Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

OMB No. 1545-0047

benefit trust or private foundation) Internal Revenue Service

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

Open to Public

A F	or th	e 2010	O calendar year, or tax year beginning , 2010, a	ind ending	<u></u>	, 2		
_			C Name of organization		D Employer ide	entification nu	mber	
Bo	heck if ap	plicable:	CENTRAL INDIANA COMMUNITY FOUNDATION INC		35-1793	3680		
	Addre		Doing Business As					
	7 '	change	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone nu	ımber		
	+	return	615 NORTH ALABAMA STREET	119	(317) 63	4-2423		
	-	inated	City or town, state or country, and ZIP + 4	· · ·	1 (02)			
	Amen		INDIANAPOLIS, IN 46204		G Gross receipt	ts \$ 220	,976,	298
\vdash		cation	F Name and address of principal officer: BRIAN PAYNE		H(a) Is this a group		Yes	X No
	_ pendi	ng	615 NORTH ALABAMA STREET INDIANAPOLIS, IN 462	204	affiliates?	-	-	=
_	T		1.7	1 1	H(b) Are all affiliat		_ Yes	No
		cempt st	atus: X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or WWW.CICF.ORG	527	_	h a list. (see instru	ctions)	
_				11.1/	H(c) Group exemp		·	
		of organ		L Year of form	ation: 1997 M	State of legal d	omicile;	<u> IN</u>
Pa			mmary					
	1		describe the organization's mission or most significant activities:		z-zzz===			
ġ.			F EXISTS TO IMPROVE INDIANA TODAY AND FOREVER.			_		
anc			BUILT TO SUPPORT EFFECTIVE CHARITABLE ORGANIZA	TIONS WIT	H GRAN'IS			
Governance			PROVIDE LEADERSHIP TO ADDRESS COMMUNITY NEEDS.	 _				
Š	2	Check	this box 🕨 🔛 if the organization discontinued its operations or disposed of	more than 25%	of its net assets.			
ಷ	3	Numb	er of voting members of the governing body (Part VI, line 1a)			3		21.
Activities &	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)			4		21.
₹	5	Total r	number of individuals employed in calendar year 2010 (Part V, line 2a)			5		43.
Act	6		number of volunteers (estimate if necessary)			6		21.
	7a	Total g	gross unrelated business revenue from Part VIII, column (C), line 12			7a	-595,	184.
	b	Net ur	related business taxable income from Form 990-T, line 34				-595,	184.
					Prior Year		rrent Ye	ar
•	8	Contril	butions and grants (Part VIII, line 1h)		17,188,85	4. 19	,157,	001.
Revenue	9	Progra	am service revenue (Part VIII, line 2g)			0.		0.
9.	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)		-36,981,95	4. 25	,205,	042.
吐	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,667,28			195.
	12	Total	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-17,125,81		,594,	
			s and similar amounts paid (Part IX, column (A), lines 1-3)		19,672,61		,312,	
	14		to poid to or for members (Part IV, solumn (A), line 4)			0.	, , , ,	722.
					2,367,35		0.4.0	200
ses	15	Salant	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)	• • • • •			,848,	290.
Expenses	io a	Profes	sional fundraising fees (Part IX, column (A), line 11e)	Particular Inches	103,88	L.	turin opat y traville	<u> </u>
ᅑ	_ D	lotait	undraising expenses (Part IX, column (D), line 25) 1,037,736.	55135				22422
i		Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		4,893,48		,394,	
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		27,037,34		,555,	
. 60	19	Reven	ue less expenses. Subtract line 18 from line 12		-44,163,15		,038,	
Net Assets or Fund Balances					inning of Current Y		nd of Yea	
sset 3ala			assets (Part X, line 16)		418,137,78		,654,	
P A		Total li	iabilities (Part X, line 26)		28,035,90		,682,	
	22		sets or fund balances. Subtract line 21 from line 20		390,101,87	5. 429	,972,	<u>559.</u>
	rt II		nature Block					
CON	ler pen ect, ar	alties of nd comp	f perjury, I declare that I have examined this return, including accompanying schedules an elete. Declaration of preparer (other than officer) is based on all information of which prepare	d statements, and arer has anv know	to the best of my kr dedae.	nowledge and b	pelief, it is	s true,
	ign							
Н	ere		Signature of officer		Date			
								
			Type or print name and title					
Date		Print/T	ype preparer's name Preparer's signature	Date	Check if self-	PTIN		
Paid	arer		(an Illeum)	1114111	employed >			
	Only	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	
Мау	the IF		upo this soften with the property shows shows? (see instructions)			X Y	'es	No

Form 8868 (Re	ev. 1-2011)				Page 2
 If you are 	filing for an Additional (Not Automatic)	3-Month Exter	ision, complete only Part II and che	ck this box	▶ X
•	complete Part II if you have already been				
 If you are 	filing for an Automatic 3-Month Extensi	ion, complete d	only Part I (on page 1).		
Part II	Additional (Not Automatic) 3-Mon			copies needed).	
Type or	Name of exempt organization	<u> </u>		Employer identification	number
print	CENTRAL INDIANA COMMUNITY	Y FOUNDATIO	ON INC	35-1793680	
File by the	Number, street, and room or suite no. If a P.	O. box, see instru	ctions.		
extended due date for	615 NORTH ALABAMA STREET				
filing your	City, town or post office, state, and ZIP code	e. For a foreign ad	dress, see instructions.		
return. See instructions.	INDIANAPOLIS, IN 46204				
					
Enter the Re	eturn code for the return that this applica	ition is for (file a	a separate application for each return	n)	0 1
Application		Return	Application		Return
ls For		Code	Is For		Code
Form 990	•••	01			
Form 990-Bl	L L	02	Form 1041-A	A Device that the same constraints are resistant as	08
Form 990-E		03	Form 4720		09
Form 990-Pf		04	Form 5227		10
	(sec. 401(a) or 408(a) trust)	05	Form 6069	——————————————————————————————————————	11
	(trust other than above)	06	Form 8870		12
	ot complete Part II if you were not alre			a previously filed Form	8868.
	s are in the care of ▶ KAY WHITAKE				
	e No. ▶ 317 634-2423		FAX No. ▶	-	
	anization does not have an office or place				. •
-	or a Group Return, enter the organizati <u>on</u>				s is
	e group, check this box				ich a
	names and EINs of all members the exte		• • • • • • • • • • • • • • • • • • • •	· · · · · · · ·	
	est an additional 3-month extension of tin		11/15	20 11 '.	
5 For cal	iendar year 2010, or other tax year be	ginning	, 20 , and ending		20 .
	ax year entered in line 5 is for less than			Final return	
	hange in accounting period				
7 State in	n detail why you need the extension				
ADDIT	TIONAL TIME IS REQUIRED TO	ACCUMULATE	THE INFORMATION NECESS	SARY TO	
FILE	A COMPLETE AND ACCURATE RE	TURN.			
8a If this	application is for Form 990-BL, 990-PI	F, 990-T, 4720	, or 6069, enter the tentative tax	(, less any	
	undable credits. See instructions.	;		8a \$	
b If this	application is for Form 990-PF, 99	0- T , 4 720, or	6069, enter any refundable cr	redits and	
estimat	ted tax payments made. Include any	prior year o	verpayment allowed as a credit	and any	
amoun	t paid previously with Form 8868.		-	8b \$	
c Balanc	e Due. Subtract line 8b from line 8a. Inc	lude your paym	ent with this form, if required, by us	sing EFTPS	
(Electro	onic Federal Tax Payment System). See ir	estructions.		8c \$	
		Signature an	d Verification		
Under penalties	of perjury, I declare that I have examined this t	form, including acc	ompanying schedules and statements, and t	to the best of my knowledg	e and belief,
t is true, correct	t, and complete, and that I am authorized to prepare	this form.			
	\sim \sim \sim \sim		004	=101	١, ,
Signature 🕨	(July Land		Title ▶ CD	Date ▶ 5/2/	Ш
				Form 8868 (Rev. 1-2011)
	\vee				

Form 8868

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	e filing for an Automatic 3-Month Extension,				▶\X
	e filing for an Additional (Not Automatic) 3-M D <i>lete Part II unless</i> you have already been gra			•	R
	· -		•	-	
	iling (e-file). You can electronically file Form				
	n required to file Form 990-T), or an additio				
	quest an extension of time to file any of the				
	Transfers Associated With Certain Personal. For more details on the electronic filing of the				
	tomatic 3-Month Extension of Time. Or			ile for Chantles & North	
	in required to file Form 990-T and requesting			oox and complete	
					▶ □
All other cor	porations (including 1120-C filers), partnersh	ips, REMI	Cs, and trusts must use Form 7004 to	request an extension of	of time
to file incom	e tax returns.	-		·	
Type or	Name of exempt organization	-		Employer identification	number
print	CENTRAL INDIANA COMMUNITY FO			35-1793680	1
File by the	Number, street, and room or suite no. If a P.O. bo	x, see instru	ections.		
due date for filing your	615 NORTH ALABAMA STREET	·			
return. See	City, town or post office, state, and ZIP code. For	a foreign ac	ddress, see instructions.		
instructions.	INDIANAPOLIS, IN 46204				
Enter the Re	eturn code for the return that this application	is for (file	a separate application for each return)	. 01
Application	· · · · · · · · · · · · · · · · · · ·	Datum	I A - U-sti-		
ls For		Return Code	Application Is For	,	Return
Form 990		01	Form 990-T (corporation)		Code 07
Form 990-Bl		02	Form 1041-A		08
Form 990-EZ		03	Form 4720	 -	09
Form 990-PF		04	Form 5227		10
-	(sec. 401(a) or 408(a) trust)	05	Form 6069		11
	(trust other than above)	06	Form 8870		12
	,	<u>*</u>	1		
• The books	s are in the care of ▶ KAY WHITAKER				
	· · · · · · · · · · · · · · · · · · ·				
-	No. ► 317 634-2423		FAX No. ▶		
	anization does not have an office or place of l				▶ 🔲
If this is for	or a Group Return, enter the organization's fo	ur digit Gro	oup Exemption Number (GEN)	If thi	
for the whole	e group, check this box	fit is for pa	art of the group, check this box	, , 🕨 🔛 and atta	ach
	names and EINs of all members the extensi				
	st an automatic 3-month (6 months for a cor				
until		exempt or	ganization return for the organization	i named above. The ex	dension is
	organization's return for:				
	calendar year 20 10 or	20		20	
	tax year beginning	, 20	, and ending	, 20	
2 If the ta	ax year entered in line 1 is for less than 12 m	onths cher	ck reason: Initial return	Final return	
	hange in accounting period	Office, Crick	ok reason	inal return	
	nanga m ababamang panaa				
3a If this	application is for Form 990-BL, 990-PF, 99	0-T, 4720), or 6069, enter the tentative tax.	, less any	
	undable credits. See instructions.			3a \$	
b If this	application is for Form 990-PF, 990-T,	4720, or	6069, enter any refundable cre		
estimat	ed tax payments made. Include any prior yea	r overpayn	nent allowed as a credit.	3ь \$	
c Balance	e Due. Subtract fine 3b from line 3a. Include	your paym	ent with this form, if required, by us	ing EFTPS	
	onic Federal Tax Payment System). See instru		· · · · · · · · · · · · · · · · · · ·	3c \$	
	ou are going to make an electronic fund v	vithdrawal	with this Form 8868, see Form 8	453-EO and Form 88	79-EO for
payment inst	tructions.				

(Expenses \$

including grants of \$

23,279,554.

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

4e Total program service expenses ▶

) (Revenue \$

Form **990** (2010)

Par	t 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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
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	3		Х
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	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		- 21
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	9		
0				
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"		57	
_	complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		7.7
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—othersecurities 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	11b	X	
С	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	11c		Х
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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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 FIN48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	····		
	complete Schedule D, Parts XI, XII, and XIII.	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
_	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	174		23,
~	business, and program service activities outside the United States? If "Yes, "complete Schedule F, Parts I and IV.	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140	- 41	
13		4.5		Х
10	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			37
47	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	+	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		}	τ,
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	+	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	18	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	19		_ X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		_X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form			
	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			i
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete Schedule J	23	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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		X
þ	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?			
	If "Yes," complete Schedule L, Part I	25b		_ 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? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	l i		
	If "Yes," complete Schedule L, Part III	27	المعازمها	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):		(1)	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			7.7
	Schedule L, Part IV	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			v
20	was an officer, director, trustee, or direct or indirect owner? If "Yes,"complete Schedule L, Part IV	28c	X	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		Х
31	conservation contributions? If "Yes," complete Schedule M	30		
31	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	٧,		
V.	complete Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Х	
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,		ł	
	Part V, line 2 Yes No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R,	ļ		
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990 ((2010)

Form	990 (2010) 35-1793680			Page
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	· · · · · · · · · · · · · · · · · · ·			
	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 43			
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 <i>e-file</i> . (see instructions)	5:33		-100
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
	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		į l	
	account)?	4a	Х	
b	If "Yes," enter the name of the foreign country: ► <u>ATTACHMENT</u> 2			
	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		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	_6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_7f		Х
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.			
а	Did the organization make any taxable distributions under section 4966?	9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
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:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u></u>	<u> </u>
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	Instancia	21,020
	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			
C	Enter the amount of reserves on hand			

14a

14 a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

X

Раг	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7 for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or			
	Schedule O. See instructions.	, 0,,0	ıngo	<i>O 11.1</i>
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	ion 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	THEFT.		
b	Enter the number of voting members included in line 1a, above, who are independent	7717121222		
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	Х	112212132112
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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11 a	Has the organization provided a 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.			
12 a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? ##Yes,"			
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	<u> </u>
14	Does the organization have a written document retention and destruction policy?	14	X	Thertonia.
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	^	erike in in
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		PHINISL.	X
	with a taxable entity during the year?	16a		Halitor.
b	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		¥m'	
	the organization's exempt status with respect to such arrangements?	16b	Tipadini i	1424,1244
Sect	ion C. Disclosure	เอม		
17	List the states with which a copy of this Form 990 is required to be filed INDIANA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only			
	available for public inspection. Indicate how you make these available. Check all that apply.	,		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ▶KAY WHITAKER 615 NORTH ALABAMA STREET SUITE 119 INDIANAPOLIS, IN 4	6204		
	317_63/_2/23			

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

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

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.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title ATTACHMENT 3	Average hours per week (describe hours for related organizations in Schedule O)	हैं। Individual trustee Por director	nstitutional trustee	e Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) DAVID BECKER										
BOARD CHAIR	1.00	Х		Χ				0.	Ĺ o.l	0
(2) MARK E. HILL										
VICE-CHAIR	1.00	X		Χ				0.	0.	0
(3) ALAN A. LEVIN										
SECRÉTARY	1.00	X		Х				0.	0	0
(4) SARAH WILSON OTTE									-	
TREASURER	1.00	X		Х				· 0.	o.l	0
(5) J. MURRAY CLARK										
BOARD MEMBER	1.00	Х						٥.	o.l	. 0
(6) LORI EFROYMSON-AGUILERA		_								
BOARD MEMBER	1.00	Х					ļ	0.	0.	0
(7) HENRY L. FERNANDEZ										
BOARD MEMBER	1.00	X				i		0.	o.l	0
(8) MARIANNE GLICK				1						_
BOARD MEMBER	1.00	Х						0.	0.	0
(9) STEVEN A. HOLT									-	
BOARD MEMBER	1.00	X.						o.	0.	0
(10)PEGGY MONSON										
BOARD MEMBER	1.00	Х						0.	0.	0
(11)D. WILLIAM MOREAU, JR.										
BOARD MEMBER	1.00	Х						0.	0.	0
(12)ANN D. MURTLOW										
BOARD MEMBER	1.00	Χ					i	0.	o.l	0
(13)MYRTA J. PULLIAM										
BOARD MEMBER	1.00	X						و. ٥	0	0
(14)JOHN J. QUINN			\Box					<u> </u>		_ _
BOARD MEMBER	1.00	Χ						ο.	0	0
(15)CYNTHIA SIMON SKJODT									-	
BOARD MEMBER	1.00	Χ						0.	0.	0
(16) JOSEPH L. SMITH, JR			7							
BOARD MEMBER	1.00	Х		İ				0.	0	0

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(A)	(B)		-	(C)			(D)	(E)	(F)	
Name and title	Average hours per	$\overline{}$		eck a	lithat ap		Reportable compensation	Reportable compensation	Estimated amount of	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	employee Key employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(17) MICHAEL L. SMITH										
BOARD MEMBER	1.00	Х					0.	0.	(
(18) CHARLES P. SUTPHIN										
BOARD MEMBER	1.00	Х			Ì		0.	0.	(
(19) MILTON O. THOMPSON										
BOARD MEMBER	1.00	Х					0.	0.	(
(20) LARRY J. SABLOSKY						İ			_	
BOARD MEMBER	1.00	X					0.	0.	(
(21) BRIAN E. PAYNE							-	-		
PRESIDENT & CEO	30.00			Χ.			208,042.	69,348.	33,696	
(22) ROSEMARY DORSA									<u> </u>	
VP SPECIAL INITIATIVES	40.00			X		ŀ	154,174.	0.	15,282	
(23) KAY WHITAKER									<u> </u>	
CFO	32.00			X			121,357.	28,762.	7,799	
(24) ROBERT MACPHERSON									· .	
VP DEVELOPMENT	26.00		2	X			80,097.	41,262.	21,965	
(25) GREGORY A. MCMILLEN					1			·	· ·	
VP CIO	27.00			Χ			65,446.	30,798.	15,555	
(26) ROBERT B. LITTLE				ļ						
VP, LEGACY FUND PRESIDENT	3.00		2	X			7,836.	90,117.	28,661	
(27) GREGORY E. LYNN					T-			 		
VP REAL ESTATE	11.00		2	X			25,136.	64,634.	13,869	
(28) ELIZABETH TATE							<u> </u>	,		
VP GRANTMAKING	25.00			X			48,003.	36,213.	18,793	
1b Sub-total	•					<u> </u>	710,091.	361,134.	155,620.	
c Total from continuation sheets to Part VII.	Section A	• • •		• • •		•	· · · ·			
d Total (add lines 1b and 1c)					• • • •		710,091.	361,134.	155,620.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization
4

3	Did	the	organization	list	any	former	officer,	director	ог	trustee,	key	employee,	OF	highest	compensated
	emp	loyee	on line 1a? If	"Ye	s, "coi	nplete S	chedule :	J for such	indi	vidual .			٠.		

- 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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation		
ATTACHMENT 4				
		-		
	<u> </u>			

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 ▶ 2



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Part VII	Statement of Revenue			Page		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from t under section 512, 513, or 51
and other similar amounts and other similar amounts a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) . 1e	161,385.				
and other s	All other contributions, gifts, grants, and similar amounts not included above	18,995,616. 824,857.	19,157,001.			
Program Service Revenue Table c d e f d		Business Code				
Program S b b c	All other program service revenue Total. Add lines 2a-2f		0.			
3 4 5	Investment income (including dividends, intere other similar amounts)	st, and	5,980,904. 0. 0.			5,980,90
6a b c	Gross Rents					
d 7a b	Wet rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(ii) Other				
c d	and sales expenses 176,381,805 Gain or (loss) 19,224,138 Net gain or (loss)		19,224,138.			19,224,1
Other Kevenue	Gross income from fundraising events (not including \$	255.	20,295.			20.00
9a	Gross income from garning activities. See Part IV, line 19		20,295.			20,29
b c	Less: direct expenses		o.			
10a b c	Gross sales of inventory, less returns and allowances		0.			
	Miscellaneous Revenue	Business Code				
11a	OTHER INCOME	900099	112,957.			112,9
b	OPERATING SUPPORT FEE	900099	694,127.	694,127.		
C	PARTNERSHIP INCOME	525990	-595,184.		-595,184.	
d	All other revenue					
е	Total. Add lines 11a-11d	▶	211,900.			
12	Total revenue. See instructions	. 1	44,594,238.	694,127.	-595,184.	25,338

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

er organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must comple	ete column (A) but are r	not required to complet	te columns (B), (C), and	(D)
	o not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	21,657,573.	21,657,573.		
2	Grants and other assistance to individuals in	ď			
	the U.S. See Part IV, line 22	654,949.	654,949.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	710,092.	195,920.	355,929.	158,243.
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	1,396,150.	377,417.	698,261.	320,472.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	314,293.	158,715.	98,697.	56,881.
9	Other employee benefits	285,116.	71,764.	141,398.	71,954.
10	Payroll taxes	142,645.	37,580.	75,252.	29,813.
11	Fees for services (non-employees):				
а	Management	0.			
b	Legal	69,716.	7,477.	62,239.	
С	Accounting	83,637.		83,637.	
d	Lobbying	0.		4	
ę	Professional fundraising services. See Part IV, line 17	0.			
f	Investment management fees	1,899,859.		1,899,859.	
g	Other	0.			
12	Advertising and promotion	7,576.	1,298.	2,086.	4,192.
13	Office expenses	116,867.	33,914.	37,010.	45,943.
14	Information technology	211,277.	33,898.	101,126.	76,253.
15	Royalties	0.			
16	Occupancy	180,731.	10,979.	145,669.	24,083.
17	Travel	24,833.	3,459.	13,891.	7,483.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	54,891.	22,177.	17,303.	15,411.
20	Interest	0.			
21	Payments to affiliates , . ,	0.			
22	Depreciation, depletion, and amortization	377,102.	1,488.	375,614.	
23	Insurance	40,682.	3,682.	37,000.	Frankrighten mitter og overter
24	Other expenses ltemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
	COMMUNITY RELATIONS & SUPPOR	245,570.	2,005.	27,918.	215,647.
	EMPLOYEE DEV & RELATIONS	33,992.	5,252.	17,379.	11,361.
	DUES & MEMBERSHIPS	43,453.	7.	43,446.	
d	LOSS ON DISPOSAL	4,446.		4,446.	
е					
f	All other expenses		00 000 55	4 000 100	1 000 505
25	Total functional expenses. Add lines 1 through 24f	28,555,450.	23,279,554.	4,238,160.	1,037,736.
26	Joint Costs. Check here ▶ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Balance Sheet Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 Savings and temporary cash investments 21,625,598. 23,402,540. 2 2 5,225,560. Pledges and grants receivable, net 3,680,446. 3 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 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) 6 Notes and loans receivable, net 7 8 Prepaid expenses and deferred charges 9 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 4,196,893. 1,247,902. 1,203,222. 10c 228,600,151. 246,586,085. 11 11 153,227,394. 171,002,544. 12 12 13 13 14 14 9,756,293. 15 15 10,234,658. 418,137,784. 457,654,609. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,969,891. 2,126,175. 17 17 9,353,333. 9,231,233. 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D iabilities. 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disgualified persons. 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 16,556,401. 16,480,926. 25 Other liabilities. Complete Part X of Schedule D 25 28,035,909. 26 Total liabilities. Add lines 17 through 25 26 27,682,050. Organizations that follow SFAS 117, check here | X | and complete lines 27 through 29, and lines 33 and 34. Balances 27 376,040,924. 27 413,103,188. 28 9,352,441. 11,867,801. 28 29 4,708,510. 5,001,570. Fund 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. ö Net Assets 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 33 390,101,875. 429,972,559. 33 418,137,784. 457,654,609.

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35-1793680

Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI		X	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	44,5	94,2	238.
2	Total expenses (must equal Part IX, column (A), line 25)	28,5	55,4	150.
3	Revenue less expenses. Subtract line 2 from line 1	16,0	38,7	788.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	390,1	01,8	375.
5	Other changes in net assets or fund balances (explain in Schedule O)	23,8	31,8	396.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	429,9	72,5	559.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		Yes	No
2a		2a	EVITALES I	X
b	de la constitución de la constit	2b	Х	
С	The second secon			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	delant.
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a separate basis, consolidated basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	i, t	1-11-1111	n-!bib
	the Single Audit Act and OMB Circular A-133?	3a		X
b				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

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.

► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Nam	e of t	he organization							Emplo	yer iden	tification	on numl	oer
CEN	ITRA	L INDIANA COM	MUNITY FOUNDA	ATION INC						35	-179	3680	
Pai	τl	Reason for Pub	lic Charity Statu	s (All organizations mւ	ıst cor	nplete	this pa	art.) Se	e instr	uctions	i.		
The	orga	nization is not a priva	ate foundation beca	use it is: (For lines 1 thro	ıgh 11,	check	only or	ie box.)					
1	\Box	A church, convention	on of churches, or a	ssociation of churches de	scribe	d in	section	170(b)(1)(A)(i).				
2		A school described	in section 170(b)(1)(A)(ii). (Attach Schedu	le E.)								
3		A hospital or a coop	perative hospital se	rvice organization describ	ed in	section	on 170(b)(1)(A)	(iii).				
4		A medical research	h organization op	erated in conjunction w	rith a l	hospita	al descr	ribed in	sectio	n 170(i	o)(1)(A	.)(iii).	Enter the
		hospital's name, cit	ty, and state:										
5				nefit of a college or univ	ersity	owned	d or op	erated	by a go	vernme	ntal u	ınit des	scribed in
_		section 170(b)(1)(A		•									
6	77			r governmental unit descr									
7	Х			es a substantial part of i	ts supp	oort fro	om ago	overnme	ental ur	nit or fro	om th	e gene	ral public
_	$\overline{}$			(Complete Part II.)									
8	Н			on 170(b)(1)(A)(vi). (Con	-								
9	Ш			es: (1) more than 33 1/3 9									_
				exempt functions - sub									
				ome and unrelated bus				•		n 511	tax) f	rom b	usinesses
				ne 30, 1975. See section	-				•				
10	Щ			ed exclusively to test for p									
11				rated exclusively for the									
				rpported organizations d									e section
				es the type of supporting					lines 1		¬ī		
		a Type i	b Type				ally inte			d 🙋		e III - C	
е				the organization is not									
				gers and other than one	or mo	re pul	olicly su	ipported	d organ	izations	desc	ribed i	n section
		509(a)(1) or section	,										
f				n determination from th	e IRS	that if	t is a T	ype I,	Гуре ІІ,	or Typ	e III s	upporti	ng
		organization, check											🗀
g		=	006, has the organi	zation accepted any gift o	r contri	bution	from an	y of the	!				
		following persons?											
				ctly controls, either alor									Yes No
				ly of the supported orgar	ization	?	<i>.</i> .					11g(i)	<u> </u>
		(ii) A family memb	•	**								11g(ii)	
		(iii) A 35% controlle	ed entity of a perso	n described in (i) or (ii) ab	ove?							11g(iii)	
<u>h</u>		Provide the followin	g information about	the supported organization	on(s).								
		ame of supported	(ii) EIN	(iii) Type of organization		Is the		ou notify		ls the	(\	rii) Amou	
		organization		(described on lines 1-9 above or IRC section	col. (i)	zation in listed in		anization I. (i) of		ration in Irganized	i	suppo	ırt
				(see instructions))	your go docu	overning: ment?		upport?		U.S.?			
		<u> </u>			Yes	No	Yes	No	Yes	No			
(A)													
													
(B)													
						 							
(C)					<u> </u>								
(D)											_		
				-				-					
(E)								1					
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2010

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.)

Sec	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·	·	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	29,412,395.	30,119,928.	21,723,829.	17,188,854.	19,157,001.	117,602,007.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge			_			
4	Total. Add lines 1 through 3	29,412,395.	30,119,928.	21,723,829.	17,188,854.	19,157,001.	117,602,007.
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)						52,402,921.
6	Public support. Subtract line 5 from line 4.						65,199,086
<u>Sec</u>	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	29,412,395.	30,119,928.	21,723,829.	17,188,854.	19,157,001.	117,602,007.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,309,504.	12,367,369.	8,605, 4 75.	6,236,700.	5,980, 9 04.	47,499,952.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,390,267.	3,020,332.	4,016,947.	1,330,595	827,727.	11,593,868.
11	Total support. Add lines 7 through 10						176,695,827.
12	Gross receipts from related activities, etc. (se	,				12	
13 	First five years. If the Form 990 is forganization, check this box and stop here		<u></u> .,.,.	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2010 (line		•	column (f))		14	36.90 <u>%</u>
15	Public support percentage from 2009 So		· · · · · · · · · · · · · · · · · · ·			15	43.64 %
16a	33 1/3 % support test - 2010. If the o	rganization did	not check the i	oox on line 13,	and line 14 is	33 1/3 % or mor	e, check
1.	this box and stop here. The organization	on qualifies as a	publicly support	ted organization			, ► X
D	33 1/3 % support test - 2009. If the co						
47-	check this box and stop here. The orga						
I/a	10%-facts-and-circumstances test - 2						
	or more, and if the organization me						
	Part IV how the organization meets to			_	•		''
h	organization		onization did n	st chack a bay	on line 12 16	16b or 17a	and line
D	15 is 10% or more, and if the organic						
	Explain in Part IV how the organization						-
	supported organization						
18	Private foundation. If the organization	n did not check	kahoxon line	13 16a 16b	17a or 17h	check this hav	and see
	instructions	· · · · · · · · · · · · · · · · · · ·	* * * * * * * * * *	<u> </u>	<u></u>		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>

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.)

Sec	tion A. Public Support						
	alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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				1	1	
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	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	staphilianna astabhili	unite recitant provincional recommenda		a region of ward to some data.		
8	Public support (Subtract line 7c from						
	line 6.)						
	tion B. Total Support						
C	alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6			· · · · · · · · · · · · · · · · · ·			
1Ų a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						-
þ	Unrelated business taxable income (less						
	section 511 taxes) from businesses					,	
	acquired after June 30, 1975						
	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						
13	(Explain in Part IV.)						
13	and 12.)						
14	First five years. If the Form 990 is for	the organization	l le firet eacond	third fourth or	fifth tay year o	s a section 501	(c)(3)
14	organization, check this box and stop here .	•			-		```
Sec	tion C. Computation of Public Sup	•					
15	Public support percentage for 2010 (line 8, co	•	-	(ft)		15	%
16	Public support percentage from 2009 Schedu		-			16	<u> </u>
	tion D. Computation of Investment						
17	Investment income percentage for 2010 (lin			, column (fl)		17	%
18	Investment income percentage from 2009 S					18	<u> </u>
	33 1/3 % support tests - 2010. If the org						• •
	17 is not more than 331/3 %, check thi						
b	33 1/3 % support tests - 2009. If the orga						
	line 18 is not more than 331/3 %, check				·		·
20	Private foundation If the organization		-	= =	•		

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization		Employer identification number
CENTRAL INDIANA CON	MMUNITY FOUNDATION INC	
Ossanization type (abook as	201:	35-1793680
Organization type (check or	ie).	
Filers of:	Section:	
Form 990 or 990-EZ	\overline{X} 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a p	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	
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5	5,000 or more (in money or
property) from any	one contributor. Complete Parts I and II.	
Special Rules		
sections 509(a)(1)	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % s and 170(b)(1)(A)(vi), and received from any one contributor, during the 100 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990, Part VIII, line 900, Part VIII,	ne year, a contribution of the
the year, aggregate	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received e contributions of more than \$1,000 for use exclusively for religious ses, or the prevention of cruelty to children or animals. Complete Parts	s, charitable, scientific, literary, or
the year, contributi aggregate to more year for an <i>exclusi</i> applies to this orga	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received ions for use exclusively for religious, charitable, etc., purposes, but the than \$1,000. If this box is checked, enter here the total contributions tively religious, charitable, etc., purpose. Do not complete any of the paramization because it received nonexclusively religious, charitable, etc.,	nese contributions did not that were received during the arts unless the General Rule contributions of \$5,000 or more
990-EZ, or 990-PF), but it mi	t is not covered by the General Rule and/or the Special Rules does no ust answer "No" on Part IV, line 2 of its Form 990, or check the box or certify that it does not meet the filing requirements of Schedule B (Form	n line H of its Form 990-EZ, or on
For Paperwork Reduction Act Notice	ce. see the Instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990, 990-FZ or 990-PF) (2010)

Schedule I	3 (Form 990, 990-EZ, or 990-PF) (2010)		Page of of Part
	rganization CENTRAL INDIANA COMMUNITY	FOUNDATION INC	Employer identification number 35–1793680
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
		\$24,36	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contribution	(d) Type of contribution
		\$ 5,00	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
,		(c) Aggregate contribution	(d) Type of contribution
		\$5 <u>,</u> 80	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contribution	(d) Type of contribution
		\$152,900	Person X Payroll
		(c) Aggregate contribution	(d) Type of contribution
		\$ <u>5,20</u>	Person X Payroll
		(c) Aggregate contribution	(d) Is Type of contribution

(Complete Part II if there is a noncash contribution.)

Person Payroll

Noncash

5,000.

Schadula F	3 (Form 990, 990-EZ, or 990-PF) (2010)		
	rganization CENTRAL INDIANA COMMUNITY	FOUNDATION INC	Page of of Part Employer identification number
			35-1793680
Part I	Contributors (see instructions)	·	· · · · · · · · · · · · · · · · · · ·
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) ns Type of contribution
		\$12,00	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contribution	(d) Type of contribution
		\$7,60	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contribution	(d) Type of contribution
		\$6,00	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contribution	(d) s Type of contribution
		\$42,20	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contribution	(d) s Type of contribution
	·	\$6,35	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contribution	(d) s Type of contribution

a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

(Complete Part II if there is

Person Payroli

Noncash

501,000.

Debadula D	/F C	200	000	E 7	~~ 000	DEN.	(2040

αė	αf	of Part

Name of organization	CENTRAL	INDIANA	COMMUNITY	FOUNDATION	INC

Employer identification number 35-1793680

'ап П	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$500,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
•	-	(c) Aggregate contributions	(d) Type of contribution
		\$25,445.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
	· ·	(c) Aggregate contributions	(d) Type of contribution
		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$500,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B	(Form 990, 990-EZ, or 990-PF) (2010)	•	Page of of Part
	rganization CENTRAL INDIANA COMMUNITY FOUNDATI	ON INC	Employer identification number 35–1793680
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$28,790.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
•		(c) Aggregate contributions	(d) Type of contribution
		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$106,900.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
•		(c) Aggregate contributions	(d) Type of contribution
		\$654,360.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
	· ·	(c)	(d)

(Complete Part II if there is a noncash contribution.)

Person Payroll

Noncash

22,904.

Schedule B (Form 990,	990-EZ, or 990-PF) (2010)		Page of of Par
Name of organization	CENTRAL INDIANA COMMUNITY FOUNDA	FION INC	Employer identification number 35-1793680
Part I Contrib	utors (see instructions)		
			(1)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$66,237.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$4,615,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$500,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$38,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 99 Name of organizatio	Page of of Part Employer identification number		
_ 	<u> </u>		35-1793680
Part I Contri	butors (see instructions)		
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$30,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
٠		(c) Aggregate contributions	(d) Type of contribution
		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$7,694.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$450,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$8,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)	
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Name of organization	CENTRAL	INDIANA	COMMUNITY	FOUNDATION	INC	Employer identification number
						35-1703680

Part I	Contributors	(see instructions)
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Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$28,790.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$ <u>57,370.</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
٠		(c) Aggregate contributions	(d) Type of contribution
		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
	:	\$56,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$54,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

	or 990-PF) (2010)	Schedule B (Form 990, 990-EZ,
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Schedule B (Form 990,	990-EZ, UI 990-	PF) (2010)				Page	Of	or Par
Name of organization	CENTRAL	INDIANA	COMMUNITY	FOUNDATION	INC	Employer identificati		èΓ
Part I Contrib	utors (see	instructions	s)					

		•	35-1793680
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$102,600.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c)	(d)
		\$5,250.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$ 33,702.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$ 29,496.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$ <u>15,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$171,943.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

C-L-3.3- F	(F	nna	000 E7	or 990-PF)	(APAC)
Schedule E	: (Form)	99U.	99U-EZ,	OI 990-PF,	/ (ZU IU)

age	of	of Part

Name of organization CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number 35–1793680

aru	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ <u>53,541.</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$100,500.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$20,348.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$820,048.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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Page____ of ___ of Part I

Name of organization CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number 35-1793680

Part I Contributors (see instructions

arti	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ <u>50,000</u> .	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$5,500.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$ 7,450.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$1,000,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$ 10,155.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$25,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

	rm 990, 990-EZ, or 990-PF) (2010) lization CENTRAL INDIANA COMMUNITY FOUNDATION	Page of of Part Employer identification number 35-1793680	
Part I Co	ontributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$9,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$101,612.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
ı		(c) Aggregate contributions	(d) Type of contribution
		\$6,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$8,500.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$ 5,900.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution

(Complete Part II if there is a noncash contribution.)

Person Payroll Noncash

			· ·
	8 (Form 990, 990-EZ, or 990-PF) (2010)	Page of of Part I Employer identification number	
ame of o	rganization CENTRAL INDIANA COMMUNITY FOUNDATIO	35-1793680	
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$25,164.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
	•	\$25,585.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$25,490.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$100,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$ 10,000.	Person X Payroll Noncash

(Complete Part II if there is a noncash contribution.)

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			10 to 10 to		
Schadule 8 (Form 990	990-EZ or 990-PF) (2010)		Page of of Part I		
	Schedule B (Form 990, 990-EZ, or 990-PF) (2010) Name of organization CENTRAL INDIANA COMMUNITY FOUNDATION INC				
Maine of Organization			35-1793680		
Part I Contrib	outors (see instructions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
		\$100,299.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
		(c) Aggregate contributions	(d) Type of contribution		
		\$6,500.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
		(c) Aggregate contributions	(d) Type of contribution		
		\$350,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
		(c) Aggregate contributions	(d) Type of contribution		
		\$102,057.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
		(c) Aggregate contributions	(d) Type of contribution		
		\$200,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		

Person Payroll

Noncash

(d)
Type of contribution

(Complete Part II if there is a noncash contribution.)

7,000.

(c) Aggregate contributions

	(Form 990, 990-EZ, or 990-PF) (2010) ganization CENTRAL INDIANA COMMUNITY	FOUNDATION I	NC	Page of of Part Employer identification number 35-1793680
Part I	Contributors (see instructions)		-	
(a) No.	(b) Name, address, and ZIP + 4		(c) Aggregate contributions	(d) Type of contribution
			\$17,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		_	(c) Aggregate contributions	(d) Type of contribution
		·	\$6,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
•		: : -	(c) Aggregate contributions	(d) Type of contribution
			\$203,134.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
			(c) Aggregate contributions	(d) Type of contribution
			\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
			(c) Aggregate contributions	(d) Type of contribution
		-	\$30,313.	Person X Payroll X (Complete Part II if there is a noncash contribution.)
		_	(c) Aggregate contributions	(d) Type of contribution

(Complete Part II if there is a noncash contribution.)

Person Payroll

Noncash

24,115.

			· **
•	Form 990, 990-EZ, or 990-PF) (2010) anization CENTRAL INDIANA COMMUNITY	FOUNDATION INC	Page of of Part I Employer identification number 35–1793680
Part I C	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
ı		\$5,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
·		\$10,100	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
,		(c) Aggregate contributions	(d) Type of contribution
		\$10,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$ 14,700	Person X Payroll
		(c) Aggregate contributions	(d) Type of contribution
		\$ <u>11,310</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution

(Complete Part II if there is a noncash contribution.)

Person Payroll Noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)	Page

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

Part I	Contributors	(see	instructions)
--------	--------------	------	---------------

art I	Contributors (see instructions)	<u> </u>	
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
,		\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$7,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$52,500.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$35,417.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

of Part I

		·		
Schedule B (Form 990, 990-EZ, or 990-PF) (2010) Name of organization CENTRAL INDIANA COMMUNITY FOUNDATION INC				Page of of Part I Employer identification number
				35-1793680
Part I	Contributors (see instructi	ons)		
(a) No.	Name, add	(b) dress, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
			(c) Aggregate contributions	(d) Type of contribution
			\$10,623.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
			(c) Aggregate contributions	(d) Type of contribution
			\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
			(c) Aggregate contributions	(d) Type of contribution
			\$40,800.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
			(c) Aggregate contributions	(d) Type of contribution
			\$104,405.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
			(c)	(d)

(Complete Part II if there is a noncash contribution.)

Person Payroll

Noncash

20,000.

					•
					i e
•	990, 990-EZ, or 990-PF) (2010)		HOLDING TO TO		Page of of Part
Name of organiza	ntion CENTRAL INDIA	MA COMMUNITY	FOUNDATION	INC	Employer identification number 35-1793680
Part I Cont	tributors (see instruct	ions)		· ·	
(a)		(b)	•	(c)	(d)
No.	Name, ad	dress, and ZIP + 4	•	Aggregate contributions	Type of contribution
l	·			\$264,600.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
				(c) Aggregate contributions	(d) Type of contribution
				\$20,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
				(c) Aggregate contributions	(d) Type of contribution
				\$48,526.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
				(c) Aggregate contributions	(d) Type of contribution
				\$50,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
				(c) Aggregate contributions	(d) Type of contribution
					Person X Payroll

Noncash

Person Payroll

Noncash

(Complete Part II if there is a noncash contribution.)

(d)
Type of contribution

(Complete Part II if there is a noncash contribution.)

66,154.

5,000.

(c) Aggregate contributions

		990-EZ, or 990-PF) (2010)	· · · · · · · · · · · · · · · · · · ·	Page of of Part
Name of o	rganization	CENTRAL INDIANA COMMUNITY FOUNDATION	ON INC	Employer identification number: 35-1793680
Part I	Contrib	outors (see instructions)		
(a) No.	:	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	1		\$ <u>14,978.</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
			(c) Aggregate contributions	(d) Type of contribution
			\$6,000.	Person X Payroll Noncash
			:	(Complete Part II if there is a noncash contribution.)
			(c) Aggregate contributions	(d) Type of contribution
			\$100,200.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
			(c) Aggregate contributions	(d) Type of contribution
			\$11,790.	Person X Payroll Noncash
				(Complete Part II if there is a noncash contribution.)
			(c) Aggregate contributions	(d) Type of contribution
			\$302,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
			(c) Aggregate contributions	(d) Type of contribution
			50.13.11.11.11	Person X

(Complete Part II if there is a noncash contribution.)

Payroll

Noncash

99,358.

Sohodulo i	B (Form 990, 990-EZ, or	990-PF) (2010)			
	organization CENTR	NC .	Page of of Part Employer identification number 35-1793680		
Part I	Contributors (s	ee instructions)			
(a) No.		(b) Name, address, and ZIP + 4	:	(c) Aggregate contributions	(d) Type of contribution
			· :	\$2,128,445.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
			_	(c) Aggregate contributions	(d) Type of contribution
				\$252,600.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
•			. [(c) Aggregate contributions	(d) Type of contribution
				\$448,739.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
			;	(c) Aggregate contributions	(d) Type of contribution
				\$98,500.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
			_	(c) Aggregate contributions	(d) Type of contribution
				\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
			-	(c) Aggregate contributions	(d) Type of contribution

(Complete Part II if there is a noncash contribution.)

Person Payroll Noncash

art II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ 171,943.	5/4/10
		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$10,155.	_10/28/10
		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$5,900.	12/6/10
		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$25,164.	12/16/10
		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ 100,299.	12/20/10
		(c) FMV (or estimate) (see instructions)	(d) Date received
		102.057	0./10./10

Schedule B Name of o	(Form 990, 990-EZ, or 990-PF) (2010) rganization CENTRAL INDIANA COMMUNITY FOUNDATION		age of of Part I dentification number 35-1793680
Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$203,134.	11/18/10
		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$30,313.	12/27/10
		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$24,115.	12/15/10
		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$10,623.	_12/14/10
		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		(c) FMV (or estimate)	(d)

Date received

(see instructions)

Supplemental Financial Statements

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

CEI	NTRAL INDIANA COMMUNITY FOUNDATION I	NC	n,	35-1793680
Pa	Organizations Maintaining Donor Advious organization answered "Yes" to Form 99	ised Funds or Other 90, Part IV, line 6.	Similar Funds or	AccountsComplete if the
		(a) Donor advis	sed funds	(b) Funds and other accounts
1	Total number at end of year		227.	
2	Aggregate contributions to (during year)		7,894,526.	
3	Aggregate grants from (during year)	-	0,218,013.	
4	Aggregate value at end of year	^ 4	4,087,876.	
5	Did the organization inform all donors and donor advi		assets held in donor :	advised
	funds are the organization's property, subject to the o	_		X Yes No
6	Did the organization inform all grantees, donors, and	•	•	
	used only for charitable purposes and not for the ben			
	purpose conferring impermissible private benefit?			
Pa	t II Conservation Easements. Complete if t	he organization ansv	vered "Yes" to For	m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the or			· · · · · · · · · · · · · · · · · · ·
	Preservation of land for public use (e.g., recreat	tion or education)	Preservation of	an historically important land area
	Protection of natural habitat	,		a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held	a qualified conservatio	n contribution in the f	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			<u>2b</u>
С	Number of conservation easements on a certified hist	toric structure included	in (a)	2c
d	Number of conservation easements included in (c) ac	equired after 8/17/06, ar	nd not on a	
	historic structure listed in the National Register			_2d
3	Number of conservation easements modified, transfe	rred, released, extingui	shed, or terminated b	by the organization during the
	tax year 🕨			
4	Number of states where property subject to conserva-	tion easement is locate	d ▶	-
5	Does the organization have a written policy regarding	the periodic monitoring	g, inspection, handling	g of
	violations, and enforcement of the conservation ease			
6	Staff and volunteer hours devoted to monitoring, insp	ecting, and enforcing co	onservation easemer	nts during the year
,	>			
7	Amount of expenses incurred in monitoring, inspecting	g, and enforcing conse	rvation easements du	uring the year
	▶ \$			
8	Does each conservation easement reported on line 2			
	(i) and 170(h)(4)(B)(ii)?			Yes I No
9	In Part XIV, describe how the organization reports co	nservation easements i	n its revenue and exp	pense statement, and
	balance sheet, and include, if applicable, the text of the	•	ization's financial sta	tements that describes the
Da	organization's accounting for conservation easements			0::
Fal	t III Organizations Maintaining Collections Complete if the organization answered "			r Similar Assets.
1a	If the organization elected as permitted under SE	ΔS 116 (ΔSC 958) n	ot to report in its re	evenue statement and halance sheet
·u	If the organization elected, as permitted under SF works of art, historical treasures, or other similar public service, provide, in Part XIV, the text of the fo	r assets held for pub	lic exhibition, educa	ation, or research in furtherance of
b	If the organization elected, as permitted under S	SFAS 116 (ASC 958),	to report in its rev	venue statement and balance sheet
	works of art, historical treasures, or other similar public service, provide the following amounts relatir		iic exhibition, educ	auon, or research in furtherance of
	(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 an			
_	following amounts required to be reported under SF			9
а	Revenues included in Form 990, Part VIII, line 1	•	•	
_ <u>b</u>	Assets included in Form 990, Part X			

Pa	t Organizations Maintaini	ing Collections	of Art, Histo	rical Treasure	s, or O	ther Similar Ass	ets(continu	ed)	
3	Using the organization's acquisitic collection items (check all that app	on, accession, and ly):	d other record	ds, check any c	of the fo	llowing that are a	significant	use	of its
а	a Public exhibition d Loan or exchange programs								
b	Scholarly research		e –	Other	on lange	orogiams			
c	Preservation for future ger	erations	<u> </u>	J 04161					
4	Provide a description of the organ		ns and expla	in how they fu	ther the	a organization's ev	empt nurno	eo in	Dart
_	XIV.						етрі рагро	3 Ç III	Ган
5	During the year, did the organization								٦
De	assets to be sold to raise funds rath								<u>No</u>
Pal	t IV Escrow and Custodial A line 9, or reported an am	ount on Form 99	omplete if the 100 part X, lin	e organization le 21.	answe	red "Yes" to Form	1 990, Part 	IV,	
1a	Is the organization an agent, trustee	custo dian or oth	er intermediar	v for contribution	ns or oth	er assets not			
	included on Form 990, Part X?						. Yes		No
b	If "Yes," explain the arrangement in								
				J		Amou	nt		
С	Beginning balance				1c	7,1100			
d	Additions during the year				1d				
e	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amo						Yes		No
	If "Yes," explain the arrangement in		, 1 alt X, line 2				res		_ NO
Par			tion answer	ad "Vac" to Fo	-m 000	Port IV line 10			
I GI	Liidowineit Fulius. Coli	(a) Current year	(b) Prior yea				-1: (-) =		. No 11
1a	Beginning of year balance					(d) Three years ba	ck (e) Fou	years	раск
b	Contributions	232,585,502.	195,970,4		87 <u>,</u> 773.				
	Net investment earnings, gains,	7,053,791.	1,682,8	321. 6,2	57,817.			il na	
·	and losses								
	L	32,160,397.	41,419,4	173	52,089.				
a	Grants or scholarships	15,422,751.	4,710,9	941. 10,7	68,837.			Md 4	
е	Other expenditures for facilities .							1,55	
_	and programs	236,252.	311,1	.74. 2	69,472.				
f	Administrative expenses	1,408,764.	1,465,1	132. 1,9	84,737.				
g	End of year balance	254,731,923.	232,585,5	502. 195,9	70,455.				
2	Provide the estimated percentage of	the y ear end bal	ance held as:						
a ·	Board designated or quasi-endowme	ent ▶	%						
b	Permanent endowment ► 100.0	000 %							
C	Term endowment ▶	%							
3a	Are there endowment funds not in the	e pos session of	the organization	on that are held	and adm	inistered for the	•		
	organization by:		_					Yes	No
	(i) unrelated organizations		<i></i>				3a(i)		Х
	(ii) related organizations								X
b	If "Yes" to 3a(ii), are the related orga						3b		
4	Describe in Part XIV the intended us		•				[]		<u> </u>
Par									
	Description of investment			(b) Cost or other ba	nio (a)) Accumulated	(d) Daalessa		
	Description of investment		estment)	(other)		depreciation	(d) Book va	ue	
1a	Land	 -							
b	Buildings			162,60		79,191) () A	110
	Leasehold improvements					<u> </u>			$\frac{12.}{71}$
Q C	-			1,211,39	_	645,224			71.
d	Equipment			2,297,92		1,847,241.			79.
Total	Other		- 000 5: 411	524,97		422,015			60.
ota	I. Add lines 1a through 1e. (Column	(u) must equal For	m 990, Part X,	, column (B), line	10(c).)		1,20		
						Sc	chedule D (For	n 990)	2010

Part VII	<u>Investments - Other Securities.</u> See	Form 990, Part X, lin-	e 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) Financi	al derivatives		
	-held equity interests		
(3) Other_	TERNATIVES AND OTHER		
	TERNATIVES AND OTHER	171,002,544.	FMV
<u>(B)</u>			
<u>(C)</u>			
<u>(D)</u>			
<u>(E)</u>			
<u>(F)</u>			
<u>(G)</u>		_	
(l)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)	▶ 171,002,544.	
Part VIII			
i dit viii	(a) Description of investment type	(b) Book value	(c) Method of valuation:
	(a) Description of investment type	(B) BOOK Value	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)	···· =		
_(6)			
(7)			
(8)			
(9)			
(10)	 -		
		<u> </u>	
Part IX	Other Assets. See Form 990, Part X,		1
(1)		(a) Description	(b) Book value
(2)			
(3)			
(4)	· ····		
(5)			
(6)		1	-
(7)		-	
(8)			
(9)			
(10)			
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities. See Form 990, Part	X, line 25.	
1.	(a) Description of liability	(b) Amount	
	al income taxes		
	NTS HELD FOR OTHERS	12,499,4	
_ , ,	ME BENEFICIARIES PAYABLE	3,974,0	
	TO OTHER FUNDS	7,	500.
(5)			
(6)	·		
(7)			
(8)			
(9)	 		
(10)	-		
(11)	nn (b) must equal Form 990. Part X. col. (B) line 2.	5) > 16,480.9	926

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedule D (Form 990) 2010 35-1793680 Page 4 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Part XI 1 Total revenue (Form 990, Part VIII, column (A), line 12) 44,594,238. 2 Total expenses (Form 990, Part IX, column (A), line 25) 28,555,450. 3 Excess or (deficit) for the year. Subtract line 2 from line 1 16,038,788. 3 Net unrealized gains (losses) on investments 23,149,489. 4 Donated services and use of facilities 5 5 6 Investment expenses 6 7 7 8 Other (Describe in Part XIV.) 682,407. Total adjustments (net). Add lines 4 through 8 23,831,896. 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 39,870,684. Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 68,054,492. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments b Recoveries of prior year grants Other (Describe in Part XIV.) 729,659 23,460,254. 44,594,238. Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 44,594,238. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 1 28,602,702. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2b C Other losses Other (Describe in Part XIV.) 47,252. e Add lines 2a through 2d 47,252. 28,555,450. 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 Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 28,555,450. Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. SEE PAGE 5

Part XIV Supplemental Information (continued)

ENDOWMENT FUNDS

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

FIN 48 FOOTNOTE

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

PART XI LINE 8

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	\$720,698
DEFINED BENEFIT PENSION PLAN EXPENSE	8,961
TRANSFERS AND OTHER EXCHANGES	(47,252)

TOTAL OTHER \$682,407

PART XII LINE 2D

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT \$720,698

DEFINED BENEFIT PENSION PLAN EXPENSE 8,961

TOTAL OTHER \$729,659

Schedule D (Form 990) 2010 35–17 9 3 6 8 0

Part XIV Supplemental Information (continued)

PART XIII LINE 2D

TRANSFERS AND OTHER EXCHANGES

\$(47,252)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name	of the organization				Employer identific	ation number
	TRAL INDIANA COMMUNITY				35-179368	
Par	General Information of Form 990, Part IV, line 14	n Activities (b.	Outside the U	Inited States. Complete	if the organization answer	ed "Yes" to
1	For grantmakers. Does the org	ganization mai	ntain records	to substantiate the amo	unt of the grants or	
	assistance, the grantees' eligibilit	ty for the gran	ts or assistance	e, and the selection criter	a used to award the	
	grants or assistance?		• • • • • • • •			Yes No
2	For grantmakers. Describe in P United States.	art V the organ	nization's proce	dures for monitoring the	use of grant funds outside	de the
3	Activities per Region. (The followi	ng Part I, line 3	table can be di	uplicated if additional spac	e is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	EUROPE			INVESTMENTS		11,360,046.
	7					
(2)	EAST ASIA AND THE PACIFIC		··	INVESTMENTS		9,776,264.
(3)	·					
(4)						
	· .					
(5)						
(6)		_				
(7)						
(8)	·					
(9)	-					
(10)						
(11)	1					
(12)		" .		<u> </u>		
(13)						
14)						
(15)	;					
		-				
<u>16)</u>				· · · · · · · · · · · · · · · · · · ·		·
17)				aminagh, depublikan i secaration i		
3a	Sub-total		_			21,136,310.
þ	Total from continuation					
_	sheets to Part I					
C	Totals (add lines 3a and 3b)					21,136,310.

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

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be directed if additional space is people. Schedule F (Form 990) 2010 Part II

Page 2

35-1793680

	(i) Method of valuation (book, FMV, appraisal, other)	(in)									
	(h) Description of non-cash assistance										
	(g) Amount of non-cash assistance		,								
	(f) Manner of cash disbursement			·							
	(e) Amount of cash grant				·						
	(d) Purpose of grant										
lleeded.	(c) Region										
additional space is	(b) IRS code section and EIN (if applicable)										
י מון פס מחסווסמוכת	(a) Name of organization			(4) in the contract of the cont		(6)	(9)				

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities ~

Schedule F (Form 990) 2010

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35-1793680

Реде 3

Schedule F (Form 990) 2010

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2010 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance E (2) (4) (11) **⊙** 9 9 Ð 8 9 (10) (12) (13) (14) (15) (16) (17) (18)

PAGE 49

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)	X Yes	□ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	X Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	X Yes	□ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Page 5

Schedule F (Form 990) 2010

35-1793680

Part V

Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

lame	of the organization					Employer identification	on number
CEN:	TRAL INDIANA COMMUNITY FOU					35-1793680	
Part	Fundraising Activities.Com Form 990-EZ filers are not r				"Yes" to Form 99	90, Part IV, line 1	7.
1	Indicate whether the organization raise				ivities. Check all th	at apply.	
а	Mail solicitations	. е	Solid	itation of r	on-government gra	ants	
b	Internet and email solicitations	f		_	overnment grants		
C	Phone solicitations	9	Spec	cial fundrai	sing events		
d	In-person solicitations						
2a	Did the organization have a written or or key employees listed in Form 990, I	oral agreement with Part VII) or entity in o	any indivi connection	idual (inclu n with profe	iding officers, direct essional fundraising	tors, trustees g services?	Yes No
b	If "Yes," list the ten highest paid individ compensated at least \$5,000 by the or	duals or entities (fun rganization.	ıdraisers) r	oursuant to	agreements unde	r which the fundrais	ser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody or	draiser have r control of outions?	(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							
2						-	
3							
4							
5							
6							
7							
8							
9							
10	·						
Tota	1						
3	List all states in which the organizat registration or licensing.	·		to solicit	contributions or	has been notified	it is exempt from
		· · · · · · · · · · · · · · · · · · ·					

Pa	art I	Fundraising Events.Complete than \$15,000 of fundraising event gross receipts greater than \$5,000	contributions and gross			
		g. see . see product a lan 40, and	(a) Event #1 LATINO SCHOLARS (event type)	(b) Event #2	(c) Other Events (lotal number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	181,935.		,	181,935
Re-		Less: Charitable contributions				161,385
	3	Gross income (line 1 minus line 2)	20,550.			20,550
	4	Cash prizes	· 			
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment	, _			
	9	Other direct expenses	255.			255
		Direct expense summary. Add lines 4 t Net income summary. Combine line 3,	column (d), and line 10		<u></u> ▶	(255.) 20,295.
Pa	rt II	Gaming. Complete if the orga than \$15,000 on Form 990-E.	anization answered "Y Z, line 6a.	es" to Form 990, Par	t IV, line 19, or repo	rted more
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses	1 1,4			Pagasa Afrantas Circ. 2000 interviews
	6	Volunteer labor	Yes% No	Yes%	Yes% No	
ľ	7	Direct expense summary. Add lines 2 th	hrough 5 in column (d)			()
	8	Net gaming income summary. Combine	e line 1, column d, and lin	ne 7		
9 a	ıls	nter the state(s) in which the organization the organization licensed to operate gar		these states?		Yes No
		ere any of the organization's gaming lice	enses revoked, suspende	ed or terminated during t		, Yes No

Schedule G (Form 990 or 990-EZ) 2010

Sched	lule G (Form 990 or 990-EZ) 2010		Page 3
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:		
а	The organization's facility		<u>%</u>
ь ь	An outside facility		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Todardo.		
	Name ►	•	
	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 > \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Name ▶	· 	
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ►\$		
	Canning manager compensation:		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		٦.,
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations	Yes	_ No
J	or spent in the organization's own exempt activities during the tax year > \$		
Part		2b.	
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also com		
	part to provide any additional information (see instructions).		
	·		

Schedule G (Form 990 or 990-EZ) 2010

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,

Governments, and Individuals in the United States

OMB No. 1545-0047	2010
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Open to Public Inspection

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

Name of the organization						Employer identification number	n number
CENTRAL INDIANA COMMUNITY FOUNDATION INC	ON INC					35-1793680	
Part General Information on Grants and Assistance	Assistanc	9					
1 Does the organization maintain records to substantiate the amou	tantiate the s		nts or assistance, t	nt of the grants or assistance, the grantees' eligibility for the grants or assistance, and	e grants or as	ssistance, and	
	or assistance	•		:	:		X Yes No
ច្ច	es for monito	ring the use of gn	he use of grant funds in the United States.	ited States.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Il can be duplicated if additional space is needed	cipient that	and Organizat received more	tions in the Unit	ted States. Complete if the eck this box if no one rec	he organiza cipient recel	tion answered "Yes ived more than \$5,	s" to 000. Part
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant (s) Amount of non-cash assistance	<u> </u>	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
K MEN OF INDIANAPOLIS, INC.							
3901 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	351813852	501(C)(3) PUBLI	36,913.				DEV. CNT. SUMMER
_(2) ABOVE & BEYOND CHILDREN'S MUSEUM							
902 N. BTH ST. SHEBOYGAN, WI 53081	391739087	501(C)(3) PUBLI	135,000.				SUPPORT
(3) AFRICAN UNIVERSITY FOUNDATION							
3737 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	352038725	501(C)(3) PUBLI	20,000.				TRAVEL EXPENSES
(4) AIDS FOUNDATION OF CHICAGO							
200 W. JACKSON CHICAGO, IL 60607	363412054	501(C)(3) PUBLI	25,000.				AIDS FOUNDATION
(5) ALLIANCE FOR A NEW HUMANITY	T						
P.O. BOX 10093 SAN JUAN, PR 00908	660626026	501(C)(3) PUBLI	25,000,				SUPPORT MATCH
(6) ALUMNI FUND ASSOCIATION OF YALE UNIVERSITY	• •						
P.O. BOX 2038 NEW HAVEN, CT 06521	066078326	501(C)(3) PUBLI	10,000.				CLASS OF 1945W
(7) ALZHEIMER'S ASSOCIATION OF GREATER INDIANA							
50 E. 91ST. ST. INDIANAPOLIS, IN 46240	133039601	501(C)(3) PUBLI	9,500.				2010 ANNUAL APPEAL
(8) AMERICAN CABARET THEATRE							
121 MONUMENT CIRCLE, SUITE 516	311225154	501(C)(3) PUBLI	96, 227.				ENDOWMENT FUNDS
(9) AMERICAN CIVIL LIBERTIES UNION OF INDIANA F							
1031 E. WASHINGTON ST.	237398358	501(C)(3) PUBLI	9,632.				2010 DISTRIBUTION
(10) AMERICAN INDIA FOUNDATION							
1113 WESLEY AVE, EVANSTON, 11, 60202	134159765	501(C)(3) PUBLI	20,000.				SUPPORT
(11) AMERICAN PIANISTS ASSOCIATION, INC.							
4603 CLARENDON RD. INDIANAPOLIS, IN 46208	310969640	501(C)(3) PUBLI	80,029.			1	WEBSITE DEVELOPMENT
(12) AMERICAN RED CROSS OF GREATER INDIANAPOLIS							
441 E. 10TH ST. INDIANAPOLIS, IN 46202-3389	530196605	501(C)(3) PUBLI	11,250.				HAITIAN RELIEF
2 Enter total number of section 501(c)(3) and government organizations	ernment orga	inizations				A	
3 Enter total number of other organizations							! ! ! ! ! ! ! !
For Paperwork Reduction Act Notice, see the Instructions for Form	uctions for !	orm 990.				Scheduk	Schedule I (Form 990) (2010)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public OMB No. 1545-0047 2010

2

Yes

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

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?

Inspection Employer identification number 35-1793680 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. Part I General Information on Grants and Assistance CENTRAL INDIANA COMMUNITY FOUNDATION INC

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part	vernments cipient that	and Organizar received more	tions in the Unit than \$5,000. Ch	ed States. Comp eck this box if no	one recipient rece	nd Organizations in the United States. Complete if the organization answered "Yes" to ceived more than \$5,000. Check this box if no one recipient received more than \$5,000.	s" to 000. Part
	se is needed					-	A
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
(1) AMERICARES							
88 HAMILTON AVE. STAMFORD, CT 06902	061008595	501(C)(3) PUBLI	18,000.				HAITIAN RELIEF
(2) ANGEL'S WINGS, INC.							
IN 462	201364883	501(C)(3) PUBLI	25,500,				PURCHASE MDSE
(3) ART WITH A HEART							
6002 SUNNYSIDE RD. INDIANAPOLIS, IN 46236	020570317	501(C)(3) PUBLI	6,100.				SUMMER CAMP
(4) ARTS COUNCIL OF INDIANAPOLIS							
20 N. MERIDIAN ST.	311225893	501(C)(3) PUBLI	27,760,				SUPPORT
(5) ASANTE CHILDREN'S THEATER							
P.O. BOX 22344 INDIANAPOLIS, IN 46222	352203194	501(C)(3) PUBLI	12,660.				ACT PREP FOR LIFE
(6) ASSOCIATION OF FUNDRAISING PROFESSIONALS							
4000 W. 106TH ST. CARMEL, IN 46032	200489943	501(C)(3) PUBLI	10,000				2010 DISTRIBUTION
(7) ASSOCIATION OF INDIANA MUSEUMS							
P.O. BOX 1883 INDIANAPOLIS, IN 46206	237306380	501(C)(3) PUBLI	6, 223.				2010 DISTRIBUTION
(8) BEECH GROVE EDUCATION FOUNDATION							
5334 HORNET AVE, BEECH GROVE, IN 46107-2306	351982291	501(C)(3) PUBLI	44,630.				2010 DISTRIBUTION
(9) BEN DAVIS CHRISTIAN CHURCH							
701 S. HIGH SCHOOL RD.	351012481	501(C)(3) PUBLI	6,000.				BLDG CAMPAIGN, MISSI
(10) BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA							ı
2960 N. MERIDIAN ST.	351323831	501(C)(3) PUBLI	40,500.				CONTRIBUTION
(11) BIG CAR GALLERY							
1043 VIRGINIA AVE. INDIANAPOLIS, IN 46203	113725157	501(C)(3) PUBLI	185,500.	·			SUPPORT
(12) BILLIES FOOD PANTRY							
1754 W. MORRIS ST. INDIANAPOLIS, IN 46221	351433969	501(C)(3) PUBLI	12,000.				FOOD & UTILITIES
2 Enter total number of section 501(c)(3) and government organize	ernment orga	nizations		-			
3 Enter total number of other organizations							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	uctions for F	orm 990.				Schedul	Schedule I (Form 990) (2010)

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Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2010

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

N-HOME SERVICES AND ARI ASHER NAMASTE C UBILEE ROVING YOUTH SLOOMINGTON HOSPITAL SHELBYVILLE HS RESTC MOTHY EATON MEMORIA **2** 010 ARTS EDUCATION SCHOLARSHIP TUITION Schedule I (Form 990) (2010) (h) Purpose of grant or assistance HE FRANCIS SCOTT SUPPORT SUPPORT ONTRIBUTION CONTRIBUTION Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part Yes Employer identification number 35-1793680 (g) Description of non-cash assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash The serection criteria used to award the grants of assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 10,000. 11,046. 10,000 15,000 20,000 6,000 8,000 10,000 25,000 270,214 12,500 1,040,660 501 (C) (3) PUBLI 501(C)(3) PUBLI 501(C)(3) PUBLI 01(C)(3) PUBLI 01(C)(3) PUBLI 501(C)(3) PUBLI 01(C)(3) PUBLI 01(C)(3) PUBLI PUBLI 501(C)(3) PUBLI 501(C)(3) PUBLI 501(C)(3) PUBLI (c) IRC section if applicable .01 (C) (3) Enter total number of section 501(c)(3) and government organizations For Paperwork Reduction Act Notice, see the Instructions for Form 990. Il can be duplicated if additional space is needed General Information on Grants and Assistance the selection criteria used to award the grants or assistance? 351720795 351445498 352090536 431634280 351999028 351063332 350872354 562614329 350867977 (p) EIN 351756331 350888754 CENTRAL INDIANA COMMUNITY FOUNDATION INC 1800 DIAGONAL RD. ALEXANDRIA, VA 22314-2840 54 W. BROADWAY ST. SHELBYVILLE, IN 46176 609 EAST 29TH ST. INDIANAPOLIS, IN 46205 407 N. FULTON ST. INDIANAPOLIS, IN 46202 2236 E. 10TH ST. INDIANAPOLIS, IN 46201 4600 SUNSET AVE. INDIANAPOLIS, IN 46208 Enter total number of other organizations 515 CROWN POINTE DR. LEBANON, IN 46052 (6) BOYS & GIRLS CLUBS OF INDIANAPOLIS P.O. BOX 1149 BLOOMINGTON, IN 47402 (a) Name and address of organization 1402 LINCOLNWAY LAPORTE, IN 46350 (1) BIRTHRIGHT OF CICERO, INC. (8) BROADWAY UNITED METHODIST CHURCH (3) BLOOMINGTON HOSPITAL FOUNDATION 50_SOUTH PERU CICERO, IN 46034 (2) BISHOP CHATARD HIGH SCHOOL ... (5) BOONE COUNTY SENIOR SERVICES (4) BIUE RIVER FOUNDATION, INC. or government -(7) BREATH OF LIFE FOUNDATION (9) BUILDING TOMORROW, INC. 5885 N. CRITTENDEN AVE. CATHEDRAL HIGH SCHOOL (10) BUTLER UNIVERSITY Name of the organization (11) CAFAMERICA____ Part II Part I (12/2)

JSA

ENTRAL INDIANA

Part

Part II

Department of the Treasury

Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations,

SRAIN STUDY PHASE IV THE CAMPAIGN FOR A S RANSITIONAL HOUSING PREP INSTITU ₽ T (h) Purpose of grant or assistance DPERATING SUPPORT Open to Public A OMB No. 1545-0047 STAFF POSITION CONTRIBUTION CONTRIBUTION CONTRIBUTION Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part **Employer identification number** Yes SUPPORT 35-1793680 (g) Description of non-cash assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. (d) Amount of cash grant (e) Amount of non-cash assistance The selection criteria used to award the grants of assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 10,000. ▶ Attach to Form 990. 72,500 55,000 200,500 7,000 20,000 259,308 100,000 130,000 501(C)(3) PUBLI 501(C)(3) PUBLI 501(C)(3) PUBLI 01(C)(3) PUBLI 501(C)(3) PUBLI :01(C)(3) PUBLI 501(C)(3) PUBLI \$01(C)(3) PUBLI 501(C)(3) PUBLI 01(C)(3) PUBLI (c) IRC section if applicable Il can be duplicated if additional space is needed General Information on Grants and Assistance the selection criteria used to award the grants or assistance? 300440226 351018460 351788240 351061264 351389882 352079585 351816493 311726923 363687394 362167743 (b) EIN COMMUNITY FOUNDATION INC 1500 N. DELAWARE ST. INDIANAPOLIS, IN 46202 8200 HAVERSTICK RD. INDIANAPOLIS, IN 46240 IL 60611-3509 (2) CENTER FOR LEADERSHIP DEVELORMENT, INC. 2206 E. 96TH ST. INDIANAPOLIS, IN 46240 P.O. BOX 2496 ALEXANDRIA, VA 22301-0496 3200 S. CALUMET AVE. CHICAGO, IL 60616 (3) CENTER FOR SUCCESSFUL PARENTING 125 S. WACKER DR. CHICAGO, IL 60606 (a) Name and address of organization or government 2425 DR. MARTIN LUTHER KING JR. ST. (4) CENTRAL INDIANA LAND TRUST INC. ____ (6) CHICAGO HIGH SCHOOL FOR THE ARTS (1) CATHOLIC CHARITIES INDIANAPOLIS 1400 N. MERIDIAN ST., RM. #217

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

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

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502 N. TREMONT ST. INDIANAPOLIS, IN 46222

[11] CHRISTAMORE HOUSE _____

(9) CHILDREN'S BUREAU, INC.

1575 MARTIN LUTHER KING DR

(10) CHILDREN'S HOME + AID __

848 E. GRAND AVE. CHICAGO,

(8) CHILD ADVOCATES INC.

(7) CHICAGO PUBLIC RADIO

(5) CHEETAH CONSERVATION FUND

[12] CHRISTIAN THEOLOGICAL SEMINARY

1000 W. 42ND ST

14,500

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Schedule I (Form 990) (2010)

IOLOCAUST MEMORIAL M

NTERIM EXECUTIVE DI

Grants and Other Assistance to Organizations, and Individuals in the United State

OMB No. 1545-0047 9010

			Idividuals II	is, and maiyiddais in the Onlea States	l States		
Department of the Treasury	olete if the or	ganization answ ► Atf	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Affach to Form 990.	n 990, Part IV, line	. 21 or 22.		Open to Public
Name of the organization						Employer identification number	tion number
CENTRAL INDIANA COMMUNITY FOUNDATION	ON INC			1		35-1793680	
Part General Information on Grants and Assistance	Assistance	4					
1 Does the organization maintain records to substantiate the am	tantiate the a	mount of the gra	nts or assistance, tl	he grantees' eligibil	ount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ssistance, and	
the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitorin	r assistance? ss for monitor	ing the use of gr	g the use of grant funds in the United States.	ted States.			Yes
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	vernments cipient that	and Organiza received more	tions in the Unit than \$5,000. Ch	ed States. Compeck this box if no	lete if the organizatione rece	ition answered "Y	es" to 5,000. Part
1 (a) Name and eddress 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,	(g) Description of non-cash assistance	(h) Purpose of grant
(1) CICOA FOUNDATION, INC.					(lella)		
4755 KINGSWAY DR. INDIANAPOLIS, IN 46205	351859069	501(C)(3) PUBLI	80,000.				MEALS AND MORE
(2) CITY OF INDIANAPOLIS							
200 E. WASHINGTON ST.	356001063	CITY OF INDIANA	3,500,000.				CONSTRUCTION OF CULT
(3) CITY OF INDIANAPOLIS/DPW/ENGINEERING DIV 200 E. WASHINGTON ST.	356001063	CITY OF INDIANA	73,133.				TILINOIS ST/CAPITOL
(4) COALITION FOR HOMELESSMESS INTERVENTION & P							
3737 N. MERIDIAN ST. INDIANAPOLIS, IN 4620	311254018	501(C)(3) PUBLI	39,960.				SUPPORT
(5) COLLEGE MENTORS FOR KIDSI INC.							
212 W. 10TH ST. INDIANAPOLIS, IN 46202	352002052	501(C)(3) PUBLI	48,000.				CONTRIBUTION
(6) COLLEGE SUMMIT							
407 N. FULTON ST. INDIANAPOLIS, IN 46202	522007028	501(C)(3) PUBLI	22,200.				CAPACITY BUILDING
(7) COLUMBIA COLLEGE CHICAGO							
600 S. MICHIGAN AVE. CHICAGO, IL 60605	366112087	501(C)(3) PUBLI	250,000.				EFROYMSON ART + DESI
TY ALLIANCE OF THE FAR E	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1				
(9) COMMUNITY HEALTH NETWORK FOUNDATION	2000000000	101(5) FUBIL	42, 700.				CAFE SUMMER CAMP ZUI
1500 N. RITTER AVE. INDIANAPOLIS, IN 46219	510181688	501(C)(3) PUBLI	10,000.				NURSES SCHOLARSHIP P
(10) COMMUNITY RESURRECTION PARTNERSHIP							
P.O. BOX 18207 INDIANAPOLIS, IN 46218	352002310	501(C)(3) PUBLI	20,500.				STUDY CIRCLES
(11) CONCORD NEIGHBORHOOD CENTER 1310 S. MERIDIAN ST. INDIANAPOLIS. IN 46225	350817149	501(C)(3) PUBLI	86.736.				OCCESS/SOCIAL SECUTO
(12) COPPIN CHAPEL AME CHURCH		l				İ	1
3201 N. CAPITOL INDIANAPOLIS, IN 46208	530204696	501(C)(3) PUBLI	12,500.				STUDENT EMBODYING PU
2 Enter total number of section 501(c)(3) and government organi	ernment orga	nizations				A	
3 Enter total number of other organizations	-					A	
For Paperwork Reduction Act Notice, see the Instr	uctions for F	orm 990.				Sched	Schedule I (Form 990) (2010)
JSA ASL							

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Department of the Treasury Internal Revenue Service

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

Open to Public OMB No 1545-0047 2010 Inspection

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

Name of the organization			Employer identification number	1
CENTRAL INDIANA COMMUNITY FOUNDATION INC	ON INC		35-1793680	
Part General Information on Grants and Assistance	Assistance			
1 Does the organization maintain records to substa	antiate the am	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	stance, and	1
the selection criteria used to award the grants or assistance?	assistance?		800	2
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	s for monitorir	ig the use of grant funds in the United States.	•]
Part II Grants and Other Assistance to Governments	/ernments	and Organizations in the United States, Complete if the organization answered "Yes" to	on answered "Yes" to	
Form 990, Part IV, line 21, for any recipient that I	ipient that re	received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part	ed more than \$5,000. Part	
Il can be duplicated if additional space is needed	e is needed			
1 Name and address of organization	(h)	to 100 south of the mount of south ground facts that the Mathed of Valuation	4	

Il can be duplicated if additional space is needed	e is needed						
1 (a) Name and address of organization or government	(p) EIN	(c) IRC saction 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) COUNCIL ON FOUNDATIONS							
2121 CRYSTAL DR. ARLINGTON, VA 22202	136068327	501(C)(3) PUBLI	5,412.				INDIANAPOLIS FOUNDAT
_(2) CROSSROADS_OF_AMERICA_COUNCIL/BOY_SCOUTS_OF_							
7125 FALL CREEK RD. N.	350867962	501(C)(3) FUBLI	29,500.				SUPPORT
(3) CROWN HILL HERITAGE FOUNDATION, INC.				•			
700 W. 38TH ST. INDIANAPOLIS, IN 46208	311104060	501(C)(3) PUBLI	18,693.				CONTRIBUTION
-(4) CULTURAL TRAIL FUND							
615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	351793680	501(C)(3) PUBLI	10,000.		•		CONTRIBUTION
(5) CULVER EDUCATIONAL FOUNDATION							
1300 ACADEMY RD. CULVER, IN 46511-1291	350868071	501(C)(3) PUBLI	100,000.				CAPITAL CAMPAIGN FOR
(6) D.R.E.A.M. ALIVE, INC.					3.		
12254 HANCOCK ST. CARMEL, IN 46032	352153384	501(C)(3) PUBLI	29,216:				D.R.E.A.M. ACHIEVEME
(7) DANCE KALEIDOSCOPE							ı
4603 CLARENDON RD. INDIANAPOLIS, IN 46208	31089 61 77	501(C)(3) PUBLI	62, 500.				CONTRIBUTION
(8) DAVIESS COUNTY HISTORICAL SOCIETY							
P.O. BOX 2341 WASHINGTON, IN 47501	310918640	501(C)(3) PUBLI	10,000.		,	·	ST. PATRICK?S RECTOR
(9) DAY NURSERY ASSOCIATION OF INDIANAPOLIS, IN							
615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	350888763	501(C)(3) PUBLI	86,600.				TUITION ASSISTANCE P
(10) DEVINGTON COMMUNITY DEVELOPMENT CORPORATION							
6004 E, 46TH ST. INDIANAPOLIS, IN 46226	310965682	501(C)(3) PUBLI	10,628.				GREEN EARTH - GOLDEN
(11) DIABETES YOUTH FOUNDATION OF INDIANA, INC.							
817 S. TIBBS AVE. INDIANAPOLIS, IN 46241	351783933	501(C)(3) PUBLE	11,400.				CAMP UNTIL A CURE
(12) DOMESTIC VIOLENCE NETWORK OF GREATER INDIAN				,			
9539 VALAPRAISO CT. INDIANAPOLIS, IN 46268	352014673	501(C)(3) PUBLI	39,300.				SUPPORT
2 Enter total number of section 501(c)(3) and government organiza	ernment orga	nizations				•	
3 Enter total number of other organizations			1 1 1 1 1 1				

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Schedule I (Form 990) (2010)

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

OMB No. 1545-0047 2010

Open to Public Inspection

Employer identification number Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION	ON INC					35-1793680	
eneral Information on C	Assistance						
1 Does the organization maintain records to substantiate the amo	tantiate the a	mount of the gra	unt of the grants or assistance, the grantees' eligibility for the	e grantees' eligibil	grants	or assistance, and	
the selection criteria used to award the grants or assistance?	or assistance?						
2 Describe in Part IV the organization's procedures for monitoring	es for monitor		int funds in the				
Part II Grants and Other Assistance to Governments ar Form 990, Part IV, line 21, for any recipient that red Il can be diminated if additional spaces is needed	vernments cipient that	and Organiza received more	tions in the Unit than \$5,000. Ch	ed States. Comp eck this box if no	nd Organizations in the United States. Complete if the organization answered "Yes" to ceived more than \$5,000. Check this box if no one recipient received more than \$5,000.	ition answered "Ye ived more than \$5	s" to ,000. Part
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) DRESS FOR SUCCESS INDIANAPOLIS, INC.			i				
820 N. MERIDIAN ST. INDIANAPOLIS, IN 46204	352078412	501(C)(3) PUBLI	67,000.				OPERATING SUPPORT
-(2) EARTH CHARTER INDIANA, INC.							
3535 KESSLER BLVD., NORTH DR.	161673591	501(C)(3) PUBLI	36,200.				INDPLS FOOD, FAMILY
(3) EAST 10TH UNITED METHODIST CHILDREN & YOUTH							
2327 E. 10TH ST. INDIANAPOLIS, IN 46201	351976975	501(C)(3) PUBLI	21,248.	•			SUMMER DAYS FOR YOUT
(4) EASTER SEALS CROSSROADS							
4740 KINGSWAY DR. INDIANAPOLIS, IN 46205	350869058	501(C)(3) PUBLI	83,823.				INTERNSHIPS FOR YOUN
_(5) EDNA MARTIN CHRISTIAN CENTER							
P.O. BOX 18388 INDIANAPOLIS, IN 46218-0388	351072577	501(C)(3) PUBLI	136,520.				FS INVESTMENT PLAN -
(6) EITELJORG MUSEUM OF AMERICAN INDIANS AND WE							
500 W. WASHINGTON ST.	311139447	501(C)(3) PUBLI	147,123.				ARTE EN LA CHARRERIA
_(7) ENCOURAGEMENT SERVICES, INC							
5931 W. STATE RD. 46 BLOOMINGTON, IN 47404	352151093	501(C)(3) PUBLI	50,000.				UNIVERSAL ENCOURAGEM
LISHTON PARK UNITED							
230 COLLINS INDUSTRIAL WAY	237378186	501(C)(3) PUBLI	11,100.		,		2010 ACADEMIC REMEDI
'IMIGRATION', INC.	- :						
- 1	351900090	501(C)(3) PUBLI	47,308.				PROGRAM SUPPORT FOR
CKEEK ACADEMI	000	í	L T				
(41) ENV DICEMBE CITCE NEITHEODISC CENTER	1 363644164	TTG07 (5) (2) TOG	13,000.				FALL CREEK ACADEMY S
2000 W 719T	351736000	 End (C) (3) BIIDIT	110000				
2990 W. (ISI SI: INDIAMARODIS)	2017/2000	DOI (C) (3) FOBEL					CROOKED CREEK CARES
SE HIYWOT CENTER							
1648 SHELDON ST. INDIANAPOLIS, IN 46218	200916223	501(C)(3) PUBLI	11,264.				EDUCATION BY GARDENI
	ernment orga	nizations				A : : : : : : : : : : : : : : : : : : :	1 1 1 1 1 1 1 1 1 1
3 Enter total number of other organizations							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ructions for F	orm 990.				Schedu	Schedule I (Form 990) (2010)

Department of the Treasury Internal Revenue Service Name of the organization

Part

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

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

OMB No. 1545-0047	2010
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Open to Public Inspection **ջ** □

CONTRACT AND GRANT C IFE COACH STAFF POS ORKFORCE DEVELOPMEN JORTHSIDE PARTNERS (h) Purpose of grant or assistance 010 DISTRIBUTION 2010 DISTRIBUTION 010 DISTRIBUTION 2010 GENERAL MARSH TOWER Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part Employer identification number Yes SUPPORT Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 35-1793680 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (g) Description of non-cash assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 52,706. 42,577 15,000 35, 166. 27,000 70,425 32,402 100,000 25,000 501(C)(3) PUBLI 501(C)(3) PUBLI 501(C)(3) PUBLI 01(C)(3) PUBLI 01(C) (3) PUBLI 501(C)(3) PUBLI 501(C)(3) PUBLI 501(C)(3) PUBLI 501(C)(3) PUBLI 501(C)(3) PUBLI (c) IRC section If applicable Il can be duplicated if additional space is needed General Information on Grants and Assistance the selection criteria used to award the grants or assistance? 356068649 351065808 350942628 351966882 351420208 352066980 350077531 350965666 352000204 (b) EIN 262122731 COMMUNITY FOUNDATION INC 6141 S. FRANKLIN RD. INDIANAPOLIS, IN 46259 (1) FESTIVAL MUSIC SOCIETY OF INDIANA (10) FRIENDS OF THE BROUGHTON SHEBOYGAN MARSH, I. (11) ERIENDS OF THE LINCOLN COLLECTION OF INDIAN IN 46203 4701 N. CENTRAL AVE. INDIANAPOLIS, IN 46205 (4) FIRST-MERIDIAN HEIGHTS PRESBYTERIAN CHURCH 3646 BAY RD S. DR. INDIANAPOLIS, IN 46240 (2) FIRST BAPTIST CHURCH OF INDIANAPOLIS ___ 38TH ST. INDIANAPOLIS, IN 46218 (8) FRANKLIN TOWNSHIP EDUCATION FOUNDATION P.O. BOX 33002 INDIANAPOLIS, IN 46203 SHEBOYGAN, WI 53081 (a) Name and address of organization or government 1637 E. PROSPECT ST. INDIANAPOLIS, (7) FOREST MANOR MULTI-SERVICE CENTER (6) FLETCHER PLACE COMMUNITY CENTER (9) FRIENDS OF GARFIELD PARK, INC. 2424 DR. MARTIN LUTHER KING JR 221 E. SIXTH ST, AT LINCOLN (3) FIRST PRESBYTERIAN CHURCH. 8600 NORTH COLLEGE AVE CENTRAL INDIANA 5728 S. 12TH ST. (5) FLANNER HOUSE 5603 F Part II

BUDGET

For Paperwork Reduction Act Notice, see the Instructions for Form 990 0Е1288 2.88 4554 D320 11/11/2011

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Schedule I (Form 990) (2010)

SCHOLARSHIP SUPPORT

20,000

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

12) FUND FOR HOOSIER EXCELLENCE, INC. P.O. BOX 11083 FORT WAYNE, IN 46855

Enter total number of other organizations

250,000

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352101024

NDOWMENT SUPPORT

Department of the Treasury Internal Revenue Service

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

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

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OMB No. 1545-0047	2010	Open to Public	Inspection
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Name of the organization						Employer identification number	on number
CENTRAL INDIANA COMMUNITY FOUNDATION	ON INC					35-1793680	
Part General Information on Grants and Assistance	Assistance	4					;
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	tantiate the a	mount of the grai	nts or assistance, the	he grantees' eligibility	for the grants or as	ssistance, and	
the selection criteria used to award the grants or assistance?	r assistance?						No
2 Describe in Part IV the organization's procedures for monitorin	s for monitor	ing the use of gra	g the use of grant funds in the United States.			· · ·	
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be dublicated if additional space is needed	vernments cipient that	and Organizat received more	tions in the Unit than \$5,000. Ch	ed States. Comple eck this box if no c	ete if the organiza	ition answered "Ye ived more than \$5	s" to ,000. Part
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	(e) Amount of non-cash assistance	(f) Method of valuation (book, FWV, appraisal,	(g) Description of non-cash essistance	(h) Purpose of grant or assistance
(1) GENNESARET FREE CLINIC		1					
DIO N, ALABAMA SI.	9179//166	PULICIUS) PUBLI	60, 520.			-	HAC ELECTRONIC MEDIC
_(2) GEORGE_BUSH_PRESIDENTIAL_LIBRARY_FOUNDATION 630 FIFTH AVE., 36TH FL. NEW YORK, NY 10111	760345781	501(C)(3) PUBLI	65,000.		-		NOVEMBER 19 EVENT
(3) GIRLS INCORPORATED OF FRANKLIN JOHNSON COUN	000						
(A) CIDIS INCODED NAMED OF CREATER INDIANABOLIS	310901398	PUTIC/(S) FUBIT	.000,000				OPERATING SUPPORT
3935 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	351337205	501(C)(3) PUBLI	109,633.				FINANCIAL LITERACY D
(5) GLEANERS FOOD BANK OF INDIANA, INC.		-					1
3737 WALDEMERE AVE.	351483868	501(C)(3) PUBLI	304,762.				GLEANERS CAPITAL CAM
(6) GLOBAL PEACE INITIATIVES						-	
P.O. BOX 11593 INDIANAPOLIS, IN 46201	204019399	501(C)(3) PUBLI	26,095.		:		PURCHASE VEHICLE FOR
(7) GOODWAN THEATRE							
170 N. DEARBORN ST. CHICAGO, IL 60601	362896025	501(C)(3) PUBLI	30,000.				EDUCATION PROGRAMMIN
(8) GOODWILL INDUSTRIES OF CENTRAL INDIANA, INC.							
1635 W. MICHIGAN ST.	350893506	501(C)(3) PUBLI	19,750.				FUTUREFOCUS SUMMER
(9) GRACE EPISCOPAL CHURCH 3600 AISTRALIAN AVE	590865844	501(C)(3) PURIT	8 500	_			тасапт
(10) GRAMEEN AMERICA							
1460 BROADWAY NEW YORK, NY 10036	208497991	501(C)(3) PUBLI	244,400.				OPERATING SUPPORT
(11) GREATER INDIANAPOLIS PROGRESS COMMITTEE	251100066		100 NO.				
(12) HABITAT FOR HIMANITY OF GREATER INDIANAPOLI		1000				-	CO TINVESTIBENT FLAM
1011 E. 22ND ST. INDIANAPOLIS. 7N 46202	351715910	501 (C) (3) PIBLT	5.500				NOTHIRETORNOO
1 -	ernment orga	zations				•	CONTREDITION
3 Enter total number of other organizations	•						1 1 1 1 1 1 1 1 1 1 1 1
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	uctions for F	orm 990.				Schedu	Schedule 1 (Form 990) (2010)

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11/11/2011

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

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

Name of the organization			-			Employer identification number	on number
CENTRAL INDIANA COMMUNITY FOUNDATION INC	ON INC					35-1793680	
Part I General Information on Grants and Assistance	Assistanc	a					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	tantiate the a	mount of the gra	nts or assistance, t	he grantees' eligibili	ity for the grants or a	ssistance, and	
the selection criteria used to award the grants or assistance?	r assistance	٠					Kes
2 Describe in Part IV the organization's procedures for monitoring	es for monito	ring the use of gr	the use of grant funds in the United States.	ited States.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part IV is the duninated if additional enace is needed.	vernments	and Organiza received more	tions in the Unit than \$5,000. Ch	ed States. Comp eck this box if no	lete if the organiza	tion answered "Ye ived more than \$5,	s" to 000. Part
(a) Name and address of organization or government	(b) EIN	(c) IRC section	(d) Amount of cash grant (e) Amount of non-cash	(e) Amount of non-cash	(f) Method of valuation (book, FMV, appraisa),	(g) Description of	(h) Purpose of grant
(1) HALL CIVIC ASSOCIATION					other)		000000000000000000000000000000000000000
5386 W. SIMS LA. MONROVIA, IN 46157	201242945	501(C)(3) PUBLI	6,000.				RESTORATION OF HALL
(2) HAMDARD CENTER FOR HEALTH & HUMAN SERVICES							
228 E. LAKE ST. ADDISON, IL 60101	363917885	501(C)(3) PUBLI	100,000.				DOMESTIC VIOLENCE SH
(3) HANCOCK COUNTY SENIOR SERVICES, INC.							
312 E. MAIN ST. GREENFIELD, IN 46140	310936007	501(C)(3) PUBLI	15,000.				SUPPORT
(4) HAPPY HOLLOW CHILDREN'S CAMP. INC.	0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	F01/6//3/ PUDIT	97				
TOTAL TRANSPORT OF THE TRANSPORT	010216066	(0) (0)					CITI CAMP ZULU
-(3) HARMONI INC.							-
212 W. 10TH ST. STUDIO A440	800228952	501(C)(3) PUBLI	33,300.				OPERATING SUPPORT
(6) HARRISON CENTER FOR THE ARTS, INC	010798626	501 (C) (3) DIRLT	77 696				האמנואה משדטממט אחגמד
I _							
1914 S STATE BD 267 AVON IN A6123	35198/626	T I ETTG (2) (2) L	101				200 HH114 H 118 H
(8) HARVESTERS REACHING THE NATIONS, INC.		121					CONTRICTION
2001 W. PLANO PKWY. PLANO, TX 75075	392017746	501(C)(3) PUBLI	206,000.	•			FUNDRAISING EXPENSES
(9) HAWTHORNE COMMUNITY CENTER							
2440 W. OHIO ST. INDIANAPOLIS, IN 46222	350874274	501(C)(3) PUBLE	67,528.				FS INVESTMENT PLAN -
(10) HAZELDEN FOUNDATION							
15251 PLEASANT VALLEY RD.	410682405	501(C)(3) PUBLI	12,000.				LIFESAVER PROGRAM, W
(11) HEALTH AND HOSPITAL CORPORATION OF MARION C.							
3838 N. RURAL ST.	356005697	MARION COUNTY,	20,000.				OPERATING SUPPORT FO
(12) HEALTHNET, INC.							
2202 W. MORRIS ST. INDIANAPOLIS, IN 46221	351579827	501(C)(3) PUBLI	18,260.				PATIENT ASSISTANCE F
2 Enter total number of section 501(c)(3) and government organizations	ernment orga	anizations				•	
3 Enter total number of other organizations						A	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ructions for	Form 990.	-			Schedu	Schedule I (Form 990) (2010)

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Department of the Treasury Internal Revenue Service Name of the organization

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

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

Open to Public Inspection

Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATION	ON INC					35-1793680	
Part I General Information on Grants and Assistance	Assistance		į				
1 Does the organization maintain records to substantiate the am	tantiate the ar		ints or assistance, t	he grantees' eligibil	ount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ssistance, and	
the selection criteria used to award the grants or assistance?	r assistance?						Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	s for monitor	ng the use of gr	ant funds in the Un				
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be dublicated if additional space is needed	vernments cipient that	and Organiza eceived more	itions in the Unit	ed States. Comp eck this box if no	lete if the organiza one recipient rece	tion answered "Ye ived more than \$5	s" to ,000. Part
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,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HENDRICKS COUNTY SENIOR SERVICES, INC.							
P.O. BOX 448 DANVILLE, IN 46122	351445497	, 501(C)(3) PUBLI	40,000.				EXPANSION OF SERVICE
(2) HERITAGE PLACE OF INDIANAPOLIS, INC.							
4550 N. ILLINOIȘ ST. INDIANAPOLIS, IN 46208	351436580	501(C)(3) PUBLI	17,500.				SUPPORT
H							
340 W. MICHIGAN ST.	351162873	501(C)(3) PUBLI	107,507.				2010 DISTRIBUTION
(4) HISTORIC SHEBOYGAN MASONIC LODGE FOUNDATION							
411 ST. CLAIR AVE. SHEBOYGAN, WI 53081	392038060	501(C)(3) PUBLI	17,000.				MASONIC LODGE RENOVA
(5) HOOSIER ENVIRONMENTAL COUNCIL	,						
3951 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	351576694	501(C)(3) PUBLI	20,000.				OPERATING SUPPORT
(6) HORIZON HOUSE							·
1033 E. MASHINGTON ST.	351759503	501(C)(3) PUBLI	22,200,				SUPPORT
(7) HORIZONS URBAN STUDENT ENRICHMENT PROGRAM.							
33 E. 33RD. ST. INDIANAPOLIS, IN 46208	611503962	501(C)(3) PUBLI	. 000.6				HORIZONS URBAN ENRIC
(8) HUMANE SOCIETY OF INDIANAPOLIS 7929 N. MICHTGAN RD. INDIANAPOLITS. IN 46368	350876385	501 (C) (3) DIELT	90				
(9) IMMIGRANT WELCOME CENTER							FREE NORTING CAL NO
	203222424	501(C)(3) PUBLI	30,000.				NATURAL HELPERS PROG
(10) INDIANA COMMUNITY ACTION ASSOCIATION							
1845 W. 18TH ST. INDIANAPOLIS, IN 46202	351267319	501(C)(3) PUBLI	5,328.				FS INVESTMENT PLAN -
(11) INDIANA GRANTMAKERS ALLIANCE.					-		
	351835134	501(C)(3) PUBLI	5,550.				INDIANAPOLIS FOUNDAT
(12) INDIANA HISTORICAL SOCIETY				•			
450 W. OHIO ST. INDIANAPOLIS, IN 46202	350876384	501(C)(3) PUBLI	25, 500.		-		CONTRIBUTION
2 Enter total number of section 501(c)(3) and government organi	ernment orga	izations				•	
3 Enter total number of other organizations							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	uctions for F	orm 990.				Schedu	Schedule I (Form 990) (2010)

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Department of the Treasury

Internal Revenue Service

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

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

OMB No. 1545-0047	2010
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Open to Public Inspection

HITE RIVER STATE PA DUCATIONAL DEVELOPA ISHMBA/PROJECT STEPP DVOCACY AND EDUCATI INDIANAPOLIS ALGEBRA 2010 ARTS EDUCATION :010 SPIRIT & PLACE 010 ARTS EDUCATION (h) Purpose of grant or assistance 2010 DISTRIBUTION 2010 DISTRIBUTION Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part Employer identification number \ Yes 35-1793680 (g) Description of non-cash assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash assistance the selection criteria used to award the grants or assistance it.

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 37,740 50,250 43,812 85,657 380,392 10,474 214,110 6,380 54,200 152,778 ITY OF INDIANA 01(C)(3) PUBLI 01(C)(3) PUBLI 01(C)(3) PUBLI 501(C)(3) PUBLI 501(C)(3) PUBLI 501(C)(3) PUBLI 01(C)(3) PUBLI 501(C)(3) PUBLI 501(C)(3) PUBLI (c) IRC section if applicable General Information on Grants and Assistance Il can be duplicated if additional space is needed the selection criteria used to award the grants or assistance? 356018940 260036285 351186290 310975117 356001673 (b) EIN 351485172 351344382 351760451 352073414 351088735 COMMUNITY FOUNDATION INC (1) INDIANA HOUSING & COMMUNITY DEVELOPMENT AUT 2804 QUESTEND S. DR. INDIANAPOLIS, IN 46222 1200 WATERWAY BLVD. INDIANAPOLIS, IN 46204 (6) INDIANA UNIVERSITY CENTER ON PHILANTHROPY 30 S. MERIDIAN ST. INDIANAPOLIS, IN 46220 820 E. 67TH ST. INDIANAPOLIS, IN 46220 (9) INDIANAPOLIS ALGEBRA PROJECTA INC. (a) Name and address of organization or government (4) INDIANA REPERTORY THEATRE, INC. (7) INDIANA UNIVERSITY FOUNDATION (5) INDIANA SPORTS CORPORATION (2) INDIANA HUMANITIES COUNCIL -(8) INDIANA YOUTH GROUP, INC. (3) INDIANA LATINO INSTITUTE (10) INDIANAPOLIS ART CENTER. 445 N. PENNSYLVANIA ST. 140 W. WASHINGTON ST. 1500 N. DELAWARE ST, CENTRAL INDIANA 201 S CAPITOL AVE 550 W. NORTH ST 2943 E. 46TH ST Name of the organization Part II Partl

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Schedule I (Form 990) (2010)

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501 (C) (3)

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

Enter total number of other organizations

106,440

01(C)(3) PUBLI

311132072

4603 CLARENDON RD. INDIANAPOLIS, IN 46208

(11) INDIANAPOLIS CHAMBER ORCHESTRA

INDIANAPOLIS CHILDREN'S CHOIR

(12)

010 DISTRIBUTION

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	2010
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Open to Public Inspection

Name of the organization						Employer identification number	on number
CENTRAL INDIANA COMMUNITY FOUNDATION INC	ION INC					35-1793680	
Part General Information on Grants and Assistance	l Assistance		1	i.		<u> </u>	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	stantiate the a	mount of the gra	nts or assistance, the	ne grantees' eligibil	ity for the grants or a	ssistance, and	
the selection criteria used to award the grants or assistance?	or assistance?						Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	es for monitor	ing the use of gr	ant funds in the Uni	ted States,			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be dublicated if additional space is needed	overnments scipient that ce is needed	and Organiza received more	tions in the Unit than \$5,000. Ch	ed States. Compeck this box if no	lete if the organiza	nd Organizations in the United States. Complete if the organization answered "Yes" to ceived more than \$5,000. Check this box if no one recipient received more than \$5,000.	s" to ,000. Part
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,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) INDIANAPOLIS CITY BALLET INC.							
P.O. BOX 40567 INDIANAPOLIS, IN 46240	262051938	501(C)(3) PUBLI	15,000.				2010 AN EVENING WITH
(2) INDIANAPOLIS CIVIC THEATRE, INC.							
3200 COLD SPRING RD.	350230360	501(C)(3) PUBLI	10,000.				CONTRIBUTION
-(3) INDIANAPOLIS CULTURAL TRAIL, INC.				_			_
615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	263831457	501(C)(3) PUBLI	35,800.				IP INVESTMENT PLAN -
_(4) INDIANAPOLIS_DOWNTOWN, INC							
111 MONUMENT CIR.	351877771	501(C)(3) PUBLI	33,300.				OPERATING SUPPORT
(5) INDIANAPOLIS JUNIOR TENNIS DEVELOPMENT FUND							
8391 N. ILLINOIS INDIANAPOLIS, IN 46260	237361641	501(C)(3) PUBLI	10,000.				DOTTIE MEYER JUNIOR
(6) INDIANAPOLIS MEDICAL SOCIETY FOUNDATION							
631 E. NEW YORK ST.	351810091	501(C)(3) PUBLI	17,760.				PROJECT HEALTH
(7) INDIANAPOLIS MUSEUM OF ART							
4000 N. MICHIGAN RD.	350867955	501(C)(3) PUBLI	11,373.				CONTRIBUTION
-(8) INDIANAPOLIS MUSEUM OF CONTEMPORARY ART							
1043 VIRGINIA AVE. INDIANAPOLIS, IN 46203	352155600	501(C)(3) PUBLI	.000.57			ļ	SUPPORT
(9) INDIANAPOLIS NEIGHBORHOOD HOUSING PARTNERSH							
3550 N. WASHINGTON BLVD.	351742559	501(C)(3) PUBLI	22,200.				FORECLOSURE PREVENTI
(10) INDIANAPOLIS NEIGHBORHOOD RESOURCE CENTER							
1802 N. ILLINOIS ST.	351909230	501(C)(3) PUBLI	27,200.				2011 SUPPORT
(11) INDIANAPOLIS OPERA							
250 E. 38TH ST, INDIANAPOLIS, IN 46205	351405179	501(C)(3) PUBLI	35,123.				SUPPORT
(12) INDIANAPOLIS PARKS FOUNDATION							
615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	351860468	501(C)(3) PUBLI	58,700.				2011 SUPPORT
2 Enter total number of section 501(c)(3) and government organizations	rernment orga	nizations , ,					
 Enter total number of other organizations 						•	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ructions for F	orm 990.				Schedul	Schedule I (Form 990) (2010)

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Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

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Open to Public Inspection

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

▶ Attach to Form 990.

PARATRANSIT (OPEN DO OGUE'S RUN GROCER/M SUV TO BE SENT TO KE PROJECT READY PROGRA PUBLIC LIBR ASSOCIAT UMMER READING PROGR 2 2010 ARTS EDUCATION Schedule I (Form 990) (2010) (h) Purpose of grant or assistance PERATING SUPPORT A EGAL SERVICES CONTRIBUTION ONTRIBUTION Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part Employer identification number Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 35-1793680 (g) Description of non-cash assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, olher) (d) Amount of cash grant (e) Amount of non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 91,178 12,100 5,396 21,250 7,500 20,000 10,000 756, 123 432,036 11,100 7,837 5,500 501(C)(3) PUBLI CITY OF INDIANA 501(C)(3) PUBLI 501(C)(3) PUBLI 01 (C) (3) PUBLI CITY OF INDIANA 501(C)(3) PUBLI 01(C)(3) PUBLI 01(C)(3) PUBLI 01(C)(3) PUBLI PUBLI 501(C)(3) PUBLI (c) IRC section if applicable (C) (3) Enter total number of section 501(c)(3) and government organizations For Paperwork Reduction Act Notice, see the Instructions for Form 990. Il can be duplicated if additional space is needed General Information on Grants and Assistance the selection criteria used to award the grants or assistance? 356062066 356060655 237016089 356001063 350998627 351074747 263301937 311227489 (b) EIN 351585014 202005004 270522425 352133517 CENTRAL INDIANA COMMUNITY FOUNDATION INC (8) INDIANAPOLIS-MARION COUNTY PUBLIC LIBRARY F (4) INDIANAPOLIS THEATRE FRINGE FESTIVAL, INC. (7) INDIANAPOLIS-MARION COUNTY PUBLIC LIBRARY P.O. BOX 6134 INDIANAPOLIS, IN 46206-6134 (2) INDIANAPOLIS PUBLIC TRANSPORTATION CORP. (6) INDIANAPOLIS ZOOLOGICAL SOCIETY, INC. INSTITUTE FOR AFFORDABLE TRANSPORTATION 777 INDIANA AVE. INDIANAPOLIS, IN 46202 2236 E. 10TH ST. INDIANAPOLIS, IN 46201 Enter total number of other organizations (1) INDIANAPOLIS PEACE AND JUSTICE CENTER P. O. BOX 44121 INDIANAPOLIS, IN 46244 237 N. EAST ST. INDIANAPOLIS, IN 46204 (a) Name and address of organization or government (5) INDIANAPOLIS URBAN LEAGUE, INC. 4000 W. 106TH ST. CARMEL, IN 46032 (3) INDIANAPOLIS SYMPHONY ORCHESTRA (9) INDY FOOD COOPERATIVE ____ LIBRARY SERVICES CENTER 1501 W. WASHINGTON ST. 1200 W. WASHINGTON ST 32 E. WASHINGTON ST. 2450 N. MERIDIAN ST [11] INSPIRED 2 IMPACT Name of the organization INDY READS Part II Part (1<u>0</u> 12)

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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	2010
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Open to Public Inspection

Name of the organization						Employer Identification number	on number
CENTRAL INDIANA COMMUNITY FOUNDATION INC	ON INC.					35-1793680	
Part I General Information on Grants and Assistance	Assistance	•					
1 Does the organization maintain records to substantiate the am	tantiate the a	mount of the gra	nts or assistance, t	he grantees' eligibil	ount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ssistance, and	
the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	r assistance? es for monitor	ing the use of gr	ant funds in the Uni	ted States.			Yes No
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be diminated if additional space is needed.	vernments cipient that	and Organiza received more	tions in the Unit than \$5,000. Ch	ed States. Compeck this box if no	one recipient rece	ation answered "Ye	is" to ,000. Part
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,	(g) Description of non-cash assistance	(h) Purpose of grant
(1) INSTITUTE FOR PSYCHOANALYSIS 122 S. MICHIGAN AVE. CHICAGO, IL 60603	361263210	501(C)(3) PUBLI	20.000.		lieuve		Madd IIIN PIGGER-GOEG
L 2	381689022		25,000.				BOOTH TARKINGTON SCH
(3) IPS EDUCATION FOUNDATION ROOM 114 - E INDIANAPOLIS, IN 45204	311103966	501(C)(3) PURL	24.709.				9030 PICTOTOTOM
(4) IRVINGTON PRESBYTERIAN CHURCH	00000		6				WOTTOGTAN OTTO
(5) IUPUL UNIVERSITY LIBRARY	120000000000000000000000000000000000000		. 000 182				ZUIO DISTRIBUTION
755 W. MICHIGAN ST.	356001673	501(C)(3) FUBLI	56,174.				OCLC ILLIAD INTERNAT
(6) JAMESON, INC.	9E11E69E6	T1000 (0) (0) [0]	000				
(7) JEWISH FEDERATION OF GREATER INDIANAPOLIS		100 (2) (2) 100	.017707				SUPPORT
6705 HOOVER RD. INDIANAPOLIS, IN 46260-4120	350888017	501(C)(3) PUBLI	100,000.				ANNUAL CAMPAIGN SUPP
(8) JOHN H. BONER COMMUNITY CENTER 2236 F. 10TH ST.	737204495	T.Teffe (2) (2) F02	, 15, 710				HINTEN CANA
(9) JOHN MICHAEL KOHLER ARTS CENTER							CASE MANAGEMENT IN F
608 NEW YORK AVE. SHEBOYGAN, WI 53081	391085180	501(C)(3) PUBLI	10,000.				SUPPORT
(10) JOHN P. CRAINE HOUSE, INC	351021203	501(C)(3) PUBLI	40,980.		·		GTFP PORT
(11) JOHNSON COUNTY SENIOR SERVICES							4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
731 S. STATE ST. FRANKLIN, IN 46131-2578	351474817	501(C)(3) PUBLI	9,700.				TRANSPORTATION SERVI
(12) JOURNEYSFIRE INTERNATIONAL		T TOTA (3) PUTOT T	26				AND ABOUT OF GENERAL PROPERTY OF THE PROPERTY
tal number of section 50	ornment orga	.	.000,703				CONTRIBUTION
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Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2010

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

Name of the organization					Employer i	Employer identification number	
CENTRAL INDIANA COMMUNITY FOUNDATION	ON INC				35-17	35-1793680	
Part General Information on Grants and Assistance	Assistance	as a					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	tantiate the a	mount of the gran	nts or assistance, ti	he grantees' eligibility for the g	rants or assistance, an	p	
the selection criteria used to award the grants or assistance?	r assistance'						Ž
2 Describe in Part IV the organization's procedures for monitoring the	s for monitor	ring the use of gra	he use of grant funds in the United States.				2
Part II Grants and Other Assistance to Governments and Form 990, Part IV, line 21, for any recipient that rece II can be duplicated if additional space is needed	vernments cipient that	and Organizar received more	tions in the Unit than \$5,000. Ch	ed States. Compleck this box if no	organization answe ient received more i	red "Yes" to than \$5,000. Part	
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash (book, FMV, appraisal, other	valuation (g) Description of appraisal, non-cash assistance	ion of (h) Purpose of grant	
(1) JOY'S HOUSE							
2028 E. BROAD RIPPLE AVE.	352083290	501(C)(3) PUBLI	101,000.			CAPITAL SUPPORT	E
_(2) KALEIDOSCOPE_YOUTH_CENTERINC							
4186 N. BROADWAY ST. INDIANAPOLIS, IN 46205	351871411	501(C)(3) PUBLI	11,100.			SUPPORT	
BEAUTIFUL, INC							
	311005792	501(C)(3) PUBLI	144,866.			IP INVESTMENT PLAN	PLAN -
GOLF FOUNDATION OF ILLLIN							
P.O. BOX 610 SUGAR GROVE, IL 60554	364226416	501(C)(3) PUBLI	10,000.			2010 THINKING OUTSID	OUTSID
(5) KING PARK AREA DEVELOPMENT CORPORATION							
2430 N. DELAWARE ST.	351704590	501(C)(3) PUBLI	31,080.			IP INVEST -STAFF	FF POS
_(6) <u>LA_PLAZA, INC.</u>							ł
8902 E. 38TH ST. INDIANAPOLIS, IN 46226	300029575	501(C)(3) PUBLI	56,317.			SUMMER DISCOVERY	RY
(7) LACY LEADERSHIP ASSOCIATION							
615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	352054817	501(C)(3) PUBLI	57,720.			SUPPORT	
(8) LAWRENCE TOWNSHIP FOUNDATION							
5626 LAWTON LOOP E. DR.	351573468	501(C)(3) PUBLI	50,612.			2010 DISTRIBUTION	NOI
_(9) LIFE CENTERS	•						1
8902 VINCENNES CIR. INDIANAPOLIS, IN 46268	311059740	501(C)(3) PUBLI	6,000.			CONTRIBUTION	
(10) LITTLE RED DOOR CANCER AGENCY							
1801 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	350914096	501(C)(3) PUBLI	80,260.			FREE CLIENT TE	TRANSPOR
(11) LOCAL INITIATIVES SUPPORT CORPORATION							
333 N. PENNSYLVANIA ST.	133030229	501(C)(3) PUBLI	117,960.			FS INVESTMENT	PLAN -
(12) LOFT LITERACY CENTER							
1011 WASHINGTON AVE. S.	411297735	501(C)(3) PUBLI	10,000,			2011 ASSOCIATION OF	ION OF
2 Enter total number of section 501(c)(3) and government organizal	ernment orga	nizations				A	
3 Enter total number of other organizations						.	
For Paperwork Reduction Act Notice, see the Instructions for Form	uctions for !	orm 990.				Schedule I (Form 990) (2010)	010)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

▶ Attach to Form 990.

Open to Public OMB No. 1545-0047 2010 Inspection

CENTRAL INDIANA COMMUNITY FOUNDATION	ON INC					35-1793680	-
Part General Information on Grants and Assistance	Assistance	a					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	tantiate the a	mount of the gre	ints or assistance, t	he grantees' eligibili	ity for the grants or a	ssistance, and	
the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitori	r assistance: es for monitor	ing the use of gr	ing the use of grant funds in the United States.	ited States.			Yes No
Part II Grants and Other Assistance to Governments. Form 990, Part IV, line 21, for any recipient that I lacan be duplicated if additional space is needed	vernments cipient that se is needer		tions in the Unit than \$5,000. Ch	ed States. Comp eck this box if no	lete if the organiza	and Organizations in the United States. Complete if the organization answered "Yes" to received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part	ss" to 5,000. Part
1 (a) Name and address of organization or government	(p) 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) LOST CREEK GROVE RESTORATION & PRESERVATION							
7018 E. FORT HARRISON AVE.	320130405	501(C)(3) PUBLI	10,000.				LOST CREEK GROVE LAW
_(2) LUTHERAN CHILD AND FAMILY SERVICES OF IN/KY _							
1525 N. RITTER AVE.	350868123	501(C)(3) PUBLI	10,000.				CONTRIBUTION
(3) MADAME WALKER THEATRE CENTER, INC.				·			
617 INDIANA AVE.	310970108	501(C)(3) PUBLI	26,640.				STAFF SUPPORT
(4) MARIAN UNIVERSITY							
3200 COLD SPRING RD,	350868175	501(C)(3) PUBLI	44,620.				CREATION OF A SUMMER
(5) MARION COUNTY COMMISSION ON YOUTH							
3901 N. MERIDIAN ST.	351900516	501(C)(3) PUBLI	73,710.				EXTENSION OF CAMPECI
(6) MARTIN LUTHER KING MULTI-SERVICE CENTER							
40 W. 40TH ST. INDIANAPOLIS, IN 46208	237415846	501(C)(3) PUBLI	16,512.				BUILDING THE DREAM S
(7) MARTINDALE BRIGHTWOOD COMMUNITY DEVELOPMENT							
2855 N. KEYSTONE AVE.	351870982	501(C)(3) PUBLI	28,860.				FS INVESTMENT PLAN -
(B) MARWEN FOUNDATION, INC.							
833 N, ORLEANS CHICAGO, IL 60610	363523622	501(C)(3) PUBLI	51,000,				SUPPORT
(9) MARY RIGG NEIGHBORHOOD CENTER							
1920 W. MORRIS ST. INDIANAPOLIS, IN 46221	350868954	501(C)(3) PUBLI	116,894.				FS INVESTMENT PLAN -
(10) MEALS ON WHEELS OF HAMILTON COUNTY							
395 WESTFIELD RD.	351344488	501(C)(3) PUBLI	23,000.				MEAL DELIVERY PROGRA
(11) MEALS ON WHEELS OF HANCOCK COUNTY							
280 N. APPLE ST. GREENFIELD, IN 46140	352117913	501(C)(3) PUBLI	9,500.				SUBSIDY ASSISTANCE T
(12) MEALS ON WHEELS, INC.	1						
P.O. BOX 40969 INDIANAPOLIS, IN 46240-0969	351182075	501(C)(3) PUBLI	31,500.				CONTRIBUTION
2 Enter total number of section 501(c)(3) and government organizations	ernment orga	inizations					
3 Enter total number of other organizations						A	
For Paperwork Reduction Act Notice, see the Instructions for F	uctions for F	orm 990.				Schedu	Schedule I (Form 990) (2010)
48							

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

Open to Public Inspection

Name of the organization						Employer identification number	on number
CENTRAL INDIANA COMMUNITY FOUNDATION INC	ON INC					35-1793680	
Part General Information on Grants and Assistance	Assistanc	a		•			
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	tantiate the	mount of the gra	nts or assistance, the	he grantees' eligibilit	y for the grants or a	ssistance, and	
the selection criteria used to award the grants or assistance?	r assistance						Yes No
2 Describe in Part IV the organization's procedures for monitoring	es for monito		the use of grant funds in the United States.	ited States.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part	vernments cipient that	and Organiza	tions in the Unit than \$5,000. Ch	ed States. Comple eck this box if no o	ete if the organiza one recipient rece	nd Organizations in the United States. Complete if the organization answered "Yes" to seived more than \$5,000. Check this box if no one recipient received more than \$5,000.	s" to 000. Part
Il can be duplicated if additional space is needed	Se is neede	L	,		(f) Method of variation		•
(a) Name and address of organization or government	(a)	(c) IRC section if applicable	(u) Amount of cash grant	(e) Amount of non-cash assistance	(book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MENITAL HEALTH AMERICA OF GREATER INDIANAPOL.	·.			-			
301 E. 38TH ST. INDIANAPOLIS, IN 46205-1542	350928128	501(C)(3) PUBLI	13,820.			,	SUPPORT
_(2 <u>) metro ministries, inc.</u> 2801 w. washington st.	356237110	501(C)(3) PUBLI	6,000.				DESCIPRIENDO INDV VI
AHEC							
9101 WESLEYAN RD. INDIANAPOLIS, IN 46268	352052591	501(C)(3) PUBLI	13,773.				HEALTH PROFESSIONS I
(4) MILLIGAN COLLEGE							
P.O. BOX 750 MILLIGAN COLLEGE, TN 37682	620535755	501(C)(3) PUBLI	9,000.				FORWARD EVER CAMPAIG
(5) MOMENTIVE CONSUMER CREDIT COUNSELING SERVIC	:						
615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	351107304	501(C)(3) PUBLI	8,576.				2010 DISTRIBUTION
(6) MORNING DOVE THERAPEUTIC RIDING, INC.							
4140 W, 44TH ZIONSVILLE, IN 46077	352056736	501(C)(3) PUBLI	50,000.				CAPITAL SUPPORT
(7) MSD OF WASHINGTON TOWNSHIP							
5626 LAWTON LOOP E. DR.	356005690	501(C)(3) PUBLI	7,000.				SUMMER IN THE CITY
(8) MUSEUM OF CONTEMPORARY ART							
303 N. ALABAMA ST. SUITE 230	366154098	501(C)(3) PUBLI	10,000.				?ASTRONAUT?S BIRTHDA
(9) NAMASTE CENTER FOR HOLISTIC HEALTH AND EDUC							
2505 N. ARLINGTON LAPORTE, IN 46350	271109392	501(C)(3) PUBLI	25,000.				GEN. OPERATING/MARKE
(10) NATIONAL SOCIETY OF HISPANIC MBAS							
P.O. BOX 662 200 WALLACE AVE.	954196238	501(C)(3) PUBLI	7,000.				PROJECT STEPPING STO
(11) NET LITERACY CORPORATION							
8902 VINCENNES CIR. SUITE A	200799832	501(C)(3) PUBLI	8,797.				1000 COMPUTERS
(12) NOBLE OF INDIANA							
2001 N. CLARK ST.	350924720	501(C)(3) PUBLI	20,500.				CONTRIBUTION
2 Enter total number of section 501(c)(3) and government organiz	ernment org	anizations				A	
3 Enter total number of other organizations							
For Paperwork Reduction Act Notice, see the Instr	ructions for	Form 990.				Schedul	Schedule I (Form 990) (2010)

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Grants and Other Assistance to Organizations,

OMB No. 1545-0047

(222	Governments, and Individuals in the United States	Z010
Department of the Treasury	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	Open to Public
Internal Revenue Service	► Attach to Form 990.	Inspection
Name of the organization		Employer identification number
CENTRAL INDIANA	CENTRAL INDIANA COMMUNITY FOUNDATION INC	35-1793680
Parit General Info	Part General Information on Grants and Assistance	

CENTRAL INDIANA CUMMUNITI FOUNDATION INC	ON INC					35-1793680	
Part General Information on Grants and Assistance	Assistance	đ					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	tantiate the a	mount of the gra	nts or assistance, tl	he grantees' eligibil	ity for the grants or a	ssistance, and	
the selection criteria used to award the grants or assistance?	r assistance?			, .			Yes
2 Describe in Part IV the organization's procedures for monitoring	s for monitor		the use of grant funds in the United States.				
Part II Grants and Other Assistance to Governments ar	vernments		tions in the Unit	ed States. Comp	lete if the organiza	d Organizations in the United States. Complete if the organization answered "Yes" to	s" to
Form 990, Part IV, line 21, for any recipient that rec	cipient that se is needec	received more	than \$5,000. Ch	eck this box if no	one recipient rece	ceived more than \$5,000. Check this box if no one recipient received more than \$5,000. Part	000. Part
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) OASIS CHRISTIAN COMMUNITY DEVELOPMENT CORPO	-					:	
1801 N. MERIDIAN ST. INDIANAPOLIS, IN 46218	352106041	501(C)(3) PUBLI	6,000.				THE M.U.S.T.A.R.D. S
(2) OHIO STATE UNIVERSITY							
ST. AUGUSTINE HOME 2345 W. 86TH ST.	316025986	501(C)(3) PUBLI	10,000.				CITY CENTER EXHIBITI
(3) ORANGE COUNTY COMMUNITY FOUNDATION							
333 N. PENNSYLVANIA ST. SUITE 600	352117084	501(C)(3) PUBLI	20,000.				PAOLI METHODIST CHUR
(4) ORCHARD PARK PRESBYTERIAN CHURCH							
7018 E. FORT HARRISON AVE.	236393377	501(C)(3) PUBLI	12,000.				CONTRIBUTION
(5) PACE, INC.						-	
1525 N. RITTER AVE. INDIANAPOLIS, IN 46218	351062235	501(C)(3) PUBLI	35,000.				GEN, OPERATING
(6) PARK TUDOR SCHOOL							
7330 WOODLAND DR. # 201	350909976	501(C)(3) PUBLI	211,400.				CONTRIBUTION
(7) PARKE COUNTY COMMUNITY FOUNDATION							
3200 COLD SPRING RD. ROCKVILLE, IN 47872	351981810	501(C)(3) PUBLI	10,000.				ACQUISITION OF 304 W
(8) PARKWAYS FOUNDATION							
3901 N. MERIDIAN ST. SUITE 201	363958347	501(C)(3) PUBLI	10,000.				CAMP SCHOLARSHIPS
(9) PATHWAY TO THE FUTURE LEARNING CENTER		_					
2855 N. KEYSTONE AVE. SUITE 130	383681150	501(C)(3) PUBLI	8,846.				TRAINING YOUTH FOR S
(10) PEACE LEARNING CENTER							
833 N. ORLEANS INDIANAPOLIS, IN 46254	352067284	501(C)(3) PUBLI	30,720.				2011 CENTRAL INDIANA
(11) PERRY TOWNSHIP EDUCATION FOUNDATION							
1920 W. MORRIS ST. INDIANAPOLIS, IN 46227	351923843	501(C)(3) PUBLI	63,079.				2010 DISTRIBUTION
(12) PEYBACK FOUNDATION							
280 N. APPLE ST. INDIANAPOLIS, IN 46220	341882628	501(C)(3) PUBLI	6,000.				PEYBACK BOWL EVENT
2 Enter total number of section 501(c)(3) and government organiz	ernment orga	nizations			-	A : : : : : : : : : : : : : : : : : : :	
3 Enter total number of other organizations				-		A	
For Paperwork Reduction Act Notice, see the Instru	uctions for F	orm 990.				Schedu	Schedule I (Form 990) (2010)

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G. Department of the Treasury

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	
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Open to Public Inspection

Internal Revenue Service		▼ At	Attach to Form 990.				Inspection
Name of the organization		j				Employer identification number	on number
CENTRAL INDIANA COMMUNITY FOUNDATION INC	ON INC	j				35-1793680	
Part I General Information on Grants and Assistance	Assistance	d.					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	antiate the a	mount of the gra	nts or assistance, the	ne grantees' eligibil	ity for the grants or a	ssistance, and	
the selection criteria used to award the grants or assistance?	r assistance?						Kes
2 Describe in Part IV the organization's procedures for monitoring	s for monitor		the use of grant funds in the United States.	ted States.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	vernments cipient that	and Organiza received more	tions in the Unit than \$5,000. Ch	ed States. Comp eck this box if no	lete if the organiza	ition answered "Ye ived more than \$5	s" to 000. Part
1 (a) Name and address of organization or government	(a) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PHOENIX THEATRE, INC.							
1099 N. MERIDIAN ST. SUITE 650	311069575	501(C)(3) PUBLI	11,771.				2010 DISTRIBUTION
(2) PIKE TOWNSHIP EDUCATIONAL FOUNDATION							
2506 WILLOWBROOK PKWY. SUITE 100	351836390	501(C)(3) PUBLI	. 25,423,	-			2010 DISTRIBUTION
(3) PREVAIL, INC.							1
201 N. MILL ST. SUITE 201	351681864	501(C)(3) PUBLI	. 52,000.				PROGRAM SUPPORT SAFE
(4) PREVENT BLINDNESS INDIANA							
2410 N. STATION ST. INDIANAPOLIS, IN 46240	356040676	501(C)(3) PUBLI	237, 336.				2010 DISTRIBUTION
(5) PROJECT HOME INDY							
P.O. BOX 30947 INDIANAPOLIS, IN 46208	205045345	501(C)(3) PUBLI	43,760.				SUPPORT
(6) PROJECT SEED, INC.				-			
212 S. WATER ST. INDIANAPOLIS, IN 46240	381949371	501(C)(3) PUBLI	25,000.				SUMMER YOUTH PROGRAM
(7) PROMISING FUTURES OF CENTRAL INDIANA							
5275 KENTUCKY AVE. NOBLESVILLE, IN 46060	351305755	501(C)(3) PUBLI	6,000.				PROMISING FUTURES PR
(8) PROVIDENCE CRISTO REY HIGH SCHOOL							
6548 ORINOCO AVE.	350868174	501(C)(3) PUBLI	106,000.				SUPPORT
(9) PURDUE UNIVERSITY							
OFFICE OF MINORITY LANGUAGES 9651 E. 21ST S	356002041	501(C)(3) PUBLI	46,300,				SUMMER CAMP ENHANCEM
(10) REBUILDING THE WALL INC.							
8550 WOODFIELD CROSSING BLVD.	352140372	501(C)(3) PUBLI	51,760.				SUPPORT
(11) RICHMOND ART MUSEUM							
220 E. CHICAGO AVE. RICHMOND, IN 47374	356005040	501(C)(3) PUBLI	10,000.				EXHIBITION SUPPORT
(12) RILEY AREA DEVELOPMENT CORPORATION							
39 W. JACKSON PL. STE. 150	310963438	501(C)(3) PUBLI	5,772,				TECHNOLOGY UPGRADE A
2 Enter total number of section 501(c)(3) and government organiz	ernment orga	nizations				•	
 Enter total number of other organizations 					-		
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	uctions for F	orm 990.				Schedul	Schedule I (Form 990) (2010)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

Inspection

Open to Public OMB No. 1545-0047

2010 CELEBRATING AME SAINT FLORIAN CENTER 013 CENTENNIAL CAMP ESTORATION OF RUSSI OOD RESCUE AND HUNG TRENGTHEN CONTINUUM SE SWART: SUMMER BUL INDIANA CAMP OF CREA ROGRAM SUPPORT FOR 2 (h) Purpose of grant or assistance TUTORING SUPPLIES ONTRIBUTION CONTRIBUTION Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part **Employer identification number** Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 35-1793680 (g) Description of non-cash assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 72, 275. 40,000 50,000 6,000 95,000 27,200 14,000 127,200 20,000 7,000. 9,672. 501(C)(3) PUBLI 501(C)(3) PUBLI 501(C)(3) PUBLI PUBLI 01(C)(3), PUBLI 501(C)(3) PUBLI 501(C)(3) PUBLI 01(C)(3) PUBLI 01(C)(3) PUBLI 01(C)(3) PUBLI 501(C)(3) PUBLI 01(C)(3) PUBLI (c) IRC section if applicable 501(C)(3) Enter total number of section 501(c)(3) and government organizations For Paperwork Reduction Act Notice, see the Instructions for Form 990. Il can be duplicated if additional space is needed Part | General Information on Grants and Assistance the selection criteria used to award the grants or assistance? 350868147 201161578 (b) EIN 356043931 743071766 351971700 352151003 351484281 300174146 352077713 351765846 350869056 CENTRAL INDIANA COMMUNITY FOUNDATION INC 2902 COLD SPRING RD. INDIANAPOLIS, IN 46220 [11] SOCIAL HEALTH ASSOCIATION OF INDIANA, INC. SOCIEDAD AMIGOS DE COLUMBIA, INC. (SADCO) 2301 N. PARK AVE. RUSSIAVILLE, IN 46979 INDIANAPOLIS, IN 46202 1701 F. 25TH ST. INDIANAPOLIS, IN 46204 (4) SAGAMORE INSTITUTE FOR POLICY RESEARCH Enter total number of other organizations (2) ROTARY FOUNDATION OF INDIANAPOLIS ___ P.O. BOX 1501 INDIANAPOLIS, IN 46204 P.O. BOX 30291 SHELBYVILLE, IN 46176 (a) Name and address of organization or government P.O. BOX 27 INDIANAPOLIS, IN 46202 (9) SHELTERING WINGS CENTER FOR WOMEN 30TH ST. DANVILLE, IN 46122 5282 EAST 65TH ST. P.O. BOX 20408 (3) RUSSIAVILLE HISTORICAL SOCIETY (8) SHELBY COMMUNITY HEALTH CENTER (1) RILEY CHILDREN'S FOUNDATION (5) SAINT FLORIAN CENTER, INC. SHEPHERD COMMUNITY INC. -(7) SECOND HELPINGS, INC. 724 BROAD RIPPLE AVE. (6) SCHOOL ON WHEELS 7701 E. 21ST ST. Vame of the organization 517 W. Part II (10) (12)

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Schedule I (Form 990) (2010)

Department of the Treasury

Internal Revenue Service

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

Open to Public OMB No. 1545-0047 2010 Inspection

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

Name of the organization			-		i.	Employer identification number	on number
CENTRAL INDIANA COMMUNITY FOUNDATION	CON INC					35-1793680	
Part General Information on Grants and Assistance	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	tantiate the a	mount of the gra	nts or assistance, t	he grantees' eligibilit	y for the grants or a	ssistance, and	
the selection criteria used to award the grants or assistance?	or assistance?						Yes
2 Describe in Part IV the organization's procedures for monitoring	es for monitor	ing the use of gr	the use of grant funds in the United States.	•]
Fart II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be dublicated if additional space is needed	vernments scipient that	and Organiza received more	tions in the Unit than \$5,000. Ch	ed States. Compleck this box if no	ete if the organiza	d Organizations in the United States. Complete if the organization answered "Yes" to eived more than \$5,000. Check this box if no one recipient received more than \$5,000.	ss" to ,000. Part
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	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant
(1) SOCIETY OF ST. VINCENT DE PAUL 212 S. WALNUT INDIANAPOLIS, IN 46218-2850	371507632	501(C)(3) PUBL	000				CONTETETON
I 75	351318068	(0) (3)	7				THIRD THE DIAM
l Si							NATE THEORY OF STREET
1201 N. CENTRAL AVE. INDIANAPOLIS, IN 46278	351262574	501(C)(3) PUBLI	13,570.		1		CAPACITY BUILDING FO
(4) ST. ELIZABETH COLEMAN PREGNANCY & ADOPTION 1451 N. DELAWARE #1	350868151	501 (C) (3) PIBLI	000 9				ООМПОТОПИТОМ
(5) ST. LUKE'S UNITED METHODIST CHURCH							NOT TO TUTO
1605 E. 106TH ST. INDIANAPOLIS, IN 46260	350985951	501(C)(3) PUBLI	15,000,				SUPPORT
(6) ST. MARY'S CHILD CENTER	351141484	501(C)(3) PUBLI	'000'96				CONTRIBILION
(7) ST. PHILIP NERI CHURCH							
3102 E. 10TH ST. INDIANAPOLIS, IN 46201	350898397	501(C)(3) PUBLI	6,000				CONTRIBUTION
(8) ST. VINCEMT DE PAUL CLIENT CHOICE FOOD PANT TIVOLI THEATER PROJECT 1404 PINE LAKE RD.	371507632	501(C)(3) PIRE.T	000 06				B B B B B B B B B B B B B B B B B B B
(9) ST. VINCENT FOUNDATION							DOLLOW!
2855 N. KEYSTONE AVE. SUITE 140	356088862	501(C)(3) PUBLI	12,000.				CONTRIBITION
(10) STARFISH INITIATIVE IN 46204	562442758		315,882.				Z Mar D D Mar D D Mar D D Mar D D Mar D D D D D D D D D D D D D D D D D D D
(11) STEP-UP, INC.							
2135 N. ALABAMA ST. INDIANAPOLIS, IN 46204	352145743	501(C)(3) PUBLI	12,000.				INDIANA SENIORS HIV/
(12) SUMMER ADVANTAGE USA							
	263185485	501(C)(3) PUBLI	44,400.				SUMMER ADVANTAGE USA
	ernment orga	nizations				A : : : : : : : : : : : : : : : : : : :	
3 Enter total number of other organizations						4	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ructions for F	orm 990.				Schedu	Schedule I (Form 990) (2010)

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public OMB No. 1545-0047 2010 Inspection

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

Yes Employer identification number 35-1793680 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the serection criteria used to award the grants of assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part I General Information on Grants and Assistance the selection criteria used to award the grants or assistance? CENTRAL INDIANA COMMUNITY FOUNDATION INC

Partil Grants and Other Assistance to Governments (Form 990, Part IV, line 21, for any recipient that recipient that it additional space is needed.	vernments cipient that	and Organizat received more	tions in the Unit than \$5,000. Ch	ed States. Comp eck this box if no	lete if the organiza one recipient rece	and Organizations in the United States. Complete if the organization answered "Yes" to received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part	s" to ,000. Part
1 (a) Name and address of organization or government	(a) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SYCAMORE REFORMED PRESBYTERIAN CHURCH) D		
6040 DELONG RD, KOKOMO, IN 46901	351857066	501(C)(3) PUBLI	20.000.				SINIM NOTHEOLIGITATION
	1	1		!			CINITI MOTTUS ITTITUS
IN 46204	352155455	501(C)(3) PUBLI	22,200.				2011 SUPPORT
(3) THE ART INSTITUTE OF CHICAGO							
~	362167725	501(C)(3) PUBLI	50,000.				TEXT BASED LIGHT INS
(4) THE ART MUSEUM AT THE UNIVERSITY OF KENTUCK							
6321 LA PAS TR. LEXINGTON, KY 40506-0214	616001218	501(C)(3) PUBLI	10,000.				FRANCE SCULLY OSTERM
(5) THE ATHENAEUM FOUNDATION, INC.							
N 46204	351834667	501(C)(3) PUBLI	6,500.				RAIN GARDEN & GARDEN
(6) THE CATHEDRAL CHURCH OF ST. EDWARD THE CONF.							
200 S. MERIDIAN ST. P.O. BOX 397	310921786	501(C)(3) PUBLI	10,000.				CONTRIBUTION
(7) THE CHILDREN'S MUSEUM OF INDIANAPOLIS							
1100 S. 9TH ST. SUITE 100	350867985	501(C)(3) PUBLI	10,000.				CONTRIBUTION
-(8) THE COLLEGE OF WILLIAM AND MARY							
70 E. 91ST ST. SUITE 204	546001718	501(C)(3) PUBLI	10,000.				SCHOLARSHIP SUPPORT
(9) THE CONSERVATION LAW CENTER							
1078 THIRD AVE. SW BLOOMINGTON, IN 47408	202321854	501(C)(3) FUBLI	1,105,000.				OPERATING AND MATCH
(10) THE FAMILY DEFENSE CENTER					-		
700 BROADWAY, 4TH FLOOR CHICAGO, IL 60607	203096347	501 (C) (3) PUBLI	20,000.				SUPPORT
(11) THE ELELD MUSEUM							
o, IL 60605-2496	362167011	501(C)(3) FUBLI	22,500.				EDUCATIONAL PROGRAMM
(12) THE HEALTH FOUNDATION OF GREATER INDIANAPOL							
8401 WESTFIELD BLVD, ROOM D102	356203550	509 PF PRIVATE	50,000.				SPOTLIGHT 2010
2 Enter total number of section 501(c)(3) and government organ	ernment orga	nizations					

3 Enter total number of other organizations
For Paperwork Reduction Act Notice, see the Instructions for Form 990. 0612882.8884554 D320 11/11/2011 SA

Schedule I (Form 990) (2010)

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Department of the Treasury

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

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

► Attach to Form 990.

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Internal Revenue Service		▼ Att	Attach to Form 990.				Inspection
Name of the organization					\$	Employer identification number	าก number
CENTRAL INDIANA COMMUNITY FOUNDATION INC	ON INC					35-1793680	
Part General Information on Grants and Assistance	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	tantiate the a	mount of the gra	nts or assistance, the	ne grantees' eligibili	ty for the grants or as	ssistance, and	
the selection criteria used to award the grants or assistance?	r assistance?						Zek Zek
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	s for monitor	ing the use of gri	ant funds in the Uni	ted States.]
Part Grants and Other Assistance to Go	vernments	and Organiza	tions in the Unit	ed States. Compl	ete if the organiza	ation answered "Ye	s" to
Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be dublicated if additional space is needed	cipient that	received more	than \$5,000. Che	eck this box if no	one recipient rece	ived more than \$5,	000. Part
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE HUTSON SCHOOL							
GUYER OPERA HOUSE P.O. BOX 117	352148108	501(C)(3) FUBLI	20,000.				GENERAL FUND
الظ							
401 E. 34TH ST. INDIANAPOLIS, IN 46240	352145677	501(C)(3) PUBLI	40,000.		,	,	IPS COLLEGE PATHWAY
(3) THE INDIANAPOLIS FOUNDATION							
2322 N. GUILFORD AVE.	350868115	501(C)(3) PUBLI	300,000.				FUNDS TRANSFER FOR P
(4) THE JULIAN CENTER, INC.							
350 HUB ETCHISON PKWY	351346514	501(C)(3) PUBLI	123,368.				SUPPORT FOR SHELTER
(5) THE KING'S COLLEGE							
30 S. MERIDIAN ST. SUITE 200	131810448	501(C)(3) PUBLI	91,000,				JOURNALISM PROGRAM
(6) THE LORD'S PANTRY AT ANNA'S HOUSE, INC.		-					
STRATFORD HALL 483 GREAT HOUSE RD.	352153771	501(C)(3) PUBLI	8,000.		-		CONTRIBUTION
(7) THE MIND TRUST							
435 LIMESTONE ST. INDIANAPOLIS, IN 46202	204560286	501(C)(3) FUBLI	7,500.				CONTRIBUTION
(8) THE MOZEL SANDERS FOUNDATION							
401 E. MICHIGAN INDIANAPOLIS, IN 46222	352025644	501(C)(3) PUBLI	18,880.				MOZEL SANDERS DINNER
(9) THE NATURE CONSERVANCY IN INDIANA.	10000000000000000000000000000000000000	Tame (6) (9) (0)	2,00				
ADEMY	3000	1	.0.57 (4)				ENDOMMENT FUND SUFFU
	352050595	501(C)(3) PUBLI	35,600.				NOTHIBLE BENOO
l i							TOTAL COLUMN
4600 SUNSET AVE. P.O. BOX 2896	205533460	501(C)(3) PUBLI	6,000.				CONTRIBUTION
(12) THE ORCHARD SCHOOL							
ROSE ST. & EUCLID AVE.	350909975	501(C)(3) PUBLI	33,500.				SUPPORT
2 Enter total number of section 501(c)(3) and government organizations	ernment orga	nizations				A	
 Enter total number of other organizations 							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	uctions for F	orm 990.				Schedul	Schedule I (Form 990) (2010)

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Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 2010

Open to Public Inspection

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

Employer identification number Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC	ON INC					35-1793680	
General mormanon on Grants and Assistance	Assistanc						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance,	tantiate the s	amount of the gra	ints or assistance, tl	he grantees' eligibili	ity for the grants or a	issistance, and	
the selection criteria used to award the grants of assistance? 2. Describe in Part IV the proportion's proportings for monitoring the use of grant funds in the United States.	or assistance. Se for monito	riog the use of ar	root france in the Ho	the Chates			Yes No
Z Describe in rail iv the organizations procedure	es ior mornio	illig the use of gr	ant lunds in the On	ited states.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	vernments cipient that se is neede	s and Organiza received more d	tions in the Unit than \$5,000. Ch	ed States. Comp eck this box if no	lete if the organiza one recipient rece	Organizations in the United States. Complete if the organization answered "Yes" to ived more than \$5,000. Check this box if no one recipient received more than \$5,000.	ss" to ,000. Part
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE SALVATION ARMY	:						
500 S. STATE ST., SUITE 5000	350868167	501(C)(3) PUBLI	55,260.				SSC EMERGENCY BED SP
-(2) THE SECOND STORY							
1100 GRACE HALL INDIANAPOLIS, IN 46203	261741548	501(C)(3) PUBLI	10,000.				SUPPORT
(3) THE SHEPHERD'S CENTER OF HAMILTON COUNTY							
P.O. BOX 1521 NOBLESVILLE, IN 46062	311131854	501(C)(3) PUBLI	10,000.				PROGRAM FOR SENIORS
-(4) THE SIERRA CLUB FOUNDATION							
1808 N. DELAWARE SAN FRANCISCO, CA 94105	946069890	501(C)(3) PUBLI	800,000.				CLIMATE RECOVERY CAM
(5) THE VILLAGES OF INDIANA, INC.			•				•
P.O. BOX 173 INDIANAPOLIS, IN 46208	351708240	501(C)(3) PUBLI	53, 607.				CAPITAL CAMPAIGN SUP
(6) TOURISM TOMORROW, INC.							
927 N. PENNSYLVANIA ST.	351573009	501(C)(3) PUBLI	15,540.				SUPPORT
(7) TRAINING INC.							
1505 N. DELAWARE ST. SUITE 100	351682914	501(C)(3) PUBLI	38,320.				FS INVESTMENT PLAN -
(8) TRUSTED MENTORS					_		
975 N. POST RD. INDIANAPOLIS, IN 46203	262661971	501(C)(3) PUBLI	13,320.				SUPPORT
(9) TURNING POINT/COLUMBUS REGIONAL SHELTER							
8550 WOODFIELD CROSSING BLVD.	310993447	501(C)(3) PUBLI	10,000.				YOUTH VIOLENCE PREVE
(10) U.S. MAVAL ACADEMY FOUNDATION				-			
4181 E. 96TH ST, SUITE 200	237003516	501(C)(3) PUBLI	45,000.			-	FOREIGN AFFAIRS CONF
(11) UNITED WAY OF CENTRAL INDIANA							
	351007590	501(C)(3) PUBLI	406,214.				SUPPORT
(12) UNIVERSITY OF CALIFORNIA, BEKELEY FOUNDATIO.							
445 N. STATE AVE. P.O. BOX 11465	946090626	501(C)(3) PUBLI	100,000.				SCHOLARSHIP FUND
2 Enter total number of section 501(c)(3) and government organizations	ernment orga	anizations					
3 Enter total number of other organizations							
For Paperwork Reduction Act Notice, see the Instructions for Form	ructions for I	Form 990.				Schedu	Schedule I (Form 990) (2010)

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PAGE

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

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

	Silding of mond	l de
--	-----------------	------

Name of the organization						Employer identification number	on number
CENTRAL INDIANA COMMUNITY FOUNDATION INC	ON INC					35-1793680	
Part General Information on Grants and Assistance	Assistance						
1 Does the organization maintain records to substantiate the am	tantiate the al	nount of the gra	nts or assistance, tl	ne grantees' eligibil	ount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ssistance, and	
the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	r assistance? ss for monitor	ng the use of gra	ant funds in the Uni	ted States.			Yes No
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	vernments cipient that se is needec	and Organizal received more	tions in the Unit than \$5,000. Ch	ed States. Comp eck this box if no	lete if the organizatione receiptent receiptent	ation answered "Ye	is" to ,000. Part
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) UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN 373 N. HOLMES AVE. CHAMPAIGN, IL 61820	376000511	501 (C) (3) PUBLI	10,000.	,			SCHOOL OF ART & DEST
	376006007	501(C)(3) FUBLI	18,000.				
[4] INITYERSTEY OF NAMES DAME	386006309	501(C)(3) PUBLI	20,000.				SCREENWRITING PROGRA
205 E. NEW YORK ST.	350868188	501(C)(3) PUBLI	10,000				EMERGING ARTISTS AWA
(5) VICTORY MEMORIAL UNITED METHODIST CHURCH							
1001 W. 10TH ST. INDIANAPOLIS, IN 46203	311813333	501(C)(3) PUBLI	20,500.				STUDY CIRCLES
- :							
685 N. MILWAUKEE AVE. VINCENNES, IN 4/591	237264826	b01(C)(3) PUBLI	8, 262.				INDIANA BUILDERS CHA
(7) VSA ARIS OF INDIANA, INC.			6				
	COTESCICA	10) (2) FOBET	30,240.				UKBAN AKIISANS
754 N. SHERMAN DR. SUITE 220	351572560	501(C)(3) PUBLI	8,860.			i	2010 DISTRIBUTION
(9) WASHINGTON TOWNSHIP SCHOOLS FOUNDATION							
85 TUNNEL RD. P.O. BOX 2330	311146508	501(C)(3) PUBLI	117,702.				SERV-SAFE FOOD CERTI
(10) MAYNE TOWNSHIP EDUCATION FOUNDATION	000000000000000000000000000000000000000	F. Tallet (6) (6) (6) (6)	9000				
(11) WEST INDIANAPOLIS DEVELOPMENT CORP.	00000000000		.06/ /93.				ZOIG DISTRIBUTION
P.O. BOX 30407 INDIANAPOLIS, IN 46221-1108	351886746	501(C)(3) PUBLI	7,800.				NEIGHBORHOOD BEAUTIF
(12) WESTSIDE COMMUNITY DEVELOPMENT CORP.							
615 N. ALABAMA ST. SUITE 200	351643969	501(C)(3) PUBLI	17,540.				FAMILIES IN TRANSITI
2 Enter total number of section 501(c)(3) and government organizations	ernment orga	nizations			•	•	
3 Enter total number of other organizations						A	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	uctions for F	orm 990.				Schedu	Schedule I (Form 990) (2010)

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Department of the Treasury

Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

ž 322. Schedule I (Form 990) (2010) (h) Purpose of grant or assistance SUPPORT Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part MEDIA Employer identification number Yes SUPPPORT UPPORT 35-1793680 (g) Description of non-cash assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 32,760. 7,500. 45,650 501(C)(3) PUBLI 501(C)(3) PUBLI PUBLI (c) IRC section If applicable 501(C)(3) Enter total number of section 501(c)(3) and government organizations For Paperwork Reduction Act Notice, see the Instructions for Form 990 General Information on Grants and Assistance Il can be duplicated if additional space is needed the selection criteria used to award the grants or assistance? 351147600 (b) EIN 350888771 330604992 CENTRAL INDIANA COMMUNITY FOUNDATION INC 1610 E. 19TH ST. INDIANAPOLIS, IN 46201 CA 91950 Enter total number of other organizations (a) Name and address of organization or government 100 W. 35TH ST. NATIONAL CITY, 3921 N. MERIDIAN ST. SUITE 210 (2) WHEELER MISSION MINISTRIES (3) YWAM SAN DIEGO/BAJA (1) WEYL TELEPLEX Vame of the organization Part II 4 9 9 (Z) 6 12) 5

11/11/2011 0E12882.0854554 D320

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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 Part III

	i ait in can be daplicated il additional space is needed.	ce is liceacu.	***			
	(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 SCHOLL	SCHOLARSHIPS TO ATTEND US UNIVERSITIES		554,949.	.0	ЬМУ	
2 FELLOW	2 FELLOWSHIPS TO CONTEMPORARY ARTISTS	. 50.	100,000.	. 0	FMV	
က						
4						
5						
9						
7						
Part IV	Supplemental Information. Complete this part to	s part to provi	de the informatio	on required in P	art I. line 2. and any	provide the information required in Part I. line 2. and any other additional information

SCHEDULE I PART I

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

CHARITABLE STATUS AND THAT THE GRANTEE IS COMPLIANT WITH ALL CONDITIONS

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

THE ORGANIZATION UNTIL OVERDUE GRANT REPORTS HAVE BEEN SUBMITTED AND

STAFF COMPARES THE REPORT APPROVED BY THE ASSIGNED FOUNDATION STAFF.

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

FOR LARGE OR CONDITIONAL GRANTS, FOUNDATION REGARDING ANY CONCERNS.

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

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

Schedule ((Form 990) (2010)

Schedule I (Form 990) (2010)

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, appreisal, other)	(f) Description of non-cash assistance
-						
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က						
4						
ω.						
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7						
Part IV	Part IV Supplemental Information. Complete this part to	part to provi	de the informatic	n required in P	art I, line 2, and any	provide the information required in Part I, line 2, and any other additional information.

INCLUDES THE GRANT PURPOSE AND REPORTING REQUIREMENTS IF APPLICABLE

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

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.

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

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part	Questions Regarding Compensation			
		<u></u>	Yes	No
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 Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
h	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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,	١.		
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	afficier in	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
J	organization's CEO/Executive Director. Check all that apply.			
	X Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study			
	— · · · · · · · · · · · · · · · · · · ·			
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:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.		žoj.	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b	Pen, Letaki	X
_	If "Yes" to line 6a or 6b, describe in Part III.		Heren I	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	_		v
0	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract execution described in Populations, portion, 53,4958,4(a)(3)3. If "Yes" described			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	,		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	8		
9	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown	(B) Breakdown of W.2 and/or 1099-MISC compensation	moenselion				
(A) Nате	8	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Ketirement and other deferred compensation	(U) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
9		208,042.		0	6,817.	18,455.	<u>ا</u> س	0
1 BRIAN E. PAYNE (II)	(69,348.	0	0	2,272.	 	77,772.	.0
(3)) [154,174.	0	0		6	169,456.	0.
2 ROSEMARY DORSA (II)	 			0	 	 - - - - -	1	.0
(1)	(121,357.	0.	0	4,893.	1,	127,661.	0
3 KAY WHITAKER	(28,762.		0		335.	30,257.	0
	- 1							
4 (ii)	-					 	 	1
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(ii)	[
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15 (ii)								
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16 (11)								
							•	

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010 Part III Supplemental Information

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

Schedule J (Form 990) 2010

JSA

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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

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Pas	t 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) of determining tribution amount	ts
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		<u> </u>			_	
9	Securities - Publicly traded		39.	824,857.	SELLING	PRICE	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,			-			
	or trust interests						
12	Securities - Miscellaneous	_		<u> </u>	-		
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			<u> </u>			
19	Food inventory			-			
20	Drugs and medical supplies			<u> </u>			—
21	Tavidormy			· · · · · · · · · · · · · · · · · · ·			
22	Historical artifacts						_
23	Scientific specimens						_
24	Archeological artifacts						
25	Other ►()						—
26	Other ►()						_
27	Other ►()		-				
28	Other ►()				<u> </u>	 -	—
29	Number of Forms 8283 received	by the organ	nization during the tax yea	er for contributions for	<u> </u>		—
	which the organization completed F				29	•	0.
	· · · · · · · · · · · · · · · · · · ·	o o.z.oo, 1	are re, Borios ribidiomosgo		<u>1</u>	Yes	No
30 a	During the year, did the organizati	ion receive	by contribution, any prope	rty reported in Part I. line	e 1-28 that	建筑等,并非正	Ĭ
	it must hold for at least three year						
	used for exempt purposes for the er	ntire holding	period?			30a	Χ
b	If "Yes," describe the arrangement in	Part II.					
31	Does the organization have a		ance policy that requires	the review of any n	on-standard		
				=		31 X	SERVE.
32 a	Does the organization hire or use	third partie	es or related organizations	to solicit, process or s	ell noncash		—
						32a X	
b	If "Yes," describe in Part II.			* * * * * * * * * * * * * * * * *			ā ad
33	If the organization did not report an	amount in d	column (c) for a type of pror	perty for which column (a)	is checked		
	describe in Part II.		(-) a 1, pa 01 prop	, 101 IIII (a)	onconcu		

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

Schedule M (Form 990) (2010)

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

SCHEDULE M QUESTION 32

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010
Open to Public

Department of the Treasury Internal Revenue Service 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.

Inspection Employer identification number

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

35-1793680

FORM 990 PART III

NEW PROGRAM SERVICES

QUESTION 2:

AS PART OF OUR FAMILY SUCCESS INITIATIVE, WE ARE CONVERTING A CLOSED PUBLIC SCHOOL (IPS # 37) LOCATED IN THE MARTINDALE-BRIGHTWOOD AREA INTO A COMMUNITY CENTER. WE HAVE TAKEN OVER MANAGEMENT OF THIS FACILITY AND ARE IN THE PROCESS OF UPDATING AND IMPROVING THE FACILITY.

STATEMENTS REGARDING OTHER IRS FILINGS AND TAX COMPLIANCE

FORM 990 PART V

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

GOVERNANCE, MANAGEMENT, & DISCLOSURE

FORM 990 PART VI

QUESTION 2:

BOARD MEMBER ALAN LEVIN

BUSINESS RELATIONSHIP

BOARD MEMBER

D. WILLIAM MOREAU, JR.

BUSINESS RELATIONSHIP

BOARD MEMBER

DAVID BECKER

BUSINESS RELATIONSHIP

BOARD MEMBER

JOHN QUINN

BUSINESS RELATIONSHIP

Schedule O (Form 990 or 990-EZ) 2010

Page 2

Name of the organization
CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number 35-1793680

BOARD MEMBER

MARK HILL

BUSINESS RELATIONSHIP

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.

QUESTION 12C:

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

QUESTION 15A & 15B:

COMPARATIVE COMPENSATION INFORMATION IS GATHERED BY THE HUMAN RESOURCE MANAGER AND USED TO DETERMINE APPROPRIATENESS OF INDIVIDUAL COMPENSATION FOR ALL EMPLOYEES AS PART OF THE ANNUAL REVIEW AND BUDGETING PROCESS.

THIS REVIEW IS PERFORMED BY THE CEO 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 2010.

QUESTION 19:

Employer identification number 35–1793680

THE PUBLIC DISCLOSURE COPY OF FORM 990 IS AVAILABLE UPON REQUEST.

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE ALSO AVAILABLE UPON REQUEST.

RECONCILIATION OF NET ASSETS

PART XI LINE 5

UNREALIZED GAIN ON SALE OF ASSETS

\$23,149,489

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT

720,698

DEFINED BENEFIT PENSION PLAN EXPENSE

8,961

TRANSFERS AND OTHER EXCHANGES

(47, 252)

TOTAL OTHER

\$23,831,896

ATTACHMENT

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

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

Schedule O (Form 990 or 990-EZ) 2010

Page 2

Name of the organization
CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number 35–1793680

ATTACHMENT 2

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

CAYMAN ISLANDS

BERMUDA

CANADA

ATTACHMENT 3

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

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
STEVEN A. HOLT	
BOARD MEMBER	1.00
PEGGY MONSON	
BOARD MEMBER	1.00
JOHN J. QUINN	
BOARD MEMBER	1.00
MICHAEL L. SMITH	
BOARD MEMBER	1.00
LARRY J. SABLOSKY	
BOARD MEMBER	1.00
BRIAN E. PAYNE	
PRESIDENT & CEO	10.00
KAY WHITAKER	
CFO	8.00
ROBERT MACPHERSON	
VP DEVELOPMENT	14.00
GREGORY A. MCMILLEN	
VP CIO	13.00
ROBERT B. LITTLE	
VP, LEGACY FUND PRESIDENT	37.00
GREGORY E. LYNN	
VP REAL ESTATE	29.00
ELIZABETH TATE	
VP GRANTMAKING	15.00

ATTACHMENT 4

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

NAME AND ADDRESS

120 W. CARMEL DRIVE

DESCRIPTION OF SERVICES

COMPENSATION

APPUNITY LLC

COMPUTER

167,554.

JSA 0E1228 2.000 Schedule O (Form 990 or 990-EZ) 2010

Name of the organization Employer identification number CENTRAL INDIANA COMMUNITY FOUNDATION INC 35-1793680 ATTACHMENT 4 (CONT'D) 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION CARMEL, IN 46032 BKD, LLP AUDIT & TAX 192,404. 901 E ST. LOUIS ST, STE 1800 SPRINGFIELD, MO 65801 TOTAL COMPENSATION 359,958. ATTACHMENT 5 FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS DESCRIPTION AMOUNT LATINO SCHOLARSHIP DINNER 161,385. TOTAL 161,385. ATTACHMENT 6 FORM 990, PART VIII - FUNDRAISING EVENTS GROSS DIRECT NET DESCRIPTION INCOME EXPENSES INCOME LATINO SCHOLARSHIP DINNER 20,550. 255. 20,295. TOTALS 20,550. 255. 20,295.

Department of the Treasury Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Related Organizations and Unrelated Partnerships

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

2010	Open to Public	Inspection

OMB No. 1545-0047

Employer identification number

➤ See separate instructions. ▶ Attach to Form 990.

35-1793680

Part 1	Identification of Disrega	Identification of Disregarded Entities (Complete if th	the organization answered "Yes" on Form 990, Part IV, line 33.)	vered "Yes" on I	Form 990, Part	IV, line 33.)			1
	Name, address, ar	(a) Name, address, and EIN of disregarded entity	a.	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling	
(1)								formation of the state of the s	
(2)							\		1
(3)									1
(5)									1
(9)									
Part II	Identification of Related one or more related tax-e	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during the	ns (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had g the tax year.)	ganization answ	ered "Yes" on F	orm 990, Part IV	', line 34 because	it had	
	(a)		(q)	(0)	(p)	(e)	€	(b)	1
	dress, and E	lated organization	Primary activity	Legal domicile (state or foreign country)	Exempt (Public charity status (if section 501(c)(3))	Direct controlling entity	Section 512(b)(13) controlled entity?	e
(1) TECHPO. 615 NOF	(1) TECHPOINT FOUNDATION 615 NORTH ALABAMA ST SUITE 119	35-2155455 INDIANAPOLIS, IN 46204	CHARITABLE	N.	501 (C) (3)	11A	N/A	+-	1
(2) INDIANI 615 NOF	(2) INDIANAPOLIS PARKS FOUNDATION 615 NORTH ALABAMA ST SUITE 119	35-1860468 INDIANAPOLIS, IN 46204	CHARITABLE	NI	501(C)(3)	11A	N/A	: ×	
(3) MCCAW F	MCCAW FAMILY FOUNDATION 615 NORTH ALABAMA ST SUITE 119	35-2057394 INDIANAPOLIS, IN 46204	CHARITABLE	ZH	501(C)(3)	11A	N/A	<u> </u>]
-(4) INDIAN 615 N 7	(4) INDIANAPOLIS CULTURAL TRAIL, INC	26-3831457 INDIANAPOLIS, IN 46204	COMMUNITY SVC	NI	501(C)(3)	7	N/A	×	
									1
(6)									

V 10-8.2

PAGE 94

Schedule R (Form 990) 2010

35-1793680

Page 2

Schedule R (Form 990) 2010

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

						,					
	(a) Name, address, and EIN	(b) Primary activity	(c) Legal	(d) Direct controlling	(e) Predominant	(f) Share of total	of-year	(h) Dispropertionate	(i) Cade V-UBI	(j) General or	(k) Percentage
	of related organization		domicile (clate or	entity	unrelated,	income	assets	allocations?	amount in box 20	managing	ownership
			foreign		excluded from tax under sections 512-514)				Schedule K-1	panner/	
			//					Yes No		Yes No	
(3)											
(4) 								_			
(5)											
<u>(</u> 9)											
(<u>D</u>)											
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization and line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	od Organizations	Taxable d organi	as a Corporations treated	Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, on streated as a corporation or trust during the tax year.)	ete if the organi trust during the	zation answere tax year.)	a "Yes" b	on Form 990, F	oart IV,	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entlty	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) JR AND AR C CRAT 35-2062356						:	
615 NORTH ALABAMA STREET STE 119 INDIANAPOLIS, IN 46204	CRAT	NI	N/A	CRAT		11,162.	100,0000
(2) RHD AND SSD CRAT							
615 NORTH ALABAMA STREET STE 119 INDIANAPOLIS, IN 46204	CRAT	IN	N/A	CRAT		311,487.	99.0000
(3) E AND C H CRUT							
615 NORTH ALABAMA STREET STE 119 INDIANAPOLIS, IN 46204	CRUT	IN	N/A	CRUT		69,962.	100.0000
(4) THE EMR CRUT 35-6639299							
615 NORTH ALABAMA STREET STE 119 INDIANAPOLIS, IN 46204	CRUT	IN	N/A	CRUT		196,061.	50.0000
(5) BS CRUT 41-2117818			i				
615 NORTH ALABAMA STREET STE 119 INDIANAPOLIS, IN 46204	CRUT	NI	N/A	CRUT		460,277.	61.0000
(6) S CHILDREN'S CRUT							
615 NORTH ALABAMA STREET STE 119 INDIANAPOLIS, IN 46204	CRUT	NI .	N/A	CRUT		489,020.	61.0000
(7) NJB CLUT FOR GPB AND FAMILY							
225 WACKER STREET SUITE 2140 CHICAGO, IL 60606	CLUT	IN	N/A	CLUT		319, 799.	64.0000

Schedule R (Form 990) 2010

SA

Schedule R (Form 990) 2010

35-1793680

Page 2 (k) Percentage ownership (j) General or Identification of Related Organizations Taxable as a Corporation or Trust(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) meneging partner? Yes No Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) (i)
Code V-UBI
amount in box 20 |
Sched: Schedule K-1 (Form 1065) (h) Disproportionate ŝ allocations? Yes (g) Share of end-of-year assets (f) Share of total income (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (d)
Direct controlling
entity (c)
Legal
domicile
(state or
foreign (b) Primary activity (a) Name, address, and EIN related organization Part III (4 3 9 Ξ <u>ල</u> 9

שונה בין בככשבכה ור וושמ פונה פו ווופוס ובישוכה פו Ballingaria	במוסווס ווכמוכת מכ	מסומום וחום וחום וחום וחום וחום וחום וחום	is acated as a colporation of the dailing the tax year.)	ווכ ומץ אבמוי)			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp. S corp. or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) NJB_CILUT FOR JAP	CLUT	, NI	N/A	CLUT		319,799.	64.0000
(2) MJC_CRUT	CRUT	NI	N/A	CRUT		587,310.	55,0000
(3)							
(4)							
(9)							
(6)							
(7)							

Schedule R (Form 990) 2010

2010
990)
(Form !
e R

Page 3

35-1793680

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Part V

Schedule R (Form 990) 2010 PAGE 97	Sch		JSA DE13081.000 SE4554 D320 11/11/2011 1:23:29 PM V 10-8.2 36314 TX1000	JSA 0E1309 1.0
				9
				(2)
				(4)
FMV	94,130. FI	0) TECHPOINT FOUNDATION	(3)
FMV	89,950. FI	Z) TECHPOINT FOUNDATION	(2)
FMV	50,000.	Д) TECHPOINT FOUNDATION	(1)
(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a–r)	(a) Name of other organization	
1d 1r	Including covered relationships and transaction thresholds		Other transfer of cash or property to other organization(s) Other transfer of cash or property from other organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line.	p 2
			Peimbursement paid to other organization for expenses	0 4
			 M Sharing of facilities, equipment, mailing lists, or other assets N Sharing of paid employees 	E
				_
			j Lease of facilities, equipment, or other assets from other organization(s)	. . , 3
X X X X X X X X X X X X X X X X X X X			Lease of facilities, equipment, or other assets to other organization(s)	-
				, <u>.=</u>
: :			t sale or assets to other organization(s)	<u>. 5</u>
				3) 4
TE				٠
1c ×			Giff, grant, or capital contribution from other organization(s)	ပ
×				, 4
× ×	n Parts II–IV?	d organizations listed i	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? Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rept from a controlled entity.	- "
Yes No			Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	Ź

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.

:	(b) (c) (d)	(c)	(d)	(e)	©		(F)
name, adaless, and ⊑in of entity	Primary activity	(state or foreign country)	section section 501(c)(3) organizations?	Sitale di end-of-year assets	Ulsproponionate affocations?	amount in box 20 of Schedule K-1	managing
			Yes No		Yes No	(Form 1065)	Yes No
(2)							
(3)							-
(4)			5 5 5 5			5 -5 -5 -5 -5 -5 -5 -5 -5	
(5)							
(9)							
(Δ)							
(8)							
(6)							
(10)			-				
[11]							
$(1\underline{2})$							
(13)							
(14)			-				
(15)							
(16)							
						Schodule B (Form 090) 2010	0001 2010

	990-T	Evemn	ot Organization Business Ir	100m	e Tay Return	d arav.	tav mada- aaatia	- 6022/all	OMB !	No. 1545-0687
Form			For calendar year 2010 or other tax ye						1 🤊	@1 0
	ment of the Treasury I Revenue Service		ending , 20	ar begi			, zoro, an instructions.	u	Open to	Public Inspection Organizations Only
\neg	Check box if			ox if nan	ne changed and see in	<u> </u>		D Emp		cation number
A	address changed	 	· · · · · · · · · · · · · · · · · · ·				• •	(Emplo page 9		tructions for Black D on
B Exe	mpt under section	1	CENTRAL INDIANA COM	MUNI	TY FOUNDATIO	N IN	IC	page .	,	
X	501(C)(3)	Print	Number, street, and room or suite no. If					∃ 35-3	1793680	
	408(e) 220(e)	OF								ss activity codes
	408A 530(a)	Туре	615 NORTH ALABAMA S	TREE	${f T}$		119	(See	instructions for E	Block E on page 9.)
	529(a)		City or town, state, and ZIP code			-				
	k value of all assets]	INDIANAPOLIS, IN 462	204				5259	990	
at e	nd of year	F Grou	up exemption number (See instruction	ons for	Block F on page 9.) 🕨			-	
4.5	7,654,609.	G Che	ck organization type 🕨 🛛 X 501	(c) cor	poration	501(c) trust	401(a) trust	Other trust
H De	escribe the organiza	ation's prir	mary unrelated business activity.	► PA	RTNERSHIP IN	ICOME				
	· ·		rporation a subsidiary in an affiliated						▶∟	Yes X No
			entifying number of the parent corpo	oration						
			KAY WHITAKER		T	elephor	ne number 🕨	317-63	4-2423	
Par	t I Unrelated	d Trade	or Business Income		(A) Income		(B) Exp	enses		(C) Net
1 a	Gross receipts or s	sales								
b	Less retums and allowar		C Balance ▶	1c						
2	Cost of goods solo	l (Schedu	lle A, line 7)	2						
3	Gross profit. Subtr			3	10.				0.6	
4 a			ach Schedule D)	4a	10,0)43.			:: i	10,043.
b			t II, line 17) (attach Form 4797)	4b			Estilianti Pia	::::::::::::::::::::::::::::::::::::::		
C	Capital loss deduc			4c	COE	107		:	118 118 118	
5			and S corporations (attach statement)	5	-605,2	.21.	ATCH		1.11	-605,227.
6			· · · · · · · · · · · · · · · · · · ·	6						
7			ome (Schedule E)	7			-			
8			ies, and rents from controlled							
9			section 501(c)(7), (9), or (17)	8		•			+	
3			section 501(c)(1), (5), 0: (17)	9						
10	Exploited exempt	activity inc	come (Schedule I)	10						
11			(le J)	11	•			_		
12			of the instructions, attach schedule.)	12	-				777	
13			ugh 12	13	-595,1	84.				-595,184.
Par			Taken Elsewhere (See pag	je 11	of the instructio	ns for	limitations of	n deduc	tions.) (E	xcept for
	contributi	ons, de	ductions must be directly co	nnec	ted with the unr	elated	business in	come.)	. ,	
14	Compensation of o	officers, di	rectors, and trustees (Schedule K)					14		
15	Salaries and wage	s						15		
16										
17										
18										
19	Taxes and licenses	s						19		
20			e page 13 of the instructions for limi		•					
21			562)					0.	1	0
22	-		n Schedule A and elsewhere on reti					22t	_	<u>0.</u>
23			manantian alaua							
24	Employee benefit	sierrea co	mpensation plans					24		
25 26	Excess exemption	nenses /C	Schedule I)	• • • •		• • •		25 26		
27	Excess exemptex	haises (a	Schedule I)					27		
28			hedule)							
29	Total deductions.	Add lines								0.
30			income before net operating loss de							-595,184.
31			n (limited to the amount on line 30)							<u>-</u>
32	-		income before specific deduction. S						_	-595,184.
33			ly \$1,000, but see line 33 instruction			-		' ' '		1,000.
34			income. Subtract line 33 from line							
	anter the emaller of	facro or l	lina 22		•			0.4	1	-595 184

PAGE 100

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

THE PROPERTY OF THE PARTY OF TH			- Francis III Cale II Cale III		
	filing for an Automatic 3-Month Extension,				▶∟
	filing for an Additional (Not Automatic) 3-M			•	_
	olete Part II unless you have already been gra			-	
	iling (e-file). You can electronically file Form				
a corporatio	n required to file Form 990-T), or an additio	nal (not au	itomatic) 3-month extension of time	You can electronical	ly file Form
Poture for	quest an extension of time to file any of the	torms list	ed in Part I or Part II with the exce	ption of Form 8870, I	information
instructions)	Transfers Associated With Certain Persona . For more details on the electronic filing of the	nie form vi	Contracts, which must be sent to	the IRS in paper to	ormat (see
	tomatic 3-Month Extension of Time. Or			ne for Changes & Non	pronts.
	n required to file Form 990-T and requesting			box and complete	
					► X
All other cor	porations (including 1120-C filers), partnersh	ios, REMIC	Cs. and trusts must use Form 7004 to	request an extension o	• •
	e tax returns.	, ,	,	-	
Type or	Name of exempt organization			Employer identification	number
print	CENTRAL INDIANA COMMUNITY FO	UNDATIO	ON INC	35-1793680)
File by the	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.	 .	
due date for	615 NORTH ALABAMA STREET		-		
filing your retum. See	City, town or post office, state, and ZIP code. For	a foreign ac	dress, see instructions.		
instructions.	INDIANAPOLIS, IN 46204				
					~
Enter the Re	eturn code for the return that this application	is for (file a	a separate application for each return	ı)	07
Application		Return	Application		Return
ls For		Code	is For		Code
Form 990		01	Form 990-T (corporation)		07
Form 990-BL	·	02	Form 1041-A		08
Form 990-EZ	·	03	Form 4720		09
Form 990-PF		04	Form 5227		10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
The books	s are in the care of KAY WHITAKER				
T-16	No. ▶ 317 634-2423		54V.N. 5		
			FAX No. ▶		. \Box
• If the orga	inization does not have an office or place of t	ousiness in	the United States, check this box	• • • • • • • • • • • • •	: : ▶ 🗀 :
	or a Group Return, enter the organization's for				
for the whole	group, check this box	it is for pa	int of the group, check this box	▶ and atta	ach
	names and EINs of all members the extensi			- · · · · · · · · · · · · · · · · · · ·	
	st an automatic 3-month (6 months for a con		•		
until		exempt org	ganization return for the organization	i named above. The ex	ktension is
	organization's return for		•	•	
	calendar year 20 <u>10</u> or	00	and an disc	22	
▶ [1	tax year beginning	, 20	, and ending	, 20	
2 If the ta	x year entered in line 1 is for less than 12 m	onthe char	ok roopen: Initial return	Final return	
	hange in accounting period	onuis, chec	K leason. [initial lettim	rmanetum	
	hange in accounting period				
3a If this :	application is for Form 990-BL, 990-PF, 99	O-T 4720	or 6069, enter the tentative tay	less any	
	indable credits. See instructions.	0-1, 4120	, or oods, enter the tentative tax,	· • • • • • • • • • • • • • • • • • • •	
	application is for Form 990-PF, 990-T,	4720 00	6069 enter any refundable en	3a \$	
	ed tax payments made. Include any prior year				
	e Due. Subtract line 3b from line 3a. Include			ing EETPS	
	onic Federal Tax Payment System). See instruc		em with this form, it required, by us	- 1 F	
	ou are going to make an electronic fund w		with this Form 8868, see Form 8	3c \$ 453=EO and Form 88	79-FO for
payment inst					101

Par	1 111	Tax Computation		1 age 1
			Territorii.	
35	_	rations Taxable as Corporations. See instructions for tax computation on page 15.		
		ed group members (sections 1561 and 1563) check here See instructions and:		
а		our share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
	(1) \$	(2) \$ (3) \$		·
b	Enter o	ganization's share of: (1) Additional 5% tax (not more than \$11,750)		
	(2) Add	tional 3% tax (not more than \$100,000)		
C		tax on the amount on line 34 , , , , , ,	35c	
36	Trusts	Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on	315.77	
	the amo	unt on line 34 from: Tax rate schedule or Schedule D (Form 1041)	36	
37	Proxy t	ax. See page 16 of the instructions	37	
38		ive minimum tax	38	
39	Total. A	dd lines 37 and 38 to line 35c or 36, whichever applies	39	
Par		Tax and Payments		_
40 a	Foreian	tax credit (corporations attach Form 1118; trusts attach Form 1116)	danga.	- -
b	_	redits (see page 16 of the instructions)		
c		business credit. Attach Form 3800 40c	THE STATE OF	
d			-141	*
e			richattaria.	
			40e	
41			41	
42			42	
43		x. Add lines 41 and 42	43	
44 a	-	ts: A 2009 overpayment credited to 2010		
b	2010 es	timated tax payments		
C		osited with Form 8868		
d	Foreign	organizations: Tax paid or withheld at source (see instructions)		
е	Backup	withholding (see instructions)		
f	Credit for	or small employer health insurance premiums (Attach Form 8941)		
g	Other c	edits and payments: Form 2439		
	L∐ F	orm 4136 Other Total ▶ 44g		
45	Total pa	yments. Add lines 44a through 44g	45	
46	Estimate	ed tax penalty (see page 4 of the instructions). Check if Form 2220 is attached	46	
47		. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	Ō
48		ment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	0
49		e amount of line 48 you want: Credited to 2011 estimated tax	49	0
Par		Statements Regarding Certain Activities and Other Information (see instructions	-	
1		ime during the 2010 calendar year, did the organization have an interest in or a signature or other authority		6 11
•		(bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1.		Agree recent from a recent
		d Financial Accounts. If YES,enter the name of the foreign country here ▶ BERMUDA, CANADA, CAY		allegator gereativiti
2		he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign		·
_			yn nus	DEFENDING AND ADDRESSES
_		ee page 5 of the instructions for other forms the organization may have to file.		
3		e amount of tax-exempt interest received or accrued during the tax year		
		A - Cost of Goods Sold. Enter method of inventory valuation ▶		
1		y at beginning of year 1 1 6 Inventory at end of year	6	
2		es		
3	Cost of	abor		
4 a	Addition	al section 263A costs Part I, line 2	7	
	(attach s	chedule) 4a 8 Do the rules of section 263A (w	ith re	spect to Yes No
b	Other co	osts (attach schedule) _ 4b property produced or acquired for	resal	e) apply
5	Total. A	dd lines 1 through 4b 5 to the organization?		
		penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of		
Sigr) course	, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		IDO P. C. C.
Here			-	IRS discuss this return preparer shown below
			ur urre e instruci	
		Print/Type preparer's name Preparer's signature Date		PTIM
Paid		Chec		if
Prep	агег		mployed	
Use	Only	TO A TO MATTER OF CHITTE TOO	EIN 🕨	
		FORT WAYNE IN 46802	e no.	260-460-4000

Schedule C - Rent Incom (see instructions on page 1	e (From Real Prope 8)	erty a	nd Personal Prop	erty	y Le	eased W	/ith Real Prop	erty)	
1. Description of property									
(1)								-	
(2)									
(3)									
(4)	 								
····	2. Rent received or	acci id							
(a) From personal property (# the p					CE 11.		B(-) D-do-fo-	r	
(a) From personal property (if the p for personal property is more tha more than 50%)	an 10% but not p	ercenta	rom real and personal prop age of rent for personal prop if the rent is based on prof	perty	exce	eds			ected with the income (attach schedule)
(1)									
(2)									
(3)	·						<u> </u>		
(4)							<u> </u>		
Total	Tota	al							
(c) Total income. Add totals of co							(b) Total deduction the following the follow	n page 1,	
Schedule E - Unrelated D			e instructions on page	ge 19	9)	l_	Part I, line 6, colu	ımın (B)	·
1. Description of deb	at financed property		2. Gross income from allocable to debt-finance			3. Dedu	ctions directly conne debt-finance		r allocable to
r. Description of dep	Managed property		property	eu	1		line depreciation schedule)) Other deductions (attach schedule)
(1)			_						
(2)									<u>. </u>
(3)							<u> </u>		
(4)						-	- <u>-</u> -		
Armount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted bas of or allocable to debt-financed property (attach schedule)		6. Column 4 divided by column 5		7		ome reportable x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)				%			-		
(2)				%					<u>.</u>
(3)				%					·
(4)				%					
Totals		<i>.</i>		> (Pa	urt I, line 7,	nd on page 1, column (A).		nere and on page 1, line 7, column (B).
Schedule F - Interest, Ann			onto From Contra						20)
Scriedule F - Iliterest, Alli	luities, Royalties, a		empt Controlled Org				uons(see mstru	cuons or	page 20)
Name of controlled organization	2. Employer identification number	-;	3. Net unrelated income (loss) (see instructions)	4. T	otal o	of specified nts made	5. Part of column included in the co	ontrolling	6. Deductions directly connected with income in column 5
(1)									
(2)				l -					
(3)			<u> </u>						
(4)									
Nonexempt Controlled Organia	zations			•			•		
7. Taxable Income	8. Net unrelated incom (loss) (see instructions		9. Total of specifie payments made	d		include	t of column 9 that is d in the controlling ition's gross income	cor	Deductions directly nected with income in column 10
(1)							5	1	
(2)									
(3)		• •						<u> </u>	
(4)									
						Enter here	ns 5 and 10. and on page 1, 8, column (A).	Enter	olumns 6 and 11. here and on page 1, line 8, column (B).
Totals	<u> </u>	<u> </u>	<u></u>	<u> '</u>					

Schedule G -Investment I	ncome of a Sec	tion 501(c)(7), (9), or (17) Organ	nization (see inst	tructions on page	= 20)
1. Description of income	2. Amount of		3. Deductions directly connected (attach schedule)	4. Se	et-asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)			•			1
(2)		-				
(3)						
(4)						-
Totals ▶	Enter here and Part I, line 9, co					Enter here and on page Part I, line 9, column (B)
Schedule I - Exploited Exe	mnt Activity In	come Other	Than Advertising	ncome (see instru	ctions on page 3	11
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected will production or unrelated business incorr	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain,	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)		<u> </u>	_	·	 	
Totals ▶	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and page 1, Part line 10, col. (E				Enter here and on page 1, Part II, line 26.
Schedule J - Advertising I	ncome (see instru	ictions on noo	- 21\			-
						·
Part I Income From Per	riodicais Repor	tea on a Co	nsolidated Basis			
1. Name of periodical	2. Gross advertising income	3. Direct advertising cos	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 readershi costs (column 6 minus column 5, but not more than column 4).
1)						
2)						
3)						
4)				_		
				i .		
Part II Income From Pe 2 through 7 on a l	riodicals Reportine-by-line basis	rted on a S	eparate Basis (For	each periodical	listed in Part	II, fill in column
1. Name of periodical	2. Gross advertising income	3. Direct advertising cos	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)	+					
<u> </u>	 			 		
3)	 			 		
<u>. </u>			-	 	-	
•	 	<u> </u>		l gestalatik (PSPSSS) viškantisis	l Tradicality (1990) air	· · · · · · · · · · · · · · · · · · ·
5) Totals from Part I	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and page 1, Part line 11, col. (B				Enter here and on page 1, Part II, line 27.
otals, Part II (lines 1-5)						
Schedule K - Compensatio	n of Officers, D	oirectors, an	d Trustees(see instru 2. Title	3. Percent of time devoted to business	4. Compen	sation attributable to lated business
1)		 	-	Dusiliess	%	
2)		1			%	
3)		 		-		
4)		 			%	
otal. Enter here and on page 1, Pa	art II. line 14				%	.
zeen Enter nere and on page 1, Pa	arri, mit 🖰				. — [

ATTACHMENT 1

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

AG SUPER FUND LP AIF VI LS AIV LP	4,581.
AMBERBROOK IV, LLC	15,407. 5,256.
AUDAX PRIVATE EQUITY FUND	-80.
ENTERPRISE PRODUCTS PARTNERS LP	-37,901.
FIA TIMBER PARTNERS SPECIAL SITUATION FUND	-1,790.
GMO FORESTRY FUND 8-B LP	-853 .
KAYNE ANDERSON ENERGY FUND III	- 57 , 337 .
KAYNE ANDERSON ENERGY FUND IV	-191,194.
NATURAL GAS PARTNERS IX	-39,114.
NAREP LP	-14,950.
NAREP II	-28,558.
THE VARDE FUND IX-A LP	-6,506.
KINDER MORGAN ENERGY PARTNERS LP	-240,773.
NORTH SKY VENTURE FUND	-8,830.
YORKTOWN ENERGY PARTNERS IX LP	-2 , 551.
AMBERBROOK V LLC	263.
DAVIDSON KEMPNER INSTITUTIONAL PARTNERS	-297.
INCOME (LOSS) FROM PARTNERSHIPS	-605,227.

Form 8865

Return of U.S. Persons With Respect to Certain Foreign Partnerships Attach to your tax return. See separate instructions.

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Information furnished for the foreign partnership's tax year beginning 01/01/2010, and ending 12/31/2010

Attachment Sequence No. 118

Name of person	on filing this	retum			Fi	ler's identifyi	ng number			
CENTRAL	INDIA	NA COMMUNITY F	NOITAGNUC	INC		3	5-179368	30		
Filer's address	s (if you are i	not filing this form with your	tax return)	A Category	of filer (see Cat	egories of File		ctions and check	applicable box(es));
				1	2	3	X	4		· .
				B Filer's tax	year beginning	01/0	1/2010	, and ending .	12/31/	2010
C Filer's st	hare of liab	 ilities: Nonrecourse \$		Qualified no	nrecourse fin	ancing \$		Other \$		
D If filer is	a member	of a consolidated group	but not the pare	ent, enter the f	ollowing infor	mation about	the parent:	_		
Name					EIN					
Address	;									
E Informat	tion about o	ertain other partners (se	e instructions)							
	(1) Name		(2) Address		(3) Identify	ng pumber	(4) Che	eck applicable bo	
	(I) Name			.) Address		(a) identity	ing trumber	Category 1	Category 2	Constructive owner
		of foreign partnership	•	LP				2 EIN (if any)		
	•	87 MARY STREE	[51-063		
GEORGET			•					3 Country un	der whose law	s organized
CJ, KY1 4 Date of	-9002	5 Principal place	6 Principal	hueinoee	7 Princip	al business	On Functi	CJ	Oh Eveben	ao rata
organiza	ation	of business		ode number	activity			onal currency	8b Exchang (see ins	
03/21	/2007	CJ	525	990	INVEST	MENTS	05 1	OLLAR		
		ng information for the for						<u> </u>		
		d identifying number of a			2 Check	if the foreign	- partnership n	nust file:		
United S		a lacining manipol of a	igonic (iz diriy) izr			orm 1042		_	X Form 106	5 or 1065 P
		AL INVESTMENTS V, LP					_	_		3 GI 1003-B
6455 IRVINE	92618				Service EFI		re Form 1065	or 1065-B is fil	led: 	
	nd address ation, if any	of foreign partnership's	agent in country	/ of	4 Name a records	and address of of the foreign	of person(s) v n partnership	vith custody of t , and the location	the books and on of such boo	oks
WALKERS SP					and red	ords, if differe	ent			
WALKER HOUS		RY STREET			6455 IRVINE		VE C-3A			
GEORGETOWN					IDUINE GA	00.610				
		llocations made by the f	araian nartnarek	nin2	IRVINE, CA	92618			X Yes	No
		of Forms 8858, Information	٠,	•					ies ies	NO
attached	to this ret	um (see instructions)						🕨		
7 How is t	his partner:	ship classified under the						ED PARTNE	ERSHIP	
8 Did the	partnership	own any separate units	within the mear	ning of Regula	tions section	1.1503-2(c)(3), (4), or			
	d)-1(b)(4)?							🕨	Yes	X No
		nip meet both of the follows; total receipts for the ta)00 and		,			
The	value of the	e partnership's total assemblete Schedules L, M-	ts at the end of			\$1 million.	, }···	▶	Yes	X No
Sign Here	1	nalties of perjury, I declare	•	mined this retu	ım, including a	accompanying	schedules and	statements, and	d to the best of	f my knowledae
Only If You Are Filing	and belief	f, it is true, correct, and con of which preparer has ar	mplete. Declarat							
This Form Separately	IIII IIII III III III III III III III	it of willon proparer has a	y Knowicage:					•		
and Not With										
Your Tax Return.	Signat	ure of general partner or lim	ited liability compa	any member			Date			
	Print/Type	preparer's name	F	reparer's signat	ture		Date	Check if	PT	IN
Paid								self- employed		
Preparer	Firm's nam	e >				•		Firm's El	N >	
Use Only	Firm's addr	ress 🕨						Phone no	D.	

Paperwork Reduction Act Notice, see the separate instructions.

Form **8865** (2010)

S	box b , enter the	vnership of Partnership Interest. Chec name, address, and U.S. taxpayer ide structively own. See instructions.	ntifying number (if any)	of the persor	you check n(s) whose
	Name	Address b	Owns a constructive interest Identifying number (if any)	Check if foreign	Check if direct
				person	partner
S	chedule A-1 Certain Partners	of Foreign Partnership (see instruction	ıs)	¹	Chook if
	Name	Address	ldentifying number (if	any)	Check if foreign person
	es the partnership have any other for	eign person as a direct partner? ule. List all partnerships (foreign or don	nestic) in which the fore		No in owns a
	direct interest or i	ndirectly owns a 10% interest.			
	Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
_	· · · · · · · · · · · · · · · · · · ·				
_					
		t - Trade or Business Income income and expenses on lines 1a through 22	holou Coo the instructions	for more inform	-1:
Income	 1 a Gross receipts or sales b Less returns and allowances 2 Cost of goods sold 3 Gross profit. Subtract line 2 from the same of the same o	om line 1c ther partnerships, estates, and trusts (attach schedule F (Form 1040)) 7, Part II, line 17 (attach Form 4797)	1c 2 3 3 statement) * 4 5 6		
		e lines 3 through 7			
Deductions (see instructions for limitations)	 10 Guaranteed payments to partr 11 Repairs and maintenance 12 Bad debts 13 Rent 14 Taxes and licenses 15 Interest 16 a Depreciation (if required, attacted 16 b Less depreciation reported els 17 Depletion (Do not deduct oil at Retirement plans, etc. 19 Employee benefit programs 	ners	10 11 12 13 14 15 16c 17 18 19		
	21 Total deductions. Add the am	ounts shown in the far right column for lines 9 throu	gh 20 21		
	22 Ordinary husiness income (loss)	from trade or business activities. Subtract line 21 fr	rom line 8		

Schedule	Oapital Callis and Losses Ose other	dule D-1 (I OIIII	1003) to list	auditional	uansacions	or illes	i and
Dort I	Chart Tarry Carital Cains and Larry A					<u> </u>	

	(a) Description of property (Example: 100 shares of "Z" Co.)	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	
1	·				 	
		_		 -		
2	Enter short-term gain or (loss), if any, from Sc	hedule D-1 (Form	1065), line 2		 2	
3	Short-term capital gain from installment sales	from Form 6252, I	ine 26 or 37		 3	
4	Short-term capital gain (loss) from like-kind e	xchanges from Fo	orm 8824		 4	
5	Partnership's share of net short-term capital gains (losses), from other partnerships				5	
6	Net short-term capital gain or (loss). Co Form 8865, Schedule K, line 8 or 11	mbine lines 1 th	_		6	

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

	(a) Description of property (Example: 100 shares of "Z" Co.)	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Sales price (see instructions)	(e) Cost or other (see instructio		(f) Gain or (loss) Subtract (e) from (d)
7							
		·					
				- -			
				<u>.</u>			-
8	Enter long-term gain or (loss), if any, from Sch	nedule D-1 (Form	1065), line 8		• • • • • •	8	
9	Long-term capital gain from installment sales t	from Form 6252, li	ne 26 or 37			9	
10	Long-term capital gain (loss) from like-kind exchanges from Form 8824					10	
11	Partnership's share of net long-term capital gain (loss), including specially allocated long-term capital gains (losses), from other partnerships, estates, and trusts					11	
12	Capital gain distributions					12	
13	Net long-term capital gain or (loss). Com Form 8865, Schedule K, line 9a or 11		•	• /		13	

Form **8865** (2010)

36314 TX1000

Form 8865 (2010) Page 4 Schedule K Partners' Distributive Share Items Total amount Ordinary business income (loss) (page 2, line 22) 1 2 Expenses from other rental activities (attach statement) | 3b Other net rental income (loss). Subtract line 3b from line 3a 3с Guaranteed payments 4 Income (Loss) 5 Interest income 6a b Qualified dividends 6b 7 Net short-term capital gain (loss) 9 a Net long-term capital gain (loss) b Collectibles (28%) gain (loss) 9b c Unrecaptured section 1250 gain (attach statement) 9c Net section 1231 gain (loss) (attach Form 4797) 10 10 Other income (loss) (see instructions) Type > 11 Section 179 deduction (attach Form 4562) 12 Deductions 13 a Contributions c Section 59(e)(2) expenditures: (1) Type ▶ d Other deductions (see instructions) Type ▶ 14 a Net earnings (loss) from self-employment 14a b Gross farming or fishing income c Gross nonfarm income 15 a Low-income housing credit (section 42(j)(5)) **b** Low-income housing credit (other) c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468) 15c Other rental real estate credits (see instructions) Type ▶_____ 15d Other rental credits (see instructions) Type ▶ _____ Other credits (see instructions) Type ▶ 16 a Name of country or U.S. possession ▶ _______ 16b **b** Gross income from all sources c Gross income sourced at partner level Foreign Transactions d Passive category ▶_____e General category ▶ _____ f Other (attach statement) ▶ Deductions allocated and apportioned at partner level Interest expense
_____ h Other _____ 16h Deductions allocated and apportioned at partnership level to foreign source income Passive category ▶____j General category ▶ 16k Total foreign taxes (check one): ▶ Paid Accrued 161 Reduction in taxes available for credit (attach statement) n Other foreign tax information (attach statement) 17 a Post-1986 depreciation adjustment 17a Alternative Minimum Tax (AMT) Items **b** Adjusted gain or loss c Depletion (other than oil and gas) d Oil, gas, and geothermal properties - gross income e Oil, gas, and geothermal properties - deductions 18 a Tax-exempt interest income b Other tax-exempt income Other Information c Nondeductible expenses 18c Distributions of cash and marketable securities 19a **b** Distributions of other property 20 a Investment income 20a **b** Investment expenses

JSA 0X1913 2.000

Form	8865 (2010)				Page 5
Sci	nedule L Balance Sheets p	er Books. (Not require	ed if Item G9, page 1,	is answered "Yes.")	
		Beginning	of tax year	End of	tax year
	Assets	(a)	(b)	(c)	(d)
1	Cash				·
2 a	Trade notes and accounts receivable .				
b	Less allowance for bad debts				
3	Inventories		-		
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (attach statement)				
7	Mortgage and real estate loans				
8	Other investments (attach statement)				
9 a	Buildings and other depreciable assets			<u> </u>	
b	Less accumulated depreciation				
10 a	Depletable assets				
b	Less accumulated depletion				
11	Land (net of any amortization)				
	Intangible assets (amortizable only)				
b	Less accumulated amortization				
13	Other assets (attach statement)		<u> </u>		
14	Total assets, ,				
	Liabilities and Capital				
15	Accounts payable				
16	Mortgages, notes, bonds payable in less than 1 year				
17	Other current liabilities (attach statement)				
18	All nonrecourse loans				
19	Mortgages, notes, bonds payable in 1 year or more				
20	Other liabilities (attach statement)				
21	Partners' capital accounts				
22	Total liabilities and capital				

Sc	nedule M Balance Sheets for Interest Allocation	_		r age v
			(a) Beginning of tax year	(b) End of tax year
1	Total U.S. assets		tax year	tax year
2	Total foreign assets:			
а	Passive category		11. 12. 11. 11. 11. 11. 11. 11. 11. 11.	Helifidett verificet (1985) bl. meletine 32 - Francis and C. Franc
b	General category		•	-
С	Other (attach statement)			<u> </u>
	nedule M-1 Reconciliation of Income (Loss) per B			Not required if Item G9, page
	1, is answered "Yes.")	•	· ,.	
		6 Ir	ncome recorded on books this	
1	Net income (loss) per books	y.	ear not included on Schedule K,	
2	Income included on Schedule K,	lis	nes 1 through 11 (itemize):	
	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,	a T	ax-exempt interest \$	
	and 11 not recorded on books			
	this year (itemize):	7 D	eductions included on Schedule	
3	Guaranteed payments (other	К	, lines 1 through 13d, and 16l not	
	than health insurance)	cl	narged against book income this	
4	Expenses recorded on books	ye	ear (itemize):	
	this year not included on	a D	epreciation \$	
	Schedule K, lines 1 through			
	13d, and 16l (itemize):	_		
	Depreciation \$			
b	Travel and entertainment \$	8 A	dd lines 6 and 7	
			icome (loss). Subtract line 8	
	Add lines 1 through 4	fr	om line 5	·
Scl	nedule M-2 Analysis of Partners' Capital Accounts			wered "Yes.")
1	Balance at beginning of year	6 D	istributions: a Cash	
2	Capital contributed:		b Property	
	a Cash	7 C	ther decreases (itemize):	
	b Property			
3	Net income (loss) per books			
4	Other increases (itemize):			
			dd lines 6 and 7	<u> </u>
_			alance at end of year. Subtract	
5	Add lines 1 through 4	l lir	ne 8 from line 5	

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

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

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

SCHEDULE O (Form 8865)

Transfer of Property to a Foreign Partnership

(under section 6038B)

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service Name of transferor

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

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Filer's identifying number

35-1793680 Name of foreign partnership

CIPEF V, LP

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash	VAR		496,483.				.142
Marketable securities							
Inventory							
Tangible property used in trade or business			·				,
Intangible property							
Other property							
ATTACHMEN	ormation Requi T 1		ported (see instru	octions):			
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

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

Schedule O (Form 8865) 2010

FORM 8865, SCHEDULE O DETAIL CENTRAL INDIANA COMMUNITY FOUNDATION INC

ATTACHMENT 1

SCHEDULE O - PART I - SUPPLEMENTAL INFORMATION REQUIRED

DATE OF TRANSFER 2/16/10 - 168,689, 3/16/10 - 125,744, 3/29/10 - 20,521, 5/14/10 - 42,440, 8/12/10 - 26,144, 10/6/10 - 86,517, 11/11/10 - 26,428

THIS PARTNERSHIP IS A PRIVATE EQUITY PARTNERSHIP, WHICH CALLS FUNDS FROM THE LIMITED PARTNERS OVER THE LIFE OF THE PARTNERSHIP AS NEEDED TO FUND THE ACQUISITION OF PRIVATE EQUITY INVESTMENTS. THE AMOUNT IN COLUMN (C) ABOVE REPRESENTS CAPITAL CALLS WHICH WERE MADE BY THE PARTNERSHIP IN 2010.

Form 8865

Return of U.S. Persons With Respect to Certain Foreign Partnerships Attach to your tax return. See separate instructions.

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Information furnished for the foreign partnership's tax year beginning 01/01/2010 , and ending 12/31/2010

Attachment Sequence No. 118

Name of person filing this return				Filer's identifying number						
CENTRAL INDIANA COMMUNITY	TRAL INDIANA COMMUNITY FOUNDATION INC					35-1793680				
Filer's address (if you are not filing this form with you	ır tax retum)	A Category	of filer (see Ca	tegories of File	rs in the instru	ctions and check	applicable box(e	es)):		
		1	2	3		4				
		B Filer's tax	year beginning	01/01	L/2010	, and ending_	12/31/	2010		
C Filer's share of liabilities: Nonrecourse \$		Qualified no	onrecourse fir	ancing \$		Other \$				
D If filer is a member of a consolidated group	p but not the pare	ent, enter the f	following infor	mation about	the parent:					
Name			EII	V .						
Address										
E Information about certain other partners (s	ee instructions)									
(1) Name	. (2) Address		(2) Identifui	ng number	(4) Che	ck applicable bo			
(1) Name	(2	.) Address		(3) Identifyi	ilg Hurilbei	Category 1	Category 2	Constructive owner		
F1 Name and address of foreign partnership			TTED PAR	TNERSHIP	II	2 EIN (if any)				
77 KING ST. WEST, STE 4320,	, PO BOX 21	LZ				98-052				
TORONTO, ON						3 Country und	der whose law	s organized		
CA, M5K1J3 4 Date of 5 Principal place	6 Principal	husiness	7 Princin	al business	8a Functio	CA onal currency	8b Exchang	ne rate		
organization of business		de number	activity	1		OLLAR	(see insi			
04/21/2006 CA	523	900	INVEST	MENTS		CLLAK				
G Provide the following information for the fo						-	<u> </u>			
Name, address, and identifying number of			2 Check	if the foreign p	partnership n	nust file:				
United States	3 (,,			Form 1042		n 8804	Form 106	5 ог 1065-В		
						_		7 OF 1005 B		
	-		Servic	e Center wher	e Form 1065	or 1065-B is fil	ea:			
3 Name and address of foreign partnership's	s agent in country	of	4 Name	and address o	f person(s) v	with custody of t	he books and			
organization, if any			records	s of the foreigr cords, if differe	n partnership ent	, and the location	on of such boo	ks		
NEWTON GLASSMAN 77 KING ST. WEST, STE 4320, PO BOX 212			CATALYST F	UND GENERAL	PARTNER II					
TORONTO, ON			77 KING ST TORONTO, O	. WEST, STE	4320, PO BO	OX 212				
CA, M5K 1J3			CA, M5K 1J							
5 Were any special allocations made by the	foreign partnersh	nip?				. .	Yes	No		
6 Enter the number of Forms 8858, Informat	tion Return of U.S	S. Persons Wi	th Respect To	o Foreign Disr	egarded Enti	ities,				
attached to this return (see instructions)		. <i></i>	· · · · · · · · ·		<i>.</i>	▶				
7 How is this partnership classified under the	e law of the coun	try in which it	is organized?	,	LIMIT	ED PARTNE	CRSHIP			
8 Did the partnership own any separate unit	s within the mear	ning of Regula	itions section	1.1503-2(c)(3), (4), or					
						🕨	Yes	X No		
 Does this partnership meet both of the fo The partnership's total receipts for the 	• .		ne nor		,					
The value of the partnership's total ass If "Yes," do not complete Schedules L, M	sets at the end of			\$1 million.	_}····	•	Yes	X No		
Sign Here Only If You Are Filing This Form Separately. Under penalties of perjury, I declar and belief, it is true, correct, and information of which preparer has a	complete. Declarat	imined this reto tion of prepared	urn, including r (other than g	accompanying Jeneral partner	schedules and or limited liab	d statements, and ility company me	d to the best o ember) is based	f my knowledge d on all		
Separately and Not With										
Your Tax Return. Signature of general partner or li	mited liability compa	any member	· ·		Date	 -				
Print/Type preparer's name	F	reparer's signa	ture		Date	Check if self-	PT	N		
Proparer				ļ		employed	- 1			
Hee Only					.	Firm's Ell				
Firm's address						Phone no).			
Paperwork Reduction Act Notice, see the separate	e instructions.						Form	8865 (2010)		

	chedule A	Constructive Ow box b, enter the interest you const	nership of Partnership name, address, and U.S ructively own. See instru interest	Interes. taxportions	est. Che payer ide s. b				e filer. If he persor	you chec n(s) whos
	N	lame	Address			identifying nu			Check if foreign person	Check if direct partner
So	hedule A-1	Certain Partners o	of Foreign Partnership(S	ee ir	nstructio		ng number (i	f any)	-	Check if foreign
										person
	es the partners hedule A-2	Affiliation Schedu	ign person as a direct partne le. List all partnerships (directly owns a 10% inte	foreig		mestic) in whi			Yes partnersh	X No
_	N	lame	Address			EIN (if an			tal ordinary ome or loss	Check if foreign partnership
	hedule B	Income Statement	- Trade or Business Inc	·ome						
Income	1a Gross ref b Less ref Cost of Gross p Ordinary Net fam Net gair	eceipts or sales urns and allowances goods sold rofit. Subtract line 2 froi y income (loss) from oth n profit (loss) (attach So n (loss) from Form 4797	m line 1c ner partnerships, estates, an chedule F (Form 1040)) 7, Part II, line 17 (attach Form tement)	1a 1b d trus	ts (attach s	statement) *	1c 2 3 4 5 6 7	s for m	nore inform	ation.
Deductions (see Instructions for limitations)	9 Salaries 10 Guarant 11 Repairs 12 Bad det 13 Rent . 14 Taxes a 15 Interest 16 a Depreci b Less de 17 Depletic 18 Retirem 19 Employe	and wages (other than teed payments to partner and maintenance outs on dicenses ation (if required, attack preciation reported else on (Do not deduct oil at ent plans, etc	lines 3 through 7	ent cre	edits)		8 9 10 11 12 13 14 15 16c 17 18 19 20			
			unts shown in the far right colun				21			

Capital Gains and Losses(Use Schedule D-1 (Form 1065) to list additional transactions for lines 1 and 7) Schedule D

	(a) Description of property (Example: 100 shares	(b) Date acquired	(c) Date sold	(d) Sales price	(e) Cost or other basis	
	of "Z" Co.)	(month, day, year)	(month, day, year)	(see instructions)	(see instructions)	Subtract (e) from (d
1						
•						
						-
_	· · · · · · · · · · · · · · · · · · ·	<u>I</u>	1			
2	Enter short-term gain or (loss), if any, from	Schedule D-1 (Form	1065), line 2		2	
3	Short-term capital gain from installment sale	se from Form 6252 I	ino 26 or 37		,	
J	Short-term capital gain nom installment sale	s IIOIII FOITH 0202, 1	iiile 20 0i 37 .		3	1
4	Short-term capital gain (loss) from like-kind	exchanges from Fo	orm 8824		4	
_	Destroyable above of not about form	capital gain (lace	ı) ipoludina an	soially allocated	about torm	
5	Partnership's share of net short-term capital gains (losses), from other partnersh					
6	Net short-term capital gain or (loss).					
_	Form 8865, Schedule K, line 8 or 11				6	
a	Long-Term Capital Gains and Lo	osses - Assets He	eld More Than	One Year		
	(a) Description of property (Example: 100 shares	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d
—	of "Z" Co.)	(, сау, усл.)	(monut, day, your,	(coo mendenene)	(655 1151 251 27)	022430 (0) (10111 (0
7						
_	·					
			1			
	·					
8	Enter long-term gain or (loss), if any, from S	chedule D-1 (Form	1065), line 8		8	
	Enter long-term gain or (loss), if any, from S Long-term capital gain from installment sale					
9		s from Form 6252, li	ne 26 or 37		9	
8 9	Long-term capital gain from installment sale	s from Form 6252, li exchanges from Form	m 8824		9	
9	Long-term capital gain from installment sale Long-term capital gain (loss) from like-kind of Partnership's share of net long-term cap	s from Form 6252, li exchanges from Ford oital gain (loss), inc	ine 26 or 37 m 8824 cluding specially	allocated long-t	9 10 erm capital	
9 D	Long-term capital gain from installment sale Long-term capital gain (loss) from like-kind of Partnership's share of net long-term cap gains (losses), from other partnerships, est	s from Form 6252, li exchanges from Ford oital gain (loss), inc	ine 26 or 37 m 8824 cluding specially	allocated long-t	9 10 erm capital	
9	Long-term capital gain from installment sale Long-term capital gain (loss) from like-kind of Partnership's share of net long-term cap gains (losses), from other partnerships, est	s from Form 6252, li exchanges from Ford oital gain (loss), inc	m 8824 cluding specially	allocated long-t	9 10 erm capital 11	

Form **8865** (2010)

PAGE 116

Form 886	55 <u>(</u> 2010)		Page 4
Sche	dule K	Partners' Distributive Share Items	Total amount
	1	Ordinary business income (loss) (page 2, line 22)	1
	2	Net rental real estate income (loss) (attach Form 8825)	2
	3 a	Other gross rental income (loss)	
Income (Loss)	ь	Expenses from other rental activities (attach statement) 3b	
	l c	Other net rental income (loss). Subtract line 3b from line 3a	
	4	Guaranteed payments	4
880	5	Interest income	5
Ę	6	Dividends: a Ordinary dividends	6a
Шe		b Qualified dividends 6b 6b	
ည္	7	Royalties	7
=	8	Net short-term capital gain (loss)	8
	9 a	Net long-term capital gain (loss)	9a
	b	Collectibles (28%) gain (loss)	
	С	Unrecaptured section 1250 gain (attach statement) 9c	
		Net section 1231 gain (loss) (attach Form 4797)	10
	11	Other income (loss) (see instructions) Type	11
ø	12	Section 179 deduction (attach Form 4562)	12
<u>0</u>	13 a	Contributions	13a
uct	b	Investment interest expense	13b
Deductions	С	Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)
	ď	Other deductions (see instructions) Type ▶	13d
Self- Employ- ment	14 a	Net earnings (loss) from self-employment	14a
Self npl	b	Gross farming or fishing income	14b
<u>, ฅ </u>	С	Gross nonfarm income	14c
-		Low-income housing credit (section 42(j)(5))	
Credits		Low-income housing credit (other)	
	С		15c
5 e		Other rental real estate credits (see instructions) Type ▶	15d
			15e
	f	Other credits (see instructions) Type ▶	15f
	16 a		
		Gross income from all sources	16b
S	С	Gross income sourced at partner level	16c
sactions		Foreign gross income sourced at partnership level	
sac	d	Passive category ▶e General category ▶ f Other (attach statement) ▶	16f
		Deductions allocated and apportioned at partner level	
Ė	g	Interest expense ▶ h Other ▶	16h
Foreign Tran		Deductions allocated and apportioned at partnership level to foreign source income	
ore	ì		16k
ш		Total foreign taxes (check one): ▶ ☐ Paid ☐ Accrued	161
			16m
×		Post-1986 depreciation adjustment	17a
Ta	b	Adjusted gain or loss	17b
E E	С	Depletion (other than oil and gas)	17c
A in the	d		17d
Alternative Minimum Tax (AMT) Items	е	Oil, gas, and geothermal properties - deductions	17e
	f	Other AMT items (attach statement)	17f
_	18 a	Tax-exempt interest income	18a
, ig		Other tax-exempt income	18b
nat		Nondeductible expenses	18c
ĵ.		Distributions of cash and marketable securities	19a
<u>=</u>			19b
Other Information			20a
ŏ	b		20b
	C	Other items and amounts (attach statement)	

Form	8865 (2010)				Page 5
Sch	nedule L Balance Sheets p	er Books. (Not require	ed if Item G9, page 1,	is answered "Yes.")	
		Beginning	of tax year	End of	tax year
	Assets	(a)	(b)	(c)	(d)
1	Cash				
2 a					
b	Less allowance for bad debts				
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (attach statement)				
7	Mortgage and real estate loans				
8	Other investments (attach statement)				
9 a	Buildings and other depreciable assets				
b	Less accumulated depreciation				
10 a	Depletable assets				
b	Less accumulated depletion				
11	Land (net of any amortization)				
12 a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
13	Other assets (attach statement)				
14	Total assets				
	Liabilities and Capital				
15	Accounts payable		·		
16	Mortgages, notes, bonds payable in less than 1 year				
17	Other current liabilities (attach statement)				
18	All nonrecourse loans				
19	Mortgages, notes, bonds payable in 1 year or more				
20	Other liabilities (attach statement)				
21	Partners' capital accounts				
22	Total liabilities and capital				

	1 8 8 8 9 (20 10)			Page o
Sc	hedule M Balance Sheets for Interest Allocati	ion		
	. "		(a) Beginning of tax year	(b) End of tax year
1	Total U.S. assets			
2	Total foreign assets:			
а	Passive category			
. b	General category			.
	Other (attach statement)			
	hedule M-1 Reconciliation of Income (Loss) pe	er Books With I	ncome (Loss) per Return (Not	required if Item G9 page
	1, is answered "Yes.")		(100)	roquirou ii itotti oo, page
		6 Inco	me recorded on books this	
1	Net income (loss) per books		not included on Schedule K,	
2	Income included on Schedule K,		s 1 through 11 (itemize):	
_	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,		exempt interest \$	
	and 11 not recorded on books	l a lax		
	this year (itemize):	7 Dedu	uctions included on Schedule	
3	Guaranteed payments (other			
J	than health insurance)		nes 1 through 13d, and 16l not	
4			ged against book income this	
4	Expenses recorded on books	year	(itemize):	
	this year not included on	арер	reciation \$	
	Schedule K, lines 1 through			•
	13d, and 16l (itemize):			
a	Depreciation \$		-,	
b	Travel and entertainment \$	8 Add	lines 6 and 7	
			me (loss). Subtract line 8	
	Add lines 1 through 4	from	line 5	
Sc	hedule M-2 Analysis of Partners' Capital Accou			red "Yes.")
1	Balance at beginning of year	6 Disti		
2	Capital contributed:		b Property	
	a Cash	7 Othe	er decreases (itemize):	
	b Property . , ,			
3	Net income (loss) per books			
4	Other increases (itemize):			
			lines 6 and 7 ,	
			ince at end of year. Subtract	
5	Add lines 1 through 4		8 from line 5	

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

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

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

SCHEDULE O | (Form 8865)

Transfer of Property to a Foreign Partnership

(under section 6038B)

OMB No. 1545-1668

2010

Department of the Treasury internal Revenue Service Name of transferor

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

Filer's identifying number
4UNITY FOUNDATION INC 35-1793680

CATALYST FUND LIMITED PARTNERSHIP II

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash	09/15/2010		750,000.				.555
Marketable securities							
Inventory			÷				
Tangible property used in trade or business							
ntangible property							
Other property							
			ported (see instru	uctions):			
	positions Repor	т т		(e)	(f)		(h)
(a) Type of property	Date of original transfer	(c) Date of disposition	(d) Manner of disposition	Gain recognized by partnership	Depreciation recapture recognized by partnership	(g) Gain allocated to partner	Depreciation recapture allocated to partner
	· · · · · · · · · · · · · · · · · · ·						
Part III				gain recognition und			

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

Schedule O (Form 8865) 2010

Form **8865**

Return of U.S. Persons With Respect to Certain Foreign Partnerships Attach to your tax return. See separate instructions.

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Information furnished for the foreign partnership's tax year beginning 01/01/2010 , and ending 12/31/2010

Attachment Sequence No. 118

Name of person filing this return	F	Filer's identifying number					
CENTRAL INDIANA COMMUNITY FOUNDATION			5-179368				
Filer's address (if you are not filing this form with your tax return)		_ `	_	$\overline{}$	ctions and check	applicable box(e	es)):
·	1	2	3	X	4	10/01/	
	B Filer's tax	year beginning	01/01	_/2010	, and ending.	12/31/	2010
C Filer's share of liabilities: Nonrecourse \$	Overlies at the	F-	i C		Oth ®		
C Filer's share of liabilities: Nonrecourse \$ D If filer is a member of a consolidated group but not the part		nrecourse fir			Other \$		
Name	erit, eriter trie i	Elf		ne parent.			
Address	i i	<u> </u>	•				<u>.</u>
E Information about certain other partners (see instructions)					_		
					(4) Che	eck applicable bo	x(es)
(1) Name (2	2) Address		(3) Identifyii	ng number	Category 1	Category 2	Constructive owner
F1 Name and address of foreign partnership EURO CHOI	CE III L	P (FORME	RLY) LOD	H PRIV	2 EIN (if any)		
26 NEW STREET					00-000		
ST. HELIER JE, JE2 3RA					1	der whose law	s organized
4 Date of 5 Principal place 6 Principal	business	7 Princir	al business	8a Function	JE onal currency	8b Exchang	ie rate
	ode number	activity	•		JRO	(see inst	
03/29/2006 UK 523	3900	INVEST	MENTS	1	3110	1 22	7500000000
G Provide the following information for the foreign partnership	p's tax year:					1.32	7500000000
1 Name, address, and identifying number of agent (if any) in	the	2 Check	if the foreign p	artnership n	nust file:		
United States		İ	orm 1042	For	n 8804	Form 1065	5 or 1065-B
		Servic	e Center wher	e Form 1065	or 1065-B is fi	led:	
						<u> </u>	
3 Name and address of foreign partnership's agent in country organization, if any	y of	4 Name record	and address o	f person(s) v nartnership	vith custody of t , and the locati	the books and	ke
organization, it any		and re	cords, if differe	ent	, and the local	511 51 545tt 5 05	
F. Ware any avasial allocations made by the ferring partners			•	-			X No
Were any special allocations made by the foreign partnersEnter the number of Forms 8858, Information Return of U.	•		Foreign Disc			Yes	25 NO
attached to this return (see instructions)		•	or ordigit black	ogarded Emi	ues,		
7 How is this partnership classified under the law of the cour			'	SCOTI	ISH LIMI	red partn	ERSHIP
8 Did the partnership own any separate units within the mean							
1.1503(d)-1(b)(4)?					▶	Yes	X No
 Does this partnership meet both of the following requirem The partnership's total receipts for the tax year were le 	nents?			•	ŕ		
The value of the partnership's total assets at the end of			\$1 million.	}	\blacktriangleright	Yes	X No
If "Yes," do not complete Schedules L, M-1, and M-2.					•		
Sign Here Under penalties of perjury, I declare that I have expending if You and belief, it is true, correct, and complete. Declara	amined this retu	ım, including fother than o	accompanying : eneral partner (schedules and or limited liab	statements, an	d to the best of ember) is based	f my knowledge
Are Filing This Form information of which preparer has any knowledge.		,	,		,		
Separately and Not With							
four Tax Return. Signature of general partner or limited liability comp	pany member			Date			
ecturii.	Preparer's signal	ture		Date	Check if	PTI	N
Paid	. •				self- employed	I	
Preparer Firm's name	•				Firm's Et	- 1 11	
Use Only Firm's address ▶					Phone no		

Paperwork Reduction Act Notice, see the separate instructions.

	chedule A	Constructive Ownbox b, enter the interest you const	nership of Partnership Interest. (name, address, and U.S. taxpayer ructively own. See instructions.	r identifying numb	hat apply to er (if any) structive interes	of the persor	you check n(s) whose
	Ni	ame	Address	Identifying nu		Check if foreign	Check if direct
						person	partner
So	chedule A-1	-	f Foreign Partnership (see instruc				Check if
_	N	ame	Address	Identilyi	ng number (if a	any)	foreign person
	es the partnersh	· · · · · · · · · · · · · · · · · · ·		demonstration in orbit			X No
_	illedule A-2		le. List all partnerships (foreign or directly owns a 10% interest.	, 		1	Check if
	Na	ame	Address	EIN (if any		Total ordinary income or loss	foreign partnership
_							
	hedule B		- Trade or Business Income				
Cai	ution. Include o	nly trade or business i	ncome and expenses on lines 1a throug	gh 22 below. See the	instructions t	for more inform	ation.
_	b Less retu 2 Cost of g	urns and allowances joods sold j	1a 1b		1c 2		
Income	4 Ordinary 5 Net farm	income (loss) from oth profit (loss) (attach Sc	n line 1c ner partnerships, estates, and trusts (atta hedule F (Form 1040))	ach statement)*	3 4 5 6		
	6 Net gain 7 Other inc	come (loss) (attach stat	, Part II, line 17 (attach Form 4797) tement)		7		
			lines 3 through 7		8		
ons)	10 Guarante	eed payments to partne	to partners) (less employment credits) ers		10 11		
is for limitations)	12 Bad debt	ts			12 13 14	·-	
(see instructions	15 Interest 16 a Deprecia	tion (if required, attach	Form 4562) 16a		15 16c		
	17 Depletion 18 Retirement	n (Do not deduct oil ar ent plans, etc	where on return		17 18		
Deductions			nent)		20		
	21 Total dec	ductions. Add the amo	unts shown in the far right column for lines 9	through 20	21		
	22 Ordinary	business income (loss) f	from trade or business activities. Subtract line	e 21 from line 8	22		

~ ^			~ ~	_
00-	υu	ΙUU	υU	υ

Schedule D	Capital Gains and Losses (Use Schedule D-1	(Form 1065) to list additional transactions for lines 1 and 7)

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

	(a) Description of property (Example: 100 shares of "Z" Co.)	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Sales price (see instructions)	(e) Cost or other bas (see instructions)	(f) Gain or (loss) Subtract (e) from (d)	
1							
				.			
			-				
2	Enter short-term gain or (loss), if any, from Sci	nedule D-1 (Form	1065), line 2		2		
3	Short-term capital gain from installment sales	from Form 6252, I	ine 26 or 37		3		
4	Short-term capital gain (loss) from like-kind ex	xchanges from Fo	orm 8824		4		
5							
6							

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

	(a) Description of property (Example: 100 shares of "Z" Co.)	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Sales price (see instructions)	(e) Cost or other (see instruction		(f) Gain or (loss) Subtract (e) from (d)
7							
	·						
							-
8	Enter long-term gain or (loss), if any, from Scho	edule D-1 (Form	1065), line 8			8	
9	Long-term capital gain from installment sales fr	om Form 6252, li	ne 26 or 37			9	
10	Long-term capital gain (loss) from like-kind exc	hanges from Forr	n 8824	• • • • • • • • • • •		10	
11	Partnership's share of net long-term capita gains (losses), from other partnerships, estate	11					
12	Capital gain distributions					12	
13	Net long-term capital gain or (loss). Com Form 8865, Schedule K, line 9a or 11		_	` '		13	Form 8865 (2010)

Form 886				Page 4
Sched	lule K	Partners' Distributive Share Items		Total amount
	1	Ordinary business income (loss) (page 2, line 22)	1	
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	3 a	Other gross rental income (loss)		
	Ь	Expenses from other rental activities (attach statement) 3b		
	c	Other net rental income (loss). Subtract line 3b from line 3a	3c	
(Loss)	4	Guaranteed payments	4	
	5	Interest income	5	
	6	Dividends: a Ordinary dividends	6a	
je (b Qualified dividends 6b		
5	7	Povalties		
Income (Loss)	,	Royalties		
	8	Net short-term capital gain (loss)	8	
	9 a	Net long-term capital gain (loss)	9a	
	b	Collectibles (28%) gain (loss)		
		Unrecaptured section 1250 gain (attach statement) 9c		
		Net section 1231 gain (loss) (attach Form 4797)	10	
		Other income (loss) (see instructions) Type	11	
2	12	Section 179 deduction (attach Form 4562)	12	
tio		Contributions	13a	
<u>n</u> c	b	Investment interest expense	13b	
Deductions	C	Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶		
		Other deductions (see instructions) Type ▶	13d	
Self- Employ- ment	14 a	Net earnings (loss) from self-employment	14a	
	b	Gross farming or fishing income	14b	
<u> </u>		Gross nonfarm income		
		Low-income housing credit (section 42(j)(5))		
ŧ		Low-income housing credit (other)		-
Credits		Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c	
ပ်	d	Other rental real estate credits (see instructions) Type ▶	15d	
	e	Other rental credits (see instructions) Type	15e	
	f	Other credits (see instructions) Type ▶	15f	
		•		
		Gross income from all sources		
nsactions	С		16c	
늉		Foreign gross income sourced at partnership level	l I	
ısa	a	Passive category e General category	16f	
	_	Deductions allocated and apportioned at partner level	21	
<u></u>	g	Interest expense ▶h Other	16h	
Foreign Tra		Passive category j General category k Other (attach statement)	46k	
윤		Total foreign taxes (check one): Paid Accrued	16k 16l	
			16m	
		Other foreign tax information (attach statement)	10111	
		Post-1986 depreciation adjustment	17a	HATTER THE PERSON NAMED IN COLUMN NAMED IN COL
a Za za		Adjusted gain or loss	17b	
fe a fi	c	Depletion (other than oil and gas)	17c	
	d	Oil, gas, and geothermal properties - gross income	17d	
Alternative Minimum Tax (AMT) Items	е	Oil, gas, and geothermal properties - deductions	17e	
	f	Other AMT items (attach statement)	17f	
	18 a	Tax-exempt interest income	18a	
io.	b	Other tax-exempt income	18b	
Other Information		Nondeductible expenses	18c	
		Distributions of cash and marketable securities	19a	
Ē		Distributions of other property	19b	
the		Investment income Investment expenses	20a	
ō		Other items and amounts (attach statement)	20b	
	·	- out-of-round distribution (dissort dissorting it)		

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	8865 (2010)				Page 5		
Scl	nedule L Balance Sheets p	, , , , , , , , , , , , , , , , , , , 	red if Item G9, page 1,	,			
			ng of tax year	End of tax year			
	Assets	(a)	(b)	(c)	(d)		
1	Cash						
2 a	Trade notes and accounts receivable ,			Ĭ			
b	Less allowance for bad debts						
3	Inventories						
4	U.S. government obligations						
5	Tax-exempt securities						
6	Other current assets (attach statement)						
7	Mortgage and real estate loans						
8	Other investments (attach statement)						
9 a	Buildings and other depreciable assets						
b	Less accumulated depreciation						
10 a	Depletable assets						
	Less accumulated depletion						
11	Land (net of any amortization)						
12 a	Intangible assets (amortizable only)						
b	Less accumulated amortization						
13	Other assets (attach statement)						
14	Total assets , . ,						
	Liabilities and Capital						
15	Accounts payable						
16	Mortgages, notes, bonds payable in less than 1 year		期				
17	Other current liabilities (attach statement)						
18	All nonrecourse loans						
19	Mortgages, notes, bonds payable in 1 year or more						
20	Other liabilities (attach statement)						
21	Partners' capital accounts						
22	Total liabilities and capital						

0111	10003 (2010)			rage 0
Sc	hedule M Balance Sheets for Interest Alloc	ation		
			(a) Beginning of tax year	(b) End of tax year
1	Total U.S. assets			
2	Total foreign assets:			
а	Passive category			
	General category			
	Other (attach statement)			
Sc	hedule M-1 Reconciliation of Income (Loss	per Books With Ir	ncome (Loss) per Return. (No	t required if Item G9, page
	1, is answered "Yes.")			
		6 Inco	me recorded on books this	
1	Net income (loss) per books	year	not included on Schedule K,	
2	Income included on Schedule K,	lines	1 through 11 (itemize):	
	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,	a Tax-	exempt interest \$	
	and 11 not recorded on books			
	this year (itemize):	7 Dedu	uctions included on Schedule	
3	Guaranteed payments (other	K, lir	nes 1 through 13d, and 16l not	
	than health insurance)	I	ged against book income this	
4	Expenses recorded on books		(itemize):	
	this year not included on	a Dep	reciation \$	
	Schedule K, lines 1 through			
	13d, and 16l (itemize):			
а	Depreciation \$			
b	Travel and entertainment \$	8 Add	lines 6 and 7	
	·		me (loss). Subtract line 8	
5	Add lines 1 through 4		line 5	
	hedule M-2 Analysis of Partners' Capital Acc	ounts.(Not require	d if Item G9, page 1, is answe	ered "Yes.")
1	Balance at beginning of year		7. 6	
2	Capital contributed:		b Property	
_	a Cash	7 Othe	er decreases (itemize):	
	b Property			
3	Net income (loss) per books			
4	Other increases (itemize):			
•	Sales misi sales (resimilar).		lines 6 and 7	
			nce at end of year. Subtract	
5	Add lines 1 through 4		8 from line 5	

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

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

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

SCHEDULE O (Form 8865)

Transfer of Property to a Foreign Partnership

(under section 6038B)

Department of the Treasury			(4	J		I	40)((()
Internal Revenue Service		► Attac	h to Form 8865. See I	nstructions for F	orm 8865.		ZU IU
Name of transferor					Filer's ide	entifying number	
CENTRAL INDIA	NA COMMU	NITY FOUND	ATION INC		35-1	793680	
Name of foreign partnersh	iip						
EURO CHOICE I	II LP (F	ORMERLY) L	ODH PRIVATE				
Part I Transfe	ers Reporta	ble Under Secti	on 6038B				
	(a)	(b)	(c)	(d)	(e)	/A	(g)

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interes in partnership after transfer
Cash	12/31/2010		594,580.				.59
Marketable secunities							
ventory							
angible roperty sed in trade r business							
tangible roperty							
ther roperty							
	nformation Requi			uctions):		·	
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	ection 6038B (d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocate to partner
Part III				gain recognition unc			

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

Schedule O (Form 8865) 2010

Form 8865

Return of U.S. Persons With Respect to Certain Foreign Partnerships Attach to your tax return. See separate instructions.

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Information furnished for the foreign partnership's tax year beginning 01/01/2010, and ending 12/31/2010

Attachment Sequence No. 118

Name of person filing this return		Filer's identifying number							
CENTRAL INDIANA COMMUNITY FOUNDATIO	N INC	INC 35-1793680							
iler's address (if you are not filing this form with your tax return)	A Category	of filer (see Cate	gories of File		ctions and check	applicable box(e	s)):		
	1	2	3		4				
	B Filer's tax	year beginning	01/01	/2010	, and ending .	12/31/	2010		
Filer's share of liabilities: Nonrecourse \$		nrecourse fina			Other \$				
If filer is a member of a consolidated group but not the pa	arent, enter the fo		nation about t	he parent:					
Name		EIN							
Address									
Information about certain other partners (see instructions	 s)	-							
	-,				(4) Che	eck applicable bo	x(es)		
(1) Name	(2) Address		(3) Identifyir	g number	Category 1	Category 2	Constructive owner		
					Jan-Sari,		Owner		
					1		· · ·		
Name and address of foreign partnership KIA VIII	(INTERNA	TIONAL) I	ΣP		2 EIN (if any)				
20 PARK AVENUE					98-064	1934			
EW YORK, NY 10022					3 Country un	der whose law	s organized		
					CJ				
	al business code number	7 Principa activity	l business	8a Functi	onal currency	8b Exchang (see ins			
	•	INVES'	TING	Ü	JSD	(000 1110	,		
	23900								
Provide the following information for the foreign partners		1 71127177							
Name, address, and identifying number of agent (if any) United States	in the		f the foreign p	·	Г	_	,		
Officed States		F0	orm 1042	For	m 8804 L	Form 1065	or 1065-B		
		Service	Center where	e Form 1065	5 or 1065-B is fi	led:			
Name and address of farrian northership's agent in acus	ta, of	4 Nices		[(- \ ·		L			
 Name and address of foreign partnership's agent in cour organization, if any 	illy of	4 Name a records	of the foreign	person(s) v partnership	with custody of to b, and the location	ine books and on of such boo	ks		
APLE CORPORATE SERVICES		and reci	ords, it differe	nt					
BOX 309, UGLAND HOUSE									
VAND CAYMAN J, KY1-1104									
Were any special allocations made by the foreign partne	mbin?					Yes	X No		
Enter the number of Forms 8858, Information Return of U	•					ies	NO		
attached to this return (see instructions)		•	1 Oldigit black	garaca Em	ilico,				
How is this partnership classified under the law of the co					•				
Did the partnership own any separate units within the me	•	-	.1503-2(c)(3)	. (4). or					
1.1503(d)-1(b)(4)?			, , , ,	1 (-7) +-		Yes	X No		
Does this partnership meet both of the following require	ments?					- res	NO		
 The partnership's total receipts for the tax year were The value of the partnership's total assets at the end 			1 million]		Yes	X No		
If "Yes," do not complete Schedules L, M-1, and M-2.	of the tax year w	vas icss triair (pt million.	J					
In Here Under penalties of perjury, I declare that I have e		ırn, including a							
				or limited tist	oility company m	ember) is based	on all		
and belief, it is true, correct, and complete. Decla			neral pariner o	or minicod nat	,				
and belief, it is true, correct, and complete. Decla information of which preparer has any knowledge.			neral pariner o	i iiiiiiod iida	,,				
and belief, it is true, correct, and complete. Decla information of which preparer has any knowledge. sarately 1 Not With	aration of preparer		neral pariner o				<u>.</u>		
and belief, it is true, correct, and complete. Declar information of which preparer has any knowledge. Information of which preparer ha	nation of preparer	(other than ge	neral partner o	Date					
and belief, it is true, correct, and complete. Declar of Filing information of which preparer has any knowledge. and belief, it is true, correct, and complete. Declar information of which preparer has any knowledge. A Not With ur Tax turn. Signature of general partner or limited liability correct.	aration of preparer	(other than ge	neral partner o	.	Check if	PTI	N		
and belief, it is true, correct, and complete. Decla information of which preparer has any knowledge. Belief, it is true, correct, and complete. Decla information of which preparer has any knowledge. Signature of general partner or limited liability cortain. Print/Type preparer's name	nation of preparer	(other than ge	neral pariner o	Date			N		
and belief, it is true, correct, and complete. Decla information of which preparer has any knowledge. In a sum of the first part of the f	nation of preparer	(other than ge	neral pariner o	Date	Check if self-	→	N		
and belief, it is true, correct, and complete. Declar information of which preparer has any knowledge. Information of which preparer has any knowledge. Information of which preparer has any knowledge. Information of which preparer has any knowledge. Information of which preparer has any knowledge. Information of which preparer has any knowledge. Information of which preparer has any knowledge. Information of which preparer has any knowledge. Information of which preparer has any knowledge. Information of which preparer has any knowledge.	nation of preparer	(other than ge	neral pariner o	Date	Check if self- employed	d >	N		

FOII	п В865 (2010)							Page Z
	chedule A	Constructive Owr box b, enter the r interest you constr	nership of Partnership name, address, and U.S uctively own. See instru	Interest. (3. taxpayer actions.	Check the boxes to identifying numb			
_	N	ame	Address		Identifying nu	<u> </u>	Check if	Check if direct partner
		Cartaia Bardana			41	-		
	hedule A-1 N	ame	Foreign Partnership(S Address	ee instruc		ng number (i	f any)	Check if foreign person
	es the partnersl	nip have any other foreign	gn person as a direct partne	er?			Yes	No
		Affiliation Schedul	e. List all partnerships (directly owns a 10% inte	foreign or	domestic) in which			
	N.	ame	Address		EIN (if any		Total ordinary income or loss	Check if foreign partnership
_								
	hedule B ution. Include o		- Trade or Business Inc		h 22 below. See the	instructions	s for more inform	ation.
Іпсоте	b Less reto Cost of g Gross pr	urns and allowances goods sold rofit. Subtract line 2 from income (loss) from other profit (loss) (attach Sch	n line 1c er partnerships, estates, an nedule F (Form 1040)) Part II, line 17 (attach Form	d trusts (atta	ach statement) *	1c 2 3 4 5 6 7		
			nes 3 through 7	<u></u>		8		
s for limitations)	10 Guarante11 Repairs12 Bad deb13 Rent	eed payments to partne and maintenance ts	to partners) (less employmers			10 11 12 13		
ns (see instructions for limitations)	15 Interest 16 a Deprecia b Less dep	ation (if required, attach preciation reported elsev	Form 4562) where on return d gas depletion.)	16a 16b		14 15 16c 17		
Deductions	18 Retireme 19 Employe 20 Other de	ent plans, etc	ent)	· · · · · · · · · · · · · · · · · · ·		18 19 20		
			nts shown in the far right colun			21	·	

Schedu	le D	Capita	ıl Gair	ns and Losses(Use	Schedule D-1 (For	rm 1065) to list additio	onal transactions for lines 1 and 7

	t I Short-Term Capital Gains and	Losses - Assets H	eiu Olle Teal O	r Less		
	(a) Description of property (Example: 100 shares of "Z" Co.)	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Sales price (see instructions)	(e) Cost or other basi (see instructions)	s (f) Gain or (loss) Subtract (e) from (d
1						
						<u> </u>
2	Enter short-term gain or (loss), if any, from	Schedule D-1 (Form	1065), line 2		2	
3	Short-term capital gain from installment sa	les from Form 6252, I	ine 26 or 37		3	
ļ	Short-term capital gain (loss) from like-kin	d exchanges from Fo	orm 8824 , , , ,		4	
5	Partnership's share of net short-term capital gains (losses), from other partners					
)	Net short-term capital gain or (loss). Form 8865, Schedule K, line 8 or 11					
a	t II Long-Term Capital Gains and L	.osses - Assets He	eld More Than (One Year		
	(a) Description of property (Example: 100 shares of "Z" Co.)	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Sales price (see instructions)	(e) Cost or other basi (see instructions)	
	OI 2 CO.)	((000 1110210000110)	Subtract (e) from (d
	01 2 66.)				(000 11101101010)	Subtract (e) from (
	UI 2 CO.)				(000 modulom)	Subtract (e) from (
_	UI 2 CO.)					Subtract (e) from (
	01 2 00.)					Subtract (e) from (
	UI 2 CO.)					Subtract (e) from (
_	Enter long-term gain or (loss), if any, from		1065), line 8			Subtract (e) from (
	Enter long-term gain or (loss), if any, from	Schedule D-1 (Form				Subtract (e) from (
	Enter long-term gain or (loss), if any, from Long-term capital gain from installment sal	Schedule D-1 (Formes from Form 6252, li	ne 26 or 37		8 9	
	Enter long-term gain or (loss), if any, from Long-term capital gain from installment sal Long-term capital gain (loss) from like-kind	Schedule D-1 (Form es from Form 6252, li	ne 26 or 37			
· · · · · · · · · · · · · · · · · · ·	Enter long-term gain or (loss), if any, from Long-term capital gain from installment sal	Schedule D-1 (Form es from Form 6252, li exchanges from Form apital gain (loss), inc	ne 26 or 37	allocated long-t		Subtract (e) from (c
	Enter long-term gain or (loss), if any, from Long-term capital gain from installment sal Long-term capital gain (loss) from like-kind Partnership's share of net long-term ca gains (losses), from other partnerships, es	Schedule D-1 (Form es from Form 6252, li exchanges from Form apital gain (loss), inc	ne 26 or 37 m 8824 cluding specially	allocated long-t		

Form 8865, Schedule K, line 9a or 11

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Form 886				Page 4
Sched	lule K	Partners' Distributive Share Items		Total amount
	1	Ordinary business income (loss) (page 2, line 22)	1	
_	2	Net rental real estate income (loss) (attach Form 8825)	2	
	3 a	Other gross rental income (loss)	### T	
	b	Expenses from other rental activities (attach statement) 3b		
	c	Other net rental income (loss). Subtract line 3b from line 3a		
	4		4	
(SS	5	Guaranteed payments	5	
Income (Loss)	6	Interest income		
<u>e</u>	"	Dividends: a Ordinary dividends	6a	
6	_	b Qualified dividends 6b	COLUMN TO SERVICE	
<u>ဒ</u>	7	Royalties	7	
	8	Net short-term capital gain (loss)	8	
	Эа	Net long-term capital gain (loss)	9a	
	b	Collectibles (28%) gain (loss)		
		Unrecaptured section 1250 gain (attach statement)		
		Net section 1231 gain (loss) (attach Form 4797)	10	
		Other income (loss) (see instructions) Type	11	<u></u>
<u>0</u>		Section 179 deduction (attach Form 4562)	12	
Deductions		Contributions	13a	
rct	b	Investment interest expense	13b	
edi	С	Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)	
	d	Other deductions (see instructions) Type ▶	13d	-
ر ۲ - ۲ - ۲ - ۲ - ۲ - ۲ - ۲ - ۲ - ۲ - ۲ 	14 a	· · · · · · · · · · · · · · · · · · ·	14a	
rplc ren		Gross farming or fishing income	14b	
Self- Employ- ment	С	Gross nonfarm income	14c	
		Low-income housing credit (section 42(j)(5))	15a	
		Low-income housing credit (other)		
lits	С		15c	·
Credits	d	Other rental real estate credits (see instructions) Type ▶	15d	
١		Other rental credits (see instructions) Type ▶	15e	
		Other credits (see instructions) Type ▶	15f	· .
				-
			16b	
ທ		Gross income sourced at partner level	16c	
sactions	_	Foreign gross income sourced at partnership level		
act	А	Passive category ▶ e General category ▶ f Other (attach statement) ▶	I I	
	•	Deductions allocated and apportioned at partner level		
E	a	teterant common b	16h	
<u>_</u> _	9	Interest expense ► h Other		······································
Foreign Tra		Passive category ▶ j General category ▶ k Other (attach statement) ▶	16k	
윤		Total foreign taxes (check one): Paid Accrued	161	
		Reduction in taxes available for credit (attach statement)	16m	·
		Other foreign tax information (attach statement)		
		Post-1986 depreciation adjustment	17a	
Alternative Minimum Tax (AMT) Items		Adjusted gain or loss	17b	
क्च चे		Depletion (other than oil and gas)	17c	
FEE	d	Oil, gas, and geothermal properties - gross income	17d	
A E M	е	Oil, gas, and geothermal properties - deductions	17e	
2	f	Other AMT items (attach statement)	17f	
		Tax-exempt interest income	18a	 -
Ĕ	b	Other tax-exempt income	18b	
atíc		Nondeductible expenses	18c	
Ę		Distributions of cash and marketable securities	19a	
nfo	b	Distributions of other property	19b	-
Other Information	20 a	Investment income	20a	
뚩		Investment expenses	20b	
	С	Other items and amounts (attach statement)		

JSA 0X1913 2.000

	8865 (2010)				Page 5
Scl	nedule L Balance Sheets p	er Books. (Not require			· · · · · · · · · · · · · · · · · · ·
			of tax year	 	tax year
	Assets	(a)	(b)	(c)	(d)
1	Cash		The state of the s		
2 a	Trade notes and accounts receivable .				
	Less allowance for bad debts	The second secon			
3	Inventories				
4	U.S. government obligations		-		
5	Tax-exempt securities				
6	Other current assets (attach statement)				#
7	Mortgage and real estate loans				
8	Other investments (attach statement)				
9 a	Buildings and other depreciable assets				
	Less accumulated depreciation				
	Depletable assets			<u> </u>	
b	Less accumulated depletion ,	THE STATE OF THE S	2	CONT.	
11	Land (net of any amortization)				
	Intangible assets (amortizable only)				
b	Less accumulated amortization		1		
13	Other assets (attach statement)				
14	Total assets				
	Liabilities and Capital				
15	Accounts payable				
16	Mortgages, notes, bonds payable in less than 1 year				
17	Other current liabilities (attach statement)				
18	All nonrecourse loans				
19	Mortgages, notes, bonds payable in 1 year or more				
20	Other liabilities (attach statement)				
21	Partners' capital accounts				
22	Total liabilities and capital				

	1 0003 (2010)			
Sc	hedule M Balance Sheets for Interest Allocat	ion		
			(a) Beginning of tax year	(b) End of tax year
1	Total U.S. assets			
2	Total foreign assets:			
а	Passive category) ·	
b	<u> </u>			
C	Other (attach statement)			
Scl	hedule M-1 Reconciliation of Income (Loss) p	er Books With	Income (Loss) per Return. (N	ot required if Item G9, page
	1, is answered "Yes.")			
		6 Inc	come recorded on books this	
1	Net income (loss) per books	ye:	ar not included on Schedule K,	
2	Income included on Schedule K,		es 1 through 11 (itemize):	
	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,	a Ta	x-exempt interest \$	
	and 11 not recorded on books		:	
	this year (itemize):	7 De	ductions included on Schedule	
3	Guaranteed payments (other	K,	lines 1 through 13d, and 16l not	
	than health insurance)	cha	arged against book income this	
4	Expenses recorded on books	yea	ar (itemize):	
	this year not included on	a De	preciation \$	•
	Schedule K, lines 1 through			
	13d, and 16l (itemize):			
а	Depreciation \$			
b	Travel and entertainment \$	8 Ād	d lines 6 and 7	
		9 Ind	ome (loss). Subtract line 8	· —
5	Add lines 1 through 4		m line 5	<i>:</i>
Scl	hedule M-2 Analysis of Partners' Capital Accou			ered "Yes.")
1	Balance at beginning of year	6 Dis	stributions: a Cash , , , ,	<u> </u>
2	Capital contributed:		b Property	
	a Cash	7 Oth	ner decreases (itemize):	
	b Property			
3	Net income (loss) per books			
4	Other increases (itemize):			
			d lines 6 and 7	
		I	lance at end of year. Subtract	
_	Add lines 1 through 4	l l	O from line E	

Schedule N	Tra	ansactions F	<u>Between (</u>	Controlled	Foreign	Partnership	and Pa	rtners or Ot	her Related E	Entities	
Important: (Complete	a separate F	orm 8865	and Schedu	le N for e	ach controlled	foreian	partnership.	Enter the total	is for each	type

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

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

SCHEDULE O (Form 8865)

Transfer of Property to a Foreign Partnership

(under section 6038B)

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

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service Name of transferor

Filer's identifying number

CENTRAL INDIANA COMMUNITY FOUNDATION INC	35-1793680
Name of foreign partnership	•

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interes in partnership after transfer
Cash	VAR		342,215.				.081
Marketable securities							
nventory							
Fangible - property used in trade or business -					-		
ntangible property							
Other property							
Supplemental Inf	ormation Requi	red To Be Re	ported (see instri	uctions):			
Part II Disp	ositions Report	able Under S	ection 6038B	_			
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

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

Schedule O (Form 8865) 2010

Form 8865

Return of U.S. Persons With Respect to Certain Foreign Partnerships Attach to your tax return. See separate instructions.

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Information furnished for the foreign partnership's tax year beginning 01/01/2010 , and ending 12/31/2010

Name of pers	son filing this	return			Fi	ler's identify	ing number		3equence (40	. 110	
CENTRAL INDIANA COMMUNITY FOUNDATION				INC		3	- 5-179368	80			
Filer's address (if you are not filing this form with your tax return)				A Category	of filer (see Cat	tegories of File	ers in the instru	uctions and check	applicable box(es)):	
				1	2	3	X	4			
				B Filer's tax	year beginning	01/0	1/2010	, and ending	12/31/	2010	
C Filer's s	hare of ligh	pilities: Nonrecourse \$		Ouglified pa	oprocesures En	anaina f		Oth @			
		of a consolidated group	hut not the pare		onrecourse fin		the parant:	Other \$			
Name	y a momber	or a conconducted group	but not the part	one, criter trie i	EIN		tile parent.	 -			
Address	s	· ·		_	<u> -"</u>						
E Informa	tion about	certain other partners (se	e instructions)								
	(1) Name		(*	2) Address		(2) 1446.	·	(4) Ch	eck applicable bo	ox(es)	
	(I) Name			2) Address		(3) Identify	ing number	Category 1	Category 2 Constructive owner		
		·				<u> </u>					
											
T4 N-			~ T.T.T.	D T11 GT = -						<u> </u>	
		s of foreign partnership					007	2 EIN (if any			
		APITAL GROUP HO	OLDINGS, .	333 S GR	AND AVE,	28TH FL	OOR	98-059			
LOS ANG	ELLES,	CA 90071						,	ider whose law	s organized	
4 Date of	 -	5 Principal place	6 Principal	husiness	7 Princin	al business	8a Euneti	OJ onal currency	8b Exchang	ne rate	
organiza		of business		ode number	activity			JSD	(see ins		
02/23	3/2009	CJ	523	900	INVES	STING	'	150			
		ng information for the fore			<u> </u>					1	
		nd identifying number of a			2 Check	if the foreign i	nartnership r	nust file	<u> </u>	 -	
United 8		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J (3,/		2 Check if the foreign partnership must file: Form 1042 Form 8804 Form 1065 or 1065-B						
					Service Center where Form 1065 or 1065-B is filed:						
					Service	e Center wher	e Form 106	or 1065-B is t	ilea:		
3 Name a	ind address	of foreign partnership's	agent in country	/ of	4 Name a	and address o	of person(s) v	with custody of	the books and		
organiza WALKER SPV	ation, if any	•		records of the foreign partnership, and the location of such books and records, if different							
		RY STREET GEORGETOWN		C/O OAKTREE CAPITAL GROUP HOLDINGS LP							
GRAND CAYM					333 S GRAND AVE, 28TH FLOOR						
CJ, KY1-90	02				LOS ANGELES	G, CA 90071					
		allocations made by the fo	• •	•				▶	X Yes	No	
		of Forms 8858, Information	on Return of U.S	5. Persons Wi	th Respect To	Foreign Disr	egarded Ent	ities,			
		um (see instructions)						\blacktriangleright			
		ship classified under the						PTED LIMI	red partn	ERSHIP	
		own any separate units									
9 Does thi	d)-1(b)(4)? is nartnerst	hip meet both of the follo	wing requirema	 ents?	• • • • • •	• • • • •		• • • • • •	Yes	X No	
The	partnership	o's total receipts for the ta	ax year were les	ss than \$250,0	000 and		1			37	
The lf "Yes	value of th	e partnership's total asse Implete Schedules L, M-1	ets at the end of 1_and M-2	the tax year v	vas less than	\$1 million.	}	▶	Yes	X No	
Sign Here	1	nalties of perjury, I declare		mined this retu	urn including a	ecompanying	echadulae and	d statements on	d to the heat o	f my knowladaa	
Only If You Are Filing	and belief	f, it is true, correct, and co on of which preparer has an	omplete. Declarat	ion of preparer	(other than ge	eneral partner	or limited liab	oility company m	ember) is based	d on all	
This Form Separately	IIIIOIIIIasu	with of willich prepares has an	y knowledge.								
and Not With							L				
Your Tax Retum.	Signat	ture of general partner or lim	ited liability compa	any member		····	Date				
	Print/Type	preparer's name	F	reparer's signat	ture		Date	Check if	PTI	IN	
Paid D								self- employed	1 ▶ 🗍		
Preparer	Firm's nam	e >						Firm's El	м ▶		
Use Only	Firm's addr	ress >						Phone n			
	<u> </u>										

Paperwork Reduction Act Notice, see the separate instructions.

S	chedule A Constructive Ov box b, enter the interest you cons	wnership of Partnership Intere name, address, and U.S. taxp structively own. See instructions t interest	ayer identifying numb · —	that apply to that apply to the contractive interesting th	of the persor	you chec n(s) whose
	Name	Address			Check if foreign person	Check if direct partner
Sı	chedule A-1 Certain Partners Name	of Foreign Partnership (see in	, , , , , , , , , , , , , , , , , , , ,	ring number (if	any)	Check if foreign person
	pes the partnership have any other for chedule A-2 Affiliation Sched	eign person as a direct partner? ule. List all partnerships (foreig	n or domostic) in whi			No
		ndirectly owns a 10% interest. Address	EIN (if an	<u> </u>	Total ordinary income or loss	Check if foreign partnership
	ution. Include only trade or business 1 a Gross receipts or sales b Less returns and allowances Cost of goods sold Gross profit. Subtract line 2 fro Ordinary income (loss) from o Net farm profit (loss) (attach S Net gain (loss) from Form 479		(attach statement)	1c 2 3 4 5 6 7	for more informa	ation.
Deductions (see instructions for limitations)	9 Salaries and wages (other tha 10 Guaranteed payments to partr 11 Repairs and maintenance 12 Bad debts 13 Rent 14 Taxes and licenses 15 Interest 16 a Depreciation (if required, attact b Less depreciation reported els 17 Depletion (Do not deduct oil a 18 Retirement plans, etc 19 Employee benefit programs	th Form 4562) ewhere on return and gas depletion.)	dits)	8 9 10 11 12 13 14 15 16c 17 18 19 20		
	21 Total deductions. Add the am	ounts shown in the far right column for lin	es 9 through 20	21		

	8865 (2010) OAKTREE PRINCIPAL FUND V LP	o Cabadula D	98-05999			Page 3
Scr Par	nedule D Capital Gains and Losses(Us	 -	,		ransactions for iii	nes i and /)
	(a) Description of property (Example: 100 shares of "Z" Co.)	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
1						
	:					
•						
		-				
					· · · · · · · · · · · · · · · · · · ·	
	Enter short term gain or /less) if any from Sak	andula D.1 (Form	1065) line 2	L		
2	Enter short-term gain or (loss), if any, from Sch	,	,		2	
3	Short-term capital gain from installment sales t		•	* * * * * * * * * * * *		
4	Short-term capital gain (loss) from like-kind ex	_			4	
5	Partnership's share of net short-term ca capital gains (losses), from other partnerships				short-term 5	
6	Net short-term capital gain or (loss). Cor Form 8865, Schedule K, line 8 or 11					·
Par	t II Long-Term Capital Gains and Loss	ses - Assets He	eld More Than	One Year		
	(a) Description of property (Example: 100 shares of "Z" Co.)	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
7						
				_		
8	Enter long-term gain or (loss), if any, from Sch				8	
9	Long-term capital gain from installment sales fi	rom Form 6252, li	ne 26 or 37		9	1

Net long-term capital gain or (loss). Combine lines 7 through 12 in column (f). Enter here and on

Form **8865** (2010)

10

11

12

13

10

11

12

13

Long-term capital gain (loss) from like-kind exchanges from Form 8824

Capital gain distributions

Partnership's share of net long-term capital gain (loss), including specially allocated long-term capital

gains (losses), from other partnerships, estates, and trusts

Form 886		- · · · · · · · · · · · · · · · · · · ·	,	Page 4
Sched	dule K		ļ .	Total amount
	1	Ordinary business income (loss) (page 2, line 22)	1	
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	3 a	Other gross rental income (loss)		
	b	Expenses from other rental activities (attach statement) 3b		
	С	Other net rental income (loss). Subtract line 3b from line 3a	3c	
_	4	Guaranteed payments	4	
Income (Loss)	5	Interest income	5	
Ŀ	6	Dividends: a Ordinary dividends	6a	
Ē		b Qualified dividends 6b		
03	7	Royalties	7	
트	8	Net short-term capital gain (loss)	8	
	9 a	Net long-term capital gain (loss)	9a	
	b	Collectibles (28%) gain (loss)		
		Unrecaptured section 1250 gain (attach statement)		
	10	Net section 1231 gain (loss) (attach Form 4797)	10	
		Other income (loss) (see instructions) Type	11	
	12		12	<u> </u>
Deductions		Contributions	13a	
ĊĘį		Investment interest expense	13b	
p	c	Section 59(e)(2) expenditures: (1) Type ▶(2) Amount ▶		
Õ	ď	Other deductions (see instructions) Type	13d	· · · · · · · · · · · · · · · · · · ·
<u>_</u>	14 a		14a	·
Self- mplo ment	b		14a 14b	
Self. Employ- ment	c	Gross nonfarm income		
				_ .
	_		1 1	
ţ	b		15b	
Credits	C		15c	
ပ်	d	Other rental real estate credits (see instructions) Type	15d	<u></u>
	e		15e	
	f	Other credits (see instructions) Type ▶	15f	 -
		Name of country or U.S. possession ▶		
		Gross income from all sources	1 1	
nsactions	С		16c	
ctic		Foreign gross income sourced at partnership level		
ısa	d		16f	
Ţa.		Deductions allocated and apportioned at partner level		
	g	Interest expense ▶ h Other ▶	16h	
Foreign Tra				
For			16k	<u> </u>
_		Total foreign taxes (check one): ▶	161	
			16m	
		Other foreign tax information (attach statement)	4-	
Alternative Minimum Tax (AMT) Items	1/a	Post-1986 depreciation adjustment	17a	
en T		Adjusted gain or loss	17b	
rna Fr	C	Depletion (other than oil and gas)	17c	
a i i E	d	Oil, gas, and geothermal properties - gross income	17d	
⋖⋸⋖	e	Oil, gas, and geothermal properties - deductions	17e	
	10 -	Other AMT items (attach statement)	17f	· · · · · · · · · · · · · · · · · · ·
_	78 a	Tax-exempt interest income	18a	
Ęį			18b	
Other Information		Nondeductible expenses	18c	
lo <u>n</u>		Distributions of cash and marketable securities	19a	
=			19b	
ē			20a	
ō		Investment expenses	20b	
	C	Other items and amounts (attach statement)		

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Form 8865 (2010) Page 5 Schedule L Balance Sheets per Books. (Not required if Item G9, page 1, is answered "Yes.") Beginning of tax year End of tax year Assets (a) (c) (d) 2 a Trade notes and accounts receivable. b Less allowance for bad debts 3 U.S. government obligations 4 Tax-exempt securities 5 6 Other current assets (attach statement) 7 Mortgage and real estate loans . . . 8 Other investments (attach statement) 9 a Buildings and other depreciable assets b Less accumulated depreciation . . . 10 a Depletable assets b Less accumulated depletion , Land (net of any amortization) 12 a Intangible assets (amortizable only) b Less accumulated amortization . . . 13 Other assets (attach statement) . . . 14 Liabilities and Capital Accounts payable 15 16 Mortgages, notes, bonds payable in less than 1 year 17 Other current liabilities (attach statement) All nonrecourse loans 18 19 Mortgages, notes, bonds payable in 1 year or more 20 Other liabilities (attach statement) 21 Partners' capital accounts Total liabilities and capital

Form	1 8865 (2010)			Page 6
Sc	hedule M Balance Sheets for Interest Alloca	ition	·	
1	Total U.S. assets		(a) Beginning of tax year	(b) End of tax year
2	Total foreign assets:			
_				
d	Passive category		·	
	General category			
	Other (attach statement)			at a suited if the CO and
Sc	hedule M-1 Reconciliation of Income (Loss) 1, is answered "Yes.")	per Books with	mcome (Loss) per Return. (No	ot required if item G9, page
		6 Inc	ome recorded on books this	
1	Net income (loss) per books	yea	ar not included on Schedule K,	
2	Income included on Schedule K,	line	es 1 through 11 (itemize):	
	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,	a Tax	x-exempt interest \$	
	and 11 not recorded on books			
	this year (itemize):	7 Dec	ductions included on Schedule	
3	Guaranteed payments (other	K, I	ines 1 through 13d, and 16l not	
	than health insurance)	l l	rged against book income this	
4	Expenses recorded on books		r (itemize):	,
	this year not included on	a De	preciation \$	
	Schedule K, lines 1 through			
	13d, and 16i (itemize):			
а	Depreciation \$			
	Travel and entertainment \$	8 Ād	d lines 6 and 7	
_		9 Inc	ome (loss). Subtract line 8	
5	Add lines 1 through 4		m line 5	
	hedule M-2 Analysis of Partners' Capital Acco			ered "Vee ")
4			tributions: a Cash	cica ics.)
1	Balance at beginning of year	6 Dis		
2	Capital contributed:	- 04	b Property	
	a Cash	7 Oth	ner decreases (itemize):	
_	b Property			
3	Net income (loss) per books			•
4	Other increases (itemize):			
			d lines 6 and 7	
		9 Bal	ance at end of year. Subtract	

5 Add lines 1 through 4

line 8 from line 5

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

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

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

SCHEDULE O (Form 8865)

Transfer of Property to a Foreign Partnership

(under section 6038B)

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service ► Attach to Form 8865. See Instructions for Form 8865. Name of transferor Filer's identifying number 35-1793680 CENTRAL INDIANA COMMUNITY FOUNDATION INC Name of foreign partnership OAKTREE PRINCIPAL FUND V LP

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash	VAR		600,000.				.175
Marketable securities							
Inventory							
Tangible property used in trade or business							
Intangible property							
Other property							
			ported (see instru	uctions):			
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner
Part III ls							

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

Schedule O (Form 8865) 2010 ...

Form 8865

Return of U.S. Persons With Respect to Certain Foreign Partnerships Attach to your tax return. See separate instructions.

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Information furnished for the foreign partnership's tax year beginning 01/01/2010 , and ending 12/31/2010

Sequence No. 118

Name of person filing this return		File	Filer's identifying number				
CENTRAL INDIANA COMMUNITY FOUNDATION				5-179368			
Filer's address (if you are not filing this form with your tax return)	A Category of	_	_	_	_	applicable box(e	es)):
	1	2	3		4		
	B Filer's tax ye	ar beginning _	01/01	/2010	, and ending.	12/31/	2010
C Filer's share of liabilities: Nonrecourse \$	Qualified nonr	coourse fina	noina C		Other \$		
D If filer is a member of a consolidated group but not the par				ho parant:	Other \$		
Name	ent, enter the foil	EIN	allon about i	ne parent.			
Address	-						
, 1001000							
E Information about certain other partners (see instructions)							-
(4) North	• • • • • • • • • • • • • • • • • • • •		400 14 155		(4) Che	ck applicable bo	x(es)
(1) Name (2) Address		(3) Identifyii	ng number	Category 1	Category 2	Constructive
	_		•			_	
F1 Name and address of foreign partnership $FLEET$ ACQ					2 EIN (if any)		
C/O OAKTREE PRINCIPAL FUND V LP, 333	S GRAND A	AVE, 28T	H FLOOR		66-074		
LOS ANGELES, CA 90071					_	der whose law	s organized
4 Date of 5 Principal place 6 Principal	husiness	7 Principal	business	Qa Eupetic	RM onal currency	8b Exchang	io coto
	ode number	activity			SD	(see inst	
03/12/2010 RM 523	3900	INVEST	ING	"	อบ		
G Provide the following information for the foreign partnershi							
Name, address, and identifying number of agent (if any) in		2 Check if	the foreign r	artnership m	ust file:		
United States	THE STATE OF THE S		rm 1042		n 8804	Form 1065	5 or 1065-B
C/O OAKTREE CAPITAL MANAGEMENT LP				_	_		01 1005-6
333 S GRAND AVE, 28TH FLOOR LOS ANGELES, CA 90071		Service	Center where	e Form 1065	or 1065-B is fi	iea:	
Name and address of foreign partnership's agent in countr	y of	4 Name ar	nd address o	f person(s) w	rith custody of t	the books and	
organization, if any		4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different					
TRUST COMPANY OF MARSHALL ISLANDS INC TRUST COMPANY COMPLEX, AJELTAKE RD, AJELTAKE		C/O OAKTREE CAPITAL MANAGEMENT LP					
MAJURO, MARSHALL ISLANDS	33	333 S GRAND AVE, 28TH FLOOR					
RM, 96960	L	LOS ANGELES, CA 90071					
5 Were any special allocations made by the foreign partners	ship?				▶	X Yes	No
6 Enter the number of Forms 8858, Information Return of U.		•	Foreign Disre	egarded Enti	ties,		
attached to this return (see instructions)							
7 How is this partnership classified under the law of the cour					ED LIABII	LITY COMP	ANY
8 Did the partnership own any separate units within the mea				, (4), ог			·
1.1503(d)-1(b)(4)? 9 Does this partnership meet both of the following requirem	onte?				▶	Yes	X No
The partnership's total receipts for the tax year were le		0 and		1			37
 The value of the partnership's total assets at the end of "Yes," do not complete Schedules L, M-1, and M-2. 	f the tax year wa	s less than \$	1 million.	}	▶	Yes	X No
Sign Here Under penalties of perjury, I declare that I have ex	remined this return	including or	.componida			d 45 455 555 5	
and belief, it is true, correct, and complete. Declara	ation of preparer (other than ger	neral partner	or limited liab	ility company m	ember) is based	ion all
This Form							
Separately and Not With			1				
Your Tax Return. Signature of general partner or limited liability comp	any member			Date			
	Preparer's signatur	re		Date	Check if	PTI	N
Paid					self- employed	ı▶∏İ	
Preparer Firm's name					Firm's EI	N ▶	
Use Only Firm's address ▶					Phone no		

S	chedule A Constructive Ov box b, enter the interest you con:	wnership of Partnership Interest and U.S. taxp structively own. See instructions	S	that apply to		you check n(s) whose
_	Name	Address		umber (if any)	Check if foreign person	Check if direct partner
	chedule A-1 Certain Partners	of Foreign Partnership(see in	nstructions)			
	Name	Address		ring number (if a	any)	Check if foreign person
		reign person as a direct partner? lule. List all partnerships (foreigindirectly owns a 10% interest.	gn or domestic) in whi			No No No A
	Name	Address	EIN (if ar		Total ordinary income or loss	Check if foreign partnership
	ution. Include only trade or business		hrough 22 below. See the	e instructions t	for more informa	ation.
Income	 b Less returns and allowances 2 Cost of goods sold 3 Gross profit. Subtract line 2 fr 4 Ordinary income (loss) from c 5 Net farm profit (loss) (attach S 6 Net gain (loss) from Form 475 	a Gross receipts or sales b Less returns and allowances Cost of goods sold Gross profit. Subtract line 2 from line 1c Ordinary income (loss) from other partnerships, estates, and trusts (attach statement) Net farm profit (loss) (attach Schedule F (Form 1040)) Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797) Other income (loss) (attach statement)				
		e lines 3 through 7	<u></u>	8 9		•
s (see instructions for limitations)	 10 Guaranteed payments to part 11 Repairs and maintenance 12 Bad debts 13 Rent 14 Taxes and licenses 15 Interest 16 a Depreciation (if required, attack b Less depreciation reported else 	ch Form 4562) 16a 16b 16b 16b 16c		10 11 12 13 14 15 16c		
Deductions	18 Retirement plans, etc19 Employee benefit programs	and gas depletion.)		18 19 20		
		nounts shown in the far right column for li		21		

	hedule D Capital Gains and Losses(Us	se Schedule D-	1 (Form 1065) t	o list additional	transactions for li	ines 1 and 7)
Pa	rt I Short-Term Capital Gains and Los	ses - Assets H	eld One Year o	r Less		
	(a) Description of property (Example: 100 shares of "Z" Co.)	(Example: 100 shares (month day year) (month day year)		(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
1						
		<u></u>			-	-
	···········					
	:					
2	Enter short-term gain or (loss), if any, from Sch	aedule D.1 /Form	1065) line 2			
_		·			2	
3	Short-term capital gain from installment sales f	rom Form 6252, I	ine 26 or 37		3	
4	Short-term capital gain (loss) from like-kind ex	changes from Fo	orm 8824		4	
5	Partnership's share of net short-term ca capital gains (losses), from other partnerships					
6	Net short-term capital gain or (loss). Cor Form 8865, Schedule K, line 8 or 11	mbine lines 1 th	nrough 5 in col	umn (f). Enter h	ere and on	
Pa	t II Long-Term Capital Gains and Loss					I
	(a) Description of property (Example: 100 shares of "Z" Co.)	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
7						
_						
				,		
	· · · · · · · · · · · · · · · · · · ·					
				<u></u>		
	Enter lang term gain or (least) if any, from Cab	adula D. 4 /Farm	100E) line 0			
8	Enter long-term gain or (loss), if any, from Sche	•			8	
9	Long-term capital gain from installment sales fr	rom Form 6252, li	ne 26 or 37		9	
0	Long-term capital gain (loss) from like-kind exc	hanges from Forr	n 8824		10	
1	Partnership's share of net long-term capita gains (losses), from other partnerships, estate					
2	Capital gain distributions					
			<i></i> .	<i></i>		

13

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13

Form 8865, Schedule K, line 9a or 11

Net long-term capital gain or (loss). Combine lines 7 through 12 in column (f). Enter here and on

Form 886		<u> </u>	Page 4
Sched	lule K		Total amount
	1	Ordinary business income (loss) (page 2, line 22)	1.
	2	Net rental real estate income (loss) (attach Form 8825)	2
	3 a	Other gross rental income (loss)	
	b	Expenses from other rental activities (attach statement) 3b	
	С	Other net rental income (loss). Subtract line 3b from line 3a	3c
~	4	Guaranteed payments	4
Income (Loss)	5	Interest income	5
j	6	Dividends: a Ordinary dividends	6a
шe			
00	7	Royalties	7
_=	8	Net short-term capital gain (loss)	8
	9 a	Net long-term capital gain (loss)	9a
	b	Collectibles (28%) gain (loss)	
	c	Unrecaptured section 1250 gain (attach statement)	
	10	Nist	10
		Other income (loss) (see instructions) Type	11
	12	Section 170 deduction (attach Form 4563)	12
Deductions		Contributions	13a
		Investment interest expense	13b
	c	Section 59(e)(2) expenditures: (1) Type ▶(2) Amount ▶	
		Other deductions (see instructions) Type	13d
. \$		Net earnings (loss) from self-employment	
높음발			14a
Self- Employ- ment	b	Gross farming or fishing income	14b
		Gross nonfarm income	
र्		Low-income housing credit (other)	
Credits	C	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c
ပ်		Other rental real estate credits (see instructions) Type ▶	15d
	e	Other rental credits (see instructions) Type ▶	15e
	f	Other credits (see instructions) Type ▶	15f
		Name of country or U.S. possession ▶	
		Gross income from all sources	16b
S.	C		16c
nsactions		, , , , , , , , , , , , , , , , , , , ,	
Sac	d	Passive category ▶ e General category ▶ f Other (attach statement) ▶	16f
an		Deductions allocated and apportioned at partner level	
Foreign Tra	g	,	16h
iĝi		Deductions allocated and apportioned at partnership level to foreign source income	
910			16k
ш		Total foreign taxes (check one): ▶ Paid Accrued	161
		Reduction in taxes available for credit (attach statement)	16m
		Other foreign tax information (attach statement)	
₩	17 a	Post-1986 depreciation adjustment	17a
Tay Tay	b	Adjusted gain or loss	17b
Te T	С	Depletion (other than oil and gas)	17c
	ď	Oil, gas, and geothermal properties - gross income	17d
Alternative Minimum Tax (AMT) Items	е	Oil, gas, and geothermal properties - deductions	17e
	f	Other AMT items (attach statement)	17f
	18 a	Tax-exempt interest income	18a
Ę	b	Other tax-exempt income	18b
atic		Nondeductible expenses	18c
Ę		Distributions of cash and marketable securities	19a
Other Information	b	Distributions of other property	19b
erl		Investment income	20a
됐	b		20b
٦		Other items and amounts (attach statement)	

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Form 8865 (2010) Page 5 Schedule L Balance Sheets per Books. (Not required if Item G9, page 1, is answered "Yes.") Beginning of tax year End of tax year Assets (a) (c) (b) (d) 2 a Trade notes and accounts receivable ... **b** Less allowance for bad debts 3 U.S. government obligations 4 5 6 Other current assets (attach statement) 7 Mortgage and real estate loans . . . 8 Other investments (attach statement) 9 a Buildings and other depreciable assets b Less accumulated depreciation . . . **b** Less accumulated depletion Land (net of any amortization) 12 a Intangible assets (amortizable only) b Less accumulated amortization 13 Other assets (attach statement) . . . 14 Liabilities and Capital Accounts payable 15 16 Mortgages, notes, bonds payable in less than 1 year 17 Other current liabilities (attach statement) All nonrecourse loans 18 19 Mortgages, notes, bonds payable in 1 year or more 20 Other liabilities (attach statement) 21 Partners' capital accounts 22 Total liabilities and capital

املا ۲	FET ACCUISITIONS II LLC	66-0743513
Form	n 8865 (2010)	Page
Sc	hedule M Balance Sheets for Interest Alloc	cation
		(a) (b) Beginning of End of tax year tax year
1	Total U.S. assets	
2	Total foreign assets:	
а	Passive category	13 martin 10 mar
b	General category	
	Other (attach statement)	
	hedule M-1 Reconciliation of Income (Loss	s) per Books With Income (Loss) per Return. (Not required if Item G9, pag
	1, is answered "Yes.")	ypor books than mooms (2003) por Notarii. (Not required in term 60, pag
		6 Income recorded on books this
1	Net income (loss) per books	year not included on Schedule K,
2	Income included on Schedule K,	lines 1 through 11 (itemize):
_	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,	a Tax-exempt interest \$
	and 11 not recorded on books	a rax-exempt interest \$
	this year (itemize):	7 Deductions included on Schedule
3	Guaranteed payments (other	
3		K, lines 1 through 13d, and 16l not
4	than health insurance) Expenses recorded on books	charged against book income this
4		year (itemize):
	this year not included on	a Depreciation \$
	Schedule K, lines 1 through	
	13d, and 16I (itemize):	
	Depreciation \$	
b	Travel and entertainment \$	8 Add lines 6 and 7
_		9 Income (loss). Subtract line 8
	Add lines 1 through 4	from line 5
Sc		counts.(Not required if Item G9, page 1, is answered "Yes.")
1	Balance at beginning of year	6 Distributions: a Cash
2	Capital contributed:	b Property
	a Cash	7 Other decreases (itemize):
	b Property	
3	Net income (loss) per books	
4	Other increases (itemize):	
		8 Add lines 6 and 7

9

Balance at end of year. Subtract

line 8 from line 5

Form **8865** (2010)

Add lines 1 through 4

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

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

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

SCHEDULE O (Form 8865) Department of the Treasury Internal Revenue Service

Transfer of Property to a Foreign Partnership (under section 6038B)

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

OMB No. 1545-1668

2010

Name	of	transferor	

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Filer's identifying number

35-1793680

Name of foreign partnership

FLEET ACQUISITIONS II LLC

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash	VAR		203,432.				.089
Marketable securities		,					
Inventory	· 						
Tangible property used in trade or business							
Intangible property							
Other property							
	formation Requi		ported (see instru	uctions):			
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner
Part III Is	any transfer repo	orted on this s	chedule subject to	gain recognition un	der section 904(f)	(3) or	

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

Schedule O (Form 8865) 2010

Form **8865**

Return of U.S. Persons With Respect to Certain Foreign Partnerships Attach to your tax return. See separate instructions.

OMB No. 1545-1668

Department of the Treasury

Information furnished for the foreign partnership's tax year beginning 01/01/2010, and ending 12/31/2010

Attachment Sequence No. 118

Name of person filing this return					Fil	Filer's identifying number				
CENTRAL	INDIA	NA COMMUNITY	FOUNDATION	INC.	[3.	5-179368	30		
Filer's address ((if you are	not filing this form with y	our tax return)	A Category	of filer (see Cat	egories of File	rs in the instru	ctions and check	applicable box(e	95)):
				1	2	3	X	4		
				B Filer's tax	year beginning	01/0	1/2010	, and ending ,	12/31/	2010
				·						
C Filer's sha	are of liab	ilities: Nonrecourse \$	3	Qualified no	nrecourse fina	ancing \$		Other \$		
D If filer is a	member	of a consolidated gro	oup but not the par	rent, enter the f	ollowing infor	nation about	the parent:			
Name					EIN					
Address										
E Informatio	n about o	ertain other partners	(see instructions)							
/1	I) Name			(2) Address		(3) Identifyi	na number	(4) Che	eck applicable bo	
()) realis			(2) Address		(a) Identity	ing number	Category 1	Category 2	Constructive owner	
			<u> </u>							
			•						·	
						<u> </u>				
		of foreign partnershi		_				2 EIN (if any))	
		APITAL MANAGE	EMENT LP, 3	333 S GRA1	ND AVE 28	BTH FLOO	R			
LOS ANGE	LES,	CA 90071						1	der whose law	s organized
TA Data at		F Densinal store	C Dein sin s	l businasa.	- D			RM	Bt. Eurles	
4 Date of organization	on	5 Principal place of business	6 Principa activity of	ode number	activity	al business	1	onal currency	8b Exchang (see ins	
		DM 5230			INVES	TING	'	ISD		
	£ . II	RM	1	3900	<u> </u>	_				
		ng information for the			Obsahla i	Etha fausian				
United Sta	-	d identifying number	or agent (if any) if	n the		f the foreign		Г	— ———————————————————————————————————	
		MANAGEMENT LP			L.J.F	orm 1042	Foπ	n 8804	Form 1068	5 or 1065-B
333 S GRAND					Service	Center where	e Form 1065	or 1065-B is fi	iled:	
LOS ANGELES,		71 of foreign partnershi			4 No		£ / . \ .	No. of all of		
organizati		• .	p's agent in count	ry Oi	records	of the foreigi	n partnership	with custody of t , and the location	the books and on of such boo	ıks
-		RSHALL ISLANDS INC	:		and records, if different					
		EX, AJELTAKE RD, A	JELTAKE		333 S GRAND AVE, 28TH FLOOR					
MAJURO, MARS RM, 96960	SHALL IS	ALNDS			TOO BYOTER	GT 00071				
	م امنده مده	Nagatiana mada bu th	ha faraina madaan	ahi+O	LOS ANGELES				X Yes	
•	•	illocations made by th of Forms 8858, Inform		•	th Respect To		-		X Yes	No
		um (see instructions)		.G. FEISUIS VVI	urrespect ro	i i oreign Disi	egarded Em	nies,		
		ship classified under		ntry in which it	is omanized?			 ED LIABI1	TTY COME	PANY
		own any separate ur				1 1503-2(c)(3				
1.1503(d)								_		X
· ·		nip meet both of the	following requirer	nents?					└── Yes	No No
		o's total receipts for th				¢4 !!!!	l		Yes	X No
		e partnership's total a Implete Schedules L,		of the tax year v	was iess man	\$1 million.	J		165	NO
Sign Here	Under pe	nalties of perjury, I dea	clare that I have ex	xamined this retu	urn, including a	accompanying	schedules and	d statements, an	d to the best o	f my knowledge
Only If You Are Filing		f, it is true, correct, an		ation of prepare	r (other than ge	eneral partner	or limited liab	ility company m	ember) is base	d on all
Are Filing This Form Separately and Not With Your Tax Signature of general partner or limited liability compa										
Your Tax Return.	Signat	ture of general partner o	r limited liability com	pany member			Date			
	Print/Type	preparer's name		Preparer's signa	ture		Date	Check if	PT	IN
Paid		·				<u> </u>		self- employed	d ▶	
	Firm's nam	e >						Firm's El	IN 📐	
Use Only F	Firm's addi	ress 🕨	<u>=</u>					Phone n	0.	

Paperwork Reduction Act Notice, see the separate instructions.

For	n 8665 (2010)						•	Page 2
So	chedule A	int <u>ere</u> st you consti	nership of Partnership name, address, and U.S ructively own. See instru	Interest. Che taxpayer ide ctions.			the filer. If f the persor	
	N	a Owns a direct i	nterest Address	<u>.</u>	Owns a const	nuctive interest	Check if foreign person	Check if direct partner
							person	partici
Sc	hedule A-1	Certain Partners o	f Foreign Partnership(s	ee instructio	ons)			
	N	ame	Address	Identifying	y)	Check if foreign person		
_								
Doe	es the partners	hip have any other forei	ign person as a direct partne	er?			Yes	No
So	hedule A-2		le. List all partnerships (directly owns a 10% inte	foreign or do			n partnersh	ip owns a
	N	ame	Address		EIN (if any)		Total ordinary income or loss	Check if foreign partnership
		-					-	
90	hedule B	Income Statement	- Trade or Business Inc	como				
			ncome and expenses on line		2 below. See the i	nstructions for	r more informa	ation.
Income	b Less reto Cost of Q Gross pr Gross pr Gross pr Gross pr Fr Gross pr Gross	urns and allowances goods sold rofit. Subtract line 2 from r income (loss) from oth profit (loss) (attach Sci	er partnerships, estates, an hedule F (Form 1040)) , Part II, line 17 (attach Forn	d trusts (attach	statement) .*	1c 2 3 4 5 6 7		
			ines 3 through 7			8		
r limitations)	10 Guarante11 Repairs12 Bad deb	eed payments to partne and maintenance ts	ers	• • • • • • • • • • • • • • • • • • • •		10 11 12 13		
(see instructions for limitations)	14 Taxes ar15 Interest16 a Deprecia	nd licensesation (if required, attach	Form 4562)	16a		14 15		
Deductions (s	17 Depletion18 Retirement19 Employe	n (Do not deduct oil an ent plans, etc ee benefit programs .	where on return		, ,	16c 17 18 19		
<u> </u>			nent) unts shown in the far right colum			21		<u> </u>
	22 Ordinary	husiness income (less) f	rom trade or business activities	Subtract line 24	from line 9	22		

Schedule D	Capital Gains	and Losses(Use	Schedule D-1 (Form	1065) to list additional tra	ensactions for lines 1 and	7)

	(a) Description of property (Example: 100 shares of "Z" Co.)	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Sales price (see instructions)	(e) Cost or other basi (see instructions)	s (f) Gain or (loss) Subtract (e) from (d)
1						
2	Enter short-term gain or (loss), if any, from Sch	nedule D-1 (Form	1065), line 2		2	
3	Short-term capital gain from installment sales f	rom Form 6252, I	ine 26 or 37		3	
4	Short-term capital gain (loss) from like-kind ex	changes from Fo	orm 8824		4	
5	Partnership's share of net short-term ca capital gains (losses), from other partnerships					
6	Net short-term capital gain or (loss). Con					

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

	(a) Description of property (Example: 100 shares of "Z" Co.)	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Sales price (see instructions)	(e) Cost or other (see instruction		(f) Gain or (loss) Subtract (e) from (d)
7							
	,						
		-					
	<u> </u>			.			
8	Enter long-term gain or (loss), if any, from So	hedule D-1 (Form	1065), line 8			8	-
9	Long-term capital gain from installment sales	from Form 6252, li	ne 26 or 37			9	
10	Long-term capital gain (loss) from like-kind ex	xchanges from Form	m 8824			10	
11	Partnership's share of net long-term capi gains (losses), from other partnerships, esta		11				
12	Capital gain distributions					12	
13	Net long-term capital gain or (loss). Co	mbine lines 7 thr	ough 12 in colu	umn (f). Enter he	ere and on		

Form 8865 (2010) Page 4 Schedule K Partners' Distributive Share Items **Total amount** Ordinary business income (loss) (page 2, line 22) 2 2 Net rental real estate income (loss) (attach Form 8825) Expenses from other rental activities (attach statement) 3b Other net rental income (loss). Subtract line 3b from line 3a 3с Guaranteed payments 4 ncome (Loss) Interest income 6 **b** Qualified dividends ______ 7 Royalties Net short-term capital gain (loss) 8 9 a Net long-term capital gain (loss) b Collectibles (28%) gain (loss) 9b c Unrecaptured section 1250 gain (attach statement) ______gc_ Net section 1231 gain (loss) (attach Form 4797) 10 10 Other income (loss) (see instructions) Type > 11 11 Section 179 deduction (attach Form 4562) 12 12 Deductions 13 a Contributions b Investment interest expense Section 59(e)(2) expenditures: (1) Type ▶ 13c(2) d Other deductions (see instructions) Type ▶ 13d 14 a 14a Gross farming or fishing income 15 a Low-income housing credit (section 42(j)(5)) **b** Low-income housing credit (other) 15b Qualified rehabilitation expenditures (rental real estate) (attach Form 3468) <u>15c</u> Other rental real estate credits (see instructions) Type ▶ _____ Type ▶ Other rental credits (see instructions) 15e Other credits (see instructions) Type ▶ **16 a** Name of country or U.S. possession ▶ ______ 16b c Gross income sourced at partner level Foreign Transactions d Passive category ▶_____e General category ▶ _____ f Other (attach statement) ▶ Deductions allocated and apportioned at partner level 16h Deductions allocated and apportioned at partnership level to foreign source income Passive category ▶____j General category ▶__ _ _ _ k Other (attach statement) Total foreign taxes (check one): ▶ Paid Accrued 16I m Reduction in taxes available for credit (attach statement) n Other foreign tax information (attach statement) 17 a Post-1986 depreciation adjustment Alternative Minimum Tax (AMT) Items **b** Adjusted gain or loss 17b Depletion (other than oil and gas) 17c d Oil, gas, and geothermal properties - gross income Oil, gas, and geothermal properties - deductions f Other AMT items (attach statement) 18 a Tax-exempt interest income 18a b Other tax-exempt income Other Information 18b Nondeductible expenses 18c Distributions of cash and marketable securities Distributions of other property 19b 20 a Investment income b Investment expenses c Other items and amounts (attach statement)

0X1913 2.000

Form 8865 (2010) Page 5 Schedule L Balance Sheets per Books. (Not required if Item G9, page 1, is answered "Yes.") Beginning of tax year End of tax year Assets (a) (d) 2 a Trade notes and accounts receivable . b Less allowance for bad debts 3 U.S. government obligations 4 Tax-exempt securities 5 6 Other current assets (attach statement) 7 Mortgage and real estate loans . . . 8 Other investments (attach statement) 9 a Buildings and other depreciable assets **b** Less accumulated depreciation . . . b Less accumulated depletion Land (net of any amortization) 12 a Intangible assets (amortizable only) b Less accumulated amortization 13 Other assets (attach statement) . . . 14 Liabilities and Capital Accounts payable 15 16 Mortgages, notes, bonds payable in less than 1 year 17 Other current liabilities (attach statement) All nonrecourse loans 18 19 Mortgages, notes, bonds payable in 1 year or more 20 Other liabilities (attach statement) 21 Partners' capital accounts 22 Total liabilities and capital

а	Depreciation \$			
b	Travel and entertainment \$	8	Add lines 6 and 7	
		9	Income (loss). Subtract line 8	
5	Add lines 1 through 4		from line 5	• •
Sch	nedule M-2 Analysis of Partners' Capital Accounts.(N	ot re	quired if Item G9, page 1, is ans	wered "Yes.")
1	Balance at beginning of year	6	Distributions: a Cash	
2	Capital contributed:		b Property	
	a Cash	7	Other decreases (itemize):	
	b Property			
3	Net income (loss) per books			
4	Other increases (itemize):			
		8	Add lines 6 and 7	
		9	Balance at end of year. Subtract	
5	Add lines 1 through 4		line 8 from line 5	
			· · · · · · · · · · · · · · · · · · ·	

Schedule K, lines 1 through

13d, and 16l (itemize):

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

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

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

SCHEDULE O (Form 8865) Department of the Treasury Internal Revenue Service

Transfer of Property to a Foreign Partnership

(under section 6038B)

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

OMB No. 1545-1668

2010

Name of transferor

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Filer's identifying number 35-1793680

Name of foreign partnership

MARITIME EQUITY PARTNERS LLC

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash	VAR		192,687.				.084
Marketable securities			·				
Inventory							
Tangible property used in trade or business							
Intangible property							
Other property							
Supplemental In	formation Requi	red To Be Re	ported (see instru	uctions):			
Part II Dis	positions Report	able Under S	ection 6038B				
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

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

Schedule O (Form 8865) 2010

Form 8865

Return of U.S. Persons With Respect to Certain Foreign Partnerships Attach to your tax return. See separate instructions.

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Information furnished for the foreign partnership's tax year beginning 01/01/2010 , and ending 12/31/2010

Attachment Sequence No. 118

Name of pers	on filing this	return			Fi	ler's identi	fying number		<u>'</u>	
CENTRAL	INDIA	NA COMMUNITY F	OUNDATION	INC			35-17936	80		
Filer's address	s (if you are	not filing this form with your	tax return)	A Category	of filer (see Ca	tegories of l	ilers in the inst	ructions and check	applicable box((es)):
				1	2		3 X	4		
				B Filer's tax	c year beginning	01/	01/2010	, and ending	12/31,	/2010
										
C Filer's s	hare of liab	ilities: Nonrecourse \$		Qualified n	onrecourse fin	ancing \$		Other \$		
D If filer is	a member	of a consolidated group	but not the par	ent, enter the	following infor	mation abo	ut the parent:			
Name					EIN	l				
Address	3									
				 						
E Informat	tion about o	certain other partners (se	e instructions)			T	 -	1		
	(1) Name		(2	2) Address		(3) Ident	tifying number		eck applicable b	ox(es) Constructive
								Category 1	Category 2	owner
					<u>-</u>		<u></u>			
F1 Name a	nd address	of foreign partnership	THE OVER	LOOK PAR	TNERS FU	NID. T.P.	÷ .	2 EIN (if any	<u> </u>	
		CORPORATE SERV				•		98-013	•	
		GRAND CAYMAN	1020, 210	01 1,0 111					nder whose lav	vs organized
CJ .								CJ		··· g
4 Date of	41	5 Principal place	6 Principal			al business	8a Func	tional currency	8b Exchan	
organiza	ation	of business	activity c	ode number	activity INVEST			USD	(see ins	str.)
12/18	3/1992	CJ	523	3900	THAFFI	THENTO				
G Provide	the following	ng information for the for	eign partnershij	p's tax year:						
		d identifying number of	agent (if any) in	the	2 Check	if the foreig	ın partnership	must file:		
United S	States					orm 1042	Fo	rm 8804	X Form 106	5 or 1065-B
					Service	e Center wi	nere Form 106	۔ 35 or 1065-B is f		
					OGD				nou.	
		of foreign partnership's	agent in country	y of	4 Name	and addres	s of person(s)	with custody of p, and the locati	the books and	-1
OVERLOOK II	ation, if any				and rec	cords, if diff	erent		IOIT OF SUCIT DO	UKS
		ENTRE, PO BOX 268			HSBC INSTIT			ES (ASIA) LTD		
GEORGE TOW	N, GRAND	CAYMAN			I QUEEN 3 I	COAD CENT				
CJ, KY1-11	04				HK					
		diocations made by the t	0 1	•				▶	X Yes	∐ No
		of Forms 8858, Informati	on Return of U.	S. Persons W	ith Respect To	Foreign D	isregarded En	itities,		
		um (see instructions)						🕨	_==-==	
	· ·	ship classified under the		-	•			PTED LIMI	TED PARTI	NERSHIP
		own any separate units				1.1503-2(c)(3), (4), ог			[v]
	d)-1(b)(4)? is partperst	nip meet both of the following	owing requirem	ents?		• • • • •		• • • • •	Yes	X No
The	partnership	o's total receipts for the t	ax year were le	ss than \$250,			ì			X No
The lf "∀es	value of the	e partnership's total asse Implete Schedules L, M-	ets at the end of	f the tax year	was less than	\$1 million.	}		└── Yes	△ No
Sign Here		nalties of perjury, I declar	-	amined this ret	turn including	accompanyir	a reheduler s	nd statements or	d to the best of	of my knowledge
Only if You Are Filing	and belief	f, it is true, correct, and c	omplete. Declara	ition of prepare	er (other than g	eneral partn	er or limited lia	ability company n	nember) is base	ed on all
This Form	Informatio	n of which preparer has a	ny knowleage.							
Separately and Not With							1			
Your Tax Return.	Signat	ture of general partner or lin	nited liability comp	any member			Date			
····	Print/Type	preparer's name	Ţ	Preparer's signa	ature	<u> </u>	Date	Check if	PT	IN .
Paid				-				self- employe	. —	
Preparer	Firm's nam	e >						Firm's E	- 1 11	
Use Only	Firm's add		•					Phone n		
								- I none ii		

	chedule A	Constructive Ow box b, enter the interest you const	nership of Partnership name, address, and U.S ructively own. See instru interest	Interest. Che S. taxpayer ide actions.				If you check son(s) whose
_	Na	ame	Address		Identifying nur		Check i	direct
Sc	chedule A-1	Certain Partners o	of Foreign Partnership(s	see instructio	ons)			Check if
,	Na	ame	Address		Identifyir	ng number (i	if any)	foreign person
		Affiliation Schedu	ign person as a direct partnerships directly owns a 10% inte	(foreign or do	mestic) in which			No ship owns a
	Na	ime	Address		EIN (if any)	Total ordinal income or lo	
	1 a Gross ret b Less retu Cost of g Gross pre Ordinary Net farm Net gain	ceipts or sales irns and allowances oods sold ofit. Subtract line 2 froi income (loss) from ott profit (loss) (attach So (loss) from Form 4797	m line 1c ner partnerships, estates, and thedule F (Form 1040)) T, Part II, line 17 (attach Form terment)	es 1a through 2 1a 1b od trusts (attach	statement) *	1c 2 3 4 5 6 7	s for more info	rmation.
Deductions (see instructions for limitations)	9 Salaries 10 Guarante 11 Repairs a 12 Bad debt 13 Rent 14 Taxes an 15 Interest 16 a Deprecia b Less dep 17 Depletion 18 Retireme 19 Employe 20 Other de	and wages (other than eed payments to partnered and maintenance is a dicenses it ion (if required, attach reciation reported else in (Do not deduct oil arent plans, etc. e benefit programs ductions (attach stater	lines 3 through 7 It to partners) (less employmers	ent credits)		8 9 10 11 12 13 14 15 16c 17 18 19 20		
_			unts shown in the far right colur			21		

Schedule D	Capital Gains and Losses(Use Schedule D-1 (Form 1065) to list additional transactions for lines 1 a	and 7)

GOILGG	No	000 00:10 dale B	1 (1 0/1/1 1000)	to not additional	
Part I	Short-Term Capital Gains and L	osses - Assets H	eld One Year o	or Less	
	(a) Description of property	(b) Date acquired	(c) Date sold	(d) Sales price	(e)

	(a) Description of property (Example: 100 shares of "Z" Co.)	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)	
1							
	-						
	·						
2	Enter short-term gain or (loss), if any, from Sch	edule D-1 (Form	1065), line 2		2		
3	Short-term capital gain from installment sales fr	rom Form 6252, l	ine 26 or 37		3		
4	Short-term capital gain (loss) from like-kind exchanges from Form 8824						
5	Partnership's share of net short-term cal capital gains (losses), from other partnerships,						
6	Net short-term capital gain or (loss). Con	nbine lines 1 th	nrough 5 in colu		ere and on		

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

	(a) Description of property (Example: 100 shares of "Z" Co.)	erty (b) Date acquired (c) Date sold (month, day, year) (month, day, year)		(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)		(f) Gain or (loss) Subtract (e) from (d)	
7								
	·							
8	Enter long-term gain or (loss), if any, from Sch	edule D-1 (Form	1065), line 8			8		
9	Long-term capital gain from installment sales for	rom Form 6252, li	ne 26 or 37 .			9		
10	Long-term capital gain (loss) from like-kind exc	changes from For	m 8824			10		
11	Partnership's share of net long-term capita gains (losses), from other partnerships, estate		11					
12	Capital gain distributions	12						
13	Net long-term capital gain or (loss). Com Form 8865, Schedule K, line 9a or 11					13	Form 8865 (2010)	

JSA 0X1913 2.000

Other Information

Form **8865** (2010)

Distributions of cash and marketable securities

Nondeductible expenses

Investment income

b Investment expenses

Distributions of other property

b Other tax-exempt income

c Other items and amounts (attach statement)

18c

19a

19b

20a

20b

Form 8865 (2010)		Page 0
Schedule M Balance Sheets for Interest Alloc	ation	-
	(a) Beginning of tax year	(b) End of tax year
1 Total U.S. assets		
2 Total foreign assets:		
a Passive category		·
b General category		
c Other (attach statement)		
Schedule M-1 Reconciliation of Income (Loss) 1, is answered "Yes.")	per Books With Income (Loss) per Return	1. (Not required if Item G9, page
	6 Income recorded on books th	nis
Net income (loss) per books	year not included on Schedule	K,
2 Income included on Schedule K,	lines 1 through 11 (itemize):	
lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,	a Tax-exempt interest \$	
and 11 not recorded on books		-
this year (itemize):	7 Deductions included on Schedu	rie
3 Guaranteed payments (other	K, lines 1 through 13d, and 16l r	ot
than health insurance)	charged against book income the	
4 Expenses recorded on books	year (itemize):	
this year not included on	a Depreciation \$	•
Schedule K, lines 1 through		
13d, and 16l (itemize):		. ↓
a Depreciation \$		
b Travel and entertainment \$	8 Add lines 6 and 7	
`	9 Income (loss). Subtract line	
5 Add lines 1 through 4	from line 5	
Schedule M-2 Analysis of Partners' Capital Acc	ounts.(Not required if Item G9, page 1, is a	nswered "Yes.")
Balance at beginning of year	6 Distributions: a Cash	
2 Capital contributed:	b Property	
a Cash	7 Other decreases (itemize):	
b Property		
3 Net income (loss) per books	•	_
4 Other increases (itemize):		_
Tarier merodood (normes).	8 Add lines 6 and 7	
	9 Balance at end of year. Subtra	
5 Add lines 1 through 4	line 8 from line 5	<u>ا</u>

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

Important:	Complete	a separate	Form 8865	and Schedu	ule N for eac	h controlled	foreign	partnership.	Enter the totals	for each ty	pe of
transaction	that occurr	ed between	the foreign	partnership	and the per	sons listed is	n column	is (a) through	(d).		

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

SCHEDULE O (Form 8865)

Tangible property used in trade or business

Intangible property

Other property

Transfer of Property to a Foreign Partnership

OMB No. 1545-1668

(under section 6038B) Department of the Treasury ► Attach to Form 8865. See Instructions for Form 8865. Internal Revenue Service Filer's identifying number Name of transferor CENTRAL INDIANA COMMUNITY FOUNDATION 35-1793680 Name of foreign partnership THEOVERLOOK PARTNERS FUND, LP Part I Transfers Reportable Under Section 6038B (e) Section 704(c) allocation (b) (c) Fair market (g) (a) (d) (f) Percentage interest in partnership after Number of Type of Gain recognized on Date of Cost or other property items value on date transfer basis transfer transferred of transfer method transfer Cash VAR 6,000,000. .462 Marketable securities Inventory

Supplemental Information Required To Be Reported (see instructions): ATTACHMENT

Part II Dispositions Reportable Under Section 6038B (b) Date of (e) Gain (f) Depreciation (h) Depreciation (c) (g) Type of Date of recapture recognized Gain allocated Manner of original recognized by recapture allocated property disposition disposition to partner to partner transfer partnership

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)?

Yes X No

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

Schedule O (Form 8865) 2010

FORM 8865, SCHEDULE O DETAIL CENTRAL INDIANA COMMUNITY FOUNDATION

ATTACHMENT 1

SCHEDULE O - PART I - SUPPLEMENTAL INFORMATION REQUIRED

THIS PARTNERSHIP IS AN EXEMPTED LIMITED PARTNERSHIP, WHICH INVESTS IN LISTED SECURITIES OF COMPANIES OPERATING IN THE ECONOMIES OF THE ASIAN REGION EXCLUDING JAPAN. IT SELECTS COMPANIES THAT HAVE SUPERIOR BUSINESSES AND MANAGEMENT AND SHARES OF WHICH ARE UNDERVALUED. THE AMOUNT IN COLUMN (C) ABOVE REPRESENTS INVESTMENTS WHICH WERE MADE BY THE PARTNERSHIP IN 2010.

Form **547**1

(Rev. December 2007)

Information Return of U.S. Persons With Respect To Certain Foreign Corporations

► See separate instructions.

Department of the Treasury Internal Revenue Service Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning 01/01/2010, and ending 12/31/2010

OMB No. 1545-0704

Attachment Sequence No. 121

internal revenue cervice Section 690) (See	mstructions) beginning U T	<u>/ UI/ ZUI</u>	<u>.U , e</u>	ind ending L	<u> </u>	<u> </u>	equence N	0. 121
Name of person filing this return					A Iden	tifying numbe	r	
CENTRAL INDIANA COMMUN	NITY FOUNDATION	INC			35-1793680			
Number, street, and room or suite no. (or P.O. box n	number if mail is not delivered to street	t address)	B Catego	ory of filer (See	instruction	s. Check applic		 s)):
615 NORTH ALABAMA STRE	EET			1 (repea	led) 2	з 🗌	4	5 X
City or town, state, and ZIP code			C Enter t	he total percen	tage of the	foreign corpora	ation's votin	
INDIANAPOLIS	IN 46	204				al accounting p		29,470%
Filer's tax year beginning 01/01/2010) , and ending $12/$	31/2010						
D Person(s) on whose behalf this information retu		-			•			
						(4) Chec	k applicable	e box(es)
(1) Name	(2) Address			(3) Identifyir	g number	Shareholder Officer Director		
	 -							
					-	-		
					· -			
Important: Fill in all applicable line	s and schedules. All inforr	mation mus	sthe in	English A	ll amou	nts mus th	e state	1
in U.S. dollars unless o							- Clarot	-
1a Name and address of foreign corporation		· ·		1	b Emplo	yer identificat	tion numb	er, if any
IVA OVERSEAS FUND (CAYMAN) LTD. CLASS A					EIGN		, ,
154 UNIVERSITY AVENUE, ST	•					y under whose	laws incorp	orated
TORONTO, ONTARIO CA	_ , , , ,					MAN ISLA		
d Date of incorporation e Principal place	ce of business f Principal busi	iness activity	g Princ	l cipal business		h Function		у
İ	code II	iumber						
02/01/2008 CJ	5239	900	INVEST	Ents		USD		
2 Provide the following information for the fo	oreign corporation's accounting p	eriod stated ab				•	_	
a Name, address, and identifying number of	f branch office or agent (if any)	b If a U.S.	income t	ax return was	filed, ent	er:		
in the United States						(ii) U.S. inc	ome tax p	aid
		(i) Taxa	able inco	ne or (loss)			all credits)	
					Ī			
c Name and address of foreign corporation's	statutory or resident agent in	d Name ar	nd addres	s (including o	corporate	department, i	f applicab	le) of
country of incorporation						pooks and rec		
		ALTERNATIV			Such Do	oks and recon	as, it aimer	rent
				E, STE 700	MET 3A0	พรน จาด		
		TORONTO ON				11011 0/3		
		TOMONIO OF	milu U					
Schedule A Stock of the Foreig	n Corporation	1			·			
			(b) No	ımber of shar	es issued	and outstand	ling	
(a) Description of each class	s of stock	(i) Be	eginning o	of annual period	-		of annual ing period	
COMMON			4	7,403.			55,6	53.
COMMON				3,770.	1		4,0	
								
	-	1				-		
For Paperwork Reduction Act Notice, see ins	ctructions		-		 -I	F. F4	74 /	40.000=
. v apoinois incanction not House, acc in	211 NOTION					FUIII 34	I (REV	. 12-2007)

Schedule B U.S. Shareholders	s of Foreign Corporation(see instructions)		_	
(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of subpart F income (enter as a percentage)
CENTRAL INDIANA COMMUNITY FDN	CLASS A	18,527.	18,527.	
615 NORTH ALABAMA STREET, STE 119 INDIANAPOLIS IN 46204				
35-1793680				
-			·	
		_		
		 		
		-		
			·	
				-
				

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

		· · · · · · · · · · · · · · · · · · ·		Functional Currency	U.S. Dollars
	1 a	Gross receipts or sales	1a		
	b	Returns and allowances	1b		-
	С	Subtract line 1b from line 1a	_1c		
Ð	2	Cost of goods sold	2		
ncome	3	Gross profit (subtract line 2 from line 1c)	3		
jč	4	Dividends	4		931,297
=	5	Interest			405,571
	6a	Gross rents	6a		
	ь	Gross royalties and license fees	6Ь		
	7	Net gain or (loss) on sale of capital assets	7		
	8	Other income (attach schedule) ATTACHMENT 1	8		9,670,810.
	9	Total income (add lines 3 through 8)	9		11,007,678.
	10	Compensation not deducted elsewhere	10		
	11 a	Rents	11a		
	b	Royalties and license fees	11b		
S	12	Interest	12		
₽	13	Depreciation not deducted elsewhere	13		<u> </u>
Deductions	14	Depletion	14		
ed	15	Taxes (exclude provision for income, war profits, and excess profits taxes)	15		
Δ	16	Other deductions (attach schedule - exclude provision for income, war			
		profits, and excess profits taxes) ATTACHMENT 2	16		733,988.
	17	Total deductions (add lines 10 through 16)	17		733,988.
đì.	18	Net income or (loss) before extraordinary items, prior period			
Ĕ		adjustments, and the provision for income, war profits, and excess			
2		profits taxes (subtract line 17 from line 9)	18	,	10,273,690.
Net Income	19	Extraordinary items and prior period adjustments (see instructions)	19		
Š	20	Provision for income, war profits, and excess profits taxes (see instructions)	20		
	21	Current year net income or (loss) per books (combine lines 18 through 20)	21		10,273,690.

Form **5471** (Rev. 12-2007)

	(a)	(a) Amount of tax			
	Name of country or U.S. possession	(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars	
U.S.					
		· · · · · · · · · · · · · · · · · · ·			
}					
i					

Schedule F **Balance Sheet**

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions

for an exception for DASTM corporations.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	1	0.	1,000,000.
2a	Trade notes and accounts receivable	2a		
	Less allowance for bad debts	2b	((
3	Inventories	3		
4	Other current assets (attach schedule)	4		
5	Loans to shareholders and other related persons	5		
6	Investment in subsidiaries (attach schedule) ATTACHMENT 3	6	56,243,997.	74,652,606.
7	Other investments (attach schedule)	7		
8a		8a		
b	Less accumulated depreciation	8b	()	()
	Depletable assets ,	9a		
	Less accumulated depletion	9b	()	()
10	Land (net of any amortization)	10		· • · · · · · · · · · · · · · · · · · ·
11	Intangible assets:			<u> </u>
а	Goodwill	11a		
	Organization costs			
	Patents, trademarks, and other intangible assets	11c		
	Less accumulated amortization for lines 11a, b, and c	11d	(()
12	Other assets (attach schedule)	12	22,166.	22,166.
			· · ·	<u> </u>
13	Total assets	13	56,266,163.	75,674;772.
	Liabilities and Shareholders' Equity			
14	Accounts payable	14		
15	Other current liabilities (attach schedule)			
16	Loans from shareholders and other related persons	16		
17	Other liabilities (attach schedule)	17	20,800.	1,020,800.
18	Capital stock:			
а	Preferred stock	18a		
	Common stock	18b	51,173,000.	59,673,000.
19	Paid-in or capital surplus (attach reconciliation)	19		
20	Retained earnings	20	5,072,363.	14,980,972.
21	Less cost of treasury stock	21		(
22	Total liabilities and shareholders' equity	22	56,266,163.	75,674,772.
				Form 5471 (Rev. 12-2007)

$\overline{}$	m 5471 (Rev. 12-2007)	 .				Page 4
30	hedule G Other Information	 -			Yes	No.
1	During the tax year, did the foreign corporation of partnership?					No
	If "Yes," see the instructions for required attachn					
2	During the tax year, did the foreign corporation of					Χ
3	During the tax year, did the foreign corporation of			te		[]
	from their owners under Regulations sections 30	•	· ·			X
	If "Yes," you are generally required to attach For	= '				77
4	During the tax year, was the foreign corporation	•	• •		· · · · · · · · -	X
5	During the course of the tax year, did the foreign	corporation become a parti-	cipant in any cost sharing arrangem	ent?		X
	hedule H Current Earnings and Proortant: Enter the amounts on lines 1 to					
1	Current year net income or (loss) per foreign boo	oks of account		1	10,273,6	90.
2	Net adjustments made to line 1 to					
	determine current earnings and profits	Net	Net			
	according to U.S. financial and tax accounting standards (see instructions):	Additions	Subtractions			
	 					
	Depreciation and amortization					
С	Depletion					
ď	Investment or incentive allowance					
е	Charges to statutory reserves		-			
f	Inventory adjustments					
g	Taxes	-				
	Other (attach schedule) ATCH 6					
3	Total net additions					
4			5,240,713.			
	Current earnings and profits (line 1 plus line 3 mi	· · · · · · · · · · · · · · · · · · ·		5a	5,032,9	77.
	DASTM gain or (loss) for foreign corporations that			5b		
	Combine lines 5a and 5b			5c	<u>5,</u> 032,9	//.
d	Current earnings and profits in U.S. dollars					
	defined in section 989(b) and the related regula	tions (see instructions))	• • • • • • • • • • • • • • • •	5d		
90	Enter exchange rate used for line 5d ► hedule I Summary of Shareholde	r's Incomo Erom Eoro	eign Corporation (see instru	otional	<u> </u>	
JU	definition of Shareholde	1 S IIICOINE FIORII FOIE	agii Corporation (see instru	Clions)	<u> </u>	
	Cubant Finance /line 20h Madulukant A in the i					
1	Subpart F income (line 38b, Worksheet A in the i	nstructions)		1		
2	Earnings invested in U.S. property (line 17, Work	abaat Dia tha iaatawatiaaa)				
3	Previously excluded subpart F income withd	•	stmonts (line 6h Markehest C	2		
3	<u> </u>	•	,			
4	in the instructions)			3		
•	Worksheet D in the instructions) ,		-			
	Worksheet Dill the instructions)			4		
F	Factoring income			5		
	racioning income	• • • • • • • • • • • • • • • • • • • •		-	 	
R	Total of lines 1 through 5. Enter here and on you	r income toy return. See inct	ructions	6		
•	Total of lines 7 through 6. Effect field and on you	income tax return. Occ inst	idolons	-		
7	Dividends received (translated at spot rate on pa	vment date under section 98	(9/h)/1))	7		
-	and received (adminiated at spectrate on pa	ymont date ander section st	(S(S)(\'))	'		
В	Exchange gain or (loss) on a distribution of previous	ously taxed income		8		
	, , , , , , , , , , , , , , , , , , , ,	** ***********************************		-	Yes	No
• 1/	Vas any income of the foreign corporation blocked	2			162	X
	old any such income become unblocked during the))); 			X
	e answer to either question is "Yes," attach an exp		·//: • • • • • • • • • • • • • • • • • •	• • • •	· · · · · · · · · · · · · · ·	

Form **5471** (Rev. 12-2007)

35-1793680

▶ Attach to Form 5471. See Instructions for Form 5471.

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Name of foreign corporation

Name of person filing Form 547

Department of the Treasury nternal Revenue Service (Rev. December 2005)

SCHEDULE J (Form 5471)

OMB No. 1545-0704

Identifying number 35-1793680

Accumulated Earnings and Profits (E&P) of Controlled Foreign Corporation

(combine columns (a), (b), and (c)) 18,663,095 23,696,072 (d) Total Section 964(a) E&P (iii) Subpart F Income (c) Previously Taxed E&P (see instructions) (sections 959(c)(1) and (2) balances) (ii) Earnings Invested in Excess Passive Assets (i) Earnings Invested in U.S. Property Not Previously Taxed 959(c)(3) balance) (b) Pre-1987 E&P (pre-87 section Undistributed Earnings 959(c)(3) balance) 18, 663, 095. 23, 696, 072. 23,696,072 (post-86 section (a) Post-1986 5,032, IVA OVERSEAS FUND (CAYMAN) LTD, CLASS A plus line 2a or line 1 minus line 2b) Important. Enter amounts in E&P not previously taxed (line 1 Amounts included under section Total current and accumulated E&P at end of year (line 1 plus Balance of E&P not previously amount from line 6a or line 6b, Balance at end of year. (Enter section 959(c) in current year Balance at beginning of year 951(a) or reclassified under Balance of previously taxed mínus line 4, minus line 5b) taxed at end of year (line 3 b Current year deficit in E&P nonpreviously taxed E&P whichever is applicable.) Actual distributions of functional currency. Actual distributions or previously taxed E&P line 4, minus line 5a) reclassifications of 2a Current year E&P 5a

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For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

JSA 0X1665 1.000

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Schedule J (Form 5471) (Rev. 12-2005)

SCHEDULE O (Form 5471)

(Rev. December 2005)

Department of the Treasury Internal Revenue Service

Name of person filing Form 5471

Organization or Reorganization of Foreign Corporation, and Acquisitions and Dispositions of its Stock

OMB No. 1545-0704

Identifying number

➤ Attach to Form 5471. See Instructions for Form 5471.

CENTRAL INDIANA	COMMUNITY FOU	JNDATION	1 INC		35	5-179368	30	
Name of foreign corporation					•			
IVA OVERSEAS FUN	D (CAYMAN) LI	D, CLAS	SS A					
		•		-£t				
Important: Complete a separa	ateScriedule O for each	roreign corpo	oration for which i	ntormation must be	е геропеа.			
Part I To Be Complete	d by U.S. Officers	and Direct	tors					
(a)		(b)		(c)	(d)		(e)	
Name of shareholder for wh acquisition information is repo		Address of sharel	holder	Identifying number of shareholder	Date of origination 10% acquisition			
				· · · -				
						ŀ		
				_	-			
					ļ			
				•				
					-			
Part II To Be Complete	d by U.S. Shareho	lders	-					
	required because one		eholders became	ILS nersons atta	ch a list showir	na the		
	ons and the date each b			0.0. poroono, ana	on a not onewn	ng trio		
· ·			I Shareholder I	nformation				
				(b)		(c)		
(a)		For	shareholder's latest U	.S. income tax return file	ed, indicate:	Date (if any) s last filed infi		
Name, address, and iden	tifying number of	(1) Type of return	(2)	(3)		return unde	er sectio	n
shareholder(s) filing t	(enter form number)	Date return filed	Internal Revenue 9 where fi			6046 for the foreign corporation		
CENTRAL IN COMMUNITY	FDN 35-17936	80				•		
615 NORTH ALABAMA ST	REET, STE 119							
INDIANAPOLIS, IN 462	04	990	11/15/2011	OGDE	N, UT			
	•							
			1					
Section	B — U.S. Persons W	/ho Are Offi	icers or Directo	ors of the Foreig	n Corporation	on	14.50	
(a)			(i	o)		(c)	apr	heck ro-
Name of U.S. officer	or director		Add	ress	Socia	al security number		ate (es)
							Ofcr	Dir
							İ	
		·						
	Sec	ction C — A	cquisition of S	tock				
	463	4.5	(A)		(e)			
(a)	(b)	(c)	(d) Method of		Number of share	s acquired		
Name of shareholder(s) filing this schedule	Class of stock	Date of		(1)	(2)		(3)	
	acquired	acquisition	acquisition	Directly	Indirect	ily Const	tructivel	y
		•						
For Panenwork Reduction Act Not	ica saa the Instructions (for Form 5474			Schodule O	(Form 5471)	/12 20	י אבי

Section F — Additional Information

- (a) If the foreign corporation or a predecessor U.S. corporation filed (or joined with a consolidated group in filing) a U.S. income tax return for any of the last 3 years, attach a statement indicating the year for which a return was filed (and, if applicable, the name of the corporation filing the consolidated return), the taxable income or loss, and the U.S. income tax paid (after all credits).
- (b) List the date of any reorganization of the foreign corporation that occurred during the last 4 years while any U.S. person held 10% or more in value or vote (directly or indirectly) of the corporation's stock
- (c) If the foreign corporation is a member of a group constituting a chain of ownership, attach a chart, for each unit of which a shareholder owns 10% or more in value or voting power of the outstanding stock. The chart must indicate the corporation's position in the chain of ownership and the percentages of stock ownership (see instructions for an example).

Schedule O (Form 5471) (Rev. 12-2005)

FORM 5471, PAGE 2 DETAIL

	ATTACHMENT 1	
SCH C, LINE 8 - OTHER INCOME		
NET REALIZED GAIN FROM IVA OVERSEAS NET UNREALIZED APPRECIATION FROM IV	4,430,097. 5,240,713.	
TOTAL	9,670,810.	
	ATTACHMENT 2	
SCH_C, LINE 16 - OTHER DEDUCTIONS		
ADMINISTRATIVE FEES	60,458.	
CUSTODIAN FEES	58,436.	
PROFESSIONAL FEES	28,404.	
MANAGEMENT FEES	539 , 168.	
OTHER EXPENSES	47,522.	
TOTAL	733,988.	

FORM 5471, PAGE 3 DETAIL

	BEGINNING	ENDING
	US CURRENCY	US CURRENCY
	<u> </u>	TTACHMENT 3
SCH F, LINE 6 - INVESTMENT IN SUBSIDIARIES		
NVESTMENT IN IVA OVERSEAS MASTER	56,243,997.	74,652,606.
TOTALS	56,243,997.	74,652,606.
	A	TTACHMENT 4
CH F, LINE 12 - OTHER ASSETS		
REPAID EXPENSES	22,166.	22,166.
TOTALS	22,166.	22,166.
	Ā	TTACHMENT 5
CH F, LINE 17 - OTHER LIABILITIES	=	
UBSCRIPTIONS RECEIVED IN ADVANCE THER LIABILITIES	0. 20,800.	1,000,000. 20,800.
TOTALS	20,800.	1,020,800.

CENTRAL INDIANA COMMUNITY FOUNDATION INC IVA OVERSEAS FUND (CAYMAN) LTD, CLASS A

35-1793680

FORM 5471, PAGE 4 DETAIL

ATTACHMENT 6

SCH H, LINE 2H - OTHER RECONCILING ITEMS

NET ADDITIONS

NET SUBTRACTS

UNREALIZED APPRECIATION FROM IVA OVERSEAS FUND

5,240,713.

TOTALS

5,240,713.

(Rev. December 2008)

Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Part I	U.S. Transferor Information (see instructions)		
Name of	transferor		Identifying number (see instructions)
_CEN	TRAL INDIANA COMMUNITY FOUNDATION		35-1793680
1 If	the transferor was a corporation, complete questions 1a through	1d.	•
a If	the transfer was a section 361(a) or (b) transfer, was the transfer	or controlled (under section 3)	
5	or fewer domestic corporations?		Yes No
b Di	d the transferor remain in existence after the transfer?		, Yes No
lf	not, list the controlling shareholder(s) and their identifying numbe	г(s):	
			
	Controlling shareholder	Ident	tifying number
			-
-			
	the transferor was a member of an affiliated group filing a consoli		
CO	rporation?		Yes No
!f :	rporation? not, list the name and employer identification number (EIN) of the	parent corporation:	
	Name of parent corporation		arent corporation
		. Енч от р	
a Ha	ave basis adjustments under section 367(a)(5) been made?	• • • • • • • • • • • • • • • • • • • •	Yes No
2 If	the transferor was a partner in a partnership that was the a	actual transferor (but is not	treated as such under section 367)
	mplete questions 2a through 2d.	actual transferor (but is not	treated as such under section 301),
	st the name and EIN of the transferor's partnership:		
	Name of partnership	EIN	of partnership
BEAC	ON CAPITAL STRATEGIC PARTNERS V LP	03-	0610280
	d the partner pick up its pro rata share of gain on the transfer of p		
	the partner disposing of its entire interest in the partnership?		— —
d Is	the partner disposing of an interest in a limited partnership that is	regularly traded on an establ	ished
se	curities market?	<u></u>	Yes X No
Part II		structions)	
	ame of transferee (foreign corporation)		4 Identifying number, if any
BCSP	V EUROPE LP		98-0523511
	Idress (including country)		
200	STATE STREET, 5TH FLOOR BOSTON, MA	<u>02109</u>	
	ountry code of country of incorporation or organization (see instru	cuons)	
UK			
	reign law characterization (see instructions)		
	NERSHIP	-0	177
	the transferee foreign corporation a controlled foreign corporation rwork Reduction Act Notice, see separate instructions.	<u>16</u>	X Yes No
, от гаре	awork reduction Act Notice, see separate instructions.		Form 926 (Rev. 12-2008)

Part III Information Regarding Transfer of Property (see instruction	sfer of Property (see instructions)
--	-------------------------------------

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VAR		214,480.		
	-				
Stock and					
securities					
Installment					
obligations,					
account					
receivables or					
similar property			···	-	
Coroign gurrongy				-	-
Foreign currency or other property					-
denominated in					
foreign currency	• • • • • • • • • • • • • • • • • • • •				
	-	-			-
Inventory					
		 			
Assets subject to		-			
depreciation			-		
recapture (see					
Temp. Regs. sec.					
1.367(a)-4T(b)) Tangible property			-		
used in trade or		-			
business not listed					<u>-</u>
under another	-				
category					
Intangible					
property					
Property to be				<u> </u>	
leased (as described in					
Temp. Regs. sec.					
1.367(a)-4T(c))				<u> </u>	
Property to be			<u> </u>		
sold (as described in					
Temp. Regs. sec.					
1.367(a)-4T(d))					
Transfers of oil and					
gas working interests			·		
as described in Temp. Regs. sec.				-	
1.367(a)-4T(e))			 -		<u> </u>
O45					
Other property			_ ·	•	
					-
		<u>+</u>			<u> </u>
Supplemental li	nformation Required	To Be Reported (see in	nstructions):		
.					<u></u>
			<u> </u>		
					-

Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
9 E	Enter the transferor's interest in the foreign transferee corporation before and after the transfer:		<u> </u>
(a) Before <u>. 091589</u> % (b) After <u>. 091589</u> %		
10	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351		
b	Indicate whether any transfer reported in Part III is subject to any of the following: Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes Yes Yes	X No X No X No X No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	Yes	X No
b	Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following: Tainted property Depreciation recapture Branch loss recapture Any other income recognition provision contained in the above-referenced regulations	Yes Yes Yes Yes	X No X No X No X No
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?	Yes	X No
15 a	Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	Yes	X No
b	If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶ \$		
16	Was cash the only property transferred?	Yes	☐ No
17 a	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?	Yes	X No
b	If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:		
	Form 92	2 6 (Re	v. 12-2008)

(Rev. December 2008)

Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Part I	U.S. Transferor Information (see instructions)		
Name of t			Identifying number (see instructions)
CENT	FRAL INDIANA COMMUNITY FOUNDATION	INC	<u>35-179</u> 3680
1 If t	ne transferor was a corporation, complete questions 1a through	1d.	
a Iftl	ne transfer was a section 361(a) or (b) transfer, was the transfer	or controlled (under section 36	58(c)) by
	r fewer domestic corporations?		
b Dic	the transferor remain in existence after the transfer?		Yes No
	ot, list the controlling shareholder(s) and their identifying numbe		
	Controlling shareholder	Ident	ifying number
	<u> </u>		
			
			
	· -		
	•		
			
c If th	ne transferor was a member of an affiliated group filing a consoli	dated return was it the parent	<u> </u>
	poration? ot, list the name and employer identification number (EIN) of the	parent corporation:	Yes No
	ot he name and employer identification flumber (Env) of the	parent corporation.	<u> </u>
	Name of parent corporation	EIN of pa	arent corporation
	-		
		·	
d Ha	ve basis adjustments under section 367(a)(5) been made?		Yes No
	•••••••••••••••••••••••••••••••••••••••		
2 If t	he transferor was a partner in a partnership that was the a	ctual transferor (but is not	treated as such under section 367).
	nplete questions 2a through 2d.	•	· · · · · · · · · · · · · · · · · · ·
a List	the name and EIN of the transferor's partnership:		
	Name of partnership		
	Maine of partiters mp	EIN	of partnership
CAPIT	AL INTERNATIONAL PRIVATE EQUITY	51-	0631126
b Did	the partner pick up its pro rata share of gain on the transfer of p	artnership assets?	Yes X No
c Ist	he partner disposing of its entire interest in the partnership? .		Yes X No
d Ist	he partner disposing of an interest in a limited partnership that is	regularly traded on an establ	ished
sec	urities market?	<u>.</u>	Yes X No
Part II	Transferee Foreign Corporation Information (see ins	tructions)	
	me of transferee (foreign corporation)		4 Identifying number, if any
<u>CONST</u>	ELLATION OVERSEAS LIMITED		
	dress (including country) VANTERPOOL PLAZA, 2	ND FLOOR, WICK	HAMS CAY 1 ROAD TOWN
TORTO	DLA BRITISH VIRGIN ISLANDS VI		
	untry code of country of incorporation or organization (see instru	ctions)	
VI	-		
	eign law characterization (see instructions)		
	RATION		
8 ls ti	ne transferee foreign corporation a controlled foreign corporation	?	Yes X No
For Paper	work Reduction Act Notice, see separate instructions.	- 	Form 926 (Rev. 12-2008)

Form 926 (Rev. 12-2008) Page 2							
Part III Info	Part III Information Regarding Transfer of Property (see instructions)						
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer		
Cash	06/15/2010		410,290.				
Stock and							
securities		<u> </u>					
			<u> </u>				
Installment					<u>.</u>		
obligations, account				-			
receivables or					-		
similar property			-				
Foreign currency			_				
or other property							
denominated in foreign currency				<u>-</u>			
—————	-						
Inventory		-					
Assets subject to							
depreciation		-					
recapture (see Temp. Regs. sec.				-	-		
1.367(a)-4T(b))							
Tangible property							
used in trade or business not listed							
under another							
category							
T-4							
Intangible property							
,				<u>.</u>			
Property to be		· · · · · · · · · · · · · · · · · · ·					
leased (as				<u> </u>	-		
described in Temp. Regs. sec.							
1.367(a)-4T(c))					·		
Property to be							
sold (as described in							
Temp. Regs. sec.							
1.367(a)-4T(d))							
Transfers of oil and gas working interests				·			
(as described in			 ·				
Temp. Regs. sec.		-					
1.367(a)-4T(e))		1			ì		

Supplemental Information Required To Be Reported (see instructions):							
							

Other property

Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)	
9 E	Enter the transferor's interest in the foreign transferee corporation before and after the transfer:	
(a) Before 0 % (b) After . 018643 %	
10	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351	
ì	Indicate whether any transfer reported in Part III is subject to any of the following: Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Yes Yes	X No X No X No X No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	X No
t c	Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following: Tainted property Depreciation recapture Branch loss recapture Any other income recognition provision contained in the above-referenced regulations Yes Yes	X No X No X No X No
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?	X No
15 a	Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	X No
b	If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ►\$	
16	Was cash the only property transferred?	No
17 a	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?	X No
	If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:	

Form **926** (Rev. 12-2008)

(Rev. December 2008)

Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Par	t I U.S. Transferor Information (see instructions)	
Name	e of transferor	Identifying number (see instructions)
CI	ENTRAL INDIANA COMMUNITY FOUNDATION	INC 35-1793680
1	If the transferor was a corporation, complete questions 1a through	1d.
а	If the transfer was a section 361(a) or (b) transfer, was the transfer	
	5 or fewer domestic corporations?	
b	Did the transferor remain in existence after the transfer?	Yes No
	If not, list the controlling shareholder(s) and their identifying number	r(s):
	Controlling shareholder	Identifying number
		
		<u> </u>
	·	-
		····
С	If the transferor was a member of an affiliated group filing a consolic corporation? If not, list the name and employer identification number (EIN) of the	Yes No
	Name of parent corporation	EIN of parent corporation
d	Have basis adjustments under section 367(a)(5) been made?	
2	If the transferor was a partner in a partnership that was the a complete questions 2a through 2d.	ectual transferor (but is not treated as such under section 367
а	List the name and EIN of the transferor's partnership:	
	Name of partnership	EIN of partnership
САТ	PITAL INTERNATIONAL PRIVATE EQUITY	51-0631126
	Did the partner pick up its pro rata share of gain on the transfer of p	
	Is the partner disposing of its entire interest in the partnership?	
	Is the partner disposing of an interest in a limited partnership that is	
	securities market?	
Par		
3	Name of transferee (foreign corporation)	4 Identifying number, if any
DII	LI GROUP HOLDINGS COMPANY LIMITED	
5	Address (including country) CRICKET SQUARE, HUT	CHINS DRIVE PO BOX 2681
<u>GR</u>	AND CAYMAN CAYMAN ISLANDS CJ KY1-1111	
6	Country code of country of incorporation or organization (see instru	ctions)
<u>CJ</u>		· · · · · · · · · · · · · · · · · · ·
7	Foreign law characterization (see instructions)	
COF	RPORATION	
8	Is the transferee foreign corporation a controlled foreign corporation	?Yes X No
For P	anerwork Reduction Act Notice, see separate instructions	Form 926 (Pay 12 2008

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	03/18/2010		136,810.		
Stock and					
securities	<u>.</u>				
Installment		·			
obligations,					
account receivables or					
similar property				-	ļ
Foreign currency					<u> </u>
or other property denominated in					
foreign currency				,	<u> </u>
					<u> </u>
Inventory					
			<u> </u>		
					-
Assets subject to depreciation				-	
recapture (see					
Temp. Reas. sec.				_	
1.367(a)-4T(b))		-			
Tangible property used in trade or					
business not listed	_	·	<u> </u>		
under another				-	
category					
latone ible					
Intangible property					· · · · · · · · · · · · · · · · · · ·
FP					
Property to be	-				
leased (as	 				
described in					
Temp. Regs. sec. 1.367(a)-4T(c))					
Property to be					
sold (as		-			
described in					
Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and		 			
gas working interests		-			
(as described in					
Temp. Regs. sec. 1.367(a)-4T(e))					<u>.</u>
1:007 (4) 41(6)/					
				-	-
Other property	· · · · · · · · · · · · · · · · · · ·	· i			
ŀ				-	-
				<u>.</u> .	
Supplemental In	formation Required	l To Be Reported (see i	nstructions):		
b b					
	·		.		
			-		·
					-

Pa	rt IV Additional Information Regarding Transfer of Property(see instructions)	
9 E	enter the transferor's interest in the foreign transferee corporation before and after the transfer:	
(a) Before <u>0</u> % (b) After <u>. 007023</u> %	
10	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351	
b		X No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	X No
b	Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following: Tainted property Depreciation recapture Branch loss recapture Any other income recognition provision contained in the above-referenced regulations Yes Yes	X No
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? Yes	X No
	Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	X No
16	Was cash the only property transferred?	☐ No
	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the	X No
b	If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:	

Form 926 (Rev. 12-2008)

(Rev. December 2008)

Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Par	U.S. Transferor Information (see instructions)		
	e of transferor		Identifying number (see instructions)
<u>C</u> E	INTRAL INDIANA COMMUNITY FOUNDATION	INC	35-1793680
1	If the transferor was a corporation, complete questions 1a through	1d.	
а	If the transfer was a section 361(a) or (b) transfer, was the transfer	or controlled (under section 3)	68(c)) by
	5 or fewer domestic corporations?		
b	Did the transferor remain in existence after the transfer?		
	If not, list the controlling shareholder(s) and their identifying numbe	and the second s	
	The first the containing state of each transfer the first transfer the first transfer the first transfer the first transfer transfer the first transfer tran		
	Controlling shareholder	ident	tifying number
	:		
			·
	·		
C	If the transferor was a member of an affiliated group filing a consoli	The state of the s	
	corporation?		Yes No
	If not, list the name and employer identification number (EIN) of the	e parent corporation:	· · · · · · · · · · · · · · · · · · ·
	Name of parent corporation	EIN of D	arent corporation
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>
	Have basis adjustments under section 367(a)(5) been made?	<u></u>	Yes No
u	Trave basis adjustments under section sor (a)(o) been made?		L les LNO
2	If the transferor was a partner in a partnership that was the a	actual transferor (but is not	treated as such under section 367)
	complete questions 2a through 2d.		
а	List the name and EIN of the transferor's partnership:		
	Name of partnership	EIN (of partnership
<u>CA</u> E	PITAL INTERNATIONAL PRIVATE EQUITY	51-	0631126
b	Did the partner pick up its pro rata share of gain on the transfer of p	partnership assets?	Yes X No
C	Is the partner disposing of its entire interest in the partnership? .		Yes X No
	Is the partner disposing of an interest in a limited partnership that is		
	securities market?		
Pari			
3	Name of transferee (foreign corporation)		4 Identifying number, if any
CIE	PEF GALAXY S.A.R.L.		-
5	Address (including country) 5, RUE GUILLAUME KE	ROLL	
LUX	XEMBOURG LUXEMBOURG LU L-1882		<u> </u>
6	Country code of country of incorporation or organization (see instru	ctions)	
LU			•
7	Foreign law characterization (see instructions)		
COF	RPORATION		
8	Is the transferee foreign corporation a controlled foreign corporation	1?	· · · · Yes X No
For P	aperwork Reduction Act Notice, see separate instructions.		Form 926 (Rev. 12-2008)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	03/10/2010		139,865.		
	·				
Stock and					
securities					
					-
Installment					
obligations,				,	
account					
receivables or similar property		l	-		
similar property					
oreign currency					-
or other property	-				
denominated in					
foreign currency					
nventory					
rivernory				-	
Assets subject to				· · · · · · · · · · · · · · · · · · ·	<u> </u>
depreciation					
recapture (see l'emp. Regs. sec.					
1.367(a)-4T(b))				<u> </u>	
Fangible property					
used in trade or					
ousiness not listed under another				-	· · ·
category					
ntangible	<u> </u>				
огорегту				.	
-					
Property to be					
eased (as					
lescribed in		-	· <u>-</u>		
Temp. Regs. sec. I.367(a)-4T(c))					<u></u>
Property to be					
old (as					
lescribed in	-	-			<u> </u>
Temp. Regs. sec. I.367(a)-4T(d))					
ransfers of oil and	-			· · · · · ·	<u> </u>
as working interests	_				
as described in					
emp. Regs. sec. .367(a)-4T(e))		_			
.507(a)-41(e))		<u> </u>			
-					
Other property			-		
}			_		
					
Sunnlemental In	formation Required	To Be Reported (see ins	tructions):		
zabbieillettrat III	iorination ivedanta	To be vehoused (see ins	ou actions).		
					
			 		
				<u> </u>	

Pa	Additional Information Regarding Transfer of Property(see instructions)		
9 E	Enter the transferor's interest in the foreign transferee corporation before and after the transfer:		
(;	a) Before <u>0</u> % (b) After <u>.1384425</u> %		
10	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351		
b	Indicate whether any transfer reported in Part III is subject to any of the following: Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes Yes Yes	X No X No X No X No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	Yes	X No
b c	Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following: Tainted property Depreciation recapture Branch loss recapture Any other income recognition provision contained in the above-referenced regulations	Yes Yes Yes	X No X No X No X No
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?	Yes	X No
15 a	Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	Yes	X No
b	If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶\$		
16	Was cash the only property transferred?	X Yes	☐ No
17 a	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?	Yes	X No
b	If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:		
_			
		orm 926 (Re	ev. 12-2008)

(Rev. December 2008)

Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Par	U.S. Transferor Information (see instructions)		· · · · · · · · · · · · · · · · · · ·
Name	e of transferor		Identifying number (see instructions)
CE	ENTRAL INDIANA COMMUNITY FOUNDATION	INC	35-1793680
1	If the transferor was a corporation, complete questions 1a through	1d.	
а	If the transfer was a section 361(a) or (b) transfer, was the transfer	ror controlled (under section 36	68(c)) by
	5 or fewer domestic corporations?		
b	Did the transferor remain in existence after the transfer?		Yes No
	If not, list the controlling shareholder(s) and their identifying number	er(s):	
	Controlling about older		
	Controlling shareholder	laent	ufying number
	.		
	<u> </u>		
	If the transferor was a member of an affiliated group filing a consol	idated return, was it the parent	<u> </u>
	corporation?		
	If not, list the name and employer identification number (EIN) of the	e parent corporation	resNo
		<u> </u>	
	Name of parent corporation	EIN of pa	arent corporation
d	Have basis adjustments under section 367(a)(5) been made?	. .	Yes No
2	If the transferor was a partner in a partnership that was the	actual transferor (but is not	treated as such under section 367),
_	complete questions 2a through 2d.		
<u>a</u>	List the name and EIN of the transferor's partnership:	· ·	
	Name of partnership	EIN o	of partnership
	- <u>; </u>		· · · · · · · · · · · · · · · · · · ·
CAE	PITAL INTERNATIONAL PRIVATE EQUITY	51-	0631126
	Did the partner pick up its pro rata share of gain on the transfer of		
	Is the partner disposing of its entire interest in the partnership?		— — — — — — — — — — — — — — — — — — —
	Is the partner disposing of an interest in a limited partnership that is		
	securities market?		
Part	Transferee Foreign Corporation Information (see ins		· ·
	Name of transferee (foreign corporation)		4 Identifying number, if any
<u>GRU</u>	PO IBMEC EDUCACIONAL S.A.		
	Address (including country) RUA VERGUEIRO, N 1	.759 TERREO, 1	E 2 ANDARES
SAC	PAULO BRAZIL BR		
	Country code of country of incorporation or organization (see instru	ictions)	
<u>BR</u>	Facility Investment of the Albert Annual Conference of the Alb		
	Foreign law characterization (see instructions)		
	PORATION		
	Is the transferee foreign corporation a controlled foreign corporation	Π?	Yes X No
LOL P	aperwork Reduction Act Notice, see separate instructions.		Form 926 (Rev. 12-2008)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
ash	02/17/2010		101,116.		
tock and		<u> </u>		. <u> </u>	
ecurities					
<u> </u>					
stallment					
oligations,					
count ceivables or					
nilar property					
reign currency					
other property					
nominated in				_	
eign currency					
entory					
· · · · · · · · ·					
sets subject to					
preciation					-
capture (see emp. Regs. sec.					
367(a)-4T(b))					
ingible property	*			-	-
ed in trade or					
siness not listed der another		 -			
tegory			-		
tangible					-
operty					
operty to be					 -
ised (as				-	
scribed in				_	
mp. Regs. sec.					
367(a)-4T(c)) operty to be					
openy to be id (as					ļ
scribed in					
mp. Regs. sec.				-	-
367(a)-4T(d))				-	
ansfers of oil and s working interests	 .				<u> </u>
described in			 		
mp. Regs. sec.		 _			
67(a)-4T(e))					
				_	
ner property		_	ļ <u>.</u>		
pporty					
			<u> </u>		
		-			
uppiemental In	formation Required	IO Be Reported (see	instructions):		
					·
		 -			
		-	• • • • • • • • • • • • • • • • • • • •	<u> </u>	

Pa	t IV Additional Information Regarding Trans	sfer of Property(see instructions)		
9 E	nter the transferor's interest in the foreign transferee cor	poration before and after the transfer:		
(% (b) After <u>. 048608</u>	%		
10	Type of nonrecognition transaction (see instructions)	► IRC SECTION 351		
t	Gain recognition under section 904(f)(5)(F)	ject to any of the following:	Yes Yes Yes Yes	X No X No X No X No
12	Did this transfer result from a change in the classifi	cation of the transferee to that of a foreign corporation?	Yes	X No
b	1.367(a)-4T through 1.367(a)-6T for any of the follow Tainted property Depreciation recapture		Yes Yes Yes Yes	X No X No X No X No
14	Did the transferor transfer assets which qualify for t	he trade or business exception under section 367(a)(3)?	Yes	X No
15 a		ng concern value as defined in Temporary Regulations	Yes	X No
b	If the answer to line 15a is "Yes," enter the amount of fortransferred ▶ \$	oreign goodwill or going concern value		
16	Was cash the only property transferred?		X Yes	☐ No
17 a		section 936(h)(3)(B)) transferred as a result of the	Yes	X No
b	If "Yes," describe the nature of the rights to the int transaction:	angible property that was transferred as a result of the		
			m 926 (Re	42 2500

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Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Part	U.S. Transferor Information (see instructions)		, , , , , , , , , , , , , , , , , , ,
Name	of transferor		Identifying number (see instructions)
_CE	NTRAL INDIANA COMMUNITY FOUNDATION	<u>IŅC</u>	<u>35-1</u> 793680
1	If the transferor was a corporation, complete questions 1a through	1d.	54.
а	If the transfer was a section 361(a) or (b) transfer, was the transfer	or controlled (under section 3	68(c)) by
	5 or fewer domestic corporations?		
b	Did the transferor remain in existence after the transfer?		Yes No
	If not, list the controlling shareholder(s) and their identifying number	er(s):	•
	Controlling shareholder	Ident	Lifying number
			.
			·
	 -		
С	If the transferor was a member of an affiliated group filing a consoli	dated return, was it the paren	t
	corporation?		
	If not, list the name and employer identification number (EIN) of the	e parent corporation:	
	Name of parent corneration	FINI . C .	
	Name of parent corporation	EIN of pa	arent corporation
	_ 		
d l	Have basis adjustments under section 367(a)(5) been made?		Yes No
_			
	If the transferor was a partner in a partnership that was the	actual transferor (but is not	treated as such under section 367),
	complete questions 2a through 2d. List the name and EIN of the transferor's partnership:		
4	List the harte and Ein of the transferor's partnership.		<u> </u>
	Name of partnership	EIN o	of partnership
		-	· ·
GMO	LONG HORIZONS FORESTRY FUND A LP	20-	8809970
	Did the partner pick up its pro rata share of gain on the transfer of p		Yes X No
	Is the partner disposing of its entire interest in the partnership?		· • • • • • • • • • • • • • • • • • • •
	ls the partner disposing of an interest in a limited partnership that is		ished
	securities market?		
Part			
3	Name of transferee (foreign corporation)		4 Identifying number, if any
	FOREIGN LLC		26-1421065
	Address (including country) FORRESTAL TERRASUR	LIMITADA AVDA.	ANDRES BELLO 2711 PI
LAS	CONDES SANTIAGO CI	-4*	
	Country code of country of incorporation or organization (see instru	ictions)	
<u>CI</u>			· · · · · · · · · · · · · · · · · · ·
	Foreign law characterization (see instructions)		
	PORATION		
	s the transferee foreign corporation a controlled foreign corporation	17	X Yes No
ror Pa	perwork Reduction Act Notice, see separate instructions.		Form 926 (Rev. 12-2008)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VAR		206,448.		
tock and					
ecurities					
		<u> </u>			
staliment					
oligations,			<u> </u>		_
count ceivables or		<u>_</u>			
milar property —		ļ <u>-</u> .			
					
reign currency					
other property		<u> </u>			
nominated in eign currency					
		<u> </u>			
ventory			. <u>-</u>		
_					
sets subject to			<u>-</u>		
epreciation capture (see					
emp. Regs. sec.					
367(a)-4T(b))					
ingible property					
ed in trade or siness not listed					
ider another					
tegory	- -			·	
tangible					-
operty					
operty to be					
ased (as					
scribed in	· · ·	-			
emp. Regs. sec. 367(a)-4T(c))	·			·	
operty to be					_
ld (as					
scribed in					
mp. Regs. sec 367(a)-4T(d))		· ·			
insfers of oil and					
s working interests		-			<u> </u>
described in		 			
mp. Regs, sec. 67(a)-4T(e))					
07(a)-41(e))					
 				.	
ner property	 -	-			
				-	<u> </u>
unniamantal infa	mation Possies	To De Denembre /	ostrustion-\		
nhhiemeutai iutoi	mation Required	To Be Reported (see in	istructions):		
-					
			 		

P	art IV Additional Information Regarding Transfer of Property(see instructions)	
9	Enter the transferor's interest in the foreign transferee corporation before and after the transfer:	
	(a) Before 2.054215 % (b) After 2.054215 %	
10	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351	
1	Indicate whether any transfer reported in Part III is subject to any of the following: a Gain recognition under section 904(f)(3) b Gain recognition under section 904(f)(5)(F) c Recapture under section 1503(d) d Exchange gain under section 987	X No X No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	X No
	Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following: Tainted property Depreciation recapture Branch loss recapture Any other income recognition provision contained in the above-referenced regulations Yes	X No
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?	X No
15:	a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	X No
ı	b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶ \$	
16	Was cash the only property transferred?	No No
17 a	a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?	X No
	b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:	

Form 926 (Rev. 12-2008)

(Rev. December 2008)

Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Part I U.S. Transferor Information (see instructions)	
Name of transferor	Identifying number (see instructions)
CENTRAL INDIANA COMMUNITY FOUNDATION	<u>INC</u> 35-1793680
1 If the transferor was a corporation, complete questions 1a through	1 1d.
a If the transfer was a section 361(a) or (b) transfer, was the transfer	ror controlled (under section 368(c)) by
5 or fewer domestic corporations?	YesNo
b Did the transferor remain in existence after the transfer?	Yes No
If not, list the controlling shareholder(s) and their identifying numb	er(s):
Controlling shareholder	Identifying number
 	
c If the transferor was a member of an affiliated group filing a conso corporation? If not, list the name and employer identification number (EIN) of th	Yes No
in not, list the hathe and employer identification number (Elity) of the	
Name of parent corporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(5) been made? .	Yes No
2 If the transferor was a partner in a partnership that was the	actual transferor (but is not treated as such under section 367),
complete questions 2a through 2d.	,
List the name and EIN of the transferor's partnership:	
Name of partnership	EIN of partnership
KIA VIII (INT'L) LP	98-0641934
b Did the partner pick up its pro rata share of gain on the transfer of	
c Is the partner disposing of its entire interest in the partnership?	
d Is the partner disposing of an interest in a limited partnership that it	
securities market?	
Part II Transferee Foreign Corporation Information (see in	
3 Name of transferee (foreign corporation)	4 Identifying number, if any
CRONOS HOLDING COMPANY LTD	
	CHURCH STREET
HAMILTON BM HM 11 6 Country code of country of incorporation or organization (see instru	retions)
· · · · · · · · · · · · · · · · · · ·	ucuons)
7 Foreign law characterization (see instructions)	
CORPORATION	
Is the transferee foreign corporation a controlled foreign corporation	n? X Yes No
For Paperwork Reduction Act Notice, see separate instructions.	<u>No</u> Form 926 (Rev. 12-2008)

Part III	Information	Regarding	Transfer o	of Property (se	ee instructions)
----------	-------------	-----------	------------	-----------------	------------------

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VAR		137,154.		
Stock and		_			
securities				-	-
In a full on a last					
Installment obligations,					
account					
receivables or		·			
similar property					
Foreign currency or other property	-				<u> </u>
denominated in					
foreign currency				<u>-</u> .	
					-
Inventory					
		·			
					
Assets subject to					
depreciation recapture (see					
Temp. Regs. sec.					
1.367(a)-4T(b))					
Tangible property				· · -	
used in trade or					
business not listed under another					
category					
			·	<u> </u>	
Intangible					
property				<u>.</u> .	
	-			*	
Property to be					
leased (as					
described in					
Temp. Regs. sec.					
1.367(a)-4T(c))					
Property to be sold (as					
described in					
Temp. Regs. sec.					
1.367(a)-4T(d))					
Transfers of oil and					
gas working interests (as described in					
Temp. Regs. sec.					
1.367(a)-4T(e))					
O4L					
Other property					
		l \			
Supplemental li	nformation Required	To Be Reported (see in	nstructions):		•
1- 1		 	/-		
					
				<u> </u>	
					

	rt IV Additional Information Regarding Transfer of Property(see instructions)	
9 E	inter the transferor's interest in the foreign transferee corporation before and after the transfer:	
(a) Before <u>NONE</u> % (b) After <u>.040000</u> %	
10	Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351	
11 a b	Gain recognition under section 904(f)(5)(F)	lo lo lo lo
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? Yes	lo
13 a b c	Depreciation recapture Yes X N Paranch loss recapture Yes X N	lo lo lo lo
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?	io
15 a	Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	lo
b	If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶\$	
16	Was cash the only property transferred?	lo
17 a	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?	o
b	If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:	
		_
		—
	Form 926 (Rev. 12-200	 (8)

(Rev. December 2008)

Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Part I U.S. Transferor Information (see instructions)	
Name of transferor	Identifying number (see instructions)
CENTRAL INDIANA COMMUNITY FOUNDATION	<u>3</u> 5-1793680
If the transferor was a corporation, complete questions 1a through a If the transfer was a section 361(a) or (b) transfer, was the transfer 5 or fewer domestic corporations?	eror controlled (under section 368(c)) by
b Did the transferor remain in existence after the transfer?	Yes No
If not, list the controlling shareholder(s) and their identifying numb	er(s):
Controlling shareholder	Identifying number
 c If the transferor was a member of an affiliated group filing a conso corporation? If not, list the name and employer identification number (EIN) of the 	Yes No
Name of parent corporation	EIN of parent corporation
2 If the transferor was a partner in a partnership that was the complete questions 2a through 2d.	Yes No actual transferor (but is not treated as such under section 367)
a List the name and EIN of the transferor's partnership:	
Name of partnership	EIN of partnership
 b Did the partner pick up its pro rata share of gain on the transfer of c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is securities market? 	Yes No is regularly traded on an established
Part II Transferee Foreign Corporation Information (see in	
Name of transferee (foreign corporation) IHR ATLAS FUND LTD	4 Identifying number, if any FOREIGNUS
Address (including country) CLARENDON HOUSE, 2	CHURCH STREET
IAMILTON BD	
Country code of country of incorporation or organization (see instru	uctions)
Foreign law characterization (see instructions)	
- ,	•
ARTNERSHIP Is the transferee foreign corporation a controlled foreign corporation	ND2
or Paperwork Reduction Act Notice, see separate instructions.	On? Yes X No

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
ash	VAR		4,000,000.		
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tock and					
ecurities					
			 · · · · · · · · · · · · · · · · · ·		
nstallment —					+
bligations, ccount					· · · · · · · · · · · · · · · · · · ·
eceivables or					γ
milar property		-			
oreign currency		·			
r other property					
enominated in preign currency					
reight currency					
ventory					
ssets subject to	-				
epreciation					
ecapture (see		-			
emp. Regs. sec .367(a)- 4 T(b))					
angible property	-	-	· · · · · · · · · · · · · · · · · · ·		
sed in trade or					
usiness not listed — nder another —					
ategory					
tangible					
roperty					
roperty to be ased (as					-
escribed in					
emp. Regs. sec. 367(a)-4T(c))			1		
roperty to be					
old (as	-	· ·			
escribed in emp. Regs. sec.					-
367(a)-4T(d))					
ansfers of oil and		-			
s working interests s described in					
emp. Regs. sec.					
367(a)-4T(e))	_				
	·				
ther property					
_				· ·	
					
unniemental info	ormation Required 1	To Be Reported (see in:	structions):		
appionientai mit	vination vedanca	i o pe izeboiten (see ili	ou doutinaj.		

Pa	Additional Information Regarding Transfer of Property (see instructions)		
9 E	Enter the transferor's interest in the foreign transferee corporation before and after the transfer:		
((a) Before 0.00 % (b) After 2.2 %		
10	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351		
C	Indicate whether any transfer reported in Part III is subject to any of the following: Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes Yes Yes Yes	X No X No X No X No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	Yes	X No
C	Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following: Tainted property Depreciation recapture Branch loss recapture Any other income recognition provision contained in the above-referenced regulations	Yes Yes Yes Yes	X No X No X No X No
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?	Yes	X No
15 a	Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	Yes	X No
b	If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶ \$		
16	Was cash the only property transferred?	X Yes	☐ No
17 a	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?	Yes	X No
b	If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:		
		-	
_			
	Fo	m 926 (Re	v. 12-2008)

(Rev. December 2008)

Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Part I U.S. Transferor Information (see instructions)	
Name of transferor	Identifying number (see instructions)
CENTRAL INDIANA COMMUNITY FOUNDATION	<u>35-179</u> 3680
1 If the transferor was a corporation, complete questions 1a through 1d.	·
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (un	der section 368(c)) by
5 or fewer domestic corporations?	
b Did the transferor remain in existence after the transfer?	
If not, list the controlling shareholder(s) and their identifying number(s):	
(-)	
Controlling shareholder	Identifying number
	•
c If the transferor was a member of an affiliated group filing a consolidated return, wa	s it the parent
corporation? If not, list the name and employer identification number (EIN) of the parent corporat	Yes No
Name of parent corporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(5) been made?	Yes No
2 If the transferor was a partner in a partnership that was the actual transferor	(but is not treated as such under section 367),
complete questions 2a through 2d.	
a List the name and EIN of the transferor's partnership:	<u> </u>
Name of partnership	EIN of partnership
b Did the partner pick up its pro rata share of gain on the transfer of partnership asset	s? Yes No
c Is the partner disposing of its entire interest in the partnership?	Yes No
d Is the partner disposing of an interest in a limited partnership that is regularly traded	
securities market?	Yes No
Part II Transferee Foreign Corporation Information (see instructions)	
3 Name of transferee (foreign corporation)	4 Identifying number, if any
MASON CAPITAL LTD	FOREIGNUS
5 Address (including country)	•
80 LAMBERTON ROAD WINDSOR, CT 06095	
6 Country code of country of incorporation or organization (see instructions)	
CJ	
7 Foreign law characterization (see instructions)	
PARTNERSHIP	
8 Is the transferee foreign corporation a controlled foreign corporation?	Yes X No

Part III Informa	tion Renarding Te	nsfer of Property (eee instructions)		
Type of property	(a) Date of	(b) Description of	(c) Fair market value on	(d) Cost or other	(e) Gain recognized or
Sash	transfer VAR	property	date of transfer 2,500,000.	basis	transfer
	•	48-,	<u> </u>		Part III and I
tock and					
stallment —— oligations, —— count					
ceivables or milar property					
oreign currency other property enominated in reign currency					
ventory	-	-			
ssets subject to epreciation capture (see emp. Regs. sec. 367(a)-4T(b))					
angible property led in trade or lisiness not listed lider another litegory					
tangible operty					
operty to be assed (as escribed in emp. Regs. sec.					
367(a)-4T(c)) operty to be Id (as scribed in					
mp. Regs. sec. 367(a)-4T(d))	,	<u> </u>			
nsfers of oil and s working interests described in					
mp. Regs. sec. 67(a)-4T(e))	·				
her property					

• •		•	 				
	·· <u>··</u> ·		 	 -	 	 	

9 E	nter the transferor's interest in the foreign transferee corporation before and after the transfer:		
(a	Before <u>0.195369</u> % (b) After <u>0.195369</u> %		
10	Type of nonrecognition transaction (see instructions) ► IRC SEC 351		
b c	Indicate whether any transfer reported in Part III is subject to any of the following: Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes Yes Yes	X No X No X No X No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	Yes	X No
b c	Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following: Tainted property Depreciation recapture Branch loss recapture Any other income recognition provision contained in the above-referenced regulations	Yes Yes Yes Yes	X No X No X No X No
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?	Yes	X No
15 a	Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	Yes	X No
b	If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred > \$		•
16	Was cash the only property transferred?	X Yes	No
17 a	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?	Yes	X No
b	If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:		
		orm 926 (Re	

(Rev. December 2008)

Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Part I U.S. Transferor Information (see instructions)	·
Name of transferor	Identifying number (see instructions)
CENTRAL INDIANA COMMUNITY FOUNDATION	
1 If the transferor was a corporation, complete questions 1a through	
a If the transfer was a section 361(a) or (b) transfer, was the trans	•
5 or fewer domestic corporations?	
b Did the transferor remain in existence after the transfer?	
If not, list the controlling shareholder(s) and their identifying num	ber(s).
Controlling shareholder	Identifying number
	
	-
,	
c If the transferor was a member of an affiliated group filing a cons	•
corporation?	,
if not, list the name and employer identification number (EIN) of	the parent corporation:
Name of parent corporation	EIN of parent corporation
	Zint of parone octopolation
d Have basis adjustments under section 367(a)(5) been made?	Yes No
	e actual transferor (but is not treated as such under section 367),
complete questions 2a through 2d.	
a List the name and EIN of the transferor's partnership:	
Name of partnership	EIN of partnership
	·
b Did the partner pick up its pro rata share of gain on the transfer of	of partnership assets? Yes No
c Is the partner disposing of its entire interest in the partnership?	
d Is the partner disposing of an interest in a limited partnership tha	
securities market?	
Part II Transferee Foreign Corporation Information (see	
3 Name of transferee (foreign corporation)	4 Identifying number, if any
BENNETT BORF HIGH VALUE	FOREIGNUS
	OUGAINVILLEA WAY, 802 W BAY RD
GRAND CAYMAN CJ	
6 Country code of country of incorporation or organization (see ins	tructions)
CJ	
7 Foreign law characterization (see instructions)	
PARTNERSHIP	
8 Is the transferee foreign corporation a controlled foreign corporation	ion? Yes X No
For Paperwork Reduction Act Notice, see separate instructions.	Form 926 (Rev. 12-2008)

Page **2**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
ash	VAR		g - ":		
ock and					
curities					
stallment					
oligations,					
count					
ceivables or nilar property					
reign currency					
other property					
denominated in		•			
eign currency				•	-
			-		
venten/		_	-		
Inventory		- · - · - · - · - · · - · · · · · · · ·			
				-	
sets subject to		-		· · ·	 -
preciation					
capture (see			-		
mp. Regs. sec. 367(a)-4T(b))				 .	1
ngible property		 -		-	-
ed in trade or		- "		.	
business not listed under another category		·			
			-		
legory				<u>. </u>	
angible operty	-				
pperty					
operty to be					
ised (as scribed in				<u>-</u>	
mp. Reas. sec.					
367(a)-4T(c))					
operty to be		-			
ld (as				<u>. </u>	
scribed in mp. Regs. sec.				· · · · · · · · · · · · · · · · · · ·	
367(a)-4T(d))					
insfers of oil and					
working interests					
described in				.	-
mp. Regs. sec. 67(a)-4T(e))				 	
X-9 - 1 X-11					
her property				· ·	-
					
			I		<u> </u>
ranlomentel l	oformation Bazaira - 1	To Do Donated (:		
nhbiemeutai li	nformation Required	to be keborted (see	instructions):		
					

Pa	art IV Additional Information Regarding Transfer of Property (see instructions)	
9	Enter the transferor's interest in the foreign transferee corporation before and after the transfer:	
1	(a) Before <u>1.74</u> % (b) After <u>1.74</u> %	
10	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351	
	Indicate whether any transfer reported in Part III is subject to any of the following: a Gain recognition under section 904(f)(3) b Gain recognition under section 904(f)(5)(F) c Recapture under section 1503(d) d Exchange gain under section 987	s X No s X No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	s X No
]	Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following: Tainted property Depreciation recapture Branch loss recapture Any other income recognition provision contained in the above-referenced regulations Ye Ye	s X No
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?	s X No
15	a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	s X No
I	b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶ \$	·
16	Was cash the only property transferred?	s No
17:	a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?	s X No
1	b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:	
_		/P=: 42 2008\

(Rev. December 2008)

Return by a U.S. Transferor of Property to a Foreign Corporation

OMB No. 1545-0026

	rtment of the Treasury al Revenue Service	► Attach to your income tax return for	the year of the transfer or distribution	on.	Attachment Sequence No. 128
Par		eror Information (see instructions)			33,13,13,13
Nam	e of transferor			Identifying number (s	ee instructions)
CI	ENTRAL INDI	ANA COMMUNITY FOUNDATION		35-1793680	
	If the transfer was a 5 or fewer domestic Did the transferor rule finot, list the control	s a corporation, complete questions 1a through a section 361(a) or (b) transfer, was the transfer corporations?	or controlled (under section 36	` Y•	
c	corporation? If not, list the name	s a member of an affiliated group filing a consol and employer identification number (EIN) of the	e parent corporation:	Ye	s No
	Nar 	ne of parent corporation	EIN of pa	arent corporation	
d	Have basis adjustm	nents under section 367(a)(5) been made?		Ye	s No
2	If the transferor w	ras a partner in a partnership that was the			
		Name of partnership	CIN -	of partnership	
			Ella	n partifership	
b	Did the partner pick	up its pro rata share of gain on the transfer of	partnership assets?	Ye	s No
		sing of its entire interest in the partnership?	•	Ye	├
		sing of an interest in a limited partnership that is			
		<u> </u>	<u> </u>	Ye	s No
Par		Foreign Corporation Information (see ins	structions)		
3		(foreign corporation)		4 Identifying num	
<u> </u>	Address (including		FFSHORE	FOREIGNU:	S
-	-	^{country)}	O BOX 908GT MARY	ST	
6		untry of incorporation or organization (see instru	ictions)		
СJ	,		- <i>1</i>		
7	Foreign law charact	terization (see instructions)			
PAF	RTNERSHIP	,			
8		reign corporation a controlled foreign corporation		Yes	X No
For P		Act Notice, see separate instructions.			926 (Rev. 12-2008)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VAR		168,750.		
		h		<u> </u>	Historia Brates and Wards and Brates and Bra
Stock and			<u> </u>	-	
Stock and securities		·			
occanicos					
Installment					
obligations,					<u> </u>
account		i			
receivables or					
similar property					-
					
Foreign currency					
or other property denominated in					
foreign currency					
Inventory					
inventory					
Assets subject to			•		-
depreciation					
recapture (see Temp. Regs. sec.			 		
1.367(a)-4T(b))			<u> </u>		
Tangible property used in trade or business not listed under another					
category					
Intangible					
property				 -	
					ļ
Property to be					
leased (as described in					
Temp. Regs. sec.					
1.367(a)-4T(c))				-	
Property to be			-		<u> </u>
sold (as	-		-		-
described in					
Temp. Regs. sec.			-	-	
1.367(a)-4T(d))		· · · · · · · · · · · · · · · · · · ·	_	· · · · · · · · · · · · · · · · · · ·	
Transfers of oil and gas working interests					
(as described in					
Temp. Regs. sec.					
1.367(a)-4T(e))					
0.1		-			
Other property			-	-	
					-
				· · · · · · · · · · · · · · · · · · ·	
Cummlare 4 - 1 - 1	ufaumatian Damilia d	To Do Don41/ /	4		
anbhieuigutai II	nformation Required	to be Reported (see i	nstructions);		
					
				···	
			· 		
				· ·	

	Additional Information Regarding Transfer of Property (see instructions)		
9 🗄	inter the transferor's interest in the foreign transferee corporation before and after the transfer:		
(2	a) Before <u>2.02</u> % (b) After <u>2.02</u> %		
10	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351		
c b	Indicate whether any transfer reported in Part III is subject to any of the following: Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes Yes Yes	X No X No X No X No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	Yes	X No
C	Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following: Tainted property Depreciation recapture Branch loss recapture Any other income recognition provision contained in the above-referenced regulations	Yes Yes Yes Yes	X No X No X No X No
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?	Yes	X No
15 a	Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	Yes	X No
b	If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶ \$		
16	Was cash the only property transferred?	X Yes	No No
17 a	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?	Yes	X No
b	If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:		
			
		orm 926 (Re	

(Rev. December 2008)

Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Part I U.S. Transferor Information (see instructions)				
Name of transferor	Identifying number (see instructions)			
CENTRAL INDIANA COMMUNITY FOUNDATION	35-1793680			
1 If the transferor was a corporation, complete questions 1a through	h 1d.			
a If the transfer was a section 361(a) or (b) transfer, was the transfer	eror controlled (under section 368(c)) by			
5 or fewer domestic corporations?	Yes No			
b Did the transferor remain in existence after the transfer?	Yes No			
If not, list the controlling shareholder(s) and their identifying number	per(s):			
Controlling shareholder	Identifying number			
· · · · · · · · · · · · · · · · · · ·				
c If the transferor was a member of an affiliated group filing a consc corporation? If not, list the name and employer identification number (EIN) of the	Yes No			
Name of parent corporation	EIN of parent corporation			
				
d Have basis adjustments under section 367(a)(5) been made? .	Yes No			
 If the transferor was a partner in a partnership that was the complete questions 2a through 2d. a List the name and EIN of the transferor's partnership: 	actual transferor (but is not treated as such under section 367),			
Name of partnership	EIN of partnership			
b Did the partner pick up its pro rata share of gain on the transfer of	partnership assets? Yes No			
c Is the partner disposing of its entire interest in the partnership?	Yes No			
d Is the partner disposing of an interest in a limited partnership that securities market?	is regularly traded on an established			
Part II Transferee Foreign Corporation Information (see in				
3 Name of transferee (foreign corporation)	4 Identifying number, if any			
CONATUS CAPITAL OVERSEAS LTD	FOREIGNUS			
5 Address (including country) THE OBSERVATORY, 7 EI	7-11 SIR JOHN ROGERSON'S QUAY, PO BOX			
6 Country code of country of incorporation or organization (see instr E I	ructions)			
7 Foreign law characterization (see instructions)				
PARTNERSHIP				
Is the transferee foreign corporation a controlled foreign corporation	on? Yes X No			
For Paperwork Reduction Act Notice, see separate instructions.	Form 926 (Rev. 12-2008)			

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VAR		1,900,000.		transe
			· ·		
tock and		. "			
ecurities					
nstallment bligations,					
ccount					
eceivables or					
imilar property	-				
					-
oreign currency r other property					
enominated in				-	-
reign currency					-
ventory					
ssets subject to					
epreciation ecapture (see					
emp. Regs. sec.					
.367(a)-4T(b))					
angible property					
sed in trade or		·		-	
usiness not listed nder another				-	
ategory		-		_	-
ntangible					· · · · · ·
roperty					
-					
roperty to be			•		-
ased (as					-
escribed in					
emp. Regs. sec.					-
367(a)-4T(c))					
roperty to be old (as	<u></u>				
escribed in					
emp. Regs. sec.		· · · · · · · · · · · · · · · · · · ·			
367(a)-4T(d))					
ansfers of oil and					
as working interests significant states as a second of the					
emp, Regs. sec.					
367(a)-4T(e))					_
thor pro					
ther property					
Ţ					
upplemental In	formation Required T	o Be Reported (see in	nstructions):		
					·
			<u></u>		

Pa	t IV Additional Information	Regarding Transf	fer of Property(see instructions)		
9 E	nter the transferor's interest in the fo	oreign transferee corp	poration before and after the transfer:		
(a) Before <u>. 34</u> % (b) /	After <u>. 34</u>	%		
10	Type of nonrecognition transaction	(see instructions)	▶ IRC SEC 351		
b	Recapture under section 1503(d)	4(f)(3) 4(f)(5)(F)	ect to any of the following:	Yes Yes Yes Yes	X No X No X No X No
12	Did this transfer result from a ch	ange in the classific	cation of the transferee to that of a foreign corporation?	Yes	X No
b b	1.367(a)-4T through 1.367(a)-6T Tainted property Depreciation recapture	for any of the followir	· · · · · · · · · · · · · · · · · · ·	Yes Yes Yes Yes	X No X No X No
14	Did the transferor transfer assets	which qualify for th	ne trade or business exception under section 367(a)(3)?	Yes	X No
15 a			g concern value as defined in Temporary Regulations	Yes	X No
b	If the answer to line 15a is "Yes," etransferred > \$		oreign goodwill or going concern value		
16	Was cash the only property transfe	rred?		X Yes	No
17 a			section 936(h)(3)(B)) transferred as a result of the	Yes	X No
b	If "Yes," describe the nature of the transaction:	ne rights to the inta	angible property that was transferred as a result of the		
			F	orm 926 (Re	v. 12-2008)

(Rev. December 2008)

Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Part I U.S. Transfer	ror Information (see instructions)		
Name of transferor			Identifying number (see instructions)
<u>CENTRAL INDIA</u>	NA COMMUNITY FOUNDATION		<u>35-</u> 179368 <u>0</u>
	a corporation, complete questions 1a through		
	section 361(a) or (b) transfer, was the transfe		
	corporations?		
			YesNo
If not, list the controll	ing shareholder(s) and their identifying number	er(s):	
Cor	ntrolling shareholder	Ident	tifying number
<u> </u>			
·-·	- -		
corporation?	a member of an affiliated group filing a consol		t Yes No
Name	e of parent corporation	EIN of n	arent corporation
		= = = = = = = = = = = = = = = = = = =	
d Have hacie adjustme	nts under section 367(a)(5) been made?	<u> </u>	Yes No
u Tiave basis adjustine	nts under section 307(a)(3) been made?		Yes No.
2 If the transferor was	s a partner in a partnership that was the	actual transferor (but is not	treated as such under section 367),
complete questions :		•	,
a List the name and Ell	N of the transferor's partnership:		
N	ame of partnership	EIN	of partnership
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
b Did the partner pick u	ip its pro rata share of gain on the transfer of	partnership assets?	Yes No
	ng of its entire interest in the partnership?		
d Is the partner disposit	ng of an interest in a limited partnership that is		
			Yes No
	oreign Corporation Information (see in	structions)	4 14-446.4
· ·	- ,	CUD CT	4 Identifying number, if any
5 Address (including co	<u>ARTNERS FUND LTD CLASS C</u> Duntry) YAMRAJ BUILDING, P		FOREIGNUS TOWN
TORTOLA VI VG	ii iiiiido Dolibino, i	O DOW HOTO KOND	T OMIN
6 Country code of coun	ntry of incorporation or organization (see instru	uctions)	
VI	· ·	•	
	rization (see instructions)		
PARTNERSHIP			
	gn corporation a controlled foreign corporatio	n?	Yes X No
for Paperwork Reduction Act	t Notice, see separate instructions.		Form 926 (Rev. 12-2008)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VAR		2,500,000.		
Stock and					
securities					
				- <u>-</u> -	
Installment					
obligations,					
account receivables or					
similar property					
Foreign currency					
or other property denominated in					
foreign currency					
	-				
Inventory					
			· · · ·		
Assets subject to				-	
depreciation					<u> </u>
recapture (see			.		
Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property				_	
used in trade or					
business not listed	-	_			·
under another category					
category			<u> </u>		
Intangible		-	•••		· · · · · · · · · · · · · · · · · · ·
property					<u></u>
		· · · · · · · · · · · · · · · · · · ·			
Property to be	-				·
leased (as					
described in			-		
Temp. Regs. sec. 1.367(a)-4T(c))			-		
Property to be			-		
sold (as				· ·	
described in					
Temp. Regs. sec. 1.367(a)-4T(d))		-			
Transfers of oil and			<u>.</u>		
gas working interests					
(as described in Temp. Regs. sec.	-				
1.367(a)-4T(e))					
Other					
Other property					
				<u></u>	
Supplemental I	nformation Required	To Be Reported (see i	nstructions):		
					·

9 E	nter the transferor's interest in the foreign transferee corporation before and after the transfer:		
(a	% (b) After <u>2.9</u> %		÷
10	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351		
C	Indicate whether any transfer reported in Part III is subject to any of the following: Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes Yes Yes	X No X No X No X No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	Yes	X No
b c	Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following: Tainted property Depreciation recapture Branch loss recapture Any other income recognition provision contained in the above-referenced regulations	Yes Yes Yes Yes	X No X No X No X No
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?	Yes	X No
15 a	Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	Yes	X No
b	If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶ \$		
16	Was cash the only property transferred?	X Yes	No
17 a	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?	Yes	X No
b	If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:		
		<u>.</u>	

(Rev. December 2008)

Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Name of transferor	Identifying number (see instructions)
CENTRAL INDIANA COMMUNITY FOUNDATION	35-1793680
If the transferor was a corporation, complete questions 1a through	
a If the transfer was a section 361(a) or (b) transfer, was the transfer	
5 or fewer domestic corporations?	
b Did the transferor remain in existence after the transfer?	
If not, list the controlling shareholder(s) and their identifying numb	
Controlling shareholder	Identifying number
	:
·	
	· · · · · · · · · · · · · · · · · · ·
c If the transferor was a member of an affiliated group filing a consc	lidated return, was it the parent
corporation?	Yes No
If not, list the name and employer identification number (EIN) of the	ne parent corporation:
Name of parent corporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(5) been made?	Yes No
•	
	actual transferor (but is not treated as such under section 367),
complete questions 2a through 2d.	
a List the name and EIN of the transferor's partnership:	
Name of partnership	EIN of partnership
b Did the partner pick up its pro rata share of gain on the transfer of	partnership assets? Yes No
c Is the partner disposing of its entire interest in the partnership?	Yes No
d Is the partner disposing of an interest in a limited partnership that securities market?	is regularly traded on an established
Part II Transferee Foreign Corporation Information (see in	
3 Name of transferee (foreign corporation)	4 Identifying number, if any
CHILTON GLOBAL NAT. RESOURCES INT'L (E 5 Address (including country)	BVI) LTD FOREIGNUS
1290 E MAIN ST STAMFORD, CT 06902	
6 Country code of country of incorporation or organization (see instr	uctions)
VI	
7 Foreign law characterization (see instructions)	
PARTNERSHIP	-1
8 Is the transferee foreign corporation a controlled foreign corporation	
For Panerwork Reduction Act Notice see separate instructions	Form 926 (Rev. 12-2008)

ock and		(b) Description of property	Fair market value on date of transfer	Cost or other basis	Gain recognized or transfer
	VAR		1,000,000.		
	· · · · · · · · · · · · · · · · · · ·				
curities					
tallment					
igations,					
count eivables or					
nilar property					
reign currency					
other property		·			
nominated in eign currency					
	· · · · · · · · · · · · · · · · · · ·				-
entory					·
_					
				· · · · · · · · · · · · · · · · · · ·	
sets subject to preciation		,			
capture (see					
mp. Regs. sec.					
367(a)-4T(b))					<u> </u>
ngible property ed in trade or					ļ
siness not listed					
der another				<u> </u>	
egory				· · · · · · · · · · · · · · · · · · ·	
angible					
pperty					
					<u> </u>
pperty to be sed (as				<u>-</u>	
scribed in					
mp. Regs. sec.					
67(a)-4T(c))		_			
operty to be d (as					
scribed in					
mp. Regs. sec.					
67(a)-4T(d))				-	
nsfers of oil and working interests					
described in					ļ
np. Regs. sec.	.				
67(a)-4T(e))				· · · · · · · · · · · · · · · · · · ·	
					-
ner property					
		To Be Reported (see in			

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Pa	Additional Information Regarding Transfer of Property (see instructions)		
9 E	nter the transferor's interest in the foreign transferee corporation before and after the transfer:		
(a) Before <u>0 . 0 0 4</u> % (b) After <u>0 . 0 0 4</u> %		
10	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351		
b c	Indicate whether any transfer reported in Part III is subject to any of the following: Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes Yes Yes Yes	X No X No X No X No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	Yes	X No
b c	Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following: Tainted property Depreciation recapture Branch loss recapture Any other income recognition provision contained in the above-referenced regulations	Yes Yes Yes Yes	X No X No X No X No
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?	Yes	X No
15 a	Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	Yes	X No
b	If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶\$		
16	Was cash the only property transferred?	X Yes	No
17 a	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?	Yes	X No
b	If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:		
	Fr	orm 926 (Re	v. 12-2008)

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(Rev. December 2008)

Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Name of transferor	Identifying number (see instructions)
CENTRAL INDIANA COMMUNITY FOUNDATION	35-1793680
If the transferor was a corporation, complete questions 1a through	
a If the transfer was a section 361(a) or (b) transfer, was the transfer	
5 or fewer domestic corporations?	Yes No
b Did the transferor remain in existence after the transfer?	Yes No
If not, list the controlling shareholder(s) and their identifying number	r(s):
Controlling shareholder	Identifying number
	
·	
-	:
c If the transferor was a member of an affiliated group filing a consoli	L. dated return, was it the parent
	·
If not, list the name and employer identification number (EIN) of the	
Name of parent corporation	EIN of parent corporation
I Deve for the distance of the last of the	
d Have basis adjustments under section 367(a)(5) been made?	Yes No
2 If the transferor was a partner in a partnership that was the	actual transferor (but is not treated as such under section 367)
complete questions 2a through 2d.	sounds transfer (but to the treated do each ander section boy)
a List the name and EIN of the transferor's partnership:	
Name of partnership	EIN of partnership
b Did the partner pick up its pro rata share of gain on the transfer of p	partnership assets? Yes No
c Is the partner disposing of its entire interest in the partnership? .	Yes No
d Is the partner disposing of an interest in a limited partnership that is	
securities market?	
Part II Transferee Foreign Corporation Information (see ins	
3 Name of transferee (foreign corporation)	4 Identifying number, if any
GRUSS GLOBAL INVESTORS LTD CLASS C UNRI 5 Address (including country) 89 NEXUS WAY CAMAN	
os manos man, oman	NA BAY PO BOX 31106
GEORGE TOWN GRAND CAYMAN CJ 6 Country code of country of incorporation or organization (see instru	otions)
CJ	GIOTO)
7 Foreign law characterization (see instructions)	· · · · · · · · · · · · · · · · · · ·
PARTNERSHIP	
8 Is the transferee foreign corporation a controlled foreign corporation	1? Yes X No
For Paperwork Reduction Act Notice, see separate instructions.	Form 926 (Rev. 12-2008)

Part III	Information Regarding	Transfer of Property (see instructions)
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Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VAR		7,800,000.		
Stock and					
securities					
nstallment					
obligations, account					
eceivables or					<u> </u>
similar property					· · · · · · · · · · · · · · · · · · ·
oreign currency or other property					-
lenominated in					
oreign currency					
		-			
nventory		-			
Assets subject to					
lepreciation			-		
ecapture (see emp. Regs. sec.					
.367(a)-4T(b))					
angible property					
ised in trade or jusiness not listed					
inder another					
ategory					
ntangible	,				
roperty			·		
roperty to be					
eased (as escribed in					
emp. Regs. sec.					
.367(a)-4T(c))	*				
roperty to be old (as	- '				-
escribed in					
emp. Regs. sec.		-		<u> </u>	
.367(a)-4T(d)) ransfers of oil and	-		·	<u>.</u>	
ransters of oil and as working interests	-		·		
as described in	_			·	
emp. Regs. sec. .367(a)-4T(e))					
307 (a) ¬ 1(c))					
		.			
other property			<u>.</u>	 	-
				<u> </u>	
				-	l
Supplemental Ir	nformation Required	To Be Reported (see i	nstructions);		
	•				
,		-	 -		
					
		·		 -	
			·		•

Pa	Additional Information Regarding Transfer of Property(see instructions)		
9	Enter the transferor's interest in the foreign transferee corporation before and after the transfer:		
((a) Before <u>0.00</u> % (b) After <u><10</u> %		
10	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351		
I	Indicate whether any transfer reported in Part III is subject to any of the following: a Gain recognition under section 904(f)(3) b Gain recognition under section 904(f)(5)(F) c Recapture under section 1503(d) d Exchange gain under section 987	Yes Yes	X No X No X No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation	? Yes	X No
l	Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following: Tainted property Depreciation recapture Branch loss recapture Any other income recognition provision contained in the above-referenced regulations	Yes Yes	X No X No X No X No
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)	? Yes	X No
	Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value		X No
	transferred > \$		
16	Was cash the only property transferred?	. X Yes	☐ No
17 a	a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?		X No
	b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:	,	
	· · · · · · · · · · · · · · · · · · ·		

Form 926 (Rev. 12-2008)

(Rev. December 2008)

Department of the Treasury Internal Revenue Service

Part I U.S. Transferor Information (see instructions)

Return by a U.S. Transferor of Property to a Foreign Corporation

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Name of transferor	Identifying number (see instructions)
CENTRAL INDIANA COMMUNITY FOUNDATION	N
1 If the transferor was a corporation, complete questions 1a throu	gh 1d.
a If the transfer was a section 361(a) or (b) transfer, was the trans	sferor controlled (under section 368(c)) by
5 or fewer domestic corporations?	
b Did the transferor remain in existence after the transfer?	Yes No
If not, list the controlling shareholder(s) and their identifying num	nber(s):
Controlling shareholder	ldentifying number
·	
c If the transferor was a member of an affiliated group filing a cons	
corporation?	Yes No
If not, list the name and employer identification number (EIN) of	the parent corporation:
Name of parent corporation	EIN of parent corporation
<u> </u>	
d Have basis adjustments under section 367(a)(5) been made?	
d trave basis adjustments under section 307 (a)(5) been made?	YesNo
2 If the transferor was a partner in a partnership that was th	e actual transferor (but is not treated as such under section 3
complete questions 2a through 2d.	Total and the second and second a
a List the name and LIN of the transferor's partnership:	· ·
a List the name and EIN of the transferor's partnership:	
List the name and EIN of the transferor's partnership: Name of partnership	EIN of partnership
	EIN of partnership
Name of partnership	
Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of	of partnership assets? Yes No
Name of partnership b Did the partner pick up its pro rata share of gain on the transfer c Is the partner disposing of its entire interest in the partnership?	of partnership assets? Yes No
Name of partnership b Did the partner pick up its pro rata share of gain on the transfer c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that	of partnership assets? Yes No No Yes No No at is regularly traded on an established
Name of partnership Did the partner pick up its pro rata share of gain on the transfer of list the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that securities market? Transferee Foreign Corporation Information (see	of partnership assets? Yes No Yes No at is regularly traded on an established Yes No
Name of partnership Did the partner pick up its pro rata share of gain on the transfer of the control of the partner disposing of its entire interest in the partnership? Is the partner disposing of an interest in a limited partnership that securities market? I Transferee Foreign Corporation Information (see	of partnership assets? Yes No Yes No at is regularly traded on an established Yes No
Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that securities market? art II Transferee Foreign Corporation Information (see Name of transferee (foreign corporation) NIGHTHEAD OFFSHORE FUND, LTD	of partnership assets? Yes No Yes No at is regularly traded on an established Yes No instructions)
Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership the securities market? Transferee Foreign Corporation Information (see Name of transferee (foreign corporation) NIGHTHEAD OFFSHORE FUND, LTD	of partnership assets? Yes No Yes No at is regularly traded on an established Yes No instructions) 4 Identifying number, if any FOREIGNUS
Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership the securities market? Transferee Foreign Corporation Information (see Name of transferee (foreign corporation) NIGHTHEAD OFFSHORE FUND, LTD Address (including country) OGIER FIDUCIARY S RAND CAYMAN CJ	of partnership assets? Yes No Yes No at is regularly traded on an established Yes No instructions) 4 Identifying number, if any FOREIGNUS ERVICES (CAYMAN) S CHURCH STREET
Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of the c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that securities market? Part II Transferee Foreign Corporation Information (see Name of transferee (foreign corporation) NIGHTHEAD OFFSHORE FUND, LTD Address (including country) OGIER FIDUCIARY STAND CAYMAN CJ Country code of country of incorporation or organization (see instantial contents)	of partnership assets? Yes No Yes No at is regularly traded on an established Yes No instructions) 4 Identifying number, if any FOREIGNUS ERVICES (CAYMAN) S CHURCH STREET
Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of list the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that securities market? Part II Transferee Foreign Corporation Information (see Name of transferee (foreign corporation) NIGHTHEAD OFFSHORE FUND, LTD Address (including country) OGIER FIDUCIARY STAND CAYMAN CJ Country code of country of incorporation or organization (see instant)	of partnership assets? Yes No Yes No at is regularly traded on an established Yes No instructions) 4 Identifying number, if any FOREIGNUS ERVICES (CAYMAN) S CHURCH STREET
Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership the securities market? art II Transferee Foreign Corporation Information (see Name of transferee (foreign corporation) NIGHTHEAD OFFSHORE FUND, LTD Address (including country) OGIER FIDUCIARY SRAND CAYMAN CJ Country code of country of incorporation or organization (see instructions)	of partnership assets? Yes No Yes No at is regularly traded on an established Yes No instructions) 4 Identifying number, if any FOREIGNUS ERVICES (CAYMAN) S CHURCH STREET
Name of partnership b Did the partner pick up its pro rata share of gain on the transfer of the c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that securities market? Transferee Foreign Corporation Information (see Name of transferee (foreign corporation) NIGHTHEAD OFFSHORE FUND, LTD Address (including country) OGIER FIDUCIARY STAND CAYMAN CJ Country code of country of incorporation or organization (see instant)	of partnership assets? Yes No Yes No at is regularly traded on an established Yes No instructions) 4 Identifying number, if any FOREIGNUS ERVICES (CAYMAN) S CHURCH STREET structions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
ash	VAR		1,200,000.		
ock and curities					
tallment igations, count eivables or illar property					
reign currency other property nominated in eign currency					
entory					
sets subject to preciation apture (see mp. Regs. sec. 67(a)-4T(b))					
ngible property ed in trade or siness not listed der another egory					
ngible perty					
perty to be sed (as cribed in np. Regs. sec.	-				
perty to be I (as cribed in np. Regs. sec. 67(a)-4T(d))					
usfers of oil and working interests described in p. Regs. sec. 7(a)-4T(e))					
er property					

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Pa	rt IV Additional Information Regarding Transfer of Property(see instructions)		
9 E	Enter the transferor's interest in the foreign transferee corporation before and after the transfer:		_
(a) Before <u>0.00</u> % (b) After <u>0.11</u> %		
10	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351		
t c	Indicate whether any transfer reported in Part III is subject to any of the following: Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes Yes Yes	X No X No X No X No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	Yes	X No
b	Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following: Tainted property Depreciation recapture Branch loss recapture Any other income recognition provision contained in the above-referenced regulations	Yes Yes Yes Yes	X No X No X No X No
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?	Yes	X No
15 a	Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	Yes	X No
b	If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶ \$		
16	Was cash the only property transferred?	X Yes	☐ No
17 a	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?	Yes	X No
b	If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:		
		·	
	, Programme of the Control of the Co	orm 926 (Re	ev. 12-2008)

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Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Pai	t I U.S. Transferor Information (see instructions)						
	e of transferor		Identifying number (see instructions)				
C:	ENTRAL INDIANA COMMUNITY FOUNDATION		35-1793680				
1	If the transferor was a corporation, complete questions 1a through						
а	a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by						
	5 or fewer domestic corporations?						
b	Did the transferor remain in existence after the transfer?		Yes No				
	If not, list the controlling shareholder(s) and their identifying number	er(s):					
	Controlling shareholder	ldent	difying number				
С	If the transferor was a member of an affiliated group filing a consol corporation? If not, list the name and employer identification number (EIN) of the						
	Name of parent corporation	EIN of p	arent corporation				
d	Have basis adjustments under section 367(a)(5) been made?		Yes No				
2	If the transferor was a partner in a partnership that was the complete questions 2a through 2d. List the name and EIN of the transferor's partnership:	actual transferor (but is not	treated as such under section 367),				
a		<u> </u>					
	Name of partnership	EIN	of partnership				
	Did the partner pick up its pro rata share of gain on the transfer of		Yes No				
	Is the partner disposing of its entire interest in the partnership?						
u	Is the partner disposing of an interest in a limited partnership that is securities market?						
Par	Transferee Foreign Corporation Information (see in:						
3	Name of transferee (foreign corporation)		4 Identifying number, if any				
	R TREE INTERNATIONAL VALUE FUND LTD		FOREIGNUS				
5 CD	Address (including country) ADMIRAL FINANCIAL	CENTER 90 FORT	STREET, PO BOX 32021				
<u>GE(</u>	ORGE TOWN GRAND CAYMAN CJ Country code of country of incorporation or organization (see instru	uctions)					
	See Instru	iciioi(\$)					
<u>СЈ</u> 7	Foreign law characterization (see instructions)		· · · · · · · · · · · · · · · · · · ·				
_	RTNERSHIP						
8	Is the transferee foreign corporation a controlled foreign corporation	n?	Yes X No				
_	aperwork Reduction Act Notice, see separate instructions.		Form 926 (Rev. 12-2008)				

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VAR		3,500,000.		
			•		
ock and					
curities					
stallment					
oligations,					
count					
ceivables or nilar property					
illiai property	- · · -				
reign currency			-		
other property					
nominated in				,	
reign currency					
ventory					
rentory					
sets subject to					
preciation					
capture (see mp. Regs. sec.					
367(a)-4T(b))					
ngible property					
ed in trade or					
siness not listed - der another					
tegory					
·	•				<u> </u>
angible					
operty					
	•			-	
operty to be					
ased (as					
scribed in mp. Regs. sec.					-
367(a)-4T(c))			•		
operty to be		· ·			
ld (as					-
scribed in mp. Regs. sec.					
367(a)-4T(d))					
arisfers of oil and					
s working interests					
described in					
mp. Regs. sec. 67(a)-4T(e))			·		
-1 (4) 11 (4))		 			
ţ	· ·-			- -	
ner property				·	
}		-			
ıpplementał In	formation Required	I To Be Reported (see in	nstructions):		
•	<u> </u>				
					

9 E	inter the transferor's interest in the foreign transferee corporation before and after the transfer:		
(a	a) Before <u>0.00</u> % (b) After <u><10</u> %		
10	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351		
b c	Indicate whether any transfer reported in Part III is subject to any of the following: Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes	X No X No X No X No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	Yes	X No
b	Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following: Tainted property Depreciation recapture Branch loss recapture Any other income recognition provision contained in the above-referenced regulations	Yes Yes Yes	X No X No X No X No
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?	Yes	X No
15 a	Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?		X No
b	If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶ \$		
16	Was cash the only property transferred?	X Yes	☐ No
17 a	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?		X No
b	If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:		

(Rev. December 2008)

Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Name of transferor	Identifying number (see instructions)
CENTRAL INDIANA COMMUNITY FOUNDATION	· · · · · · · · · · · · · · · · · · ·
1 If the transferor was a corporation, complete questions 1a thr	· · · · · · · · · · · · · · · · · · ·
a If the transfer was a section 361(a) or (b) transfer, was the transfer domestic corporations?	
b Did the transferor remain in existence after the transfer?	· · · · · · · · · · · · · · · · · · ·
If not, list the controlling shareholder(s) and their identifying r	
	iumber(s).
Controlling shareholder	Identifying number
· · · · · · · · · · · · · · · · · · ·	
	·
c If the transferor was a member of an affiliated group filing a c corporation? If not, list the name and employer identification number (EIN)	Yes No
Name of parent corporation	EIN of parent corporation
	·
d Have basis adjustments under section 367(a)(5) been made?	Yes No
complete questions 2a through 2d.	the actual transferor (but is not treated as such under section 367)
a List the name and EIN of the transferor's partnership:	
Name of partnership	EIN of partnership
b Did the partner pick up its pro rata share of gain on the transf	
c Is the partner disposing of its entire interest in the partnersh	
d Is the partner disposing of an interest in a limited partnership securities market?	
Part II Transferee Foreign Corporation Information (se	
3 Name of transferee (foreign corporation)	4 Identifying number, if any
VALINOR CAPITAL PARTNERS OFFSHORE, I	
5 Address (including country) MORGAN STANLEY	FUND SERVICES CLARENDON HOUSE, 2 CHURCH
HAMILTON BD 6 Country code of country of incorporation or organization (see	instructions)
BD	man dedo(19)
7 Foreign law characterization (see instructions)	
PARTNERSHIP	
8 Is the transferee foreign corporation a controlled foreign corporation	oration? Yes X No
For Paperwork Reduction Act Notice, see separate instructions.	Form 926 (Rev. 12-2008)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VAR		4,000,000.		
tock and					
ecurities					
nstallment	-				
bligations, ccount					
eceivables or				<u> </u>	
imilar property			· · · · · · · · · · · · · · · · · · ·		
oreign currency	<u> </u>	·			
r other property					
enominated in					
reign currency					-
·					
			· · -		
ventory			- :-		
		·			
					
ssets subject to					
epreciation					·
ecapture (see emp. Regs. sec.					
.367(a)-4T(b))			-		<u> </u>
angible property					
sed in trade or					
usiness not listed					
nder another					
ategory	_				
tangible					
roperty			-	·	
				·	
roperty to be					
ased (as			-	-	
escribed in					
emp. Regs. sec.					
367(a)-4T(c))					
roperty to be					
old (as					
escribed in emp. Regs. sec.					-
367(a)-4T(d))					
ansfers of oil and					
s working interests			-		
s described in					 -
mp. Regs. sec.					
367(a)-4T(e))					
bor property				·	
her property				;	
upplemental In	formation Required T	o Be Reported (see in	nstructions):		
					

Pa	Additional Information Regarding Transfer of Property (see instructions)		
9 E	Enter the transferor's interest in the foreign transferee corporation before and after the transfer:		
(a) Before <u>0.00</u> % (b) After <u>0.40</u> %		
10	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351		
b	Indicate whether any transfer reported in Part III is subject to any of the following: Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes Yes Yes Yes	X No X No X No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	Yes	X No
c b	Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following: Tainted property Depreciation recapture Branch loss recapture Any other income recognition provision contained in the above-referenced regulations	Yes Yes Yes Yes	X No X No X No X No
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?	Yes	X No
15 a	Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	Yes	X No
b	If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ►\$		
16	Was cash the only property transferred?	X Yes	No
17 a	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?	Yes	X No
b	If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:		

Form **926** (Rev. 12-2008)

(Rev. December 2008)

Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Par	U.S. Transferor Information (see instructions)						
Name	e of transferor		Identifying number (see instructions)				
_ CE	CNTRAL INDIANA COMMUNITY FOUNDATION						
1	If the transferor was a corporation, complete questions 1a through	1d.					
а	a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by						
	5 or fewer domestic corporations?						
b	Did the transferor remain in existence after the transfer?						
_	If not, list the controlling shareholder(s) and their identifying numbe						
	Through the controlling shareholder(s) and their identitying humbe	a (5).					
	Controlling shareholder	Iden	tifying number				
			· · · · · · · · · · · · · · · · · · ·				
—		· ·	· · · · · · · · · · · · · · · · · · ·				
	· · · · · · · · · · · · · · · · · · ·						
	If the transferor was a member of an affiliated group filing a consoli	dated return, was it the paren	nt				
	corporation? If not, list the name and employer identification number (EIN) of the						
	Name of parent corporation	EIN of p	arent corporation				
d	Have basis adjustments under section 367(a)(5) been made?		Yes No				
	If the transferor was a partner in a partnership that was the a complete questions 2a through 2d.	actual transferor (but is not	treated as such under section 367),				
a	List the name and EIN of the transferor's partnership:	- <u>-</u>					
	Name of partnership	EIN	of partnership				
b	Did the partner pick up its pro rata share of gain on the transfer of p	partnership assets?	Yes No				
C	Is the partner disposing of its entire interest in the partnership?		Yes No				
d	Is the partner disposing of an interest in a limited partnership that is	regularly traded on an estab					
	securities market?		Yes No				
Part		structions)					
3	Name of transferee (foreign corporation)		4 Identifying number, if any				
LAZ	ARD EMERGING INCOME, LTD		35-1793680				
5	Address (including country) 78 SIR JOHN ROGERSO	ON'S QUAY	•				
DUB	LIN 2 EI						
6	Country code of country of incorporation or organization (see instru	ictions)					
ΕI							
7	Foreign law characterization (see instructions)						
COR	PORATION						
8	Is the transferee foreign corporation a controlled foreign corporation	n?	Yes X No				
	aperwork Reduction Act Notice, see separate instructions.		Form 926 (Rev. 12-2008)				

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VAR		7,500,000.		
Stock and					
securities					
					· · · · · ·
Installment				_	
Installment obligations,	-				
account		<u> </u>			,
receivables or					
similar property		"			-
Earnian austanaus					
Foreign currency or other property					
denominated in	· · · · · · · · · · · · · · · · · · ·	 			
foreign currency				-	
		 			
Inventory					
Assets subject to	-				
depreciation				<u>:</u> .	<u> </u>
recapture (see			<u> </u>		
Temp. Regs. sec.					
1.367(a)-4T(b)) Tangible property		<u> </u>			
used in trade or					
business not listed					ļ
under another	<u> </u>		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
category		ļ		<u> </u>	
					<u> </u>
Intangible		ļ			
property					
Property to be					ļ. <u> </u>
leased (as described in				<u> </u>	
Temp. Regs. sec.					
1.367(a)-4T(c))					
Property to be					
sold (as described in					
Temp. Regs. sec.					
1.367(a)-4T(d))					
Transfers of oil and					
gas working interests (as described in					
Temp. Regs. sec.					
1.367(a)-4T(e))			_		
Other erenets					
Other property			-		
Supplemental lı	nformation Required	To Be Reported (see i	nstructions);		
= -	•	• (,		
				-	
				·	
					
		· · ·			

Pa	t IV Additional	Information Regarding Trans	sfer of Property(see instructions)		
9 E	nter the transferor's in	terest in the foreign transferee cor	poration before and after the transfer:		
(a) Before <10	% (b) After <u><10</u>	%		
10	Type of nonrecognition	on transaction (see instructions)	► IRC SECTION 351		
	Gain recognition und Gain recognition und Recapture under sec	ler section 904(f)(5)(F)	ject to any of the following:	Yes Yes Yes Yes	X No X No X No X No
12	Did this transfer res	sult from a change in the classific	cation of the transferee to that of a foreign corporation?	Yes	X No
	1.367(a)-4T through Tainted property Depreciation recaptur Branch loss recapture	1.367(a)-6T for any of the following	· · · · · · · · · · · · · · · · · · ·	Yes Yes Yes Yes	X No X No X No X No
14	Did the transferor tr	ansfer assets which qualify for the	he trade or business exception under section 367(a)(3)?	Yes	X No
15 a			ng concern value as defined in Temporary Regulations	Yes	X No
b	If the answer to line 1 transferred ▶ \$		oreign goodwill or going concern value		•
16	Was cash the only pr	roperty transferred?		X Yes	No
17 a		f	section 936(h)(3)(B)) transferred as a result of the	Yes	X No
b	If "Yes," describe the transaction:	e nature of the rights to the inte	angible property that was transferred as a result of the		
			Fo	rm 926 (Re	v. 12-2008)

(Rev. December 2008)

Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Part I U.S. Transferor Information (see instructions)	
Name of transferor	Identifying number (see instructions)
CENTRAL INDIANA COMMUNITY FOUNDATION	35-1793680
If the transferor was a corporation, complete questions 1a through a If the transfer was a section 361(a) or (b) transfer, was the transfe 5 or fewer domestic corporations?	ror controlled (under section 368(c)) by Yes No
b Did the transferor remain in existence after the transfer?	Yes No
If not, list the controlling shareholder(s) and their identifying number	er(s):
Controlling shareholder	Identifying number
c If the transferor was a member of an affiliated group filing a consol corporation? If not, list the name and employer identification number (EIN) of the	Yes No
Name of parent corporation	EIN of parent corporation
	·
d Have basis adjustments under section 367(a)(5) been made?	Yes No
 If the transferor was a partner in a partnership that was the complete questions 2a through 2d. a List the name and EIN of the transferor's partnership: 	actual transferor (but is not treated as such under section 367
Name of partnership	EIN of partnership
 b Did the partner pick up its pro rata share of gain on the transfer of c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that i securities market? 	s regularly traded on an established
Part II Transferee Foreign Corporation Information (see in 3 Name of transferee (foreign corporation)	structions) 4 Identifying number, if any
ROYALCAP VALUE FUND, LTD 5 Address (including country)	FOREIGNUS
623 FIFTH AVENUE, 24TH FLOOR NEW YORK, Country code of country of incorporation or organization (see instru	
CJ	
7 Foreign law characterization (see instructions)	·
PARTNERSHIP	-0
8 Is the transferee foreign corporation a controlled foreign corporation for Paperwork Reduction Act Notice, see separate instructions	n? Yes X No

Don't III	Information Decombine	Transfer of Dec.		:tt:X
raitiii	Information Regarding	Transier of Fro	perry (see	mistructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
ash	VAR		2,000,000.		
ock and					
curities			-		
stallment					
oligations,					
count					
ceivables or nilar property					
illiai property					
reign currency other property					
enominated in			- ··	 	
eign currency		_	_		
iontoni					
ventory					-
			1		-
reate subject to			+		
ssets subject to preciation					-
capture (see					
emp. Regs. sec.					
367(a)-4T(b))					
ingible property					
ed in trade or					
siness not listed			 		
der another					
tegory					<u></u>
tangible					
operty				· ·	
				· -	
operty to be					
ased (as		-, -, -			
scribed in					
emp. Regs. sec.					-
367(a)-4T(c))					
operty to be					
ld (as					
escribed in				·	
emp. Regs. sec. 367(a)-4T(d))					
	-		 		
ansfers of oil and s working interests					
described in					
mp. Regs. sec.					
867(a)-4T(e))			1		
		·			
	· · · -	·			
her property			 		<u> </u>
					
-					
			•		
upplemental lı	formation Required	To Be Reported (see	instructions):		
		•			
			- -		
					·
					<u></u>

Pa	rt IV Additional Information Regarding Transfer of Property(see instructions)	
9 E	nter the transferor's interest in the foreign transferee corporation before and after the transfer:	
(a) Before ≤ 10 % (b) After ≤ 10 %	
10	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351	
b	Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Yes Yes	X No X No X No X No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	X No
b	Depreciation recapture Yes Branch loss recapture Yes	X No X No X No X No
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?	X No
15 a	Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	X No
b	If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶\$	
16	Was cash the only property transferred?	No
17 a	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?	X No
b	If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:	
		
	Form 926 (Rev.	12-2008)

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Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Part	U.S. Transferor Information (see instructions)		
Name	of transferor		Identifying number (see instructions)
_CE	NTRAL INDIANA COMMUNITY FOUNDATION		35-1793680
1	If the transferor was a corporation, complete questions 1a through	1d.	
а	If the transfer was a section 361(a) or (b) transfer, was the transfer	or controlled (under section 36	58(c)) by
	5 or fewer domestic corporations?		Yes No
b	Did the transferor remain in existence after the transfer?		Yes No
	If not, list the controlling shareholder(s) and their identifying numbe	er(s):	
	Controlling shareholder	Ident	ifying number
			· ·
			•
	If the transferor was a member of an affiliated group filing a consolicorporation? If not, list the name and employer identification number (EIN) of the		
٠	Name of parent corporation	EIN of p	arent corporation
d	Have basis adjustments under section 367(a)(5) been made?		Yes No
	If the transferor was a partner in a partnership that was the a complete questions 2a through 2d. List the name and EIN of the transferor's partnership:	actual transferor (but is not	treated as such under section 367),
	Name of partnership	EIN	of partnership
c d	Did the partner pick up its pro rata share of gain on the transfer of plat the partner disposing of its entire interest in the partnership? Is the partner disposing of an interest in a limited partnership that is securities market?	s regularly traded on an establ	
Part			ies INO
	Name of transferee (foreign corporation)		4 Identifying number, if any
	HLINE CAPITAL INTERNATIONAL LTD		FOREIGNUS
	Address (including country) GOLDMAN SACHS (CAY)	MAN) TRUST, LTD	STE 3307 GARDENIA CT
	ANA BAY GRAND CAYMAN CJ	TILL PLOOTE LINE	DIE 3301 GANDENIA CI
	Country code of country of incorporation or organization (see instru	ections)	
СJ	,	-1	
7	Foreign law characterization (see instructions)		
	TNERSHIP		
	Is the transferee foreign corporation a controlled foreign corporation	n?	Yes X No
	perwork Reduction Act Notice, see separate instructions.	<u> </u>	Form 926 (Rev. 12-2008)

Cash	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized or transfer
	VAR		1,380,216.		
ock and				•	
curities					
		·	+		-
stallment					
bligations,			_		
ccount					
ceivables or milar property					
itiliai property					
oreign currency other property					<u> </u>
enominated in			 		 -
reign currency					· -
		•			
ventoni					
ventory					
ł		•			
sets subject to		 -			-
epreciation					
capture (see					
emp. Regs. sec.					
367(a)-4T(b))					
angible property	-				
sed in trade or	·				
usiness not listed					
nder another			<u> </u>		
ategory					
		<u> </u>			
tangible					
operty					
					-
roperty to be		 -			
ased (as					
escribed in					· .
emp. Regs. sec.					
367(a)-4T(c))					
operty to be		··			
old (as			<u>"</u>	-	
scribed in	-	·-		.	-
emp. Regs. sec. 367(a)-4T(d))				<u>-</u>	
				-	
ansfers of oil and					·
s working interests described in					
mp. Regs. sec.					
o/(a) -4 1(e))					
67(a)-41(e))			 		
67(a)-41(e))					
			1		1
367(a)-4T(e)) ther property					··

Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
9 E	inter the transferor's interest in the foreign transferee corporation before and after the transfer:		
(;	a) Before <10 % (b) After <10 %		
10	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351		
b	Indicate whether any transfer reported in Part III is subject to any of the following: Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes Yes Yes Yes	X No X No X No X No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	Yes	X No
C	Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following: Tainted property Depreciation recapture Branch loss recapture Any other income recognition provision contained in the above-referenced regulations	Yes Yes Yes Yes	X No X No X No X No
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?	Yes	X No
15 a	Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	Yes	X No
b	If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶\$	÷	
16	Was cash the only property transferred?	X Yes	No
17 a	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?	Yes	X No
b	If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:		
	· Fo	om 926 (Re	v. 12-2008)

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Return by a U.S. Transferor of Property to a Foreign Corporation

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Par	U.S. Transferor Information (see instructions)		
Name	e of transferor		Identifying number (see instructions)
C	NTRAL INDIANA COMMUNITY FOUNDATION		_35-1793680
1	If the transferor was a corporation, complete questions 1a through	1d.	
а	If the transfer was a section 361(a) or (b) transfer, was the transfer	ror controlled (under section 36	58(c)) by
	5 or fewer domestic corporations?		Yes No
b	Did the transferor remain in existence after the transfer?		Yes No
	If not, list the controlling shareholder(s) and their identifying number	эг(s):	
	Controlling shareholder	Ident	ifying number
	-		
			·
	·		
	•	·	
	·		
		•	
		-	
С	If the transferor was a member of an affiliated group filing a consoli	idated return, was it the parent	t
	corporation?	. 	Yes No
	If not, list the name and employer identification number (EIN) of the	e parent corporation:	
	Name of parent corporation	EIM of p	arent corporation
	Here have a division to the control of the control	<u> </u>	
a	Have basis adjustments under section 367(a)(5) been made?		Yes No
2	If the transferor was a partner in a partnership that was the	actual transferor (but is not	treated as such under section 367)
_	complete questions 2a through 2d.	zetaar transferor (but to not	Trouted do Such under Section 507)
а	List the name and EIN of the transferor's partnership:		
	Name of partnership	FINE	
		EIN	of partnership
	<u> </u>		
	Did the partner pick up its pro rata share of gain on the transfer of p		
	Is the partner disposing of its entire interest in the partnership?		
a	Is the partner disposing of an interest in a limited partnership that is		
Pari	securities market?		Yes No
3	Name of transferee (foreign corporation)	structions)	4 Identifying number, if any
$\overline{\text{THE}}$	ETAP FUND LTD		FOREIGNUS
5	Address (including country)		
C/C		<u> TH F</u> L NEW YORK, !	NY_10003
6	Country code of country of incorporation or organization (see instru	ictions)	
CJ_	·		
7	Foreign law characterization (see instructions)		· · · · · · · · · · · · · · · · · · ·
PAF	TNERSHIP		
8	Is the transferee foreign corporation a controlled foreign corporation	n?	
or Pa	арегwork Reduction Act Notice, see separate instructions.		Form 926 (Rev. 12-2008)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VAR		1,000,000.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in Temp. Regs. sec. 1.367(a)-4T(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))				•	
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					
Supplemental I	nformation Required	To Be Reported (see in	nstructions):		

Pa	Additional Information Regarding Transfer of Property (see instructions)		
9 E	nter the transferor's interest in the foreign transferee corporation before and after the transfer:		
(a) Before <10 % (b) After <10 %		
10	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351		
b	Indicate whether any transfer reported in Part III is subject to any of the following: Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes Yes Yes	X No X No X No X No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	Yes	X No
b c	Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1,367(a)-4T through 1,367(a)-6T for any of the following: Tainted property Depreciation recapture Branch loss recapture Any other income recognition provision contained in the above-referenced regulations	Yes Yes Yes Yes	X No X No X No X No
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?	Yes	X No
	Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	Yes	X No
b	If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶ \$		
16	Was cash the only property transferred?	X Yes	☐ No
17 a	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?	Yes	X No
b	If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:		
_			

Form **926** (Rev. 12-2008)

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(Rev. December 2008)

Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Name of transferor	Identifying number (see instructions)
CENTRAL INDIANA COMMUNITY FOUNDATION	
 1 If the transferor was a corporation, complete questions 1a throa a If the transfer was a section 361(a) or (b) transfer, was the transfer domestic corporations? b Did the transferor remain in existence after the transfer? 	nsferor controlled (under section 368(c)) by Yes No No
If not, list the controlling shareholder(s) and their identifying no	umber(s):
Controlling shareholder	Identifying number
	<u> </u>
	-
c If the transferor was a member of an affiliated group filing a co	Specificated return 1100 it the persent
	Yes No
Name of parent corporation	EIN of parent corporation
· · ·	
d Have basis adjustments under section 367(a)(5) been made?	Yes No
 2 If the transferor was a partner in a partnership that was complete questions 2a through 2d. a List the name and EIN of the transferor's partnership: 	the actual transferor (but is not treated as such under section 367),
Name of partnership	EIN of partnership
b Did the partner pick up its pro rata share of gain on the transfer	
c Is the partner disposing of its entire interest in the partnershid Is the partner disposing of an interest in a limited partnership t	· · · · · · · · · · · · · · · · · · ·
securities market?	Yes No
Part II Transferee Foreign Corporation Information (se 3 Name of transferee (foreign corporation)	
CONVEXITY CAPITAL OFFSHORE LP	4 Identifying number, if any FOREIGNUS
5 Address (including country) C/O INTERNATION	
DUBLIN 2 EI 6 Country code of country of incorporation or organization (see i	
Country code of country of incorporation or organization (see i	inau ucuona)
7 Foreign law characterization (see instructions)	
PARTNERSHIP	
8 Is the transferee foreign corporation a controlled foreign corpo	
For Paperwork Reduction Act Notice, see separate instructions.	Form 926 (Rev. 12-2008)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
ash	VAR		11,000,000.		
	-· ·· ··				
ock and					
curities					
	•				
stallment					
ligations, count	· · · · · · · · · · · · · · · · · · ·				-
ceivables or					
nilar property		-			
					
reign currency					
other property	·	<u> </u>			
nominated in reign currency					
eight currency					
				 	
ventory					
ionioi j					
sets subject to					
preciation					
capture (see				 -	
епр. Regs. sec. 367(a)-4T(b))					
ingible property					
ed in trade or					
siness not listed					
der another					
tegory		<u>'</u>		··· · · · · · · · · · · · · · · · · ·	
		ļ			<u></u>
tangible	·	ļ			
operty					
operty to be	•				
ased (as scribed in					
mp. Regs. sec.				<u> </u>	
367(a)-4T(c))	<u> </u>				
operty to be				-	
ldi(as				·	
escribed in					
mp. Regs. sec. 367(a)-4T(d))					
ansfers of oil and s working interests					
described in			1		
mp Regs, sec.					-
67(a)-4T(e))					
<u> </u>					ļ
ner property					
proporty					
ıpplemental In	formation Required	To Be Reported (see	instructions):		
		-			· · · · · · · · · · · · · · · · · · ·

Pa	Additional Information Regarding Transfer of Property (see instructions)		
9 [Enter the transferor's interest in the foreign transferee corporation before and after the transfer		
((a) Before <u>0.1002</u> % (b) After <u>0.1002</u> %		
10	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351		
t c	Indicate whether any transfer reported in Part III is subject to any of the following: a Gain recognition under section 904(f)(3) b Gain recognition under section 904(f)(5)(F) c Recapture under section 1503(d) d Exchange gain under section 987	Yes Yes Yes Yes	X No X No X No X No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	Yes	X No
t c	Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following: Tainted property Depreciation recapture Branch loss recapture Any other income recognition provision contained in the above-referenced regulations	Yes Yes Yes Yes	X No X No X No X No X No
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?	Yes	X No
15 a	Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	Yes	X No
b	If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ►\$		
16	Was cash the only property transferred?	X Yes	No
17 a	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?	Yes	X No
b	If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:		-

Form 926 (Rev. 12-2008)

(Rev. December 2008)

Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Par			
	of transferor		dentifying number (see instructions)
_CE	NTRAL INDIANA COMMUNITY FOUNDATION		35-1793680
1	If the transferor was a corporation, complete questions 1a through		•
а	If the transfer was a section 361(a) or (b) transfer, was the transfer		
	5 or fewer domestic corporations?		
b	Did the transferor remain in existence after the transfer?		Yes No
	If not, list the controlling shareholder(s) and their identifying number	er(s).	
	Controlling shareholder	ldentii	fying number
			· ·
			·
	If the transferor was a member of an affiliated group filing a consoli	 idated return, was it the parent	_
	corporation? If not, list the name and employer identification number (EIN) of the	e parent corporation:	Yes No
	Name of parent corporation	EIN of par	rent corporation
d	Have basis adjustments under section 367(a)(5) been made?		Yes No
2	If the transferor was a partner in a partnership that was the	actual transferor (but is not t	reated as such under section 367).
	complete questions 2a through 2d.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
a	List the name and EIN of the transferor's partnership:		
	Name of partnership	EIN of	partnership
b	Did the partner pick up its pro rata share of gain on the transfer of p	partnership assets?	Yes No
	Is the partner disposing of its $% \left(\mathbf{r}\right) =\mathbf{r}$ interest in the partnership? .		Yes No
d	Is the partner disposing of an interest in a limited partnership that is securities market?		
Par			
3	Name of transferee (foreign corporation)		4 Identifying number, if any
	TE ELM CAPITAL OFFSHORE, LTD		FOREIGNUS
5	Address (including country) C/O OGIER FIDUCIAR	Y SERVICES (CAY)	89 NEXUS WAY
	IANA BAY CJ	intiana)	
6 CJ	Country code of country of incorporation or organization (see instru	iclions)	
7	Foreign law characterization (see instructions)		
PAF	TNERSHIP		
8	Is the transferee foreign corporation a controlled foreign corporation	n?	Yes X No
For P	aperwork Reduction Act Notice, see separate instructions.		Form 926 (Rev. 12-2008)

Part III	Information Regarding	Transfer of Property (see instructions)
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Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VAR		3,000,000.		
Stock and					
securities					
Installment					
obligations,					
account					-
receivables or					
similar property					
Foreign currency					-
or other property	-				
denominated in					
foreign currency					-
•					
			·		
Inventory					-
Assets subject to	-			· · · · · · · · · · · · · · · · · · ·	
depreciation					-
recapture (see					
Temp. Regs. sec.					
1.367(a)-4T(b)) Tangible property		<u> </u>			
used in trade or		<u> </u>			
business not listed					
under another		-	<u>. </u>		
category				<u> </u>	
			-		
Intangible property	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
property	-				
	-				
Property to be leased (as					
described in			<u>-</u>		
Temp. Regs. sec.					
1.367(a)-4T(c))					
Property to be					
sold (as described in					
Temp. Regs. sec.					
1.367(a)-4T(d))					
Transfers of oil and					
gas working interests (as described in					
(as described in Temp. Regs. sec.				_	
1.367(a)-4T(e))					
Other present:			-		
Other property					· · · · · · · · · · · · · · · · · · ·
			-		<u> </u>
Supplemental Ir	nformation Required	To Be Reported (see i	nstructions):		
	•		,		
				 -	
-	 -		· · · · · · · · · · · · · · · · · · ·		
_	 -				· · · · · · · · · · · · · · · · · · ·
			·	<u> </u>	

Pa	art IV Additional Information Regarding Transfer of Property (see instruction	s)		
9 E	Enter the transferor's interest in the foreign transferee corporation before and after the transfer	er:		
((a) Before 0.00 % (b) After 2.45 %			
10	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351			
t c	Indicate whether any transfer reported in Part III is subject to any of the following: a Gain recognition under section 904(f)(3) b Gain recognition under section 904(f)(5)(F) c Recapture under section 1503(d) d Exchange gain under section 987		Yes Yes Yes Yes	X No X No X No X No
12	Did this transfer result from a change in the classification of the transferee to that of	a foreign corporation?	Yes	X No
t c	1.367(a)-4T through 1.367(a)-6T for any of the following: a Tainted property b Depreciation recapture c Branch loss recapture		Yes Yes Yes Yes	X No X No X No X No
14	Did the transferor transfer assets which qualify for the trade or business exception un	nder section 367(a)(3)?	Yes	X No
15 a	a Did the transferor transfer foreign goodwill or going concern value as defined in section 1.367(a)-1T(d)(5)(iii)?	-	Yes	X No
b	b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern va transferred ▶ \$	ilue		
16	Was cash the only property transferred?		X Yes	☐ No
17 a	a Was intangible property (within the meaning of section 936(h)(3)(B)) transferre transaction?		Yes	X No
b	b If "Yes," describe the nature of the rights to the intangible property that was transfe transaction:	rred as a result of the		
		F	orm 926 (Re	v. 12-2008)

(Rev. December 2008)

Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Par	t I U.S. Transferor Information (see instructions)		
Nam	e of transferor	<u>.</u>	Identifying number (see instructions)
CI	ENTRAL INDIANA COMMUNITY FOUNDATION		35-1793680
1	If the transferor was a corporation, complete questions 1a through	1d.	
а	If the transfer was a section 361(a) or (b) transfer, was the transfer	or controlled (under section 3	38(c)) by
	5 or fewer domestic corporations?		Yes No
b	Did the transferor remain in existence after the transfer?		Yes No
	If not, list the controlling shareholder(s) and their identifying number	er(s):	
	Controlling shareholder	ldent	tifying number
			
	·		
	·		
С	If the transferor was a member of an affiliated group filing a consoli	dated return, was it the paren	t
	corporation?		Yes No
	If not, list the name and employer identification number (EIN) of the	parent corporation:	
	Name of parent corporation	EIN of pa	arent corporation
			<u> </u>
d	Have basis adjustments under section 367(a)(5) been made?		Yes No
2	If the transferor was a partner in a partnership that was the	actual transferor (but is not	treated as such under section 367),
_	complete questions 2a through 2d. List the name and EIN of the transferor's partnership:		
<u>a</u>			
	Name of partnership	EIN o	of partnership
	District and the second		
	Did the partner pick up its pro rata share of gain on the transfer of p	- · · · · · · · · · · · · · · · · · · ·	
	Is the partner disposing of its entire interest in the partnership? . Is the partner disposing of an interest in a limited partnership that is		
u	securities market?		
Par			
3	Name of transferee (foreign corporation)		4 Identifying number, if any
	JTHPORT ENERGY PLUS OFFSHORE FUND INC		FOREIGNUS
5	Address (including country) CITI HEDGE FUND SVS	S (CAY) LTD CAY	MAN CORP CTR, 27 HOSP
	ORGETOWN CJ	estions)	
6 ~ T	Country code of country of incorporation or organization (see instru	ictions)	
<u>CJ</u> 7	Foreign law characterization (see instructions)		
	RTNERSHIP		
8 8	Is the transferee foreign corporation a controlled foreign corporation		Yes X No
	aperwork Reduction Act Notice, see separate instructions.		Form 926 (Rev. 12-2008)

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VAR		5,000,000.		
					, , , , , , , , , , , , , , , , , , , ,
Stock and					
securities					
					<u> </u>
Installment					
obligations, account					<u> </u>
receivables or					
similar property			-		
			<u> </u>		
Foreign currency					
or other property denominated in					
foreign currency					·
Inventory					
•					
Assets subject to					
depreciation recapture (see					
Temp. Regs. sec.					
1.367(a)-4T(b))					
Tangible property		·			
used in trade or business not listed					
under another					
category					
Intangible					
property					
Property to be					
leased (as					 -
described in Temp. Regs. sec.					<u> </u>
1.367(a)-4T(c))					
Property to be					
sold (as					
described in					
Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and					
gas working interests					
(as described in					
Temp. Regs. sec. 1.367(a)-4T(e))					
1.507 (a)-41 (e))					<u> </u>
Other property				-	
					
				<u></u>	
Sunnlemental Ir	nformation Required	To Re Penorted (see i	netructions):		
oappieniental II	normanon Neguneu	i o pe izehoiten (see i	nou douonaj.	•	•
	· ·				
				<u>.</u>	
	 -	_ 			

	Additional Information Regarding Transfer of Property(see instructions)		
9 ⊟	inter the transferor's interest in the foreign transferee corporation before and after the transfer:		
(a	a) Before <u>0.00</u> % (b) After <u>0.00</u> %		
10	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351	,	
b c	Indicate whether any transfer reported in Part III is subject to any of the following: Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes	X No X No X No X No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	Yes	X No
b c	Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following: Tainted property Depreciation recapture Branch loss recapture Any other income recognition provision contained in the above-referenced regulations	Yes Yes Yes Yes	X No X No X No X No
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?	Yes	X No
15 a	Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	Yes	X No
b	If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶ \$		
16	Was cash the only property transferred?	X Yes	No No
17 a	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?	Yes	X No
b	If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:		
	· · · · · · · · · · · · · · · · · · ·	orm 926 (Re	ev. 12-2008)

(Rev. December 2008)

Department of the Treasury Internal Revenue Service

Part I U.S. Transferor Information (see instructions)

Return by a U.S. Transferor of Property to a Foreign Corporation

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Name of transferor	Identifying number (see instructions)
CENTRAL INDIANA COMMUNITY FOUNDATION	35-1793680
1 If the transferor was a corporation, complete questions 1a through 1d.	
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under s	
5 or fewer domestic corporations?	
b Did the transferor remain in existence after the transfer?	.,Yes No
If not, list the controlling shareholder(s) and their identifying number(s):	
Controlling shareholder	Identifying number
-	
i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	
c If the transferor was a member of an affiliated group filing a consolidated return, was it to	
corporation?	YesNo
If not, list the name and employer identification number (EIN) of the parent corporation:	
Name of parent corporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(5) been made?	Yes No
2 If the transferor was a partner in a partnership that was the actual transferor (but	ut is not treated as such under section 367),
complete questions 2a through 2d.	· · ·
a List the name and EIN of the transferor's partnership:	<u> </u>
Name of partnership	EIN of partnership
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	Yes No
c Is the partner disposing of its entire interest in the partnership?	
d Is the partner disposing of an interest in a limited partnership that is regularly traded on a	
securities market?	
Part II Transferee Foreign Corporation Information (see instructions)	
3 Name of transferee (foreign corporation)	4 Identifying number, if any
BLACKSTONE STRATEGIC ALLIANCE OFFSHORE FUND	FOREIGNUS
5 Address (including country) C/O MAPLES CORPORATE SVCS LTD	UGLAND HOUSE PO BOX 309
GRAND CAYMAN CJ	
6 Country code of country of incorporation or organization (see instructions)	
7 Foreign law characterization (see instructions)	
7 Foreign law characterization (see instructions)	
PARTNERSHIP 8 Is the transferee foreign corporation a controlled foreign corporation?	Yes X No
• To the transfered foreign corporation a controlled foreign corporation?	

Page 2

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
ash	VAR		2,.605,409.		
		A			
ock and					
curities					
					
					
stallment		+			
eligations,					 .
ceivables or		· ·			
nilar property				·	
reign currency					
other property					
nominated in					
eign currency			****		<u> </u>
\vdash		-			+
ventory		 			
<u> </u>					
sets subject to					
epreciation					
capture (see emp. Regs. sec					
367(a)-4T(b))					
angible property					
sed in trade or					
usiness not listed 📙					
nder another			-		
itegory	 `				
tangible					
operty					
					
operty to be					
ased (as		- 			
scribed in		 			
mp. Regs. sec.					· · · · · · · · · · · · · · · · · · ·
367(a)-4T(c))					
operty to be					
old (as escribed in					
emp. Regs. sec.					·
367(a)-4T(d))					
ansfers of oil and					
s working interests					
s described in					· · ·
mp. Regs. sec.	 	1			
67(a)-4T(e))					_
her property			·		
proporty					
Supplemental Info	rmation Require	d To Be Reported (see in	structions):		
			· 		

Pa	Additional Information Regarding Transfer of Property (see instructions)		
9 E	Enter the transferor's interest in the foreign transferee corporation before and after the transfer:	-	
((a) Before 1.39 % (b) After 1.39 %		
10	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351		
b	Indicate whether any transfer reported in Part III is subject to any of the following: Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes Yes Yes	X No X No X No X No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	Yes	X No
b	Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following: Tainted property Depreciation recapture Branch loss recapture Any other income recognition provision contained in the above-referenced regulations	Yes Yes Yes Yes	X No X No X No X No
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?	Yes	X No
15 a	a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	Yes	X No
b	If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$		
16	Was cash the only property transferred?	X Yes	☐ No
17 a	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?	Yes	X No
b	If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:		

Form 926 (Rev. 12-2008)

Don't I

(Rev. December 2008)

Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Name of transferor	Identifying number (see instructions)
CENTRAL INDIANA COMMUNITY FOUNDATION	35-1793680
1 If the transferor was a corporation, complete questions 1a through	
a If the transfer was a section 361(a) or (b) transfer, was the transfer	
5 or fewer domestic corporations?	
b Did the transferor remain in existence after the transfer?	Yes No
If not, list the controlling shareholder(s) and their identifying number	भ(s):
Controlling shareholder	Ideatic Section 1
Controlling shateholder	Identifying number
c If the transferor was a member of an affiliated group filing a consoli corporation? If not, list the name and employer identification number (EIN) of the	Yes No
Name of parent corporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(5) been made?	Yes No
 If the transferor was a partner in a partnership that was the complete questions 2a through 2d. List the name and EIN of the transferor's partnership: 	actual transferor (but is not treated as such under section 367
Name of partnership	EIN of partnership
 b Did the partner pick up its pro rata share of gain on the transfer of p c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is 	Yes No
securities market?	
Part II Transferee Foreign Corporation Information (see ins	
3 Name of transferee (foreign corporation)	4 Identifying number, if any
COATUE OFFSHORE FUND LTD 5 Address (including country) GOLDMAN SACHS TRUS	FOREIGNUS T LTD HARBOUR CNTR, PO BOX 896
GEORGE TOWN GRAND CAYMAN CJ	T LTD HARBOUR CNTR, PO BOX 896
6 Country code of country of incorporation or organization (see instru	uctions)
CJ , , , , , , , , , , , , , , , , , , ,	
7 Foreign law characterization (see instructions)	
PARTNERSHIP	
8 Is the transferee foreign corporation a controlled foreign corporation	n? Yes X No
For Paperwork Reduction Act Notice, see separate instructions.	Form 926 (Rev. 12-2008)

Page 2 Form 926 (Rev. 12-2008) Part III Information Regarding Transfer of Property (see instructions) (a) Date of (b) (d) (e) Type of Description of Fair market value on Cost or other Gain recognized on transfer property transfer date of transfer property basis VAR 2,000,000. Cash Stock and securities Installment obligations, account receivables or similar property Foreign currency or other property denominated in foreign currency Inventory Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b)) Tangible property used in trade or business not listed under another category Intangible property Property to be leased (as described in Temp. Regs. sec. 1.367(a)-4T(c)) Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d)) Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e)) Other property

Supplemental Information Required To Be Reported (see instructions):		

Pa	rt IV Additional Information Regarding Transfer of Property(see instructions)		
9 E	Enter the transferor's interest in the foreign transferee corporation before and after the transfer:		·
(a) Before <10 % (b) After <10 %		
10	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351		
11 k	3	Yes Yes Yes Yes	X No X No X No X No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	Yes	X No
13 a b	Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following: Tainted property Depreciation recapture Branch loss recapture Any other income recognition provision contained in the above-referenced regulations	Yes Yes Yes Yes	X No X No X No X No
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?	Yes	X No
15 a	Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	Yes	X No
t	If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ►\$		
16	Was cash the only property transferred?	X Yes	☐ No
17 a	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?	Yes	X No
b	If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:		
		-	
			
		orm 926 (Re	v. 12-2008)

(Rev. December 2008)

Return by a U.S. Transferor of Property to a Foreign Corporation

Department of the Treasury Internal Revenue Service

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Name of transferor	Identifying number (see instructions)
CENTRAL INDIANA COMMUNITY FOUNDATION	N 35-1793680
1 If the transferor was a corporation, complete questions 1a throu	ugh 1d.
a If the transfer was a section 361(a) or (b) transfer, was the tran	
5 or fewer domestic corporations?	
b Did the transferor remain in existence after the transfer?	No Yes
If not, list the controlling shareholder(s) and their identifying nur	mber(s):
Controlling shareholder	Identifying number
<u> </u>	
<u> </u>	
c If the transferor was a member of an affiliated group filing a cor	
corporation? If not, list the name and employer identification number (EIN) o	Yes No
il not, list the hame and employer identification number (EIN) o	r the parent corporation.
Name of parent corporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(5) been made?	Yes No
If the transferor was a partner in a partnership that was the complete questions 2a through 2d.	he actual transferor (but is not treated as such under section 36
a List the name and EIN of the transferor's partnership:	
Name of partnership	EIN of partnership
b Did the partner pick up its pro rata share of gain on the transfer	of partnership assets?
c Is the partner disposing of its entire interest in the partnership	
d Is the partner disposing of an interest in a limited partnership th	at is regularly traded on an established
securities market?	Yes No
Transferee Foreign Corporation Information (see Name of transferee (foreign corporation)	4 Identifying number, if any
SIAN CENTURY	FOREIGNUS
Address (including country) C/O MORGAN STANLI	
EORGE TOWN CJ	of 1000 convious convious into in the
Country code of country of incorporation or organization (see in	structions)
ZJ	
Foreign law characterization (see instructions)	
PARTNERSHIP	
Is the transferee foreign corporation a controlled foreign corporation	
or Paperwork Reduction Act Notice, see separate instructions.	Form 926 (Rev. 12-200)

property	1,000,000.		
	To Be Reported (see ins	To Be Reported (see instructions):	To Be Reported (see instructions):

Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)			
9 E	Enter the transferor's interest in the foreign transferee corporation before and after the transfer:			
(a) Before <10 % (b) After <10 %			
10	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351			
t c	Indicate whether any transfer reported in Part III is subject to any of the following: Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes Yes Yes	X No X No X No X No	
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	Yes	X No	
b	Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following: Tainted property Depreciation recapture Branch loss recapture Any other income recognition provision contained in the above-referenced regulations	Yes Yes Yes Yes	X No X No X No	
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?	Yes	X No	
15 a	Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	Yes	X No	
b	If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶ \$			
16	Was cash the only property transferred?	X Yes	☐ No	
17 a	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?	Yes	X No	
b	If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:			
	Form 926 (Rev. 12-2008)			

Schedule R (Form 990) 2010

Page 5

Part VII

Supplemental Information

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



Public Disclosure Rules for Form 990

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

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

Public Inspection

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

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

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

Fees

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

Penalties

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

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



Public Disclosure for Tax-Exempt Organizations

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

Effective for Returns Filed After August 17, 2006

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

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

Where Must Information be Provided?

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

How Quickly Must Organizations Reply?

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

Written Requests

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

What Can an Organization Charge?

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

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

Local or Subordinate Organizations

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

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

Using the Internet

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

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

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

What if the Requests are a Form of Harassment?

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

Conclusion

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

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