672	501(C)(3)	25,000.				SCHOLARSHIP SUPPORT
(5)	HOOSIER ENVIRONMENTAL COUNCIL 3951 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	351576694	501(C)(3)	25,000.				GENERAL OPERATING SUPPORT
(6)	PARK TUDOR SCHOOL 7200 N. COLLEGE AVE. INDIANAPOLIS, IN 46240	350909976	501(C)(3)	25,000.				ANNUAL FUND
(7)	INDIANA HISTORICAL SOCIETY 450 W. OHIO ST. INDIANAPOLIS, IN 46202	350876384	501(C)(3)	25,000.				YOU ARE THERE 1913:
(8)	GIRLS INCORPORATED OF FRANKLIN/JOHNSON COUNCIL 200 E. MADISON ST. FRANKLIN, IN 46131	310901598	501(C)(3)	25,000.				OPERATING SUPPORT
(9)	TURNING POINT/COLUMBUS REGIONAL SHELTER P.O. BOX 103 COLUMBUS, IN 47202-0103	310993447	501(C)(3)	25,000.				SAFE DATES PROGRAM
(10)	DRESS FOR SUCCESS INDIANAPOLIS, INC. 820 N. MERIDIAN ST. INDIANAPOLIS, IN 46204	352078412	501(C)(3)	25,000.				OPERATING SUPPORT
(11)	LA PLAZA, INC. 8902 E. 38TH ST. INDIANAPOLIS, IN 46226	300029575	501(C)(3)	25,000.				HS DROPOUT PREVENTION
(12)	FIRST PRESBYTERIAN CHURCH 221 E. SIXTH ST. AT LINCOLN	350077531	RELIGIOUS ORGANIZATION	25,000.				GENERAL FUND

- 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) (2012)

**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.

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OMB No. 1545-0047

2012

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

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(1)	EVANSVILLE DAY SCHOOL, INC. 3400 N. GREEN RIVER RD.	351020931	501(C)(3)	25,000.				CAPITAL CAMPAIGN
(2)	STARFISH INITIATIVE 814 N. DELAWARE ST. INDIANAPOLIS, IN 46204	562442758	501(C)(3)	25,000.				USA FUNDS MATCH
(3)	THE MIND TRUST 1630 N. MERIDIAN INDIANAPOLIS, IN 46202	204560286	501(C)(3)	25,000.				GENERAL OPERATING
(4)	PROJECT HOME INDY PO BOX 683 INDIANAPOLIS, IN 46206	205045345	501(C)(3)	25,000.				OPERATING SUPPORT
(5)	AMERICAN INDIA FOUNDATION 216 E. 45TH ST. NEW YORK, NY 10017	134159765	501(C)(3)	25,000.				DIGITAL EQUALIZER PR
(6)	WTTW11 5400 N. ST. LOUIS AVE.	362246703	501(C)(3)	25,000.				MATCH CHALLENGE FOR
(7)	KURT VONNEGUT MEMORIAL LIBRARY 340 N. SENATE AVE. INDIANAPOLIS, IN 46204	270825749	501(C)(3)	25,000.				GENERAL OPERATING SU
(8)	INTERLOCHEN CENTER FOR THE ARTS P.O. BOX 199 INTERLOCHEN, MI 49643	381689022	501(C)(3)	25,000.				INTERLOCHEN BOOTH TA
(9)	ST. VINCENT DE PAUL/BOULEVARD PLACE FOOD PA 4202 N. BOULEVARD PLACE	371507632	501(C)(3)	25,000.				OPERATING SUPPORT
(10)	IZAAB WALTON LEAGUE - DIANA CHAPTER P.O. BOX 110 SHELBY, IN 46377	351617020	501(C)(3)	25,000.				EVERGLADES OF THE NO
(11)	STATE OF INDIANA STATE FAIR RELIEF FUND 615 N. ALABAMA ST., STE. 119	351793680	STATE ELECTED C	43,977.				STATE FAIR EMERGENCY
(12)	BEECH GROVE EDUCATION FOUNDATION 5334 HORNET AVE. BEECH GROVE, IN 46107-2306	351982291	501(C)(3)	24,601.				2012 DISTRIBUTION

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Schedule I (Form 990) (2012)

JSA

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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OMB No. 1545-0047

2012

**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

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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)	MCGIVNEY HEALTH CARE CENTER 2907 E. 136TH ST. CARMEL, IN 46033	352139972	501(C)(3)	24,475.				ELECTRONIC MEDICAL R
(2)	MCGIVNEY HEALTH CARE CENTER 2907 E. 136TH ST. CARMEL, IN 46033	352139972	501(C)(3)	24,475.				ELECTRONIC MEDICAL R
(3)	OUTREACH, INC. P.O. BOX 11416 INDIANAPOLIS, IN 46201	351989358	501(C)(3)	24,196.				PROGRAMS FOR HOMELES
(4)	GLOBAL PEACE INITIATIVES P.O. BOX 11593 INDIANAPOLIS, IN 46201	204019399	501(C)(3)	24,000.				EXECUTIVE DIRECTOR S
(5)	CICOA AGING & IN-HOME SOLUTIONS 4755 KINGSWAY DR. INDIANAPOLIS, IN 46205	351310387	501(C)(3)	23,900.				ESSENTIAL NEEDS TRAN
(6)	IRVINGTON PRESBYTERIAN CHURCH 55 JOHNSON AVE. INDIANAPOLIS, IN 46219	350868021	501(C)(3)	23,836.				2012 DISTRIBUTION
(7)	NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE RD. JENKINTOWN, PA 19046	237825575	501(C)(3)	23,253.				TRANSFER FOR FUNDS
(8)	INDIANAPOLIS ALGEBRA PROJECT, INC. 2804 QUESTEND S. DR. INDIANAPOLIS, IN 46222	352073414	501(C)(3)	23,000.				INDIANAPOLIS ALGEBRA
(9)	HARRISON CENTER FOR THE ARTS, INC. 1505 NORTH DELAWARE INDIANAPOLIS, IN 46202	010798626	501(C)(3)	23,000.				CHARITABLE CONTRIBUT
(10)	PIKE TOWNSHIP EDUCATIONAL FOUNDATION 6901 ZIONSVILLE RD.	351836390	501(C)(3)	21,812.				2012 DISTRIBUTION
(11)	EDNA MARTIN CHRISTIAN CENTER P.O. BOX 18388 INDIANAPOLIS, IN 46218-0388	351072577	501(C)(3)	21,450.				ACADEMIC SUPPORT CEN
(12)	HEALTHNET, INC. 3401 E. RAYMOND ST. INDIANAPOLIS, IN 46203	351579827	501(C)(3)	21,450.				RALPH DOWE LEGACY HO

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Schedule I (Form 990) (2012)

JSA

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

**Grants and Other Assistance to Organizations,
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(1)	FLANNER HOUSE 2424 DR. MARTIN LUTHER KING JR. ST.	350942628	501(C)(3)	21,450.				CENTER FOR WORKING F
(2)	SOUTHEAST NEIGHBORHOOD DEVELOPMENT, INC. 1030 ORANGE ST. INDIANAPOLIS, IN 46203	351557200	501(C)(3)	21,450.				SEND INDUSTRIAL ECON
(3)	GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE.	351483868	501(C)(3)	21,450.				CHILD HUNGER INITIAT
(4)	INDIANAPOLIS PARKS FOUNDATION 615 N. ALABAMA ST., STE. 119	351860468	501(C)(3)	21,450.				ENDOWMENT BUILDING
(5)	INDIANAPOLIS PARKS FOUNDATION 615 N. ALABAMA ST., STE. 119	351860468	501(C)(3)	21,450.				2013 GENERAL OPERATI
(6)	CONNECT2HELP 3901 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	311216792	501(C)(3)	21,450.				2013 ANNUAL INTERMED
(7)	JOHN H. BONER COMMUNITY CENTER 2236 E. 10TH ST.	237204495	501(C)(3)	21,450.				CENTER FOR WORKING F
(8)	SOUTHEAST COMMUNITY SERVICES, INC. 901 S. SHELBY ST. INDIANAPOLIS, IN 46203	351318068	501(C)(3)	21,450.				CENTER FOR WORKING F
(9)	TRAINING INC. 333 N. PENNSYLVANIA ST.	351682914	501(C)(3)	21,450.				JOB SKILLS TRAINING
(10)	MARION COUNTY COMMISSION ON YOUTH 3901 N. MERIDIAN ST.	351900516	501(C)(3)	21,450.				2013 ANNUAL INTERMED
(11)	INDIANAPOLIS NEIGHBORHOOD RESOURCE CENTER 1802 N. ILLINOIS ST.	351909230	501(C)(3)	21,450.				RESIDENT ENGAGEMENT-
(12)	HAWTHORNE COMMUNITY CENTER 2440 W. OHIO ST. INDIANAPOLIS, IN 46222	350874274	501(C)(3)	21,450.				CENTER FOR WORKING F

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) (2012)

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(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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**Grants and Other Assistance to Organizations,
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(1)	HORIZON HOUSE 1033 E. WASHINGTON ST.	351759503	501(C)(3)	21,450.				COMPREHENSIVE SERVIC
(2)	THE JULIAN CENTER, INC. 2011 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	351346514	501(C)(3)	21,450.				GENERAL OPERATING SU
(3)	COALITION FOR HOMELESSNESS INTERVENTION & P 3737 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	311254018	501(C)(3)	21,450.				2013 ANNUAL INTERMED
(4)	MARY RIGG NEIGHBORHOOD CENTER 1920 W. MORRIS ST. INDIANAPOLIS, IN 46221	350868954	501(C)(3)	21,450.				CENTER FOR WORKING F
(5)	SHEPHERD COMMUNITY INC. 4107 E. WASHINGTON ST.	351765846	501(C)(3)	21,450.				CENTER FOR WORKING F
(6)	LACY LEADERSHIP ASSOCIATION 615 N. ALABAMA ST., STE. 119	352054817	501(C)(3)	21,450.				2013 GENERAL OPERATI
(7)	DOMESTIC VIOLENCE NETWORK 9539 VALAPRAISO CT. INDIANAPOLIS, IN 46268	352014673	501(C)(3)	21,450.				2013 ANNUAL INTERMED
(8)	TECHPOINT FOUNDATION 615 N. ALABAMA ST., STE. 119	352155455	501(C)(3)	21,450.				2013 GENERAL OPERATI
(9)	INDIANA LATINO INSTITUTE 445 N. PENNSYLVANIA ST.	260036285	501(C)(3)	21,450.				CAREERS FOR THE FUTU
(10)	BIG CAR GALLERY 237 N. EAST ST. INDIANAPOLIS, IN 46204	113725157	501(C)(3)	21,450.				SUPPORT FOR CULTURAL
(11)	MIDTOWN, INC. 615 N. ALABAMA ST., STE. 119	800228952	501(C)(3)	21,450.				STAFF SUPPORT
(12)	MIDTOWN, INC. 615 N. ALABAMA ST., STE. 119	800228952	501(C)(3)	21,450.				ALICE CARTER PARK

- 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) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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

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(1)	INDIANAPOLIS CONGREGATION ACTION NETWORK 337 N. WARMAN AVE. INDIANAPOLIS, IN 46222	452349567	RELIGIOUS ORGAN	21,450.				PATHWAYS TO OPPORTUN
(2)	CONCORD NEIGHBORHOOD CENTER 1310 S. MERIDIAN ST. INDIANAPOLIS, IN 46225	350817149	501(C)(3)	21,000.				CONCORD SENIOR AND M
(3)	INDIANAPOLIS CITY BALLET INC. P.O. BOX 40567 INDIANAPOLIS, IN 46240	262051938	501(C)(3)	21,000.				SUPPORT OF EVENING W
(4)	CONCORD NEIGHBORHOOD CENTER 1310 S. MERIDIAN ST. INDIANAPOLIS, IN 46225	350817149	501(C)(3)	20,200.				OPERATING SUPPORT
(5)	UNITED WAY OF CENTRAL INDIANA 3901 N. MERIDIAN ST. P.O. BOX 88409	351007590	501(C)(3)	20,000.				PROGRAM DIRECTOR POS
(6)	EDNA MARTIN CHRISTIAN CENTER P.O. BOX 18388 INDIANAPOLIS, IN 46218-0388	351072577	501(C)(3)	20,000.				FAMILY ADVOCACY
(7)	UNIVERSITY OF INDIANAPOLIS 1400 E. HANNA AVE.	350868107	501(C)(3)	20,000.				SUTPHIN CENTER FOR C
(8)	MEALS ON WHEELS OF CENTRAL INDIANA P.O. BOX 40969 INDIANAPOLIS, IN 46240-0969	351182075	501(C)(3)	20,000.				FINANCIAL ASSISTANCE
(9)	LITTLE SISTERS OF THE POOR OF INDIANAPOLIS, ST. AUGUSTINE HOME	351007734	RELIGIOUS ORGAN	20,000.				CHARITABLE CONTRIBUT
(10)	THE CABARET 121 MONUMENT CIR. INDIANAPOLIS, IN 46204	311225154	501(C)(3)	20,000.				GENERAL OPERATING
(11)	INDIANAPOLIS CHAMBER ORCHESTRA 4603 CLARENDON RD. INDIANAPOLIS, IN 46208	311132072	501(C)(3)	20,000.				2012 DISTRIBUTION
(12)	LOCAL INITIATIVES SUPPORT CORPORATION 333 N. PENNSYLVANIA ST.	133030229	501(C)(3)	20,000.				INDY FOOD FUND

- 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) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**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. 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)	HAWTHORNE COMMUNITY CENTER 2440 W. OHIO ST. INDIANAPOLIS, IN 46222	350874274	501(C)(3)	20,000.				GEORGE T. GOODWIN CE
(2)	BUTLER UNIVERSITY 4600 SUNSET AVE. INDIANAPOLIS, IN 46208	350867977	501(C)(3)	20,000.				EFROYMSON MFA CREATI
(3)	FOREST MANOR MULTI-SERVICE CENTER 5603 E. 38TH ST. INDIANAPOLIS, IN 46218	351420208	501(C)(3)	20,000.				SISTERS BECOMING SOU
(4)	BOONE COUNTY SENIOR SERVICES 515 CROWNPOINTE DR. LEBANON, IN 46052	351445498	501(C)(3)	20,000.				TRANSPORTATION
(5)	EXODUS REFUGEE/IMMIGRATION, INC. 1125 BROOKSIDE AVE. INDIANAPOLIS, IN 46202	351900090	501(C)(3)	20,000.				REFUGEE WOMEN'S SELF
(6)	THE GREENLEAF CENTER FOR SERVANT-LEADERSHIP 770 PAWTUCKET DR WESTFIELD, IN 46074	046122305	501(C)(3)	20,000.				IN ACHIEVEMENT AWARD
(7)	RECYCLEFORCE 754 N. SHERMAN DR. INDIANAPOLIS, IN 46201	141892402	501(C)(3)	20,000.				GENERAL OPERATING
(8)	RECYCLEFORCE 1125 BROOKSIDE AVE. INDIANAPOLIS, IN 46202	141892402	501(C)(3)	20,000.				MC SOCIAL IMPACT BON
(9)	IVY TECH FOUNDATION 50 W. FALL CREEK PKWY. N. DR.	237073977	501(C)(3)	20,000.				BRIGHTPOINT CONTRIBU
(10)	MUSEUM OF CONTEMPORARY ART 220 E. CHICAGO AVE. CHICAGO, IL 60611	366154098	501(C)(3)	20,000.				COMMUNITY OUTREACH A
(11)	PURDUE FOUNDATION 403 W. WOOD ST.	310958507	501(C)(3)	20,000.				TED AND NANCY BOOTS
(12)	THE FIELD MUSEUM 1400 S. LAKE SHORE DR.	362167011	501(C)(3)	20,000.				I DIG FOSSILS

- 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) (2012)

**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.

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OMB No. 1545-0047

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(1)	MILLIGAN COLLEGE P.O. BOX 750 MILLIGAN COLLEGE, TN 37682	620535755	501(C)(3)	20,000.				FORWARD EVER CAMPAIG
(2)	REDMOON THEATRE 1438 W. KINZIE CHICAGO, IL 60622	363728150	501(C)(3)	20,000.				CREATIVE MARKETING &
(3)	CHICAGO HIGH SCHOOL FOR THE ARTS 521 E. 35TH ST. CHICAGO, IL 60616	300440226	501(C)(3)	20,000.				ENHANCED SECURITY
(4)	PACERS FOUNDATION INC. 125 S. PENNSYLVANIA ST.	351908365	501(C)(3)	20,000.				TICKET DONATION
(5)	100 BLACK MEN OF INDIANAPOLIS, INC. 3901 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	351813852	501(C)(3)	20,000.				SUMMER ACADEMY
(6)	YMCA OF GREATER INDIANAPOLIS 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	350868211	501(C)(3)	19,530.				RANSBURG YMCA ACTIVE
(7)	GIRLS INCORPORATED OF GREATER INDIANAPOLIS 3935 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	351337205	501(C)(3)	19,305.				MARTINDALE-BRIGHTWOO
(8)	DRESS FOR SUCCESS INDIANAPOLIS, INC. 820 N. MERIDIAN ST. INDIANAPOLIS, IN 46204	352078412	501(C)(3)	19,305.				PROGRAM OPERATING SU
(9)	MEALS ON WHEELS OF CENTRAL INDIANA P.O. BOX 40969 INDIANAPOLIS, IN 46240-0969	351182075	501(C)(3)	18,000.				CHARITABLE CONTRIBUT
(10)	EAST 10TH UNITED METHODIST CHILDREN & YOUTH 2327 E. 10TH ST. INDIANAPOLIS, IN 46201	351976975	RELIGIOUS ORGAN	18,000.				SUMMER DAYS FOR YOUT
(11)	INDIANAPOLIS NEIGHBORHOOD RESOURCE CENTER 1802 N. ILLINOIS ST.	351909230	501(C)(3)	17,726.				2012 NUSA! CONFERENC
(12)	THE MIND TRUST 1630 N. MERIDIAN INDIANAPOLIS, IN 46202	204560286	501(C)(3)	17,160.				FOSTERED: MARION COU

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Schedule I (Form 990) (2012)

JSA

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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OMB No. 1545-0047

2012

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Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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(1)	CHRISTAMORE HOUSE 502 N. TREMONT ST. INDIANAPOLIS, IN 46222	350885588	501(C)(3)	17,160.				OPERATING SUPPORT
(2)	INDIANA REPERTORY THEATRE, INC. 140 W. WASHINGTON ST.	351186290	501(C)(3)	17,160.				2012-13 STUDENT MATI
(3)	100 BLACK MEN OF INDIANAPOLIS, INC. 3901 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	351813852	501(C)(3)	17,160.				PROGRAM SUPPORT
(4)	UNITED WAY OF CENTRAL INDIANA 3901 N. MERIDIAN ST.	351007590	501(C)(3)	17,160.				SUPPORT OF UNITED CH
(5)	WFYI PUBLIC MEDIA 1630 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	351147600	501(C)(3)	17,160.				ARTS INFORMATION POR
(6)	BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA 2960 N. MERIDIAN ST.	351323831	501(C)(3)	17,160.				SIX SIGMA: MATCH RET
(7)	DAY NURSERY ASSOCIATION OF INDIANAPOLIS, IN 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	350888763	501(C)(3)	17,160.				TUITION ASSISTANCE P
(8)	ARTS COUNCIL OF INDIANAPOLIS 924 N. PENNSYLVANIA ST.	311225893	501(C)(3)	17,160.				ANNUAL INTERMEDIARY
(9)	LOCAL INITIATIVES SUPPORT CORPORATION 333 N. PENNSYLVANIA ST.	133030229	501(C)(3)	17,160.				QUALITY OF LIFE PLAN
(10)	WESTSIDE COMMUNITY DEVELOPMENT CORP. 2232 W. MICHIGAN ST. INDIANAPOLIS, IN 46222	351643969	501(C)(3)	17,160.				FAMILIES IN TRANSITI
(11)	CONCORD NEIGHBORHOOD CENTER 1310 S. MERIDIAN ST. INDIANAPOLIS, IN 46225	350817149	501(C)(3)	17,160.				L.I.F.T.- LIVING IN
(12)	BUSINESS OWNERSHIP INITIATIVE OF INDIANA 4755 KINGSWAY DR.	352028160	501(C)(3)	17,160.				MICROENTERPRISE COUN

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Schedule I (Form 990) (2012)

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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)	STOPOVER, INC. 2236 E. 10TH ST.	351361111	501(C)(3)	17,160.				STOPOVER INC. CAPACI
(2)	REBUILDING THE WALL INC. 2322 N. GUILFORD AVE.	352140372	501(C)(3)	17,160.				OPERATING SUPPORT
(3)	INDIANAPOLIS THEATRE FRINGE FESTIVAL, INC. P.O. BOX 44121 INDIANAPOLIS, IN 46202	202005004	501(C)(3)	17,160.				BUILDING RENOVATION
(4)	PROJECT HOME INDY PO BOX 683 INDIANAPOLIS, IN 46206	205045345	501(C)(3)	17,160.				OPERATING SUPPORT
(5)	IPS EDUCATION FOUNDATION 120 E. WALNUT ST. INDIANAPOLIS, IN 46204	311103966	501(C)(3)	16,860.				COSTA RICA TRIP
(6)	NEIGHBORHOOD CHRISTIAN LEGAL CLINIC 3333 N. MERIDIAN ST.	351916572	501(C)(3)	16,088.				DEFERRED ACTION FOR
(7)	DEPAUW UNIVERSITY DEVELOPMENT, CHARTER HOUSE	350869045	501(C)(3)	16,000.				ART STUDENTS INTERNS
(8)	FIRST PRESBYTERIAN CHURCH P.O. BOX 2168 BONITA SPRINGS, FL 34133	591622501	RELIGIOUS ORGAN	16,000.				FIRST FORWARD & GENE
(9)	MEALS ON WHEELS OF HAMILTON COUNTY 395 WESTFIELD RD.	351344488	501(C)(3)	15,500.				FOOD SUBSIDIES
(10)	PLANNED PARENTHOOD OF INDIANA, INC. 200 S. MERIDIAN ST. INDIANAPOLIS, IN 46206	350874276	501(C)(3)	15,196.				2012 DISTRIBUTION
(11)	PATHWAY TO RECOVERY, INC. 2135 N. ALABAMA ST. INDIANAPOLIS, IN 46202	351820889	501(C)(3)	15,015.				GENERAL OPERATING AN
(12)	FOREST MANOR MULTI-SERVICE CENTER 5603 E. 38TH ST. INDIANAPOLIS, IN 46218	351420208	501(C)(3)	15,015.				WORKFORCE DEVELOPMEN

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(1)	DYSLEXIA INSTITUTE OF INDIANA, INC. 8395 KEYSTONE CROSSING	351780312	501(C)(3)	15,015.				THE READY, SET, READ
(2)	INTERNATIONAL CENTER OF INDIANAPOLIS, INC. 32 E. WASHINGTON ST. INDIANAPOLIS, IN 46204	351300785	501(C)(3)	15,015.				2012-2013 FESTIVAL F
(3)	SEEDS OF HOPE, INC. 1425 S. MICKLEY AVE.	352086855	501(C)(3)	15,015.				OPERATING SUPPORT
(4)	LAFAYETTE SQUARE AREA COALITION PO BOX 531515 INDIANAPOLIS, IN 46253	204008623	501(C)(3)	15,015.				GENERAL OPERATING SU
(5)	INDIANA YOUTH INSTITUTE 603 E. WASHINGTON ST.	351793680	501(C)(3)	15,000.				TECHNICAL ASSISTANCE
(6)	GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE.	351483868	501(C)(3)	15,000.				CHARITABLE CONTRIBUT
(7)	KEEP INDIANAPOLIS BEAUTIFUL, INC. 1029 FLETCHER AVE. INDIANAPOLIS, IN 46203	311005792	501(C)(3)	15,000.				CHARITABLE CONTRIBUT
(8)	WHEELER MISSION MINISTRIES 205 E. NEW YORK ST. INDIANAPOLIS, IN 46201	350888771	501(C)(3)	15,000.				CHARITABLE CONTRIBUT
(9)	THE JULIAN CENTER, INC. 2011 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	351346514	501(C)(3)	15,000.				CHARITABLE CONTRIBUT
(10)	INDIANA UNIVERSITY FOUNDATION 340 W. MICHIGAN ST. INDIANAPOLIS, IN 46202	356018940	501(C)(3)	15,000.				SPEA DEAN'S COUNCIL
(11)	FOOD BANK OF NORTHWEST INDIANA 2248 W. 35TH AVE. GARY, IN 46408	351528285	501(C)(3)	15,000.				CHARITABLE CONTRIBUT
(12)	INDIANA LANDMARKS 1201 CENTRAL AVE. INDIANAPOLIS, IN 46202	351162873	501(C)(3)	15,000.				WILLIAM KIZER HOUSE

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(1)	INTERNATIONAL VIOLIN COMPETITION OF INDIANA 32 E. WASHINGTON ST. INDIANAPOLIS, IN 46204	237139746	501(C)(3)	15,000.				II VIOLINO
(2)	DANCE KALEIDOSCOPE 4603 CLARENDON RD. INDIANAPOLIS, IN 46208	310896177	501(C)(3)	15,000.				PROGRAM EXPANSION
(3)	MARTIN UNIVERSITY 2171 AVONDALE PL. INDIANAPOLIS, IN 46218	310970262	501(C)(3)	15,000.				MASTER GROWTH PLAN
(4)	BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA 2960 N. MERIDIAN ST.	351323831	501(C)(3)	15,000.				MATCH RETENTION PROG
(5)	MAPLETON-FALL CREEK DEVELOPMENT CORPORATION 130 E. 30TH ST. INDIANAPOLIS, IN 46205	351654999	501(C)(3)	15,000.				FALL CREEK GARDENS O
(6)	MARIAN UNIVERSITY 3200 COLD SPRING RD.	350868175	501(C)(3)	15,000.				BRIGHTPOINT SCHOLARS
(7)	SHEPHERD COMMUNITY INC. 4107 E. WASHINGTON ST.	351765846	501(C)(3)	15,000.				JIREH SPORT PROPERTY
(8)	CATHEDRAL HIGH SCHOOL 5225 E. 56TH ST.	356254955	501(C)(3)	15,000.				TUITION SUPPORT
(9)	PARK TUDOR SCHOOL 7200 N. COLLEGE AVE. INDIANAPOLIS, IN 46240	350909976	501(C)(3)	15,000.				ANNUAL FUND
(10)	CENTRAL INDIANA LAND TRUST INC. 1500 N. DELAWARE ST. INDIANAPOLIS, IN 46202	351816493	501(C)(3)	15,000.				AQISITION, GENERAL O
(11)	THE NATURE CONSERVANCY IN INDIANA 620 E. OHIO ST. INDIANAPOLIS, IN 46202-2418	530242652	501(C)(3)	15,000.				FEHSENFELD MATCH
(12)	DOMESTIC VIOLENCE NETWORK 9539 VALAPRAISO CT. INDIANAPOLIS, IN 46268	352014673	501(C)(3)	15,000.				COMMUNITY-WIDE PLAN

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(1)	NOEXIT PERFORMANCE 5845 N. PARKER AVE. INDIANAPOLIS, IN 46220	202420496	501(C)(3)	15,000.				AN EVENING WITH AMY
(2)	SYCAMORE LAND TRUST INC. P.O. BOX 7801 BLOOMINGTON, IN 47407	351830637	501(C)(3)	15,000.				ENVIRONMENTAL EDUCAT
(3)	PERRY SENIOR CITIZENS SERVICES, INC. 6901 DERBYSHIRE RD. INDIANAPOLIS, IN 46227	351416248	501(C)(3)	15,000.				SERVICES TO THE HOME
(4)	INDIANA COMMUNITY ACTION ASSOCIATION 1845 W. 18TH ST. INDIANAPOLIS, IN 46202	351267319	501(C)(3)	15,000.				THE CLIFF EFFECT
(5)	YOUNG LIFE WASHINGTON TOWNSHIP 4631 LISBORN DR. CARMEL, IN 46033-2200	840385934	501(C)(3)	15,000.				ADDITIONAL STAFF PER
(6)	THE KALAPRIYA FOUNDATION, CENTER FOR INDIAN 5456 N. BERNARD ST. CHICAGO, IL 60625-4614	363987947	501(C)(3)	15,000.				GENERAL OPERATING SU
(7)	INDIANAPOLIS CHILDREN'S CHOIR 4600 SUNSET AVE. INDIANAPOLIS, IN 46208	351690755	501(C)(3)	14,300.				2012 DISTRIBUTION
(8)	ST. RICHARD'S SCHOOL, AN INDEPENDENT EPISCO 33 E. 33RD ST. INDIANAPOLIS, IN 46205	061468129	501(C)(3)	14,000.				HORIZONS AT ST. RICH
(9)	LITTLE RED DOOR CANCER AGENCY 1801 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	350914096	501(C)(3)	13,385.				MAMMOGRAPHY ASSISTAN
(10)	FAY BICCARD GLICK NEIGHBORHOOD CENTER AT CR 2990 W. 71ST ST. INDIANAPOLIS, IN 46268	351738809	501(C)(3)	13,023.		FMV		SKOOL OF MADD
(11)	EDNA MARTIN CHRISTIAN CENTER P.O. BOX 18388 INDIANAPOLIS, IN 46218-0388	351072577	501(C)(3)	12,870.		FMV		ORGANIZATIONAL CAPAC
(12)	INDIANAPOLIS NEIGHBORHOOD HOUSING PARTNERSH 3550 N. WASHINGTON BLVD.	351742559	501(C)(3)	12,870.				INHP HOME BUYER CLUB

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**SCHEDULE I
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Department of the Treasury
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Name of the organization

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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. 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)	UNITED WAY OF CENTRAL INDIANA 3901 N. MERIDIAN ST.	351007590	501(C)(3)	12,870.				SUPPORT OF WINTER AS
(2)	FLETCHER PLACE COMMUNITY CENTER 1637 E. PROSPECT ST. INDIANAPOLIS, IN 46203	351966882	501(C)(3)	12,870.				HANDS UP STAFFING
(3)	PEACE LEARNING CENTER 6040 DELONG RD. INDIANAPOLIS, IN 46254	352067284	501(C)(3)	12,870.				FOCUS 2020 KICK-OFF
(4)	INDIANAPOLIS MUSEUM OF ART 4000 N. MICHIGAN RD.	350867955	501(C)(3)	12,641.				GENERAL OPERATING SU
(5)	INDIANAPOLIS SYMPHONY ORCHESTRA 32 E. WASHINGTON ST.	350998627	501(C)(3)	12,641.				GENERAL OPERATIVE SU
(6)	COMMUNITY HOME HEALTH SERVICES 9894 E. 121ST ST. FISHERS, IN 46037	350953467	501(C)(3)	12,641.				GENERAL OPERATIVE SU
(7)	REACH OUT AND READ, INC. 56 ROLAND ST. BOSTON, MA 02129	043481253	501(C)(3)	12,500.				CHALLENGE GRANT
(8)	THE OAKS ACADEMY 2301 N. PARK AVE. INDIANAPOLIS, IN 46205	352050595	501(C)(3)	12,500.				CHARITABLE CONTRIBUT
(9)	CASTLETON UNITED METHODIST CHURCH 7160 SHADELAND STATION	351149228	501(C)(3)	12,410.				STILL WATERS SCHOLAR
(10)	LAWRENCE TOWNSHIP FOUNDATION 5626 LAWTON LOOP E. DR.	351573468	501(C)(3)	12,347.				2012 DISTRIBUTION
(11)	UNITED WAY OF CENTRAL INDIANA 3901 N. MERIDIAN ST.	351007590	501(C)(3)	12,164.				CHARITABLE CONTRIBUT
(12)	MAKE-A-WISH FOUNDATION OF INDIANA, INC. 7330 WOODLAND DR.	341471131	501(C)(3)	12,000.				CHARITABLE CONTRIBUT

- 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) (2012)

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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

2012

**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
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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. 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)	INDIANA MULTIPLE SCLEROSIS FOUNDATION, INC. 9000 KEYSTONE CROSSING	352028362	501(C)(3)	12,000.				CHARITABLE CONTRIBUTION
(2)	SOUTHEAST COMMUNITY SERVICES, INC. 901 S. SHELBY ST. INDIANAPOLIS, IN 46203	351318068	501(C)(3)	12,000.				SOUTHEAST EDUCATION
(3)	UNITED WAY OF CENTRAL INDIANA 3901 N. MERIDIAN ST.	351007590	501(C)(3)	12,000.				CHARITABLE CONTRIBUTION
(4)	YOUNG ACTORS THEATRE 401 E. MICHIGAN ST. INDIANAPOLIS, IN 46204	351556468	501(C)(3)	12,000.				PART-TIME EMPLOYEE
(5)	TABERNACLE PRESBYTERIAN CHURCH 418 E. 34TH ST. INDIANAPOLIS, IN 46205	236393377	RELIGIOUS ORGANIZATION	12,000.				GLOBAL MISSIONARY WORK
(6)	ORCHARD PARK PRESBYTERIAN CHURCH 1605 E. 106TH ST. INDIANAPOLIS, IN 46280	236393377	RELIGIOUS ORGANIZATION	12,000.				CHARITABLE CONTRIBUTION
(7)	MEALS ON WHEELS OF HANCOCK COUNTY 280 N. APPLE ST. GREENFIELD, IN 46140	352117913	501(C)(3)	12,000.				SUBSIDY ASSISTANCE
(8)	FOUNDATION FOR YOUTH 405 HOPE AVE. COLUMBUS, IN 47201	350873340	501(C)(3)	12,000.				SUMMER OF EXPLORATION
(9)	CENTER FOR LEADERSHIP DEVELOPMENT, INC. 2425 DR. MARTIN LUTHER KING JR. ST.	351389882	501(C)(3)	11,600.				COLLEGE READINESS PROGRAM
(10)	FLANNER HOUSE OF INDIANAPOLIS, INC. 2424 DR. MARTIN LUTHER KING JR. ST.	350942628	501(C)(3)	11,600.				CHILD CARE SCHOLARSHIP
(11)	COLLEGE MENTORS FOR KIDS! INC. 212 W. 10TH ST. INDIANAPOLIS, IN 46202	352002052	501(C)(3)	11,600.				MENTORING SUPPORT
(12)	INDY READS 2450 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	311227489	501(C)(3)	11,600.				NEW LITERACY LAB

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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.

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OMB No. 1545-0047

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Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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(1)	CENTRAL INDIANA LAND TRUST INC. 1500 N. DELAWARE ST. INDIANAPOLIS, IN 46202	351816493	501(C)(3)	11,600.				PRESERVE CAPITAL IMP
(2)	SCHOOL ON WHEELS 2815 E. 62ND ST. INDIANAPOLIS, IN 46220	352151003	501(C)(3)	11,600.				TUTORING AND EDUCATI
(3)	STARFISH INITIATIVE 814 N. DELAWARE ST. INDIANAPOLIS, IN 46204	562442758	501(C)(3)	11,600.				OPERATING SUPPORT
(4)	PHOENIX THEATRE, INC. 749 N. PARK AVE. INDIANAPOLIS, IN 46202	311069575	501(C)(3)	11,521.				2012 DISTRIBUTION
(5)	LAKE AREA UNITED WAY 221 W. RIDGE RD. GRIFFITH, IN 46319	237170019	501(C)(3)	11,106.				ANNUAL CORPORATE CON
(6)	UNITED WAY OF CENTRAL INDIANA 3901 N. MERIDIAN ST.	351007590	501(C)(3)	11,000.				CHARITABLE CONTRIBUT
(7)	THE NATURE CONSERVANCY IN INDIANA 620 E. OHIO ST. INDIANAPOLIS, IN 46202-2418	530242652	501(C)(3)	11,000.				GENERAL OPERATING SU
(8)	ENGLISHTON PARK UNITED PRESBYTERIAN MINISTR P.O. BOX 240 LEXINGTON, IN 47138	237378186	501(C)(3)	10,725.				ENGLISHTON PARK CHIL
(9)	INDIANAPOLIS PARKS FOUNDATION 615 N. ALABAMA ST., STE. 119	351860468	501(C)(3)	10,725.				SUMMER FOOD SERVICE
(10)	Y-PRESS, INC. 307 N. PENNSYLVANIA ST.	371484177	501(C)(3)	10,725.				Y-PRESS AT FULL THRO
(11)	HABITAT FOR HUMANITY OF GREATER INDIANAPOLI 1011 E. 22ND ST. INDIANAPOLIS, IN 46202	351715910	501(C)(3)	10,725.				IMPACT STUDY
(12)	HEARTLAND TRULY MOVING PICTURES 1043 VIRGINIA AVE INDIANAPOLIS, IN 46203	351832797	501(C)(3)	10,725.				COMMUNITY SCREENING

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Schedule I (Form 990) (2012)

**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.

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CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

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(1)	PROGRESS HOUSE, INC. 201 S. SHELBY ST. INDIANAPOLIS, IN 46202	356042602	501(C)(3)	10,725.				PASSENGER VAN MATCHI
(2)	PASSWORD COMMUNITY MENTORING, INC. 4720 KINGSWAY DR.	352147801	501(C)(3)	10,725.				PASSWORD RESPECT CNE
(3)	INDIANAPOLIS MUSEUM OF CONTEMPORARY ART 1043 VIRGINIA AVE. INDIANAPOLIS, IN 46203	352155600	501(C)(3)	10,725.		FMV		GENERAL OPERATING
(4)	IMMIGRANT WELCOME CENTER 2236 E. 10TH ST.	203222424	501(C)(3)	10,725.		FMV		NATURAL HELPERS PROG
(5)	INDIANA BALLET CONSERVATORY 849 W. CARMEL DR. CARMEL, IN 46032	272928161	501(C)(3)	10,725.				OPERATING SUPPORT
(6)	LAND BANK OF INDIANAPOLIS THE PLATFORM; 202 E. MARKET ST.	800619587	501(C)(3)	10,725.				OPERATING SUPPORT
(7)	AMERICAN RED CROSS OF GREATER INDIANAPOLIS 441 E. 10TH ST. INDIANAPOLIS, IN 46202-3388	530196605	501(C)(3)	10,000.				HURRICANE SANDY
(8)	THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS 429 E. VERMONT ST. INDIANAPOLIS, IN 46202	356203550	509 PF PRIVATE	10,000.				AIDS FUND SPOTLIGHT
(9)	UNITED WAY OF CENTRAL INDIANA 3901 N. MERIDIAN ST.	351007590	501(C)(3)	10,000.				CHARITABLE CONTRIBUT
(10)	ARTS COUNCIL OF INDIANAPOLIS 924 N. PENNSYLVANIA ST.	311225893	501(C)(3)	10,000.				POWER 2 GIVE
(11)	NORTHERN ILLINOIS FOOD BANK 273 DEARBORN CT. GENEVA, IL 60134	363203648	501(C)(3)	10,000.				CHARITABLE CONTRIBUT
(12)	THE SALVATION ARMY, LA PORTE INDIANA 3240 MONROE AVE. LAPORTE, IN 46350	362167910	501(C)(3)	10,000.				CHARITABLE CONTRIBUT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Department of the Treasury
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**Grants and Other Assistance to Organizations,
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(1)	INDIANAPOLIS MUSEUM OF ART 4000 N. MICHIGAN RD.	350867955	501(C)(3)	10,000.				6 X 13: NEW YEAR'S E
(2)	EDNA MARTIN CHRISTIAN CENTER P.O. BOX 18388 INDIANAPOLIS, IN 46218-0388	351072577	501(C)(3)	10,000.				LEADERSHIP AND LEGAC
(3)	INDIANA LANDMARKS 1201 CENTRAL AVE. INDIANAPOLIS, IN 46202	351162873	501(C)(3)	10,000.				WHITEWATER CANAL TRA
(4)	INDIANA LANDMARKS 1201 CENTRAL AVE. INDIANAPOLIS, IN 46202	351162873	501(C)(3)	10,000.				PALMYRA CUMBERLAND P
(5)	INDIANA LANDMARKS 1201 CENTRAL AVE. INDIANAPOLIS, IN 46202	351162873	501(C)(3)	10,000.				MUNICIPAL POOL RESTO
(6)	INDIANA LANDMARKS 1201 CENTRAL AVE. INDIANAPOLIS, IN 46202	351162873	501(C)(3)	10,000.				BETH-EL TEMPLE
(7)	INDIANA LANDMARKS 1201 CENTRAL AVE. INDIANAPOLIS, IN 46202	351162873	501(C)(3)	10,000.				TERRELL JACOBS CIRCU
(8)	INDIANA LANDMARKS 1201 CENTRAL AVE. INDIANAPOLIS, IN 46202	351162873	501(C)(3)	10,000.				INDIANA HISTORIC BRI
(9)	INDIANA LANDMARKS 1201 CENTRAL AVE. INDIANAPOLIS, IN 46202	351162873	501(C)(3)	10,000.				TEN MOST ENDANGERED
(10)	INDIANA LANDMARKS 1201 CENTRAL AVE. INDIANAPOLIS, IN 46202	351162873	501(C)(3)	10,000.				SPENCER CARNEGIE LIB
(11)	CENTER FOR LEADERSHIP DEVELOPMENT, INC. 2425 DR. MARTIN LUTHER KING JR. ST.	351389882	501(C)(3)	10,000.				GENERAL OPERATING SU
(12)	INDIANAPOLIS DOWNTOWN, INC. 111 MONUMENT CIR.	351877771	501(C)(3)	10,000.				PROGRAMMING ON GEORG

- 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) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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Part I General Information on Grants and Assistance

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(1)	GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE.	351483868	501(C)(3)	10,000.				CHARITABLE CONTRIBUT
(2)	GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE.	351483868	501(C)(3)	10,000.				CHARITABLE CONTRIBUT
(3)	GOODWILL INDUSTRIES OF CENTRAL INDIANA, INC. 1635 W. MICHIGAN ST.	350893506	501(C)(3)	10,000.				GENERAL OPERATING SU
(4)	HUMANE SOCIETY OF INDIANAPOLIS 7929 N. MICHIGAN RD. INDIANAPOLIS, IN 46268	350876385	501(C)(3)	10,000.				CHARITABLE CONTRIBUT
(5)	INDIANAPOLIS ART CENTER 820 E. 67TH ST. INDIANAPOLIS, IN 46220	351088735	501(C)(3)	10,000.				ARTSPARK SCULPTURE S
(6)	BOOTH TARKINGTON CIVIC THEATRE 3 CENTER GREEN CARMEL, IN 46032	350230360	501(C)(3)	10,000.				SNEAKVIEW AT CIVIC T
(7)	KEEP INDIANAPOLIS BEAUTIFUL, INC. 1029 FLETCHER AVE. INDIANAPOLIS, IN 46203	311005792	501(C)(3)	10,000.				CHARITABLE CONTRIBUT
(8)	KEEP INDIANAPOLIS BEAUTIFUL, INC. 1029 FLETCHER AVE. INDIANAPOLIS, IN 46203	311005792	501(C)(3)	10,000.				CHARITABLE CONTRIBUT
(9)	THE SALVATION ARMY 3100 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	350868167	501(C)(3)	10,000.				THE SALVATION ARMY S
(10)	THE SALVATION ARMY 3100 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	350868167	501(C)(3)	10,000.				CHARITABLE CONTRIBUT
(11)	SOUTHEAST COMMUNITY SERVICES, INC. 901 S. SHELBY ST. INDIANAPOLIS, IN 46203	351318068	501(C)(3)	10,000.				SENIOR PROGRAM
(12)	UNITED WAY OF CENTRAL INDIANA 3901 N. MERIDIAN ST.	351007590	501(C)(3)	10,000.				GENERAL OPERATING SU

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Department of the Treasury
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Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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(1)	WHEELER MISSION MINISTRIES 205 E. NEW YORK ST. INDIANAPOLIS, IN 46201	350888771	501(C)(3)	10,000.				CHARITABLE CONTRIBUT
(2)	SOCIAL HEALTH ASSOCIATION OF INDIANA, INC. 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	350869056	501(C)(3)	10,000.				SAFE DATES PROGRAM
(3)	PACE, INC. 2855 N. KEYSTONE AVE.	351062235	501(C)(3)	10,000.				1:1 MATCH FOR INCREA
(4)	SAINT FLORIAN CENTER, INC. 4600 SUNSET AVE.	351971700	501(C)(3)	10,000.				SAINT FLORIAN CENTER
(5)	GENNESARET FREE CLINIC 615 N. ALABAMA ST.	351776518	501(C)(3)	10,000.				1:1 MATCH FOR INCREA
(6)	MAPLETON-FALL CREEK DEVELOPMENT CORPORATION 130 E. 30TH ST. INDIANAPOLIS, IN 46205	351654999	501(C)(3)	10,000.				FALL CREEK GARDENS O
(7)	BUTLER UNIVERSITY 4600 SUNSET AVE. INDIANAPOLIS, IN 46208	350867977	501(C)(3)	10,000.				BUTLER BASEBALL PROG
(8)	INDIANA UNIVERSITY FOUNDATION 340 W. MICHIGAN ST. INDIANAPOLIS, IN 46202	356018940	501(C)(3)	10,000.				LILLY HOME POOL MAIN
(9)	RILEY CHILDREN'S FOUNDATION 30 S. MERIDIAN ST.	350868147	501(C)(3)	10,000.				CHARITABLE CONTRIBUT
(10)	LAWRENCE TOWNSHIP FOUNDATION 5626 LAWTON LOOP E. DR.	351573468	501(C)(3)	10,000.				CHARITABLE CONTRIBUT
(11)	CROWN HILL HERITAGE FOUNDATION, INC. 700 W. 38TH ST. INDIANAPOLIS, IN 46208	311104060	501(C)(3)	10,000.				GENERAL OPERATING SU
(12)	SECOND HELPINGS, INC. 1121 SOUTHEASTERN AVE.	351484281	501(C)(3)	10,000.				CHARITABLE CONTRIBUT

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Department of the Treasury
Internal Revenue Service

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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)	PARK TUDOR SCHOOL 135 S. 9TH ST. INDIANAPOLIS, IN 46240	350909976	501(C)(3)	10,000.				2012-13 ANNUAL FUND
(2)	INDIANA HISTORICAL SOCIETY 7200 N. COLLEGE AVE. INDIANAPOLIS, IN 46202	350876384	501(C)(3)	10,000.				CITY OF IMMIGRANTS
(3)	BISHOP CHATARD HIGH SCHOOL 450 W. OHIO ST. INDIANAPOLIS, IN 46220	351063332	EDUCATIONAL ORG	10,000.				CHARITABLE CONTRIBUT
(4)	THE NATURE CONSERVANCY 4245 N. FAIRFAX DR. ARLINGTON, VA 22203	530242652	501(C)(3)	10,000.				GENERAL OPERATING SU
(5)	EXODUS REFUGEE/IMMIGRATION, INC. 1125 BROOKSIDE AVE. INDIANAPOLIS, IN 46202	351900090	501(C)(3)	10,000.				CHARITABLE CONTRIBUT
(6)	INDIANA CHILDREN'S WISH FUND 6435 CASTLEWAY W. DR.	351610742	501(C)(3)	10,000.				CHARITABLE CONTRIBUT
(7)	THE ART INSTITUTE OF CHICAGO 111 S. MICHIGAN AVE. CHICAGO, IL 60603	362167725	501(C)(3)	10,000.				THE LAST HARVEST EXH
(8)	PROJECT SEED, INC. 8401 WESTFIELD BLVD. INDIANAPOLIS, IN 46240	381949371	501(C)(3)	10,000.				PROJECT SEED SUMMER
(9)	INDIANA CANINE ASSISTANT NETWORK, INC. 5610 CRAWFORDSVILLE RD.	352144155	501(C)(3)	10,000.				CHARITABLE CONTRIBUT
(10)	FRANKLIN COLLEGE 101 BRANIGIN BLVD. FRANKLIN, IN 46131	350868086	501(C)(3)	10,000.				VISITING ARTIST PROG
(11)	INDIANAPOLIS MUSEUM OF CONTEMPORARY ART 1043 VIRGINIA AVE. INDIANAPOLIS, IN 46203	352155600	501(C)(3)	10,000.				PUBLIC ALLIES FELLOW
(12)	INDIANAPOLIS MUSEUM OF CONTEMPORARY ART 1043 VIRGINIA AVE. INDIANAPOLIS, IN 46203	352155600	501(C)(3)	10,000.				GENERAL OPERATING SU

- 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) (2012)

**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

2012

**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. 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)	HARRISON CENTER FOR THE ARTS, INC. 1505 NORTH DELAWARE INDIANAPOLIS, IN 46202	010798626	501(C)(3)	10,000.				MY CITY, MY WORLD SU
(2)	KIDS GOLF FOUNDATION OF ILLINOIS P.O. BOX 610 SUGAR GROVE, IL 60554	364226416	501(C)(3)	10,000.				OTHER SIDE OF THE GR
(3)	EVANSVILLE DAY SCHOOL, INC. 3400 N. GREEN RIVER RD.	351020931	501(C)(3)	10,000.				SCULPTURE
(4)	MORGAN COUNTY HISTORICAL PRESERVATION SOCIE P.O. BOX 1377 MARTINSVILLE, IN 46151	351879655	501(C)(3)	10,000.				GRASSYFORK FISHERIES
(5)	KIPP INDIANAPOLIS COLLEGE PREPARATORY 1740 E. 30TH ST. INDIANAPOLIS, IN 46218	300145826	501(C)(3)	10,000.				ARTS EDUCATION & CHA
(6)	THE MIND TRUST 1630 N. MERIDIAN INDIANAPOLIS, IN 46202	204560286	501(C)(3)	10,000.				CHARITABLE CONTRIBUT
(7)	BIG CAR 237 N. EAST ST. INDIANAPOLIS, IN 46204	113725157	501(C)(3)	10,000.				CHARITABLE CONTRIBUT
(8)	BUILDING TOMORROW, INC. 407 N. FULTON ST. INDIANAPOLIS, IN 46202	562614329	501(C)(3)	10,000.				GENERAL OPERATING SU
(9)	GLOBAL PEACE INITIATIVES P.O. BOX 11593 INDIANAPOLIS, IN 46201	204019399	501(C)(3)	10,000.				PEACEFUL GROUNDS GRA
(10)	GLOBAL PEACE INITIATIVES P.O. BOX 11593 INDIANAPOLIS, IN 46201	204019399	501(C)(3)	10,000.				GENERAL OPERATING SU
(11)	COLUMBIA COLLEGE CHICAGO 600 S. MICHIGAN AVE. CHICAGO, IL 60605	366112087	501(C)(3)	10,000.				FASHION COLUMBIA 201
(12)	UNIVERSITY OF EVANSVILLE 1800 LINCOLN AVE. EVANSVILLE, IN 47722	350868074	501(C)(3)	10,000.				EMERGING CONTEMPORAR

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Schedule I (Form 990) (2012)

**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.

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(1)	UNIVERSITY OF EVANSVILLE 1800 LINCOLN AVE. EVANSVILLE, IN 47722	350868074	501(C)(3)	10,000.				JOYCE CAROL OATES SY
(2)	WOODSTOCK HISTORICAL FOUNDATION, INC. 1301 W. 38TH ST. INDIANAPOLIS, IN 46208	208755766	501(C)(3)	10,000.				GOLF SHOP IMPROVEMEN
(3)	THE FORTUNE ACADEMY 5626 LAWTON LOOP DR. INDIANAPOLIS, IN 46216	352148108	501(C)(3)	10,000.				GENERAL OPERATING SU
(4)	THE CHILDREN'S MUSEUM GUILD P.O. BOX 3000 INDIANAPOLIS, IN 46206-3000	310931317	501(C)(3)	10,000.				CHILDREN'S MUSEUM SU
(5)	RICHMOND ART MUSEUM 350 HUB ETCHISON PKWY	356005040	501(C)(3)	10,000.				GENERAL OPERATING SU
(6)	LOFT LITERARY CENTER 1011 WASHINGTON AVE. S.	411297735	501(C)(3)	10,000.				GENERAL OPERATING SU
(7)	SUMMER ADVANTAGE USA 407 N. FULTON ST. INDIANAPOLIS, IN 46202	263185485	501(C)(3)	10,000.				SUMMER PROGRAMS
(8)	GROUSELAND FOUNDATION 3 W. SCOTT ST. VINCENNES, IN 47591	352088602	501(C)(3)	10,000.				CHARITABLE CONTRIBUT
(9)	JOHN MICHAEL KOHLER ARTS CENTER 608 NEW YORK AVE. SHEBOYGAN, WI 53081	391085180	501(C)(3)	10,000.				ONE CURATORIAL INTER
(10)	CHEETAH CONSERVATION FUND 2210 MT. VERNON AVE., SUITE 301	311726923	501(C)(3)	10,000.				CHEETAH CONSERVATION
(11)	INDYCOG P.O. BOX 93 INDIANAPOLIS, IN 46206-0093	271975594	501(C)(3)	10,000.				2012 GENERAL OPERATI
(12)	UNIVERSITY OF SOUTHERN INDIANA FOUNDATION 8600 UNIVERSITY BLVD. EVANSVILLE, IN 47712	237042320	501(C)(3)	10,000.				EFROYMSON BRIDGE YEA

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Schedule I (Form 990) (2012)

JSA

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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OMB No. 1545-0047

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Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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35-1793680

Part I General Information on Grants and Assistance

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(1)	NAPLES CHILDREN & EDUCATION FOUNDATION 6200 SHIRLEY ST. NAPLES, FL 34109	651001650	501(C)(3)	10,000.				GENERAL OPERATING SU
(2)	WILHELM REICH INFANT TRUST DODGE POND RD.; P.O. BOX 687	010485254	501(C)(3)	10,000.				OPERATING SUPPORT FO
(3)	UNIVERSITY OF KENTUCKY 116 SINGLETARY CENTER	616001218	EDUCATIONAL ORG	10,000.				STUDENT INTERNSHIP
(4)	LOTUS EDUCATION AND ARTS FOUNDATION P.O. BOX 1667 BLOOMINGTON, IN 47402	351941942	501(C)(3)	10,000.				GENERAL OPERATING SU
(5)	SOUTH SHORE PROMOTIONS, INC. 7770 CORINNE DR. HAMMOND, IN 46320	263893461	501(C)(3)	10,000.				SOUTH SHORE CIVIL WA
(6)	HABITAT FOR HUMANITY OF JOHNSON COUNTY 98 S. EDWARDS ST. FRANKLIN, IN 46131	203407734	501(C)(3)	10,000.				WOMEN BUILD PROGRAM
(7)	IDAHO STATE UNIVERSITY 921 S. 8TH AVE., STOP 8046	826000924	EDUCATIONAL ORG	10,000.				FOOTPRINTS VIRTUALIZ
(8)	THE SOCIAL OF GREENWOOD 550 POLK AVE. GREENWOOD, IN 46143	351476552	501(C)(3)	10,000.				OPERATING SUPPORT
(9)	GILDA'S CLUB EVANSVILLE, INC. P.O. BOX 5134 EVANSVILLE, IN 47716	261932741	501(C)(3)	10,000.				BOEHNE HOUSE
(10)	SEYMOUR MUSEUM INC. P.O. BOX 1191 SEYMOUR, IN 47274	760809506	501(C)(3)	10,000.				HISTORIC US POST OFF
(11)	UPMC CANCER CENTERS AND UPCI 5150 CENTRE AVE., SUITE 1B	250965591	501(C)(3)	10,000.				10TH ANNUAL DCK GOLF
(12)	HUNTINGTON'S DISEASE SOCIETY OF AMERICA, IN P.O. BOX 30187 INDIANAPOLIS, IN 46230	351794294	501(C)(3)	10,000.				CHARITABLE CONTRIBUT

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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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(1)	EAGLE CHURCH P.O. BOX 254 ZIONSVILLE, IN 46077	351952000	501(C)(3)	10,000.				2012 DONATION
(2)	INDIANAPOLIS-MARION COUNTY PUBLIC LIBRARY F P.O. BOX 6134 INDIANAPOLIS, IN 46206-6134	237016089	501(C)(3)	9,261.				2012 DISTRIBUTION
(3)	SCHOOL CITY OF MISHAWAKA 1402 S. MAIN ST. MISHAWAKA, IN 46544-5297	356002649	EDUCATIONAL ORG	9,092.				STAR COORDINATOR
(4)	SCHOOL CITY OF MISHAWAKA 1402 S. MAIN ST. MISHAWAKA, IN 46544-5297	356002649	EDUCATIONAL ORG	9,092.				STAR COORDINATOR
(5)	CICCOA AGING & IN-HOME SOLUTIONS 4755 KINGSWAY DR. INDIANAPOLIS, IN 46205	351310387	501(C)(3)	9,000.				EAT COALITION SIGNAGE
(6)	CONCORD NEIGHBORHOOD CENTER 1310 S. MERIDIAN ST. INDIANAPOLIS, IN 46225	350817149	501(C)(3)	9,000.				CONCORD DAY CAMP
(7)	SHEPHERD COMMUNITY INC. 4107 E. WASHINGTON ST.	351765846	501(C)(3)	9,000.				SUMMER EXCEL
(8)	THE VILLAGES OF INDIANA, INC. 3833 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	351708240	501(C)(3)	8,580.				OPERATING SUPPORT
(9)	BALL STATE UNIVERSITY P.O. BOX 672 MUNCIE, IN 47308	356024566	EDUCATIONAL ORG	8,580.				THE DISABILITY PROJE
(10)	CENTRAL INDIANA CORPORATE PARTNERSHIP FOUND 111 MONUMENT CIR. INDIANAPOLIS, IN 46204	352065457	501(C)(3)	8,580.				CENTRAL INDIANA TRAN
(11)	FREETOWN VILLAGE, INC. P.O. BOX 1041 INDIANAPOLIS, IN 46206-1041	351609921	501(C)(3)	8,580.				PHASE 2 OF ORGANIZAT
(12)	INDIANAPOLIS ART CENTER 820 E. 67TH ST. INDIANAPOLIS, IN 46220	351088735	501(C)(3)	8,580.				

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Schedule I (Form 990) (2012)

**SCHEDULE I
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Department of the Treasury
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Name of the organization

**Grants and Other Assistance to Organizations,
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(1)	METHODIST HEALTH FOUNDATION 1800 N. CAPITOL AVE.	356043086	501(C)(3)	8,580.				GARDEN ON THE GO
(2)	CENTRAL INDIANA YOUTH FOR CHRIST 4707 W. 72ND ST. INDIANAPOLIS, IN 46268	350992753	501(C)(3)	8,580.				CITY LIFE WHEELS STA
(3)	ASIAN HELP SERVICES 609 E. 29TH ST. INDIANAPOLIS, IN 46205	300439420	501(C)(3)	8,580.				EXPAND OUTREACH SERV
(4)	INDIANA CANINE ASSISTANT NETWORK, INC. 5610 CRAWFORDSVILLE RD.	352144155	501(C)(3)	8,580.				ICAN PRISON PROGRAM
(5)	FRANKLIN COLLEGE 101 BRANIGIN BLVD. FRANKLIN, IN 46131	350868086	501(C)(3)	8,580.				FRANKLIN COLLEGE STA
(6)	INDIANA UNIVERSITY FOUNDATION 950 N. MERIDIAN ST. INDIANAPOLIS, IN 46204	356018940	501(C)(3)	8,551.				SCHOOL OF MEDICINE'S
(7)	INDIANAPOLIS SYMPHONIC CHOIR 4600 SUNSET AVE. INDIANAPOLIS, IN 46208	356035494	501(C)(3)	8,375.				TIMELESS IN SONG
(8)	CHRISTAMORE HOUSE 502 N. TREMONT ST. INDIANAPOLIS, IN 46222	350885588	501(C)(3)	8,000.				ADVENTURES OF CHRIST
(9)	INDIANAPOLIS-MARION COUNTY PUBLIC LIBRARY 2450 N. MERIDIAN ST.	356062066	PUBLIC AGENCY	8,000.				PUBLIC LIBRARY ASSOC
(10)	INDIANAPOLIS PARKS FOUNDATION 615 N. ALABAMA ST., STE. 119	351860468	501(C)(3)	8,000.				INDY PARKS SENIOR PR
(11)	SOUTHEAST COMMUNITY SERVICES, INC. 901 S. SHELBY ST. INDIANAPOLIS, IN 46203	351318068	501(C)(3)	8,000.				STRATEGIC PLANNING
(12)	WEST INDIANAPOLIS DEVELOPMENT CORP. 1211 S. HIATT ST	351886746	501(C)(3)	8,000.				COMMUNITY DAY EVENT

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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
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**Grants and Other Assistance to Organizations,
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(1)	HAWTHORNE COMMUNITY CENTER 2440 W. OHIO ST. INDIANAPOLIS, IN 46222	350874274	501(C)(3)	8,000.				HAWTHORNE SUMMER CAM
(2)	COMMUNITY ALLIANCE OF THE FAR EASTSIDE (CAF) 8902 E. 38TH ST. INDIANAPOLIS, IN 46226	352018453	501(C)(3)	8,000.				CAFE SUPER SUMMER CA
(3)	FOREST MANOR MULTI-SERVICE CENTER 5603 E. 38TH ST. INDIANAPOLIS, IN 46218	351420208	501(C)(3)	8,000.				UJIMA SUMMER DAY CAM
(4)	MARY RIGG NEIGHBORHOOD CENTER 1920 W. MORRIS ST. INDIANAPOLIS, IN 46221	350868954	501(C)(3)	8,000.				MARY RIGG NEIGHBORHO
(5)	TABERNACLE PRESBYTERIAN CHURCH 418 E. 34TH ST. INDIANAPOLIS, IN 46205	236393377	RELIGIOUS ORGAN	8,000.				GLOBAL MISSIONARY WO
(6)	CENTRAL INDIANA YOUTH FOR CHRIST 4707 W. 72ND ST. INDIANAPOLIS, IN 46268	350992753	501(C)(3)	8,000.				GENERAL OPERATING FU
(7)	SHEPHERD COMMUNITY INC. 4107 E. WASHINGTON ST.	351765846	501(C)(3)	8,000.				YOUNG LEADERS INVEST
(8)	DEPAUW UNIVERSITY DEVELOPMENT, CHARTER HOUSE	350869045	501(C)(3)	8,000.				ART STUDENT INTERNSH
(9)	WEYI FOUNDATION, INC. 1630 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	351961650	501(C)(3)	8,000.				2012 DISTRIBUTION
(10)	CHICAGO HIGH SCHOOL FOR THE ARTS 521 E. 35TH ST. CHICAGO, IL 60616	300440226	501(C)(3)	8,000.				INSTRUCTORS FOR THE
(11)	THE JULIAN CENTER, INC. 2011 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	351346514	501(C)(3)	7,805.				LITERACY FOR CHILDRE
(12)	IPS EDUCATION FOUNDATION 120 E. WALNUT ST. INDIANAPOLIS, IN 46204	311103966	501(C)(3)	7,687.				2012 DISTRIBUTION

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Schedule I (Form 990) (2012)

**SCHEDULE I
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Department of the Treasury
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(1)	OAK PARK-RIVER FOREST COMMUNITY FOUNDATION 1049 LAKE ST. OAK PARK, IL 60301	364150724	501(C)(3)	7,500.				EYE ON INDIA FESTIVA
(2)	SOUTHEAST COMMUNITY SERVICES, INC. 901 S. SHELBY ST. INDIANAPOLIS, IN 46203	351318068	501(C)(3)	7,500.				CENTER FOR WORKING F
(3)	ST. MARY'S CHILD CENTER 901 DR. MARTIN LUTHER KING JR. ST.	530196617	501(C)(3)	7,500.				TUITION ASSISTANCE/S
(4)	UNIVERSITY OF INDIANAPOLIS 1400 E. HANNA AVE.	350868107	501(C)(3)	7,500.				SUTPHIN CENTER FOR C
(5)	INDIANAPOLIS ART CENTER 820 E. 67TH ST. INDIANAPOLIS, IN 46220	351088735	501(C)(3)	7,500.				NEW KILN FOR THE CER
(6)	THE SALVATION ARMY 3100 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	350868167	501(C)(3)	7,500.				CHARITABLE CONTRIBUT
(7)	ESKENAZI HEALTH FOUNDATION 1001 W. 10TH ST. INDIANAPOLIS, IN 46202	311132066	501(C)(3)	7,500.				SENIOR CARE AND EMBR
(8)	CANCER SUPPORT COMMUNITY - CENTRAL INDIANA, 5150 W. 71ST ST. INDIANAPOLIS, IN 46268	351902427	501(C)(3)	7,500.				CHARITABLE CONTRIBUT
(9)	CHICAGO PUBLIC MEDIA 848 E. GRAND AVE. CHICAGO, IL 60611-3509	363687394	501(C)(3)	7,500.				CHARITABLE CONTRIBUT
(10)	SPECIAL OLYMPICS OREGON 5901 SW MACADAM AVE. PORTLAND, OR 97239	930752969	501(C)(3)	7,500.				SPORTS PROGRAMS
(11)	CATHOLIC CHARITIES INDIANAPOLIS 1400 N. MERIDIAN ST., RM. #217	351018460	501(C)(3)	7,500.				CHARITABLE CONTRIBUT
(12)	WARREN ARTS & EDUCATION FOUNDATION 975 N. POST RD. INDIANAPOLIS, IN 46219	351572560	501(C)(3)	7,419.				2012 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) (2012)

JSA

**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

2012

**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. 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)	PHILMONT STAFF ASSOCIATION 17 DEER RUN RD. CIMARRON, NM 87714	237360180	501(C)(3)	7,365.				DEVELOP PRODUCTIVE C
(2)	ASSOCIATION OF FUNDRAISING PROFESSIONALS 4000 W. 106TH ST. CARMEL, IN 46032	200489943	501(C)(3)	7,322.				2012 DISTRIBUTION
(3)	NEW PRAIRIE HIGH SCHOOL 5333 N. COUGAR RD. NEW CARLISLE, IN 46552	351090941	EDUCATIONAL ORG	7,044.				NEW PRAIRIE BUILDING
(4)	WARREN CENTRAL HIGH SCHOOL 9500 E. 16TH ST.	356006000	EDUCATIONAL ORG	7,007.				SCHOLARSHIP SUPPORT
(5)	CICOA AGING & IN-HOME SOLUTIONS 4755 KINGSWAY DR. INDIANAPOLIS, IN 46205	351310387	501(C)(3)	7,000.				ALLEVIATING SENIOR H
(6)	EDNA MARTIN CHRISTIAN CENTER P.O. BOX 18388 INDIANAPOLIS, IN 46218-0388	351072577	501(C)(3)	7,000.				ALLEVIATING SENIOR H
(7)	CHRISTAMORE HOUSE 502 N. TREMONT ST. INDIANAPOLIS, IN 46222	350885588	501(C)(3)	7,000.				SCHWEITZER FELLOWS/K
(8)	HAPPY HOLLOW CHILDREN'S CAMP, INC. 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	350942648	501(C)(3)	7,000.				SUMMER CAMP 2012
(9)	HAPPY HOLLOW CHILDREN'S CAMP, INC. 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	350942648	501(C)(3)	7,000.				2012 SUMMER CAMP
(10)	LITTLE RED DOOR CANCER AGENCY 1801 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	350914096	501(C)(3)	7,000.				BREAKFAST EVENT SUPP
(11)	THE MIND TRUST 1630 N. MERIDIAN INDIANAPOLIS, IN 46202	204560286	501(C)(3)	7,000.				CHARITABLE CONTRIBUT
(12)	CHORUS AMERICA 1156 15TH ST., NW WASHINGTON, DC 20005	232062595	501(C)(3)	7,000.				2012 CHORUS MANAGEME

- 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 ▶

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Schedule I (Form 990) (2012)

**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

2012

**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. 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)	THREE CREEKS HISTORICAL ASSOCIATION 1505 E. COMMERCIAL AVE. LOWELL, IN 46356	351385794	501(C)(3)	7,000.				HALSTEAD HOUSE
(2)	OLD NORTHSIDE FOUNDATION, INC. 1539 N. COLLEGE AVE. INDIANAPOLIS, IN 46202	351804206	501(C)(3)	6,978.				2012 DISTRIBUTION
(3)	INDIANA SPORTS CORPORATION 201 S. CAPITOL AVE.	310975117	501(C)(3)	6,971.				2012 DISTRIBUTION
(4)	INDIANAPOLIS ART CENTER 820 E. 67TH ST. INDIANAPOLIS, IN 46220	351088735	501(C)(3)	6,961.				2012 DISTRIBUTION
(5)	JOHN H. BONER COMMUNITY CENTER 2236 E. 10TH ST.	237204495	501(C)(3)	6,960.				SUMMER YOUTH PROGRAM
(6)	NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE RD. JENKINTOWN, PA 19046	237825575	501(C)(3)	6,956.				TRANSFER OF FUNDS
(7)	CONCORD NEIGHBORHOOD CENTER 1310 S. MERIDIAN ST. INDIANAPOLIS, IN 46225	350817149	501(C)(3)	6,879.				EARLY CHILDHOOD EDUC
(8)	CATHEDRAL HIGH SCHOOL 5225 E. 56TH ST.	356254955	501(C)(3)	6,600.				EDUCATIONAL/SCHOLARS
(9)	INDYCOG 222 E. MARKET ST. INDIANAPOLIS, IN 46204	271975594	501(C)(3)	6,500.				INDIANAPOLIS BICYCLE
(10)	BUTLER UNIVERSITY 4600 SUNSET AVE. INDIANAPOLIS, IN 46208	350867977	501(C)(3)	6,435.				ARTS EDUCATION OUTRE
(11)	INDIANA UNIVERSITY FOUNDATION 340 W. MICHIGAN ST. INDIANAPOLIS, IN 46202	356018940	EDUCATIONAL ORG	6,435.				2012 SPIRIT & PLACE
(12)	INDIANAPOLIS CHILDREN'S CHOIR 4600 SUNSET AVE. INDIANAPOLIS, IN 46208	351690755	501(C)(3)	6,435.				EVERYONE COUNTS

- 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) (2012)

**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

2012

**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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- 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. 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)	JAMESON, INC. 2001 S. BRIDGEPORT RD.	351156756	501(C)(3)	6,435.				YOUTH LEADERSHIP PRO
(2)	NATIONAL JUNIOR TENNIS LEAGUE 911 E. 86TH ST. INDIANAPOLIS, IN 46240	310892167	501(C)(3)	6,435.				MARKETING AND RESOUR
(3)	INDIANAPOLIS NEIGHBORHOOD RESOURCE CENTER 1802 N. ILLINOIS ST.	351909230	501(C)(3)	6,435.				37TH ANNUAL NEIGHBORH
(4)	MAPLETON-FALL CREEK DEVELOPMENT CORPORATION 130 E. 30TH ST. INDIANAPOLIS, IN 46205	351654999	501(C)(3)	6,435.				DESTINATION FALL CRE
(5)	ASSISTANCE LEAGUE OF INDIANAPOLIS 1475 W. 86TH ST.	351635410	501(C)(3)	6,435.				OPERATION SCHOOL BEL
(6)	UNITED NORTH EAST COMMUNITY DEVELOPMENT COR 3636 E. 38TH ST. INDIANAPOLIS, IN 46218	351961274	501(C)(3)	6,435.				PUBLIC ALLY FOR COMM
(7)	ASANTE CHILDREN'S THEATRE P.O. BOX 22344 INDIANAPOLIS, IN 46222	352203194	501(C)(3)	6,435.				ARTS EDUCATION SUPPO
(8)	BIG CAR 237 N. EAST ST. INDIANAPOLIS, IN 46204	113725157	501(C)(3)	6,435.				TEDX CONFERENCE SUPP
(9)	THE MOZEL SANDERS FOUNDATION 709 N. BELMONT AVE. INDIANAPOLIS, IN 46222	352025644	501(C)(3)	6,435.				2012 THANKSGIVING DI
(10)	THE DAVINCI PURSUIT 826 N GRAHAM AVE. INDIANAPOLIS, IN 46219	271317762	501(C)(3)	6,435.				RECONNECTING OUR WAT
(11)	BOSMA INDUSTRIES FOR THE BLIND, INC. 8020 ZIONSVILLE RD. INDIANAPOLIS, IN 46268	311246086	501(C)(3)	6,105.				COMMUNITY-BASED SERV
(12)	MEALS ON WHEELS OF CENTRAL INDIANA P.O. BOX 40969 INDIANAPOLIS, IN 46240-0969	351182075	501(C)(3)	6,000.				CHARITABLE CONTRIBUT

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) (2012)

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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

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

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Part I General Information on Grants and Assistance

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(1)	GENNESARET FREE CLINIC 615 N. ALABAMA ST.	351776518	501(C)(3)	6,000.				CHARITABLE CONTRIBUTION
(2)	FIRST-MERIDIAN HEIGHTS PRESBYTERIAN CHURCH 4701 N. CENTRAL AVE. INDIANAPOLIS, IN 46205	350965666	501(C)(3)	6,000.				NORTHSIDE PARTNERS FUND
(3)	JOHN H. BONER COMMUNITY CENTER 2236 E. 10TH ST.	237204495	501(C)(3)	6,000.				BARRIER BUSTING FUND
(4)	SOUTHEAST COMMUNITY SERVICES, INC. 901 S. SHELBY ST. INDIANAPOLIS, IN 46203	351318068	501(C)(3)	6,000.				BARRIER BUSTING FUND
(5)	THE CHILDREN'S MUSEUM OF INDIANAPOLIS 3000 N. MERIDIAN ST.	350867985	501(C)(3)	6,000.				STARPOINT SUMMER CAMP
(6)	HAWTHORNE COMMUNITY CENTER 2440 W. OHIO ST. INDIANAPOLIS, IN 46222	350874274	501(C)(3)	6,000.				BARRIER BUSTING FUND
(7)	MARY RIGG NEIGHBORHOOD CENTER 1920 W. MORRIS ST. INDIANAPOLIS, IN 46221	350868954	501(C)(3)	6,000.				BARRIER BUSTING FUND
(8)	CENTER GROVE EDUCATION FOUNDATION 4800 W. STONES CROSSING RD.	352062408	501(C)(3)	6,000.				2012 DISTRIBUTION
(9)	LOST CREEK GROVE RESTORATION & PRESERVATION 7018 E. FORT HARRISON AVE.	320130405	501(C)(3)	6,000.				LOST CREEK GROVE LAND
(10)	DAVE TROUT CHARITY EVENT 7131 W. RAY RD. CHANDLER, AZ 85226	271394600	501(C)(3)	6,000.				CHARITABLE CONTRIBUTION
(11)	THE ARIZONA FIVE ARTS CIRCLE 15849 N. 71ST. ST. SCOTTSDALE, AZ 85254	861037482	501(C)(3)	6,000.				CHARITABLE CONTRIBUTION
(12)	HARVEST MISSIONARY BAPTIST CHURCH 1914 S. STATE RD. 267 AVON, IN 46123	351984626	RELIGIOUS ORGANIZATION	5,995.				CHARITABLE CONTRIBUTION

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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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

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

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Part I General Information on Grants and Assistance

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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-MARION COUNTY PUBLIC LIBRARY F P.O. BOX 6134 INDIANAPOLIS, IN 46206-6134	237016089	501(C)(3)	5,986.				CHARITABLE CONTRIBUT
(2)	PHOENIX THEATRE, INC. 749 N. PARK AVE. INDIANAPOLIS, IN 46202	311069575	501(C)(3)	5,858.				GUAPA HISPANIC OUTRE
(3)	LUTHERAN CHILD AND FAMILY SERVICES OF INDIA 1525 N. RITTER AVE.	350868123	501(C)(3)	5,800.				COMPUTER LAB AT LUTH
(4)	SOUTHEAST COMMUNITY SERVICES, INC. 901 S. SHELBY ST. INDIANAPOLIS, IN 46203	351318068	501(C)(3)	5,800.				FACES OF SOUTHEAST Y
(5)	YOUNG AUDIENCES OF INDIANA, INC. 3921 N. MERIDIAN ST.	351148812	501(C)(3)	5,800.				NEW RESIDENCY PROGRA
(6)	DAY NURSERY ASSOCIATION OF INDIANAPOLIS, IN 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	350888763	501(C)(3)	5,800.				TUITION ASSISTANCE F
(7)	ST. MARY'S CHILD CENTER 901 DR. MARTIN LUTHER KING JR. ST.	530196617	501(C)(3)	5,800.				PRESCHOOL SCHOLARSHI
(8)	DYSLEXIA INSTITUTE OF INDIANA, INC. 8395 KEYSTONE CROSSING	351780312	501(C)(3)	5,800.				CAMP DELAFIELD
(9)	PEACE LEARNING CENTER 6040 DELONG RD. INDIANAPOLIS, IN 46254	352067284	501(C)(3)	5,800.				PEACE EDUCATION IN I
(10)	SHELTERING WINGS CENTER FOR WOMEN P.O. BOX 92 DANVILLE, IN 46122	352077713	501(C)(3)	5,800.				CHILD CARE AND PRESC
(11)	TEACHERS' TREASURES 1800 E. 10TH ST. INDIANAPOLIS, IN 46201	352100375	501(C)(3)	5,800.				GENERAL OPERATING
(12)	THE SHEPHERD'S CENTER OF HAMILTON COUNTY 347 S. 8TH. ST. NOBLESVILLE, IN 46060	311131854	501(C)(3)	5,700.				COMMUNITY CARING PRO

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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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**Grants and Other Assistance to Organizations,
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(1)	JAMESON, INC. 2001 S. BRIDGEPORT RD.	351156756	501(C)(3)	5,500.				RESIDENTIAL SUMMER C
(2)	APPRISEN 4500 E. BROAD STREET COLUMBUS, OH 43213	351107304	501(C)(3)	5,493.				2012 DISTRIBUTION
(3)	UNIVERSITY OF WISCONSIN FOUNDATION 1111 HIGHLAND AVE MADISON, WI 53705-2275	390743975	501(C)(3)	5,480.				UW PEDIATRIC HEMATOL
(4)	YMCA OF GREATER INDIANAPOLIS 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	350868211	501(C)(3)	5,470.				RANSBURG YMCA ACTIVE
(5)	INDIANA ASSOCIATION FOR COMMUNITY ECONOMIC 2105 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	351695379	501(C)(3)	5,363.				HOMEWARD BOUND WEBST
(6)	INDIANA GRANTMAKERS ALLIANCE 32 EAST WASHINGTON ST.	351835134	501(C)(3)	5,363.				INDIANAPOLIS FOUNDAT
(7)	INDYBAROQUE MUSIC, INC. 401 E. MICHIGAN ST. INDIANAPOLIS, IN 46204	352107488	501(C)(3)	5,262.				2012 DISTRIBUTION
(8)	INDIANA HUMANITIES 1500 N. DELAWARE ST.	351344382	501(C)(3)	5,148.				INCONVERSATION
(9)	THE CHILDREN'S MUSEUM OF INDIANAPOLIS 3000 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	350867985	501(C)(3)	5,148.				TAKE ME THERE: ART A
(10)	INDIANAPOLIS CHAMBER ORCHESTRA 4603 CLARENDON RD. INDIANAPOLIS, IN 46208	311132072	501(C)(3)	5,140.				
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 580.

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) (2012)

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	63.	565,102.		FMV	
2 FELLOWSHIPS	5.	125,000.		FMV	
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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, Part III, column (b), 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

2012

**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, but 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) 2012

Schedule J (Form 990) 2012

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 and Title		(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				
BRIAN E. PAYNE	(i)	236,136.	0	0	7,800.	20,592.	264,528.	0
1 PRESIDENT & CEO	(ii)	66,602.	0	0	2,200.	5,805.	74,607.	0
KAY WHITAKER	(i)	132,122.	0	0	5,317.	1,274.	138,713.	0
2 CFO	(ii)	30,992.	0	0	1,247.	299.	32,538.	0
ROBERT MACPHERSON	(i)	112,613.	0	0	4,630.	14,536.	131,779.	0
3 VP DEVELOPMENT	(ii)	28,153.	0	0	1,157.	3,634.	32,944.	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) 2012

Schedule J (Form 990) 2012

Page **3****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 J (Form 990) 2012

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**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

2012

**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	23.	1,603,684.	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

30 a 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?

	Yes	No
30a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31	X	
----	---	--

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

32a	X	
-----	---	--

b If "Yes," describe in Part II.

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

--	--	--

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

Schedule M (Form 990) (2012)

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

SCHEDULE 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

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

2012

**Open to Public
Inspection**

Name of the organization

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
AND RELATIONSHIP, IF ANY, WITH OTHER BOARD MEMBERS. WHEN FOUNDATION
BUSINESS IS BEING CONDUCTED AND THERE IS A CONFLICT, THE BOARD OR STAFF

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

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 9

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	559,201
CHANGE IN DEFINED BENEFIT PENSION PLAN	14,215
TRANSFERS AND OTHER EXCHANGES	61,420
TOTAL:	\$634,836

ATTACHMENT 1
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE MISSION OF CENTRAL INDIANA COMMUNITY FOUNDATION (CICF) IS TO INSPIRE, SUPPORT, AND PRACTICE PHILANTHROPY, LEADERSHIP, AND SERVICE IN OUR COMMUNITY. THROUGH THE GENEROSITY OF THOUSANDS OF DONORS, CICF IS THE STEWARD FOR CHARITABLE ASSETS FOCUSING ON THREE AREAS

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

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

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 VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
LATINO SCHOLARSHIP DINNER	230,410.
POWER OF WOMEN'S PHILANTHROPY	63,300.
TOTAL	<u>293,710.</u>

ATTACHMENT 3FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
LATINO SCHOLARSHIP DINNER	18,551.	15,809.	2,742.
POWER OF WOMEN'S PHILANTHROPY	13,100.	68,659.	-55,559.
TOTALS	<u>31,651.</u>	<u>84,468.</u>	<u>-52,817.</u>

**SCHEDULE R
(Form 990)****Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

2012**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service▶ **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.**

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(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	CICF	X	
(2) INDIANAPOLIS PARKS FOUNDATION 35-1860468 615 NORTH ALABAMA ST SUITE 119 INDIANAPOLIS, IN 46204	CHARITABLE	IN	501 (C) (3)	11A	CICF	X	
(3) MCCAW FAMILY FOUNDATION 35-2057394 615 NORTH ALABAMA ST SUITE 119 INDIANAPOLIS, IN 46204	CHARITABLE	IN	501 (C) (3)	11A	CICF	X	
(4) THE INDIANAPOLIS FOUNDATION 35-0868115 615 N. ALABAMA ST SUITE 119 INDIANAPOLIS, IN 46204	CHARITABLE	IN	501 (C) (3)	7	CICF	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) 2012

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Schedule R (Form 990) 2012

Page 2

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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUST (4) 615 NORTH ALABAMA STREET STE 119 INDIANAPOLIS, IN 46204	CRUT	IN	N/A	CRAT					X
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

Schedule R (Form 990) 2012

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE INDIANAPOLIS FOUNDATION	N	496,575.	FMV
(2) THE INDIANAPOLIS FOUNDATION	O	961,675.	FMV
(3) TECHPOINT FOUNDATION	B	50,000.	FMV
(4) TECHPOINT FOUNDATION	N	111,137.	FMV
(5) TECHPOINT FOUNDATION	O	87,033.	FMV
(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) -----													

Schedule R (Form 990) 2012

Part VII Supplemental Information

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

2012Department of the Treasury
Internal Revenue ServiceFor calendar year 2012 or other tax year beginning _____, 2012, and
ending _____, 20 _____ See separate instructions.

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) ☐ 220(e)
☐ 408(e) ☐ 530(a)
☐ 408A ☐ 529(a)
Print
or
Type

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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

35-1793680

615 NORTH ALABAMA STREET 119

City or town, state, and ZIP code

INDIANAPOLIS, IN 46204

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

525990

C Book value of all assets
at end of year

477,294,973.

F **Group exemption number** (see instructions) ▶G **Check organization type** ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trustH 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 ▶ JENNIFER BARTENBACH

Telephone number ▶ 317-634-2423

Part I Unrelated Trade or Business Income

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a 142,887.		142,887.
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5 -396,817.	ATTCH 1	-396,817.
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (see instructions; attach statement).	12		
13 Total. Combine lines 3 through 12	13 -253,930.		-253,930.

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)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach statement).	18	
19 Taxes and licenses	19	
20 Charitable contributions (see instructions for limitation rules)	20	
21 Depreciation (attach Form 4562).	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach statement)	28	
29 Total deductions. Add lines 14 through 28	29	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-253,930.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-253,930.
33 Specific deduction (generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-253,930.

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

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)

37 Proxy tax (see instructions)

38 Alternative minimum tax

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.

Part IV Tax and Payments

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

b Other credits (see instructions)

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

d Credit for prior year minimum tax (attach Form 8801 or 8827)

e **Total credits.** Add lines 40a through 40d

41 Subtract line 40e from line 39

42 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach statement)

43 Total tax. Add lines 41 and 42

44 a Payments: A 2011 overpayment credited to 2012

b 2012 estimated tax payments

c Tax deposited with Form 8868

d Foreign organizations: Tax paid or withheld at source (see instructions)

e Backup withholding (see instructions)

f Credit for small employer health insurance premiums (Attach Form 8941)

g Other credits and payments:

☐ Form 4136

☐ Form 2439

☐ Other

Total

45 Total payments. Add lines 44a through 44g

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed

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

49 Enter the amount of line 48 you want: Credited to 2013 estimated tax

Refunded

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

1 At any time during the 2012 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

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.

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

2 Purchases

3 Cost of labor

4 a Additional section 263A costs

(attach statement)

b Other costs (attach statement)

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

6 Inventory at end of year

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

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

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

11-12-13

Check ☐ if self-employed

PTIN

P00151125

Firm's name ☒ BKD, LLP

Firm's EIN ☒ 44-0160260

Firm's address ☒ 200 E. MAIN ST. SUITE 100

Phone no. 260-460-4000

FORT WAYNE, IN 46802

Form 990-T (2012)

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

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

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

Nonexempt Controlled Organizations

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

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

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

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)						
Totals (carry to Part II, line (5)) . . .						

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

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

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)		%	
Total. Enter here and on page 1, Part II, line 14.			

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

AG SUPER FUND LP	1,060.
AIF VI LS AIV LP	10,933.
AUDAX PRIVATE EQUITY FUND	2.
ENTERPRISE PRODUCTS PARTNERS LP	-24,649.
GLOBAL ENVIRONMENT CAPITAL COMPANY, LLC	1,565.
GMO FORESTRY FUND 8-B LP	-1,646.
KAYNE ANDERSON ENERGY FUND III	29,355.
KAYNE ANDERSON ENERGY FUND IV	-6,650.
KINDER MORGAN ENERGY PARTNERS LP	-126,478.
LIME ROCK RESOURCES B LP	-55,564.
EURO CHOICE III, LP	-2,737.
NATURAL GAS PARTNERS IX	-242,355.
NAREP LP	10,269.
NAREP II, LP	7,991.
DAVIDSON KEMPNER INSTITUTIONAL PARTNERS	35.
DENHAM COMMODITY PARTNERS FUND LP	-8,153.
METROPOLITAN REAL ESTATE PARTNERS	-15,529.
TRUEBRIDGE-KAUFFMAN ENDOWMENT FUND II, LP	71.
COMMON FUND CAPITAL VENTURE PARTNERS IX, LP	-58.
THE VARDE FUND IX-A, LP	-467.
SUGAR CREEK PROPERTIES, INC	1,183.
AMBERBROOK IV, LLC	10,305.
AMBERBROOK V, LLC	14,724.
AMBERBROOK VI, LLC	-24.
INCOME (LOSS) FROM PARTNERSHIPS	<u>-396,817.</u>

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No. 1545-0123

2012

Name

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

Complete Form 8949 before completing line 1, 2, or 3. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price) from Form(s) 8949, Part I, line 2, column (d)	(e) Cost or other basis from Form(s) 8949, Part I, line 2, column (e)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
1 Short-term totals from all Forms 8949 with box A checked in Part I .				
2 Short-term totals from all Forms 8949 with box B checked in Part I .				
3 Short-term totals from all Forms 8949 with box C checked in Part I .				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column h				7

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

Complete Form 8949 before completing line 8, 9, or 10. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price) from Form(s) 8949, Part II, line 4, column (d)	(e) Cost or other basis from Form(s) 8949, Part II, line 4, column (e)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 4, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
8 Long-term totals from all Forms 8949 with box A checked in Part II .				
9 Long-term totals from all Forms 8949 with box B checked in Part II .				
10 Long-term totals from all Forms 8949 with box C checked in Part II .	142,887.			142,887.
11 Enter gain from Form 4797, line 7 or 9				11
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions (see instructions)				14
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column h				15 142,887.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	142,887.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	18	142,887.

Note. If losses exceed gains, see **Capital losses** in the instructions.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) (2012)

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.

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.

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.