

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

2010**Open to Public
Inspection****A For the 2010 calendar year, or tax year beginning**, 2010, and ending, 20**B** Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Doing Business As

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

615 NORTH ALABAMA STREET

Room/suite

119

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

INDIANAPOLIS, IN 46204

F Name and address of principal officer:

BRIAN PAYNE

615 NORTH ALABAMA STREET INDIANAPOLIS, IN 46204

D Employer identification number

35-1793680

E Telephone number

(317) 634-2423

G Gross receipts \$ 220,976,298.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

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

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.CICF.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1997 **M** State of legal domicile: IN**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CICF EXISTS TO IMPROVE INDIANA TODAY AND FOREVER. CHARITABLE ASSETS ARE BUILT TO SUPPORT EFFECTIVE CHARITABLE ORGANIZATIONS WITH GRANTS AND PROVIDE LEADERSHIP TO ADDRESS COMMUNITY NEEDS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21.
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	43.
	6 Total number of volunteers (estimate if necessary)	6	21.
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	-595,184.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-595,184.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	17,188,854.	19,157,001.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-36,981,954.	25,205,042.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,667,289.	232,195.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-17,125,811.	44,594,238.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	19,672,618.	22,312,522.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,367,357.	2,848,296.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,037,736.	103,881.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,893,484.	3,394,632.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	27,037,340.	28,555,450.
	19 Revenue less expenses. Subtract line 18 from line 12	-44,163,151.	16,038,788.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	418,137,784.	457,654,609.
	22 Net assets or fund balances. Subtract line 21 from line 20	28,035,909.	27,682,050.

Part II Signature Block

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

Sign Here

▶ Signature of officer Date

▶ Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
Firm's name ▶ BKD, LLP	<i>[Signature]</i>	11/14/11		
Firm's address ▶ 200 E. MAIN ST. SUITE 700 FORT WAYNE, IN 46802	Firm's EIN ▶	Phone no. 260-460-4000		

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization		Employer identification number
	CENTRAL INDIANA COMMUNITY FOUNDATION INC		35-1793680
	Number, street, and room or suite no. If a P.O. box, see instructions.		
	615 NORTH ALABAMA STREET		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
INDIANAPOLIS, IN 46204			

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ☒ KAY WHITAKER
- Telephone No. FAX No.
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 11/15, 2011.
- 5 For calendar year 2010, or other tax year beginning , 20 , and ending , 20 .
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO
FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date Form **8868** (Rev. 1-2011)

Form **8868**

(Rev. January 2011)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	CENTRAL INDIANA COMMUNITY FOUNDATION INC	35-1793680
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	615 NORTH ALABAMA STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	INDIANAPOLIS, IN 46204	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return 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 are in the care of ▶ KAY WHITAKER

Telephone No. ▶ 317 634-2423

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☒ calendar year 20 10 or
- ▶ ☐ tax year beginning , 20 , and ending , 20

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)

Part III Statement of Program Service Accomplishments

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

☒**1** Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☒ Yes☐ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes☒ No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 11,174,186. including grants of \$ 10,710,011.) (Revenue \$ 333,181.)

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

4b (Code:) (Expenses \$ 7,682,253. including grants of \$ 7,363,132.) (Revenue \$ 229,062.)

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

4c (Code:) (Expenses \$ 4,423,115. including grants of \$ 4,239,379.) (Revenue \$ 131,884.)

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

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

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

4e Total program service expenses ▶ 23,279,554.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	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.		
a 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—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b X	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f X	
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	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	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
20 a 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 in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	<input checked="" type="checkbox"/>	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	<input checked="" type="checkbox"/>	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	<input checked="" type="checkbox"/>	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		<input checked="" type="checkbox"/>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		<input checked="" type="checkbox"/>
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	<input checked="" type="checkbox"/>	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		<input checked="" type="checkbox"/>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	<input checked="" type="checkbox"/>	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<input checked="" type="checkbox"/>	
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		<input checked="" type="checkbox"/>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	<input checked="" type="checkbox"/>	

Form 990 (2010)

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 60		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 43		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country: <u>ATTACHMENT 2</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		X
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ATTACHMENT 3										
(1) DAVID BECKER BOARD CHAIR	1.00	X		X				0.	0.	0.
(2) MARK E. HILL VICE-CHAIR	1.00	X		X				0.	0.	0.
(3) ALAN A. LEVIN SECRETARY	1.00	X		X				0.	0.	0.
(4) SARAH WILSON OTTE TREASURER	1.00	X		X				0.	0.	0.
(5) J. MURRAY CLARK BOARD MEMBER	1.00	X						0.	0.	0.
(6) LORI EFROYMSON-AGUILERA BOARD MEMBER	1.00	X						0.	0.	0.
(7) HENRY L. FERNANDEZ BOARD MEMBER	1.00	X						0.	0.	0.
(8) MARIANNE GLICK BOARD MEMBER	1.00	X						0.	0.	0.
(9) STEVEN A. HOLT BOARD MEMBER	1.00	X						0.	0.	0.
(10) PEGGY MONSON BOARD MEMBER	1.00	X						0.	0.	0.
(11) D. WILLIAM MOREAU, JR. BOARD MEMBER	1.00	X						0.	0.	0.
(12) ANN D. MURTILOW BOARD MEMBER	1.00	X						0.	0.	0.
(13) MYRTA J. PULLIAM BOARD MEMBER	1.00	X						0.	0.	0.
(14) JOHN J. QUINN BOARD MEMBER	1.00	X						0.	0.	0.
(15) CYNTHIA SIMON SKJODT BOARD MEMBER	1.00	X						0.	0.	0.
(16) JOSEPH L. SMITH, JR BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) MICHAEL L. SMITH BOARD MEMBER	1.00	X						0.	0.	0.
(18) CHARLES P. SUTPHIN BOARD MEMBER	1.00	X						0.	0.	0.
(19) MILTON O. THOMPSON BOARD MEMBER	1.00	X						0.	0.	0.
(20) LARRY J. SABLOSKY BOARD MEMBER	1.00	X						0.	0.	0.
(21) BRIAN E. PAYNE PRESIDENT & CEO	30.00			X				208,042.	69,348.	33,696.
(22) ROSEMARY DORSA VP SPECIAL INITIATIVES	40.00			X				154,174.	0.	15,282.
(23) KAY WHITAKER CFO	32.00			X				121,357.	28,762.	7,799.
(24) ROBERT MACPHERSON VP DEVELOPMENT	26.00			X				80,097.	41,262.	21,965.
(25) GREGORY A. MCMILLEN VP CIO	27.00			X				65,446.	30,798.	15,555.
(26) ROBERT B. LITTLE VP, LEGACY FUND PRESIDENT	3.00			X				7,836.	90,117.	28,661.
(27) GREGORY E. LYNN VP REAL ESTATE	11.00			X				25,136.	64,634.	13,869.
(28) ELIZABETH TATE VP GRANTMAKING	25.00			X				48,003.	36,213.	18,793.
1b Sub-total								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 or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

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**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	161,385.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	18,995,616.			
	g	Noncash contributions included in lines 1a-1f: \$		824,857.			
	h	Total. Add lines 1a-1f		19,157,001.			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,980,904.		
4		Income from investment of tax-exempt bond proceeds		0.			
5		Royalties		0.			
		(i) Real	(ii) Personal				
6a		Gross Rents					
b		Less: rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)		0.			
		(i) Securities	(ii) Other				
7a		Gross amount from sales of assets other than inventory		195,605,943.			
b		Less: cost or other basis and sales expenses		176,381,805.			
c		Gain or (loss)		19,224,138.			
d		Net gain or (loss)		19,224,138.			19,224,138.
8a		Gross income from fundraising events (not including \$ 161,385. of contributions reported on line 1c). See Part IV, line 18	a	20,550.			
b		Less: direct expenses	b	255.			
c		Net income or (loss) from fundraising events	c	20,295.			20,295.
9a		Gross income from gaming activities. See Part IV, line 19	a				
b		Less: direct expenses	b				
c	Net income or (loss) from gaming activities	c	0.				
10a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory	c	0.				
Miscellaneous Revenue				Business Code			
11a	OTHER INCOME	900099	112,957.			112,957.	
b	OPERATING SUPPORT FEE	900099	694,127.	694,127.			
c	PARTNERSHIP INCOME	525990	-595,184.		-595,184.		
d	All other revenue						
e	Total. Add lines 11a-11d		211,900.				
12	Total revenue. See instructions		44,594,238.	694,127.	-595,184.	25,338,294.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	21,657,573.	21,657,573.		
2	Grants and other assistance to individuals in 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):				
a	Management	0.			
b	Legal	69,716.	7,477.	62,239.	
c	Accounting	83,637.		83,637.	
d	Lobbying	0.			
e	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.	
24	Other expenses. Itemize 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.)				
a	COMMUNITY RELATIONS & SUPPORT	245,570.	2,005.	27,918.	215,647.
b	EMPLOYEE DEV & RELATIONS	33,992.	5,252.	17,379.	11,361.
c	DUES & MEMBERSHIPS	43,453.	7.	43,446.	
d	LOSS ON DISPOSAL	4,446.		4,446.	
e	-----				
f	All other expenses				
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 <input type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	21,625,598.	2	23,402,540.
	3 Pledges and grants receivable, net	3,680,446.	3	5,225,560.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,196,893.		
	b Less: accumulated depreciation	10b 2,993,671.	1,247,902.	10c 1,203,222.
	11 Investments - publicly traded securities	228,600,151.	11	246,586,085.
	12 Investments - other securities. See Part IV, line 11	153,227,394.	12	171,002,544.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	9,756,293.	15	10,234,658.
16 Total assets. Add lines 1 through 15 (must equal line 34)	418,137,784.	16	457,654,609.	
Liabilities	17 Accounts payable and accrued expenses	2,126,175.	17	1,969,891.
	18 Grants payable	9,353,333.	18	9,231,233.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	16,556,401.	25	16,480,926.
	26 Total liabilities. Add lines 17 through 25	28,035,909.	26	27,682,050.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	376,040,924.	27	413,103,188.
	28 Temporarily restricted net assets	9,352,441.	28	11,867,801.
	29 Permanently restricted net assets	4,708,510.	29	5,001,570.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	390,101,875.	33	429,972,559.
34 Total liabilities and net assets/fund balances	418,137,784.	34	457,654,609.	

Form 990 (2010)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	44,594,238.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,555,450.
3	Revenue less expenses. Subtract line 2 from line 1	3	16,038,788.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	390,101,875.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	23,831,896.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	429,972,559.

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

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

Form **990** (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
 - e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above? _____
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
 - h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 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.)

Section A. Public Support

Calendar 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.

Section B. Total Support

Calendar 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.	8,605,475.	6,236,700.	5,980,904.	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.)	2,398,267.	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. (see instructions)				12		0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	36.90 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	43.64 %
16a 33 1/3 % support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3 % support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%
19a 33 1/3 % support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3 % support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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

Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **CENTRAL INDIANA COMMUNITY FOUNDATION INC**Employer identification number
35-1793680**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ 24,361.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 152,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CENTRAL INDIANA COMMUNITY FOUNDATION INC**Employer identification number
35-1793680**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 7,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 42,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 6,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 501,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CENTRAL INDIANA COMMUNITY FOUNDATION INC**Employer identification number
35-1793680**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____ 500,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____ 25,445.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____ 500,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CENTRAL INDIANA COMMUNITY FOUNDATION INC**Employer identification number
35-1793680**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ 28,790.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 106,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 654,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 22,904.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CENTRAL INDIANA COMMUNITY FOUNDATION INC**Employer identification number
35-1793680**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ 66,237.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 4,615,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 38,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CENTRAL INDIANA COMMUNITY FOUNDATION INC**Employer identification number
35-1793680**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 7,694.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CENTRAL INDIANA COMMUNITY FOUNDATION INC**Employer identification number
35-1793680**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ 28,790.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 57,370.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 56,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 54,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CENTRAL INDIANA COMMUNITY FOUNDATION INC**Employer identification number
35-1793680**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ 102,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 33,702.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 29,496.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 171,943.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CENTRAL INDIANA COMMUNITY FOUNDATION INC**Employer identification number
35-1793680**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ 53,541.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 100,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 20,348.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 820,048.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CENTRAL INDIANA COMMUNITY FOUNDATION INC**Employer identification number
35-1793680**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 7,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,155.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CENTRAL INDIANA COMMUNITY FOUNDATION INC**Employer identification number
35-1793680**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 101,612.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CENTRAL INDIANA COMMUNITY FOUNDATION INC**Employer identification number
35-1793680**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ 25,164.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 25,585.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 25,490.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CENTRAL INDIANA COMMUNITY FOUNDATION INC**Employer identification number
35-1793680**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ 100,299.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 102,057.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CENTRAL INDIANA COMMUNITY FOUNDATION INC**Employer identification number
35-1793680**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 203,134.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 30,313.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 24,115.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CENTRAL INDIANA COMMUNITY FOUNDATION INC**Employer identification number
35-1793680**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____ 14,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____ 11,310.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CENTRAL INDIANA COMMUNITY FOUNDATION INC**Employer identification number
35-1793680**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 52,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 35,417.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CENTRAL INDIANA COMMUNITY FOUNDATION INC**Employer identification number
35-1793680**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____ 10,623.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____ 40,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____ 104,405.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CENTRAL INDIANA COMMUNITY FOUNDATION INC**Employer identification number
35-1793680**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ 264,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 48,526.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 66,154.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CENTRAL INDIANA COMMUNITY FOUNDATION INC**Employer identification number
35-1793680**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ 14,978.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 100,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 11,790.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 302,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 99,358.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CENTRAL INDIANA COMMUNITY FOUNDATION INC.**Employer identification number
35-1793680**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ 2,128,445.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 252,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 448,739.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 98,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ 79,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CENTRAL INDIANA COMMUNITY FOUNDATION INC**Employer identification number
35-1793680**Part II** Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ 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.	9/10/10

Name of organization **CENTRAL INDIANA COMMUNITY FOUNDATION INC**Employer identification number
35-1793680**Part II** Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ 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) (see instructions)	(d) Date received
		\$	

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

35-1793680

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	227.	
2 Aggregate contributions to (during year)	7,894,526.	
3 Aggregate grants from (during year)	10,218,013.	
4 Aggregate value at end of year	244,087,876.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

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

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

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

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

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

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

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X ▶ \$

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

Schedule D (Form 990) 2010

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	232,585,502.	195,970,455.	290,787,773.		
b Contributions	7,053,791.	1,682,821.	6,257,817.		
c Net investment earnings, gains, and losses	32,160,397.	41,419,473.	-88,052,089.		
d Grants or scholarships	15,422,751.	4,710,941.	10,768,837.		
e Other expenditures for facilities and programs	236,252.	311,174.	269,472.		
f Administrative expenses	1,408,764.	1,465,132.	1,984,737.		
g End of year balance	254,731,923.	232,585,502.	195,970,455.		

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

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

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		162,603.	79,191.	83,412.
c Leasehold improvements		1,211,395.	645,224.	566,171.
d Equipment		2,297,920.	1,847,241.	450,679.
e Other		524,975.	422,015.	102,960.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,203,222.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVES AND OTHER	171,002,544.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	171,002,544.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

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

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

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

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) AMOUNTS HELD FOR OTHERS	12,499,403.	
(3) INCOME BENEFICIARIES PAYABLE	3,974,023.	
(4) DUE TO OTHER FUNDS	7,500.	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	16,480,926.	

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).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	44,594,238.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	28,555,450.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	16,038,788.
4	Net unrealized gains (losses) on investments	4	23,149,489.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	682,407.
9	Total adjustments (net). Add lines 4 through 8	9	23,831,896.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	39,870,684.

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

1	Total revenue, gains, and other support per audited financial statements	1	68,054,492.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	22,730,595.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	729,659.
e	Add lines 2a through 2d	2e	23,460,254.
3	Subtract line 2e from line 1	3	44,594,238.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	44,594,238.

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

1	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:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	47,252.
e	Add lines 2a through 2d	2e	47,252.
3	Subtract line 2e from line 1	3	28,555,450.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	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
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PART XII LINE 2D

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	\$720,698
DEFINED BENEFIT PENSION PLAN EXPENSE	8,961

TOTAL OTHER	\$729,659
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Part XIV Supplemental Information *(continued)*

PART XIII LINE 2D

TRANSFERS AND OTHER EXCHANGES

\$ (47,252)

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

Employer identification number

35-1793680

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space 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.
(2) EAST ASIA AND THE PACIFIC			INVESTMENTS		9,776,264.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					21,136,310.
b 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.

Schedule F (Form 990) 2010

Part II **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 duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
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(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 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 ☐

3 Enter total number of other organizations or entities ☐

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
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(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2010

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) ☒ 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 ☒ 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) ☒ 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) ☒ 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) ☒ 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 ☒ No

Schedule F (Form 990) 2010

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).

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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35-1793680

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

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

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

Total ▶

- [illegible]

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		LATINO SCHOLARS (event type)	(event type)	0. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	181,935.			181,935.
	2 Less: Charitable contributions	161,385.			161,385.
	3 Gross income (line 1 minus line 2)	20,550.			20,550.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	255.			255.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(255.)
	11 Net income summary. Combine line 3, column (d), and line 10				20,295.

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

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

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

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

b If "Yes," explain:

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE I
(Form 990)**

**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

**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

Part I General Information on Grants and Assistance

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

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)	100 BLACK MEN OF INDIANAPOLIS, INC. 3901 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	351813852	501(C)(3)	36,913.				DEV. CNT. SUMMER
(2)	ABOVE & BEYOND CHILDREN'S MUSEUM 902 N. 8TH ST. SHEBOYGAN, WI 53081	391739087	501(C)(3)	135,000.				SUPPORT
(3)	AFRICAN UNIVERSITY FOUNDATION 3737 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	352038725	501(C)(3)	20,000.				TRAVEL EXPENSES
(4)	AIDS FOUNDATION OF CHICAGO 200 W. JACKSON CHICAGO, IL 60607	363412054	501(C)(3)	25,000.				AIDS FOUNDATION
(5)	ALLIANCE FOR A NEW HUMANITY P.O. BOX 10093 SAN JUAN, PR 00908	660626026	501(C)(3)	25,000.				SUPPORT WATCH
(6)	ALUMNI FUND ASSOCIATION OF YALE UNIVERSITY P.O. BOX 2038 NEW HAVEN, CT 06521	066078326	501(C)(3)	10,000.				CLASS OF 1945W
(7)	ALZHEIMER'S ASSOCIATION OF GREATER INDIANA 50 E. 91ST. ST. INDIANAPOLIS, IN 46240	133039601	501(C)(3)	9,500.				2010 ANNUAL APPEAL
(8)	AMERICAN CABARET THEATRE 121 MONUMENT CIRCLE, SUITE 516	311225154	501(C)(3)	96,227.				ENDOWMENT FUNDS
(9)	AMERICAN CIVIL LIBERTIES UNION OF INDIANA F 1031 E. WASHINGTON ST.	237398358	501(C)(3)	8,632.				2010 DISTRIBUTION
(10)	AMERICAN INDIA FOUNDATION 1113 WESLEY AVE. EVANSTON, IL 60202	134159765	501(C)(3)	20,000.				SUPPORT
(11)	AMERICAN PIANISTS ASSOCIATION, INC. 4603 CLARENDON RD. INDIANAPOLIS, IN 46208	310959640	501(C)(3)	80,029.				WEBSITE DEVELOPMENT
(12)	AMERICAN RED CROSS OF GREATER INDIANAPOLIS 441 E. 10TH ST. INDIANAPOLIS, IN 46202-3388	530196605	501(C)(3)	11,250.				HAITIAN RELIEF

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

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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

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

OIMB No. 1545-0047

2010

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Inspection**

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

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)	AMERICARES 88 HAMILTON AVE., STAMFORD, CT 06902	061008595	501(C)(3) PUBLIC	18,000.				HAITIAN RELIEF
(2)	ANGEL'S WINGS, INC. P.O. BOX 2889 INDIANAPOLIS, IN 46206-2889	201354883	501(C)(3) PUBLIC	25,500.				PURCHASE MDSE
(3)	ART WITH A HEART 6002 SUNNYSIDE RD. INDIANAPOLIS, IN 46236	020570317	501(C)(3) PUBLIC	6,100.				SUMMER CAMP
(4)	ARTS COUNCIL OF INDIANAPOLIS 20 N. MERIDIAN ST.	311225893	501(C)(3) PUBLIC	27,760.				SUPPORT
(5)	ASANTE CHILDREN'S THEATER P.O. BOX 22344 INDIANAPOLIS, IN 46222	352203194	501(C)(3) PUBLIC	12,660.				ACT PREP FOR LIFE
(6)	ASSOCIATION OF FUNDRAISING PROFESSIONALS 4000 W. 106TH ST. CARMEL, IN 46032	200489943	501(C)(3) PUBLIC	10,000.				2010 DISTRIBUTION
(7)	ASSOCIATION OF INDIANA MUSEUMS P.O. BOX 1883 INDIANAPOLIS, IN 46206	237306380	501(C)(3) PUBLIC	6,223.				2010 DISTRIBUTION
(8)	BEECH GROVE EDUCATION FOUNDATION 5334 HORNET AVE. BEECH GROVE, IN 46107-2305	351982291	501(C)(3) PUBLIC	44,630.				2010 DISTRIBUTION
(9)	BEN DAVIS CHRISTIAN CHURCH 701 S. HIGH SCHOOL RD.	351012481	501(C)(3) PUBLIC	6,000.				BLDG CAMPAIGN, MISSI
(10)	BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA 2950 N. MERIDIAN ST.	351323831	501(C)(3) PUBLIC	40,500.				CONTRIBUTION
(11)	BIG CAR GALLERY 1043 VIRGINIA AVE. INDIANAPOLIS, IN 46203	113725157	501(C)(3) PUBLIC	185,500.				SUPPORT
(12)	BILLIES FOOD PANTRY 1754 W. MORRIS ST. INDIANAPOLIS, IN 46221	351433969	501(C)(3) PUBLIC	12,000.				FOOD & UTILITIES

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

3 Enter total number of other organizations ☐

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

Schedule I (Form 990) (2010)

SCHEDULE I
(Form 990)

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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Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

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)	BIRTHRIGHT OF CICERO, INC. 50 SOUTH PERU CICERO, IN 46034	351999028	501(C)(3)	6,000.				CONTRIBUTION
(2)	BISHOP CHATARD HIGH SCHOOL 5885 N. CRITTENDEN AVE.	351063332	501(C)(3)	8,000.				CONTRIBUTION
(3)	BLOOMINGTON HOSPITAL FOUNDATION P.O. BOX 1149 BLOOMINGTON, IN 47402	351720795	501(C)(3)	10,000.				BLOOMINGTON HOSPITAL
(4)	BLUE RIVER FOUNDATION, INC. 54 W. BROADWAY ST. SHELBYVILLE, IN 46176	351756331	501(C)(3)	10,000.				SHELBYVILLE HS RESTO
(5)	BOONE COUNTY SENIOR SERVICES 515 CROWN POINTE DR. LEBANON, IN 46052	351445498	501(C)(3)	25,000.				IN-HOME SERVICES AND
(6)	BOYS & GIRLS CLUBS OF INDIANAPOLIS 2236 E. 10TH ST. INDIANAPOLIS, IN 46201	350888754	501(C)(3)	270,214.				THE FRANCIS SCOTT KE
(7)	BREATH OF LIFE FOUNDATION 1402 LINCOLNWAY LAPORTE, IN 46350	352090536	501(C)(3)	10,000.				SARI ASHER NAMASTE C
(8)	BROADWAY UNITED METHODIST CHURCH 609 EAST 29TH ST. INDIANAPOLIS, IN 46205	350872354	501(C)(3)	11,046.				JUBILEE ROVING YOUTH
(9)	BUILDING TOMORROW, INC. 407 N. FULTON ST. INDIANAPOLIS, IN 46202	562614329	501(C)(3)	15,000.				SUPPORT SUPPORT
(10)	BUTLER UNIVERSITY 4600 SUNSET AVE. INDIANAPOLIS, IN 46208	350867977	501(C)(3)	1,040,660.				2010 ARTS EDUCATION
(11)	CAPAMERICA 1800 DIAGONAL RD. ALEXANDRIA, VA 22314-2840	431634280	501(C)(3)	20,000.				TIMOTHY EATON MEMORIA
(12)	CATHEDRAL HIGH SCHOOL 5225 E. 56TH ST.	356254955	501(C)(3)	12,500.				SCHOLARSHIP TUITION

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

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

Schedule I (Form 990) (2010)

SCHEDULE I
(Form 990)

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

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

Part I General Information on Grants and Assistance

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

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)	CATHOLIC CHARITIES INDIANAPOLIS 1400 N. MERIDIAN ST., RM. #217	351018460	501(C)(3) PUBLI	72,500.				TRANSITIONAL HOUSING
(2)	CENTER FOR LEADERSHIP DEVELOPMENT, INC. 2425 DR. MARTIN LUTHER KING JR. ST.	351389882	501(C)(3) PUBLI	55,000.				COLLEGE PREP INSTITUTE
(3)	CENTER FOR SUCCESSFUL PARENTING 2206 E. 96TH ST. INDIANAPOLIS, IN 46240	352079585	501(C)(3) PUBLI	259,308.				BRAIN STUDY PHASE IV
(4)	CENTRAL INDIANA LAND TRUST INC. 1500 N. DELAWARE ST. INDIANAPOLIS, IN 46202	351816493	501(C)(3) PUBLI	200,500.				OPERATING SUPPORT
(5)	CHEETAH CONSERVATION FUND P.O. BOX 2496 ALEXANDRIA, VA 22301-0496	311726923	501(C)(3) PUBLI	10,000.				CONTRIBUTION
(6)	CHICAGO HIGH SCHOOL FOR THE ARTS 3200 S. CALUMET AVE. CHICAGO, IL 60616	300440226	501(C)(3) PUBLI	100,000.				CONTRIBUTION
(7)	CHICAGO PUBLIC RADIO 848 E. GRAND AVE. CHICAGO, IL 60611-3509	363687394	501(C)(3) PUBLI	130,000.				THE CAMPAIGN FOR A S
(8)	CHILD ADVOCATES INC. 8200 HAVERSTICK RD. INDIANAPOLIS, IN 46240	351788240	501(C)(3) PUBLI	22,200.				STAFF POSITION
(9)	CHILDREN'S BUREAU, INC. 1575 MARTIN LUTHER KING DR.	351061264	501(C)(3) PUBLI	7,000.				CONTRIBUTION
(10)	CHILDREN'S HOME + AID 125 S. WACKER DR. CHICAGO, IL 60606	362167743	501(C)(3) PUBLI	20,000.				SUPPORT
(11)	CHRISTAMORE HOUSE 502 N. TREMONT ST. INDIANAPOLIS, IN 46222	350885588	501(C)(3) PUBLI	104,181.				INTERIM EXECUTIVE DI
(12)	CHRISTIAN THEOLOGICAL SEMINARY 1000 W. 42ND ST.	351045939	501(C)(3) PUBLI	14,500.				HOLOCAUST MEMORIAL M

- 2 Enter total number of section 501(c)(3) and government organizations ☐
- 3 Enter total number of other organizations ☐
- For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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

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

OMB No. 1545-0047

2010

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Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

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)	CICOA FOUNDATION, INC. 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.				ILLINOIS ST/CAPITOL
(4)	COMLITION FOR HOMELESSNESS INTERVENTION & P 3737 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	311254018	501 (C) (3) PUBLI	39,960.				SUPPORT
(5)	COLLEGE MENTORS FOR KIDS! 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
(8)	COMMUNITY ALLIANCE OF THE FAR EASTSIDE CAF 8902 E. 38TH ST. INDIANAPOLIS, IN 46226	352018453	501 (C) (3) PUBLI	43,766.				CAFE SUMMER CAMP 201
(9)	COMMUNITY HEALTH NETWORK FOUNDATION 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.				ACCESS/SOCIAL SERVIC
(12)	COPPIN CHAPEL AME CHURCH 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 organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

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)	COUNCIL ON FOUNDATIONS 2121 CRYSTAL DR. ARLINGTON, VA 22202	136068327	501 (C) (3)	5,412.				INDIANAPOLIS FOUNDAT
(2)	CROSSROADS OF AMERICA COUNCIL/BOY SCOUTS OF 7125 FALL CREEK RD. N.	350867962	501 (C) (3)	29,500.				SUPPORT
(3)	CROWN HILL HERITAGE FOUNDATION, INC. 700 W. 38TH ST. INDIANAPOLIS, IN 46208	311104060	501 (C) (3)	18,693.				CONTRIBUTION
(4)	CULTURAL TRAIL FUND 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	351793680	501 (C) (3)	10,000.				CONTRIBUTION
(5)	CULVER EDUCATIONAL FOUNDATION 1300 ACADEMY RD. CULVER, IN 46511-1291	350868071	501 (C) (3)	100,000.				CAPITAL CAMPAIGN FOR
(6)	D.R.E.A.M. ALIVE, INC. 12254 HANCOCK ST. CARMEL, IN 46032	352153384	501 (C) (3)	29,216.				D.R.E.A.M. ACHIEVEME
(7)	DANCE KALEIDOSCOPE 4603 CLARENDON RD. INDIANAPOLIS, IN 46208	310896177	501 (C) (3)	62,500.				CONTRIBUTION
(8)	DAVIES COUNTY HISTORICAL SOCIETY P.O. BOX 2341 WASHINGTON, IN 47501	310918640	501 (C) (3)	10,000.				ST. PATRICK'S RECTOR
(9)	DAY NURSERY ASSOCIATION OF INDIANAPOLIS, IN 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	350888763	501 (C) (3)	86,600.				TUITION ASSISTANCE P
(10)	DEVINGTON COMMUNITY DEVELOPMENT CORPORATION 6004 E. 46TH ST. INDIANAPOLIS, IN 46226	310965682	501 (C) (3)	10,528.				GREEN EARTH - GOLDEN
(11)	DIABETES YOUTH FOUNDATION OF INDIANA, INC. 817 S. TIBBS AVE. INDIANAPOLIS, IN 46241	351783933	501 (C) (3)	11,400.				CAMP UNTIL A CORE
(12)	DOMESTIC VIOLENCE NETWORK OF GREATER INDIAN 9539 VALAPRAISO CT. INDIANAPOLIS, IN 46268	352014673	501 (C) (3)	39,300.				SUPPORT

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

Schedule I (Form 990) (2010)

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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(1)	DRESS FOR SUCCESS INDIANAPOLIS, INC. 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.			INDEPLS 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)	EITELBOG 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
(8)	ENGLISHTON PARK UNITED PRESBYTERIAN MINISTR 230 COLLINS INDUSTRIAL WAY	237378186	501(C)(3)	PUBLI	11,100.			2010 ACADEMIC REMEDI
(9)	EXODUS REFUGEE/IMMIGRATION, INC. 1125 BROOKSIDE AVE. INDIANAPOLIS, IN 46202	351900090	501(C)(3)	PUBLI	47,308.			PROGRAM SUPPORT FOR
(10)	FALL CREEK ACADEMY 2540 N. CAPITAL ST. INDIANAPOLIS, IN 46208	383644164	501(C)(3)	PUBLI	15,000.			FALL CREEK ACADEMY S
(11)	FAY BIGCARD GLICK NEIGHBORHOOD CENTER 2990 W. 71ST ST. INDIANAPOLIS, IN 46268	351738809	501(C)(3)	PUBLI	21,244.			CROOKED CREEK CARES
(12)	FELEGE HIWOT CENTER 1648 SHELTON ST. INDIANAPOLIS, IN 46218	200916223	501(C)(3)	PUBLI	11,264.			EDUCATION BY GARDENI

- 2 Enter total number of section 501(c)(3) and government organizations ☐
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**Grants and Other Assistance to Organizations,
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Department of the Treasury
Internal Revenue Service
Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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(1)	FESTIVAL MUSIC SOCIETY OF INDIANA 3646 BAY RD S. DR. INDIANAPOLIS, IN 46240	356068649	501(C)(3) PUBLI	42,577.				2010 DISTRIBUTION
(2)	FIRST BAPTIST CHURCH OF INDIANAPOLIS 8600 NORTH COLLEGE AVE.	351065808	501(C)(3) PUBLI	100,000.				SUPPORT
(3)	FIRST PRESBYTERIAN CHURCH 221 E. SIXTH ST. AT LINCOLN	350077531	501(C)(3) PUBLI	15,000.				2010 GENERAL BUDGET
(4)	FIRST-MERIDIAN HEIGHTS PRESBYTERIAN CHURCH 4701 N. CENTRAL AVE. INDIANAPOLIS, IN 46205	350965666	501(C)(3) PUBLI	27,000.				NORTHSIDE PARTNERS F
(5)	FLANNER HOUSE 2424 DR. MARTIN LUTHER KING JR	350942628	501(C)(3) PUBLI	52,706.				LIFE COACH STAFF POS
(6)	FLUTCHER PLACE COMMUNITY CENTER 1637 E. PROSPECT ST. INDIANAPOLIS, IN 46203	351966882	501(C)(3) PUBLI	14,100.				WORKFORCE DEVELOPMEN
(7)	FOREST MANOR MULTI-SERVICE CENTER 5603 E. 38TH ST. INDIANAPOLIS, IN 46218	351420208	501(C)(3) PUBLI	70,425.				CONTRACT AND GRANT C
(8)	FRANKLIN TOWNSHIP EDUCATION FOUNDATION 6141 S. FRANKLIN RD. INDIANAPOLIS, IN 46259	352000204	501(C)(3) PUBLI	32,402.				2010 DISTRIBUTION
(9)	FRIENDS OF GARFIELD PARK, INC. P.O. BOX 33002 INDIANAPOLIS, IN 46203	352066980	501(C)(3) PUBLI	35,166.				2010 DISTRIBUTION
(10)	FRIENDS OF THE BROUGHTON SHEBOYGAN MARSH, I 5728 S. 12TH ST. SHEBOYGAN, WI 53081	262122731	501(C)(3) PUBLI	25,000.				MARSH TOWER
(11)	FRIENDS OF THE LINCOLN COLLECTION OF INDIAN P.O. BOX 11083 FORT WAYNE, IN 46855	352101024	501(C)(3) PUBLI	250,000.				ENDOWMENT SUPPORT
(12)	FUND FOR HOOSIER EXCELLENCE, INC. P.O. BOX 97 INDIANAPOLIS, IN 46206	351579672	501(C)(3) PUBLI	20,000.				SCHOLARSHIP SUPPORT

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

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(1)	GENNESARET FREE CLINIC 615 N. ALABAMA ST.	351776518	501(C)(3) PUBLI	60,520.				HAC ELECTRONIC MEDIC
(2)	GEORGE BUSH PRESIDENTIAL LIBRARY FOUNDATION 630 FIFTH AVE., 38TH FL. NEW YORK, NY 10111	760345781	501(C)(3) PUBLI	65,000.				NOVEMBER 19 EVENT
(3)	GIRLS INCORPORATED OF FRANKLIN/JOHNSON COUN 200 E. MADISON ST. FRANKLIN, IN 46131	310901598	501(C)(3) PUBLI	20,000.				OPERATING SUPPORT
(4)	GIRLS INCORPORATED OF GREATER INDIANAPOLIS 3935 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	351337205	501(C)(3) PUBLI	109,633.				FINANCIAL LITERACY P
(5)	GLEANERS FOOD BANK OF INDIANA, INC. 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)	GOODMAN 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 AUSTRALIAN AVE.	590865844	501(C)(3) PUBLI	8,500.				SUPPORT
(10)	GREENWATER AMERICA 1460 BROADWAY NEW YORK, NY 10036	208497991	501(C)(3) PUBLI	244,400.				OPERATING SUPPORT
(11)	GREATER INDIANAPOLIS PROGRESS COMMITTEE 200 E. WASHINGTON ST.	351109966	501(C)(3) PUBLI	104,080.				FS INVESTMENT PLAN
(12)	HABITAT FOR HUMANITY OF GREATER INDIANAPOLI 1011 E. 22ND ST. INDIANAPOLIS, IN 46202	351715910	501(C)(3) PUBLI	5,500.				CONTRIBUTION

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(1)	HALL CIVIC ASSOCIATION 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	45,000.				SUPPORT
(4)	HAPPY HOLLOW CHILDREN'S CAMP, INC. 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	350942648	501(C)(3) PUBLI	19,750.				CITY CAMP 2010
(5)	HARMONY INC. 212 W. 10TH ST. STUDIO A440	800228952	501(C)(3) PUBLI	33,300.				OPERATING SUPPORT
(6)	HARRISON CENTER FOR THE ARTS, INC. 1505 NORTH DELAWARE INDIANAPOLIS, IN 46202	010798626	501(C)(3) PUBLI	57,696.				ADADA WEBSITE ENHANC
(7)	HARVEST MISSIONARY BAPTIST CHURCH 1914 S. STATE RD. 267 AVON, IN 46123	351984626	501(C)(3) PUBLI	6,191.				CONTRIBUTION
(8)	HARVESTERS REACHING THE NATIONS, INC. 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) PUBLI	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

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(1)	HENDRICKS COUNTY SENIOR SERVICES, INC. P.O. BOX 448 DANVILLE, IN 46122	351445497	501 (C) (3) PUBLIC	40,000.				EXPANSION OF SERVICE
(2)	HERITAGE PLACE OF INDIANAPOLIS, INC. 4550 N. ILLINOIS ST. INDIANAPOLIS, IN 46208	351436580	501 (C) (3) PUBLIC	17,500.				SUPPORT
(3)	HISTORIC LANDMARKS FOUNDATION OF INDIANA 340 W. MICHIGAN ST.	351162873	501 (C) (3) PUBLIC	107,507.				2010 DISTRIBUTION
(4)	HISTORIC SHEBOYGAN MASONIC LODGE FOUNDATION 411 ST. CLAIR AVE. SHEBOYGAN, WI 53081	392038060	501 (C) (3) PUBLIC	17,000.				MASONIC LODGE RENOVATION
(5)	HOOSIER ENVIRONMENTAL COUNCIL 3951 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	351576694	501 (C) (3) PUBLIC	20,000.				OPERATING SUPPORT
(6)	HORIZON HOUSE 1033 E. WASHINGTON ST.	351759503	501 (C) (3) PUBLIC	22,200.				SUPPORT
(7)	HORIZONS URBAN STUDENT ENRICHMENT PROGRAM 33 E. 33RD. ST. INDIANAPOLIS, IN 46208	611503962	501 (C) (3) PUBLIC	9,000.				HORIZONS URBAN ENRICHMENT
(8)	HUMAN SOCIETY OF INDIANAPOLIS 7929 N. MICHIGAN RD. INDIANAPOLIS, IN 46268	350876385	501 (C) (3) PUBLIC	46,199.				FREE ROAMING CAT ROOM
(9)	IMMIGRANT WELCOME CENTER 2236 E. 10TH ST.	203222424	501 (C) (3) PUBLIC	30,000.				NATURAL HELPERS PROGRAM
(10)	INDIANA COMMUNITY ACTION ASSOCIATION 1845 W. 18TH ST. INDIANAPOLIS, IN 46202	351267319	501 (C) (3) PUBLIC	5,328.				FS INVESTMENT PLAN
(11)	INDIANA GRANTMAKERS ALLIANCE 32 EAST WASHINGTON ST.	351835134	501 (C) (3) PUBLIC	5,550.				INDIANAPOLIS FOUNDATION
(12)	INDIANA HISTORICAL SOCIETY 450 W. OHIO ST. INDIANAPOLIS, IN 46202	350876384	501 (C) (3) PUBLIC	25,500.				CONTRIBUTION

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(1)	INDIANA HOUSING & COMMUNITY DEVELOPMENT AUT 30 S. MERIDIAN ST. INDIANAPOLIS, IN 46220	351485172	CITY OF INDIANA	37,740.				EDUCATIONAL DEVELOPM
(2)	INDIANA HUMANITIES COUNCIL 1500 N. DELAWARE ST.	351344382	501(C)(3) PUBLI	50,250.				WHITE RIVER STATE PA
(3)	INDIANA LATINO INSTITUTE 445 N. PENNSYLVANIA ST.	260036285	501(C)(3) PUBLI	85,657.				NSHMB/PROJECT STEPP
(4)	INDIANA REPERTORY THEATRE, INC. 140 W. WASHINGTON ST.	351186290	501(C)(3) PUBLI	380,392.				2010 ARTS EDUCATION
(5)	INDIANA SPORTS CORPORATION 201 S. CAPITOL AVE.	310975117	501(C)(3) PUBLI	10,474.				2010 DISTRIBUTION
(6)	INDIANA UNIVERSITY CENTER ON PHILANTHROPY 550 W. NORTH ST.	356001673	501(C)(3) PUBLI	43,812.				2010 DISTRIBUTION
(7)	INDIANA UNIVERSITY FOUNDATION 1200 WATERWAY BLVD. INDIANAPOLIS, IN 46204	356018940	501(C)(3) PUBLI	214,110.				2010 SPIRIT & PLACE
(8)	INDIANA YOUTH GROUP, INC. 2943 E. 46TH ST.	351760451	501(C)(3) PUBLI	6,380.				ADVOCACY AND EDUCATI
(9)	INDIANAPOLIS ALGEBRA PROJECT, INC. 2804 QUESTEND S. DR. INDIANAPOLIS, IN 46222	352073414	501(C)(3) PUBLI	54,200.				INDIANAPOLIS ALGEBRA
(10)	INDIANAPOLIS ART CENTER 820 E. 67TH ST. INDIANAPOLIS, IN 46220	351086735	501(C)(3) PUBLI	152,778.				2010 ARTS EDUCATION
(11)	INDIANAPOLIS CHAMBER ORCHESTRA 4603 CLARENDON RD. INDIANAPOLIS, IN 46208	311132072	501(C)(3) PUBLI	106,440.				2010 DISTRIBUTION
(12)	INDIANAPOLIS CHILDREN'S CHOIR 4600 SUNSET AVE. INDIANAPOLIS, IN 46208	351690755	501(C)(3) PUBLI	6,660.				2010 ARTS EDUCATION

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3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	INDIANAPOLIS CITY BALLET INC P.O. BOX 40567 INDIANAPOLIS, IN 46240	262051938	501(C)(3) PUBLI	15,000.				2010 AN EVENING WITH CONTRIBUTION
(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	75,000.				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 ☐
- 3 Enter total number of other organizations ☐

Schedule I (Form 990) (2010)

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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(1)	INDIANAPOLIS PEACE AND JUSTICE CENTER 237 N. EAST ST. INDIANAPOLIS, IN 46204	351585014	501(C)(3) PUBLIC	21,250.				LEGAL SERVICES
(2)	INDIANAPOLIS PUBLIC TRANSPORTATION CORP. 1501 W. WASHINGTON ST.	356001063	CITY OF INDIANA	7,500.				PARATRANSPORT (OPEN DO
(3)	INDIANAPOLIS SYMPHONY ORCHESTRA 32 E. WASHINGTON ST.	350998627	501(C)(3) PUBLIC	91,178.				2010 ARTS EDUCATION
(4)	INDIANAPOLIS THEATRE FRINGE FESTIVAL, INC. P. O. BOX 44121 INDIANAPOLIS, IN 46244	202005004	501(C)(3) PUBLIC	12,100.				OPERATING SUPPORT
(5)	INDIANAPOLIS URBAN LEAGUE, INC. 777 INDIANA AVE. INDIANAPOLIS, IN 46202	356060655	501(C)(3) PUBLIC	20,000.				PROJECT READY PROGRA
(6)	INDIANAPOLIS ZOOLOGICAL SOCIETY, INC. 1200 W. WASHINGTON ST.	351074747	501(C)(3) PUBLIC	756,123.				CONTRIBUTION
(7)	INDIANAPOLIS-MARION COUNTY PUBLIC LIBRARY 2450 N. MERIDIAN ST.	356062066	CITY OF INDIANA	5,396.				PUBLIC LIBR ASSOCIAT
(8)	INDIANAPOLIS-MARION COUNTY PUBLIC LIBRARY F P.O. BOX 6134 INDIANAPOLIS, IN 46206-6134	237016089	501(C)(3) PUBLIC	432,036.				SUMMER READING PROGR
(9)	INDY FOOD COOPERATIVE 2236 E. 10TH ST. INDIANAPOLIS, IN 46201	263301937	501(C)(3) PUBLIC	11,100.				POGUE'S RUN GROCER/M
(10)	INDY READS LIBRARY SERVICES CENTER	311227489	501(C)(3) PUBLIC	7,837.				CONTRIBUTION
(11)	INSPIRED 2 IMPACT 4000 W. 106TH ST. CARMEL, IN 46032	270522425	501(C)(3) PUBLIC	10,000.				SUPPORT
(12)	INSTITUTE FOR AFFORDABLE TRANSPORTATION 5868 E. 71ST. ST. INDIANAPOLIS, IN 46220	352133517	501(C)(3) PUBLIC	5,500.				BEV TO BE SENT TO KE

- 2 Enter total number of section 501(c)(3) and government organizations ☐
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For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2010)**

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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

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Part I General Information on Grants and Assistance

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant or assistance	(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)	INSTITUTE FOR PSYCHOANALYSIS 122 S. MICHIGAN AVE. CHICAGO, IL 60603	361263210	501 (C) (3) PUBLIC	20,000.				PARR-HARRIS CHILDREN
(2)	INTERLOCCHEN CENTER FOR THE ARTS P.O. BOX 199 INTERLOCCHEN, MI 49643	381689022	501 (C) (3) PUBLIC	25,000.				BOOTH TARKINGTON SCH
(3)	IPS EDUCATION FOUNDATION ROOM 114 - E INDIANAPOLIS, IN 46204	311103966	501 (C) (3) PUBLIC	24,709.				2010 DISTRIBUTION
(4)	IRVINGTON PRESBYTERIAN CHURCH 55 JOHNSON AVE. INDIANAPOLIS, IN 46219	350868021	501 (C) (3) PUBLIC	24,030.				2010 DISTRIBUTION
(5)	IUPUI UNIVERSITY LIBRARY 755 W. MICHIGAN ST.	356001673	501 (C) (3) PUBLIC	56,174.				OCLC ILLIAD INTERNET
(6)	JAMESON, INC. 2001 S. BRIDGEPORT RD.	351156756	501 (C) (3) PUBLIC	28,110.				SUPPORT
(7)	JEWISH FEDERATION OF GREATER INDIANAPOLIS 6705 HOOVER RD. INDIANAPOLIS, IN 46260-4120	350888017	501 (C) (3) PUBLIC	100,000.				ANNUAL CAMPAIGN SUPP
(8)	JOHN H. BOWER COMMUNITY CENTER 2236 E. 10TH ST.	237204495	501 (C) (3) PUBLIC	156,712.				CASE MANAGEMENT IN P
(9)	JOHN MICHAEL KOHLER ARTS CENTER 608 NEW YORK AVE. SHEBOYGAN, WI 53081	391085180	501 (C) (3) PUBLIC	10,000.				SUPPORT
(10)	JOHN P. CRANE HOUSE, INC. 3535 N. PENNSYLVANIA ST.	351021203	501 (C) (3) PUBLIC	40,990.				SUPPORT
(11)	JOHNSON COUNTY SENIOR SERVICES 731 S. STATE ST. FRANKLIN, IN 46131-2578	351474817	501 (C) (3) PUBLIC	9,700.				TRANSPORTATION SERV
(12)	JOURNEYSFIRE INTERNATIONAL 1427 W. 86TH ST. INDIANAPOLIS, IN 46240	223947401	501 (C) (3) PUBLIC	25,000.				CONTRIBUTION

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

3 Enter total number of other organizations ☐

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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
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Internal Revenue Service
Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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Part I General Information on Grants and Assistance

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

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)	JOY'S HOUSE 2028 E. BROAD RIPPLE AVE.	352083290	501(C)(3) PUBLI	101,000.				CAPITAL SUPPORT
(2)	KALEIDOSCOPE YOUTH CENTER, INC. 4186 N. BROADWAY ST. INDIANAPOLIS, IN 46205	351871411	501(C)(3) PUBLI	11,100.				SUPPORT
(3)	KEEP INDIANAPOLIS BEAUTIFUL, INC. 1029 FLETCHER AVE. INDIANAPOLIS, IN 46203	311005792	501(C)(3) PUBLI	144,866.				IP INVESTMENT PLAN
(4)	KIDS GOLF FOUNDATION OF ILLINOIS P.O. BOX 610 SUGAR GROVE, IL 60554	364226416	501(C)(3) PUBLI	10,000.				2010 THINKING OUTSID
(5)	KING PARK AREA DEVELOPMENT CORPORATION 2430 N. DELAWARE ST.	351704590	501(C)(3) PUBLI	31,080.				IP INVEST -STAFF POS
(6)	LA PLAZA, INC. 8902 E. 38TH ST. INDIANAPOLIS, IN 46226	300029575	501(C)(3) PUBLI	56,317.				SUMMER DISCOVERY
(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
(9)	LIFE CENTERS 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 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

- 2 Enter total number of section 501(c)(3) and government organizations ☐
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Schedule I (Form 990) (2010)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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

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(1)	LOST CREEK GROVE RESTORATION & PRESERVATION 7018 E. FORT HARRISON AVE. 320130405	320130405	501(C)(3)	10,000.				LOST CREEK GROVE LAW
(2)	LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA 1525 N. RITTER AVE. 350868123	350868123	501(C)(3)	10,000.				CONTRIBUTION
(3)	MADAME WALKER THEATRE CENTER, INC. 617 INDIANA AVE. 310970108	310970108	501(C)(3)	26,640.				STAFF SUPPORT
(4)	MARIAN UNIVERSITY 3200 COLD SPRING RD. 350868175	350868175	501(C)(3)	44,620.				CREATION OF A SUMMER
(5)	MARION COUNTY COMMISSION ON YOUTH 3901 N. MERIDIAN ST. 351900516	351900516	501(C)(3)	73,710.				EXTENSION OF CAMPECI
(6)	MARTIN LUTHER KING MULTI-SERVICE CENTER 40 W. 40TH ST. INDIANAPOLIS, IN 46208 237415846	237415846	501(C)(3)	16,512.				BUILDING THE DREAM S
(7)	MARTINDALE BRIGHTWOOD COMMUNITY DEVELOPMENT 2855 N. KEYSTONE AVE. 351870982	351870982	501(C)(3)	28,860.				FS INVESTMENT PLAN -
(8)	MARVEN FOUNDATION, INC. 833 N. ORLEANS CHICAGO, IL 60610 363523622	363523622	501(C)(3)	51,000.				SUPPORT
(9)	MARY RIGG NEIGHBORHOOD CENTER 1920 W. MORRIS ST. INDIANAPOLIS, IN 46221 350868954	350868954	501(C)(3)	116,894.				FS INVESTMENT PLAN -
(10)	MEALS ON WHEELS OF HAMILTON COUNTY 395 WESTFIELD RD. 351344488	351344488	501(C)(3)	23,000.				MEAL DELIVERY PROGRA
(11)	MEALS ON WHEELS OF HANCOCK COUNTY 280 N. APPLE ST. GREENFIELD, IN 46140 352117913	352117913	501(C)(3)	9,500.				SUBSIDY ASSISTANCE T
(12)	MEALS ON WHEELS, INC. P.O. BOX 40969 INDIANAPOLIS, IN 46240-0969 351182075	351182075	501(C)(3)	31,500.				CONTRIBUTION

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

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(1)	MENTAL HEALTH AMERICA OF GREATER INDIANAPOLIS 301 E. 38TH ST. INDIANAPOLIS, IN 46205-1542	350928128	501 (C) (3) PUBLIC	13,820.				SUPPORT
(2)	METRO MINISTRIES, INC. 2801 W. WASHINGTON ST.	356237110	501 (C) (3) PUBLIC	6,000.				DESCUBRIENDO INDY VI
(3)	MICI-AHEC 9101 WESLEYAN RD. INDIANAPOLIS, IN 46268	352052591	501 (C) (3) PUBLIC	13,773.				HEALTH PROFESSIONS I
(4)	MILLIGAN COLLEGE P.O. BOX 750 MILLIGAN COLLEGE, TN 37682	620535755	501 (C) (3) PUBLIC	9,000.				FORWARD EVER CAMPAIG
(5)	MOMENTIVE CONSUMER CREDIT COUNSELING SERVICE 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	351107304	501 (C) (3) PUBLIC	8,576.				2010 DISTRIBUTION
(6)	MORNING DOVE THERAPEUTIC RIDING, INC. 4140 W. 44TH ZIONSVILLE, IN 46077	352056736	501 (C) (3) PUBLIC	50,000.				CAPITAL SUPPORT
(7)	MSD OF WASHINGTON TOWNSHIP 5626 LAWTON LOOP E. DR.	356005690	501 (C) (3) PUBLIC	7,000.				SUMMER IN THE CITY
(8)	MUSEUM OF CONTEMPORARY ART 303 N. ALABAMA ST. SUITE 230	366154098	501 (C) (3) PUBLIC	10,000.				ASTRONAUT'S BIRTHDA
(9)	NAVASTE CENTER FOR HOLISTIC HEALTH AND EDUC 2505 N. ARLINGTON LAPORE, IN 46350	271109392	501 (C) (3) PUBLIC	25,000.				GEN. OPERATING/MARKE
(10)	NATIONAL SOCIETY OF HISPANIC MEAS P.O. BOX 662 200 WALLACE AVE.	954196238	501 (C) (3) PUBLIC	7,000.				PROJECT STEPPING STO
(11)	NET LITERACY CORPORATION 8902 VINCENNES CIR. SUITE A	200799832	501 (C) (3) PUBLIC	8,797.				1000 COMPUTERS
(12)	NOBLE OF INDIANA 2001 N. CLARK ST.	350924720	501 (C) (3) PUBLIC	20,500.				CONTRIBUTION

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

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(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)	PAGE, 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	351881810	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 organizations

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Schedule I (Form 990) (2010)

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

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)	PHOENIX THEATRE, INC. 1099 N. MERIDIAN ST. SUITE 650	311069575	501 (C) (3) PUBLIC	11,771.				2010 DISTRIBUTION
(2)	PIKE TOWNSHIP EDUCATIONAL FOUNDATION 2506 WILLOWBROOK PKWY. SUITE 100	351836390	501 (C) (3) PUBLIC	25,423.				2010 DISTRIBUTION
(3)	PREVAILE, INC. 201 N. MILL ST. SUITE 201	351681864	501 (C) (3) PUBLIC	52,000.				PROGRAM SUPPORT SAFE
(4)	PREVENT BLINDNESS INDIANA 2410 N. STATION ST. INDIANAPOLIS, IN 46240	356040676	501 (C) (3) PUBLIC	237,336.				2010 DISTRIBUTION
(5)	PROJECT HOME INDY P.O. BOX 30947 INDIANAPOLIS, IN 46208	205045345	501 (C) (3) PUBLIC	43,760.				SUPPORT
(6)	PROJECT SEED, INC. 212 S. WATER ST. INDIANAPOLIS, IN 46240	381949371	501 (C) (3) PUBLIC	25,000.				SUMMER YOUTH PROGRAM
(7)	PROMISING FUTURES OF CENTRAL INDIANA 5275 KENTUCKY AVE. NOBLESVILLE, IN 46060	351305755	501 (C) (3) PUBLIC	6,000.				PROMISING FUTURES PR
(8)	PROVIDENCE CRISTO REY HIGH SCHOOL 6548 ORINOCO AVE.	350868174	501 (C) (3) PUBLIC	106,000.				SUPPORT
(9)	PURDUE UNIVERSITY OFFICE OF MINORITY LANGUAGES 9651 E. 21ST S	356002041	501 (C) (3) PUBLIC	46,300.				SUMMER CAMP ENHANCEM
(10)	REBUILDING THE WALL INC. 8550 WOODFIELD CROSSING BLVD.	352140372	501 (C) (3) PUBLIC	51,760.				SUPPORT
(11)	RICHMOND ART MUSEUM 220 E. CHICAGO AVE. RICHMOND, IN 47374	356005040	501 (C) (3) PUBLIC	10,000.				EXHIBITION SUPPORT
(12)	RILEY AREA DEVELOPMENT CORPORATION 39 W. JACKSON PL. STE. 150	310963439	501 (C) (3) PUBLIC	5,772.				TECHNOLOGY UPGRADE A

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

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

SCHEDULE I
(Form 990)

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

2010

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Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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Employer identification number

35-1793680

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(1)	RILEY CHILDREN'S FOUNDATION 1852 W. 19TH ST.	350868147	501(C)(3) PUBLI	40,000.				CONTRIBUTION
(2)	ROTARY FOUNDATION OF INDIANAPOLIS P.O. BOX 1501 INDIANAPOLIS, IN 46204	356043931	501(C)(3) PUBLI	50,000.				2013 CENTENNIAL CAMP
(3)	RUSSIAVILLE HISTORICAL SOCIETY 2301 N. PARK AVE. RUSSIAVILLE, IN 46979	743071766	501(C)(3) PUBLI	6,000.				RESTORATION OF RUSSI
(4)	SAGAMORE INSTITUTE FOR POLICY RESEARCH P.O. BOX 27 INDIANAPOLIS, IN 46202	201161578	501(C)(3) PUBLI	95,000.				2010 CELEBRATING AME
(5)	SAINT FLORIAN CENTER, INC. 5282 EAST 65TH ST. P.O. BOX 20408	351971700	501(C)(3) PUBLI	27,200.				SAINT FLORIAN CENTER
(6)	SCHOOL ON WHEELS 2902 COLD SPRING RD. INDIANAPOLIS, IN 46220	352151003	501(C)(3) PUBLI	14,000.				TUTORING SUPPLIES
(7)	SECOND HELPINGS, INC. 7701 E. 21ST ST. INDIANAPOLIS, IN 46202	351484281	501(C)(3) PUBLI	127,200.				FOOD RESCUE AND HUNG
(8)	SHELEY COMMUNITY HEALTH CENTER P.O. BOX 30291 SHELBYVILLE, IN 46176	300174146	501(C)(3) PUBLI	20,000.				PROGRAM SUPPORT FOR
(9)	SHELTERING WINGS CENTER FOR WOMEN 517 W. 30TH ST. DANVILLE, IN 46122	352077713	501(C)(3) PUBLI	7,000.				CONTRIBUTION
(10)	SHEPHERD COMMUNITY INC. 724 BROAD RIPPLE AVE.	351765846	501(C)(3) PUBLI	72,275.				STRENGTHEN CONTINUUM
(11)	SOCIAL HEALTH ASSOCIATION OF INDIANA, INC. 1701 E. 25TH ST. INDIANAPOLIS, IN 46204	350869056	501(C)(3) PUBLI	9,672.				PE SMART: SUMMER BUL
(12)	SOCIEDAD AMIGOS DE COLUMBIA, INC. (SADCO) 1701 E. 25TH ST. CARMEL, IN 46082	351624409	501(C)(3) PUBLI	23,575.				INDIANA CAMP OF CREA

- 2 Enter total number of section 501(c)(3) and government organizations
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Schedule I (Form 990) (2010)

SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations,
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OIMB No. 1545-0047

2010

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Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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(1)	SOCIETY OF ST. VINCENT DE PAUL 212 S. WALNUT, INDIANAPOLIS, IN 46218-2850	371507632	501(C)(3)	PUBLI	6,000.			CONTRIBUTION
(2)	SOUTHEAST COMMUNITY SERVICES, INC. COLLEGE OF THE ARTS 1501 NEIL AVE., SUITE 0	351318068	501(C)(3)	PUBLI	143,578.			FS INVESTMENT PLAN
(3)	SPECIAL OLYMPICS INDIANA, MARION COUNTY 1201 N. CENTRAL AVE. INDIANAPOLIS, IN 46278	351262574	501(C)(3)	PUBLI	13,570.			CAPACITY BUILDING FO
(4)	ST. ELIZABETH COLEMAN PREGNANCY & ADOPTION 1451 N. DELAWARE #1	350866151	501(C)(3)	PUBLI	6,000.			CONTRIBUTION
(5)	ST. LUKE'S UNITED METHODIST CHURCH 1605 E. 106TH ST. INDIANAPOLIS, IN 46260	350985951	501(C)(3)	PUBLI	15,000.			SUPPORT
(6)	ST. MARY'S CHILD CENTER P.O. BOX 335 134 E. BROWN ST.	351141484	501(C)(3)	PUBLI	96,000.			CONTRIBUTION
(7)	ST. PHILIP NERI CHURCH 3102 E. 10TH ST. INDIANAPOLIS, IN 46201	350896397	501(C)(3)	PUBLI	6,000.			CONTRIBUTION
(8)	ST. VINCENT DE PAUL CLIENT CHOICE FOOD PANTRY TIVOLI THEATER PROJECT 1404 PINE LAKE RD.	371507632	501(C)(3)	PUBLI	20,000.			SUPPORT
(9)	ST. VINCENT FOUNDATION 2855 N. KEYSTONE AVE. SUITE 140	356086862	501(C)(3)	PUBLI	12,000.			CONTRIBUTION
(10)	SPAREFISH INITIATIVE 7200 N. COLLEGE AVE. INDIANAPOLIS, IN 46204	562442758	501(C)(3)	PUBLI	315,882.			ME CAMP
(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 ONE PATRICK HENRY CIR. QUINCY, MA 02171	263185485	501(C)(3)	PUBLI	44,400.			SUMMER ADVANTAGE USA

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

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Schedule I (Form 990) (2010)

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SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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35-1793680

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(1)	SYCAMORE REFORMED PRESBYTERIAN CHURCH 6040 DELONG RD. KOKOMO, IN 46901	351857066	501(C)(3) PUBLI	20,000.				MULTIPLICATION MINIS
(2)	TECHPOINT FOUNDATION 6548 ORINOCO AVE. INDIANAPOLIS, IN 46204	352155455	501(C)(3) PUBLI	22,200.				2011 SUPPORT
(3)	THE ART INSTITUTE OF CHICAGO 749 N. PARK AVE. CHICAGO, IL 60603	362167725	501(C)(3) PUBLI	50,000.				TEXT BASED LIGHT INS
(4)	THE ART MUSEUM AT THE UNIVERSITY OF KENTUCKY 6321 IA PAS TR. LEXINGTON, KY 40506-0214	616001218	501(C)(3) PUBLI	10,000.				FRANCE SCULLY OSTERM
(5)	THE ATHENAEUM FOUNDATION, INC. 434 W. 33RD ST. INDIANAPOLIS, IN 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	546001719	501(C)(3) PUBLI	10,000.				SCHOLARSHIP SUPPORT
(9)	THE CONSERVATION LAW CENTER 1078 THIRD AVE. SW BLOOMINGTON, IN 47408	202321854	501(C)(3) PUBLI	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 FIELD MUSEUM PO BOX 683 CHICAGO, IL 60605-2496	362167011	501(C)(3) PUBLI	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 organizations ☐
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Schedule I (Form 990) (2010)

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Internal Revenue Service
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(1)	THE HUTSON SCHOOL GUYER OPERA HOUSE P.O. BOX 117	352146108	501 (C) (3) PUBLIC	20,000.				GENERAL FUND
(2)	THE INDIANA PARTNERSHIPS CENTER 401 E. 34TH ST. INDIANAPOLIS, IN 46240	352145677	501 (C) (3) PUBLIC	40,000.				IPS COLLEGE PATHWAY
(3)	THE INDIANAPOLIS FOUNDATION 2322 N. GUILFORD AVE.	350868115	501 (C) (3) PUBLIC	300,000.				FUNDS TRANSFER FOR P
(4)	THE JULIAN CENTER, INC. 350 HUB ECHISON PKWY	351346514	501 (C) (3) PUBLIC	123,368.				SUPPORT FOR SHELTER
(5)	THE KING'S COLLEGE 30 S. MERIDIAN ST. SUITE 200	131810448	501 (C) (3) PUBLIC	91,000.				JOURNALISM PROGRAM
(6)	THE LORD'S PANTRY AT ANNA'S HOUSE, INC. STRATFORD HALL 483 GREAT HOUSE RD.	352153771	501 (C) (3) PUBLIC	8,000.				CONTRIBUTION
(7)	THE MIND TRUST 435 LESTONE ST. INDIANAPOLIS, IN 46202	204560286	501 (C) (3) PUBLIC	7,500.				CONTRIBUTION
(8)	THE MOZEL SANDERS FOUNDATION 401 E. MICHIGAN INDIANAPOLIS, IN 46222	352025644	501 (C) (3) PUBLIC	18,880.				MOZEL SANDERS DINNER
(9)	THE NATURE CONSERVANCY IN INDIANA 117 N. MAIN ST. INDIANAPOLIS, IN 46202-2418	530242652	501 (C) (3) PUBLIC	91,246.				ENDOWMENT FUND SUPPO
(10)	THE OAKS ACADEMY 1630 N. MERIDIAN ST. SUITE 450	352050595	501 (C) (3) PUBLIC	35,600.				CONTRIBUTION
(11)	THE O'CONNOR HOUSE 4600 SUNSET AVE. P.O. BOX 2896	205533460	501 (C) (3) PUBLIC	6,000.				CONTRIBUTION
(12)	THE ORCHARD SCHOOL ROSE ST. & EUCLID AVE.	350909975	501 (C) (3) PUBLIC	33,500.				SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations ☐
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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Department of the Treasury
Internal Revenue Service

Name of the organization

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(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. NAVAL ACADEMY FOUNDATION 4181 E. 96TH ST. SUITE 200	237003516	501 (C) (3) PUBLI	45,000.				FOREIGN AFFAIRS CONF
(11)	UNITED WAY OF CENTRAL INDIANA 1220 S. HIGH SCHOOL RD.	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

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(1)	UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN 373 N. HOLMES AVE. CHAMPAIGN, IL 61820	376000511	501 (C) (3) PUBLI	10,000.				SCHOOL OF ART & DESI
(2)	UNIVERSITY OF ILLINOIS FOUNDATION 1630 N. MERIDIAN ST.	376006007	501 (C) (3) PUBLI	18,000.				H.G. WELLS CONSERVAT
(3)	UNIVERSITY OF MICHIGAN 1401 N. MERIDIAN ST. ANN ARBOR, MI 48109	386006309	501 (C) (3) PUBLI	20,000.				SCREENWRITING PROGRA
(4)	UNIVERSITY OF NOTRE DAME 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
(6)	VINCENNES UNIVERSITY FOUNDATION 685 N. MILWAUKEE AVE. VINCENNES, IN 47591	237268826	501 (C) (3) PUBLI	8,262.				INDIANA BUILDERS CHA
(7)	VSA ARTS OF INDIANA, INC. 6245 OLD BARN CT. P.O. BOX 68435	351529183	501 (C) (3) PUBLI	50,248.				URBAN ARTISANS
(8)	WARREN APTS & EDUCATION FOUNDATION 754 N. SHERMAN DR. SUITE 220	351572560	501 (C) (3) PUBLI	8,860.				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)	WAYNE TOWNSHIP EDUCATION FOUNDATION 85 TUNNEL RD. P.O. BOX 2330	351836690	501 (C) (3) PUBLI	38,795.				2010 DISTRIBUTION
(11)	WEST INDIANAPOLIS DEVELOPMENT CORP. 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 ☐
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Schedule I (Form 990) (2010)

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SCHEDULE I
(Form 990)

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

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

Part I General Information on Grants and Assistance

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

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)	WEYI TELEPLEX 3921 N. MERIDIAN ST. SUITE 210	351147600	501(C)(3) PUBLIC	45,650.				NEW MEDIA SUPPORT
(2)	WHEELER MISSION MINISTRIES 1610 E. 19TH ST. INDIANAPOLIS, IN 46201	350888771	501(C)(3) PUBLIC	32,760.				SUPPORT
(3)	YWAM SAN DIEGO/BAJA 100 W. 35TH ST. NATIONAL CITY, CA 91950	330604992	501(C)(3) PUBLIC	7,500.				SUPPORT
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations ☐ 322.
- 3 Enter total number of other organizations ☐
- For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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, appraisal, other)	(f) Description of non-cash assistance
1	SCHOLARSHIPS TO ATTEND US UNIVERSITIES	66.	554,949.	0.	FMV	
2	FELLOWSHIPS TO CONTEMPORARY ARTISTS	20.	100,000.	0.	FMV	
3						
4						
5						
6						
7						

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

SCHEDULE I PART I

WHEN MAKING A GRANT, THE FOUNDATION VERIFIES THE GRANTEE ORGANIZATION'S CHARITABLE STATUS AND THAT THE GRANTEE IS COMPLIANT WITH ALL CONDITIONS AND PAST GRANT REPORTING REQUIREMENTS. WE WILL NOT AWARD A NEW GRANT TO THE ORGANIZATION UNTIL OVERDUE GRANT REPORTS HAVE BEEN SUBMITTED AND APPROVED BY THE ASSIGNED FOUNDATION STAFF. STAFF COMPARES THE REPORT WITH THE PURPOSE OF THE GRANT AND FOLLOWS UP WITH THE ORGANIZATION REGARDING ANY CONCERNS. FOR LARGE OR CONDITIONAL GRANTS, FOUNDATION STAFF MAY CONDUCT CONVERSATIONS OR SITE VISITS PRIOR TO, DURING, AND AFTER A GRANT IS ISSUED. A LETTER ACCOMPANYING ALL GRANT PAYMENTS

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

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

INCLUDES THE GRANT PURPOSE AND REPORTING REQUIREMENTS IF APPLICABLE

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

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

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

FOUNDATION IMMEDIATELY UNLESS AN AMENDED GRANT PURPOSE IS AUTHORIZED BY

THE FOUNDATION IN WRITING.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I Questions Regarding Compensation

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

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

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

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

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

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

- ☒ Compensation committee
☐ Independent compensation consultant
☒ Form 990 of other organizations

- ☐ Written employment contract
☒ Compensation survey or study
☒ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

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.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BRIAN E. PAYNE	(i) 208,042.	0.	0.	6,817.	18,455.	233,314.	0.
	(ii) 69,348.	0.	0.	2,272.	6,152.	77,772.	0.
2 ROSEMARY DORSA	(i) 154,174.	0.	0.	6,028.	9,254.	169,456.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3 KAY WHITAKER	(i) 121,357.	0.	0.	4,893.	1,411.	127,661.	0.
	(ii) 28,762.	0.	0.	1,160.	335.	30,257.	0.
4	(i)						
(ii)							
5	(i)						
(ii)							
6	(i)						
(ii)							
7	(i)						
(ii)							
8	(i)						
(ii)							
9	(i)						
(ii)							
10	(i)						
(ii)							
11	(i)						
(ii)							
12	(i)						
(ii)							
13	(i)						
(ii)							
14	(i)						
(ii)							
15	(i)						
(ii)							
16	(i)						
(ii)							

Schedule J (Form 990) 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 M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	39.	824,857.	SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

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

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

Schedule M (Form 990) (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)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

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

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:

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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 1

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

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

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

ATTACHMENT 2FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

CAYMAN ISLANDS

BERMUDA

CANADA

ATTACHMENT 3FORM 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 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
APPUNITY LLC	COMPUTER	167,554.
120 W. CARMEL DRIVE		

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

ATTACHMENT 4 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CARMEL, IN 46032		
BKD, LLP 901 E ST. LOUIS ST, STE 1800 SPRINGFIELD, MO 65801	AUDIT & TAX	192,404.
TOTAL COMPENSATION		<u>359,958.</u>

ATTACHMENT 5

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
LATINO SCHOLARSHIP DINNER	161,385.
TOTAL	<u>161,385.</u>

ATTACHMENT 6

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
LATINO SCHOLARSHIP DINNER	20,550.	255.	20,295.
TOTALS	<u>20,550.</u>	<u>255.</u>	<u>20,295.</u>

**SCHEDULE R
(Form 990)**

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.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number
35-1793680

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

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
							Yes No
(1)	TECHPOINT FOUNDATION 615 NORTH ALABAMA ST SUITE 119 INDIANAPOLIS, IN 46204 35-2155455	CHARITABLE	IN	501(C)(3)	11A	N/A	X
(2)	INDIANAPOLIS PARKS FOUNDATION 615 NORTH ALABAMA ST SUITE 119 INDIANAPOLIS, IN 46204 35-1860468	CHARITABLE	IN	501(C)(3)	11A	N/A	X
(3)	MCCAW FAMILY FOUNDATION 615 NORTH ALABAMA ST SUITE 119 INDIANAPOLIS, IN 46204 35-2057394	CHARITABLE	IN	501(C)(3)	11A	N/A	X
(4)	INDIANAPOLIS CULTURAL TRAIL, INC 615 N ALABAMA INDIANAPOLIS, IN 46204 26-3831457	COMMUNITY SVC	IN	501(C)(3)	7	N/A	X
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2010

USA

0E1307 1.000 SE4554 D320 11/11/2011 1:23:29 PM V 10-8.2

36314 TX1000

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) JR AND AR C CRAT 615 NORTH ALABAMA STREET STE 119 INDIANAPOLIS, IN 46204 35-2062356	CRAT	IN	N/A	CRAT		11,162.	100.0000
(2) RUD AND SSD CRAT 615 NORTH ALABAMA STREET STE 119 INDIANAPOLIS, IN 46204 91-2168489	CRAT	IN	N/A	CRAT		311,487.	99.0000
(3) E AND C H CRUT 615 NORTH ALABAMA STREET STE 119 INDIANAPOLIS, IN 46204 35-2040160	CRUT	IN	N/A	CRUT		69,362.	100.0000
(4) THE EWR CRUT 615 NORTH ALABAMA STREET STE 119 INDIANAPOLIS, IN 46204 35-6639292	CRUT	IN	N/A	CRUT		196,061.	50.0000
(5) BS CRUT 615 NORTH ALABAMA STREET STE 119 INDIANAPOLIS, IN 46204 41-2117818	CRUT	IN	N/A	CRUT		460,277.	61.0000
(6) S CHILDREN'S CRUT 615 NORTH ALABAMA STREET STE 119 INDIANAPOLIS, IN 46204 41-2117820	CRUT	IN	N/A	CRUT		489,020.	61.0000
(7) NUB CRUT FOR GFB AND FAMILY 225 WACKER STREET SUITE 2140 CHICAGO, IL 60606	CRUT	IN	N/A	CRUT		319,799.	64.0000

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) NJB CLUT FOR JAP 225 WACKER STREET SUITE 2140 CHICAGO, IL 60606	CLUT	IN	N/A	CLUT		319,799.	64.0000
(2) MJC CRUT 615 NORTH ALABAMA STREET STE 119 INDIANAPOLIS, IN 46204	CRUT	IN	N/A	CRUT		587,310.	55.0000
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)	X	
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets	X	
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses	X	
q Other transfer of cash or property to other organization(s)		
r Other transfer of cash or property from other organization(s)		

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	TECHPOINT FOUNDATION	B	50,000.	FMV
(2)	TECHPOINT FOUNDATION	N	89,950.	FMV
(3)	TECHPOINT FOUNDATION	O	94,130.	FMV
(4)				
(5)				
(6)				

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

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

(1) Name, address, and EIN of entity	(2) Primary activity	(3) Legal domicile (state or foreign country)	(4) Are all partners section 501(c)(3) organizations?		(5) Share of end-of-year assets	(6) Disproportionate allocations?		(7) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(8) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) _____										
(2) _____										
(3) _____										
(4) _____										
(5) _____										
(6) _____										
(7) _____										
(8) _____										
(9) _____										
(10) _____										
(11) _____										
(12) _____										
(13) _____										
(14) _____										
(15) _____										
(16) _____										

Schedule R (Form 990) 2010

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))For calendar year 2010 or other tax year beginning _____, 2010, and
ending _____, 20. See separate instructions.

OMB No. 1545-0047

2010Open to Public Inspection
for 501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions for Block D on page 9.)
		CENTRAL INDIANA COMMUNITY FOUNDATION INC	35-1793680
		Number, street, and room or suite no. If a P.O. box, see page 8 of instructions.	E Unrelated business activity codes (See instructions for Block E on page 9.)
		615 NORTH ALABAMA STREET 119	525990
B Exempt under section <input checked="" type="checkbox"/> 501(c) <input checked="" type="checkbox"/> 3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		City or town, state, and ZIP code	
C Book value of all assets at end of year 457,654,609.		INDIANAPOLIS, IN 46204	
F Group exemption number (See instructions for Block F on page 9.)			
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

H Describe the organization's primary unrelated business activity. PARTNERSHIP INCOME**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation.**J** The books are in care of KAY WHITAKER Telephone number 317-634-2423

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a	10,043.	10,043.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5	-605,227.	-605,227.
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See page 10 of the instructions; attach schedule.)	12		
13	Total. Combine lines 3 through 12	13	-595,184.	-595,184.

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See page 13 of the instructions for limitation rules.)	20	
21	Depreciation (attach Form 4562)	21	0.
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b 0.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-595,184.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-595,184.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-595,184.

Form **8868**

(Rev. January 2011)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☐ ▶
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☒ X

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	CENTRAL INDIANA COMMUNITY FOUNDATION INC	35-1793680
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	615 NORTH ALABAMA STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	INDIANAPOLIS, IN 46204	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return 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 are in the care of ▶ KAY WHITAKER

Telephone No. ▶ 317 634-2423

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐ ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ ▶. If it is for part of the group, check this box ☐ ▶ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☒ X calendar year 2010 or
- ▶ ☐ tax year beginning , 20 , and ending , 20 .

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)

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

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

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

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

c Income tax on the amount on line 34**35c****36 Trusts Taxable at Trust Rates.** See instructions for tax computation on page 16. Income tax onthe amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)**36****37 Proxy tax.** See page 16 of the instructions**37****38 Alternative minimum tax****38****39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies**39****Part IV Tax and Payments****40 a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)**40a****b** Other credits (see page 16 of the instructions)**40b****c** General business credit. Attach Form 3800**40c****d** Credit for prior year minimum tax (attach Form 8801 or 8827)**40d****e Total credits.** Add lines 40a through 40d**40e****41** Subtract line 40e from line 39**41****42** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)**42****43 Total tax.** Add lines 41 and 42**43****44 a** Payments: A 2009 overpayment credited to 2010**44a****b** 2010 estimated tax payments**44b****c** Tax deposited with Form 8868**44c****d** Foreign organizations: Tax paid or withheld at source (see instructions)**44d****e** Backup withholding (see instructions)**44e****f** Credit for small employer health insurance premiums (Attach Form 8941)**44f****g** Other credits and payments:☐ Form 4136☐ Form 2439☐ Other

Total

44g**45 Total payments.** Add lines 44a through 44g**45****46** Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached ☐**46****47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed**47**

0.

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

0.

49 Enter the amount of line 48 you want: **Credited to 2011 estimated tax****Refunded****49**

0.

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 17)**1** At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **BERMUDA, CANADA, CAYMAN IS**

Yes	No
X	

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.

Yes	No
	X

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation**1** Inventory at beginning of year**1****2** Purchases**2****3** Cost of labor**3****4 a** Additional section 263A costs (attach schedule)**4a****b** Other costs (attach schedule)**4b****5 Total.** Add lines 1 through 4b**5****6** Inventory at end of year**6****7 Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2**7****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

Yes	No
	X

Sign Here

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

Signature of officer

Date

Title

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

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name **BKD, LLP**Firm's EIN **P00151125**Firm's address **200 E. MAIN ST. SUITE 700**Phone no. **260-460-4000****FORT WAYNE, IN 46802**Form **990-T** (2010)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
 (see instructions on page 18)

1. Description of property

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

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

Schedule E - Unrelated Debt-Financed Income(see instructions on page 19)

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

Total dividends-received deductions included in column 8 ▶

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations(see instructions on page 20)

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

Nonexempt Controlled Organizations

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

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

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

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

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

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

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

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

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

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

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

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

AG SUPER FUND LP	4,581.
AIF VI LS AIV LP	15,407.
AMBERBROOK IV, LLC	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	<u>-605,227.</u>

Form **8865****Return of U.S. Persons With Respect to
Certain Foreign Partnerships**▶ **Attach to your tax return. See separate instructions.**Department of the Treasury
Internal Revenue ServiceInformation furnished for the foreign partnership's tax year
beginning 01/01/2010, and ending 12/31/2010

OMB No. 1545-1668

2010Attachment
Sequence No. **118**

Name of person filing this return

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Filer's identifying number

35-1793680

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

A Category of filer (see **Categories of Filers** in the instructions and check applicable box(es)).1 ☐ 2 ☐ 3 ☒ 4 ☐**B** Filer's tax year beginning 01/01/2010, and ending 12/31/2010**C** Filer's share of liabilities: Nonrecourse \$

Qualified nonrecourse financing \$

Other \$

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

Name

EIN

Address

E Information about certain other partners (see instructions)

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

F1 Name and address of foreign partnership CIPEF V, LP
WALKER HOUSE, 87 MARY STREET
GEORGETOWN
CJ, KY1-9002**2** EIN (if any)

51-0631126

3 Country under whose laws organized

CJ

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

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

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

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

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

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

▶ Signature of general partner or limited liability company member

▶ Date

**Paid
Preparer
Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
Firm's name ▶				Firm's EIN ▶
Firm's address ▶				Phone no.

Paperwork Reduction Act Notice, see the separate instructions.
JSAForm **8865** (2010)

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SE4554 D320 11/11/2011 1:23:29 PM V 10-8.2

36314 TX1000

PAGE 105

Schedule A

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

a ☒ Owns a direct interest

b ☐ Owns a constructive interest

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

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

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

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

Schedule A-2

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

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

Schedule B

Income Statement - Trade or Business Income

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

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

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

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

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

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

Form **8865** (2010)

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

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

	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash				
2 a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (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.				

Form **8865** (2010)

Schedule M Balance Sheets for Interest Allocation

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

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

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

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

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

Form 8865 (2010)

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

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

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

Form 8865 (2010)

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

CIPEF V, LP

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash	VAR		496,483.				.142
Marketable securities							
Inventory							
Tangible property used in trade or business							
Intangible property							
Other property							

Supplemental Information Required To Be Reported (see instructions):

ATTACHMENT 1

Part II Dispositions Reportable Under Section 6038B

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

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

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

Schedule O (Form 8865) 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.**Information furnished for the foreign partnership's tax year
beginning 01/01/2010, and ending 12/31/2010

OMB No. 1545-1668

2010Attachment
Sequence No. **118**Department of the Treasury
Internal Revenue Service

Name of person filing this return

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Filer's identifying number

35-1793680

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

A Category of filer (see **Categories of Filers** in the instructions and check applicable box(es)):1 ☐ 2 ☐ 3 ☒ 4 ☐**B** Filer's tax year beginning 01/01/2010, and ending 12/31/2010**C** Filer's share of liabilities: Nonrecourse \$

Qualified nonrecourse financing \$

Other \$

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

Name

EIN

Address

E Information about certain other partners (see instructions)

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

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

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

TORONTO, ON

CA, M5K1J3

2 EIN (if any)

98-0528262

3 Country under whose laws organized

CA

4 Date of organization

04/21/2006

5 Principal place of business

CA

6 Principal business activity code number

523900

7 Principal business activity

INVESTMENTS

8a Functional currency

US DOLLAR

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

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

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

NEWTON GLASSMAN

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

TORONTO, ON

CA, M5K 1J3

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

CATALYST FUND GENERAL PARTNER II INC

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

TORONTO, ON

CA, M5K 1J3

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

• The partnership's total receipts for the tax year were less than \$250,000 and

• The value of the partnership's total assets at the end of the tax year was less than \$1 million.

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

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

Signature of general partner or limited liability company member

Date

**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check if
self-
employed ☐

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no.

Paperwork Reduction Act Notice, see the separate instructions.

JSA

Form **8865** (2010)

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

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

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

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

Does the partnership have any other foreign person as a direct partner? ☐ Yes ☒ No**Schedule A-2****Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

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

Schedule B**Income Statement - Trade or Business Income****Caution.** Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

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

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

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

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

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

Form **8865** (2010)

Form 8865 (2010)

Page **4**

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

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	
	(a)	(b)	(c)	(d)
Assets				
1 Cash				
2 a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (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				

Form **8865** (2010)

Schedule M Balance Sheets for Interest Allocation

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

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

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

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

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

Form **8865** (2010)

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

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

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

Form **8865** (2010)

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

CATALYST FUND LIMITED PARTNERSHIP II

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash	09/15/2010		750,000.				.555
Marketable securities							
Inventory							
Tangible property used in trade or business							
Intangible property							
Other property							

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

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

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

Yes

☒

No

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

Schedule O (Form 8865) 2010

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

OMB No. 1545-1668

2010Department of the Treasury
Internal Revenue ServiceInformation furnished for the foreign partnership's tax year
beginning 01/01/2010, and ending 12/31/2010Attachment
Sequence No. **118**

Name of person filing this return

Filer's identifying number

CENTRAL INDIANA COMMUNITY FOUNDATION INC

35-1793680

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

A Category of filer (see **Categories of Filers** in the instructions and check applicable box(es)):

1

☐

2

☐

3

☒

4

☐**B** Filer's tax year beginning 01/01/2010, and ending 12/31/2010**C** Filer's share of liabilities: Nonrecourse \$

Qualified nonrecourse financing \$

Other \$

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

Name

EIN

Address

E Information about certain other partners (see instructions)

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

F1 Name and address of foreign partnership EURO CHOICE III LP (FORMERLY) LODH PRIV

26 NEW STREET

ST. HELIER

JE, JE2 3RA

2 EIN (if any)

00-0000000

3 Country under whose laws organized

JE

4 Date of organization	5 Principal place of business	6 Principal business activity code number	7 Principal business activity	8a Functional currency	8b Exchange rate (see instr.)
03/29/2006	UK	523900	INVESTMENTS	EURO	1.327500000000

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

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

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

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

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

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

Signature of general partner or limited liability company member

Date

**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check if
self-
employed ☐

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

Paperwork Reduction Act Notice, see the separate instructions.
JSAForm **8865** (2010)

Schedule A

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

a ☒ Owns a direct interestb ☐ Owns a constructive interest

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

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

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

Does the partnership have any other foreign person as a direct partner?

Yes ☐ No ☒**Schedule A-2 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

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

Schedule B Income Statement - Trade or Business Income**Caution.** Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

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

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

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

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

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

Form **8865** (2010)

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

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

	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash				
2 a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (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.				

Form **8865** (2010)

Schedule M Balance Sheets for Interest Allocation

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

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

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

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

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

Form **8865** (2010)

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

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

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

Form 8865 (2010)

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

EURO CHOICE III LP (FORMERLY) LODH PRIVATE

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash	12/31/2010		594,580.				.598
Marketable securities							
Inventory							
Tangible property used in trade or business							
Intangible property							
Other property							

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

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

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

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

Schedule O (Form 8865) 2010

Form **8865****Return of U.S. Persons With Respect to
Certain Foreign Partnerships**▶ **Attach to your tax return. See separate instructions.**Information furnished for the foreign partnership's tax year
beginning 01/01/2010, and ending 12/31/2010

OMB No. 1545-1668

2010Attachment
Sequence No. **118**Department of the Treasury
Internal Revenue Service

Name of person filing this return

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Filer's identifying number

35-1793680

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

A Category of filer (see **Categories of Filers** in the instructions and check applicable box(es)):1 ☐2 ☐3 ☒4 ☐**B** Filer's tax year beginning 01/01/2010, and ending 12/31/2010**C** Filer's share of liabilities: Nonrecourse \$ _____ Qualified nonrecourse financing \$ _____ Other \$ _____**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

E Information about certain other partners (see instructions)

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

F1 Name and address of foreign partnership KIA VIII (INTERNATIONAL) LP

320 PARK AVENUE

NEW YORK, NY 10022

2 EIN (if any)

98-0641934

3 Country under whose laws organized

CJ

4 Date of organization <u>12/04/2009</u>	5 Principal place of business	6 Principal business activity code number <u>523900</u>	7 Principal business activity <u>INVESTING</u>	8a Functional currency <u>USD</u>	8b Exchange rate (see instr.)
--	--------------------------------------	---	--	---	--------------------------------------

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

1 Name, address, and identifying number of agent (if any) in the United States	2 Check if the foreign partnership must file: <input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input type="checkbox"/> Form 1065 or 1065-B Service Center where Form 1065 or 1065-B is filed:
---	--

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

MAPLE CORPORATE SERVICES

PO BOX 309, UGLAND HOUSE

GRAND CAYMAN

CJ, KY1-1104

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

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

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

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

Signature of general partner or limited liability company member

Date

**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed ☐

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no.

Paperwork Reduction Act Notice, see the separate instructions.

Form **8865** (2010)

Schedule A

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

a ☐ Owns a direct interest

b ☐ Owns a constructive interest

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

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

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

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

Schedule A-2

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

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

Schedule B Income Statement - Trade or Business Income

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

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

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

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

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

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

Form **8865** (2010)

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

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	
	(a)	(b)	(c)	(d)
Assets				
1 Cash				
2 a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (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				

Form **8865** (2010)

Schedule M Balance Sheets for Interest Allocation

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

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

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

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

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

Form 8865 (2010)

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

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

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

Form **8865** (2010)

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

KIA VIII (INTERNATIONAL) LP

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash	VAR		342,215.				.081
Marketable securities							
Inventory							
Tangible property used in trade or business							
Intangible property							
Other property							

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

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

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

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

Schedule O (Form 8865) 2010

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

OMB No. 1545-1668

2010Department of the Treasury
Internal Revenue ServiceInformation furnished for the foreign partnership's tax year
beginning 01/01/2010, and ending 12/31/2010Attachment
Sequence No. **118**

Name of person filing this return

Filer's identifying number

CENTRAL INDIANA COMMUNITY FOUNDATION INC

35-1793680

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

A Category of filer (see **Categories of Filers** in the instructions and check applicable box(es)):1 ☐ 2 ☐ 3 ☒ 4 ☐**B** Filer's tax year beginning 01/01/2010, and ending 12/31/2010**C** Filer's share of liabilities: Nonrecourse \$

Qualified nonrecourse financing \$

Other \$

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

Name

EIN

Address

E Information about certain other partners (see instructions)

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

F1 Name and address of foreign partnership OAKTREE PRINCIPAL FUND V LPC/O OAKTREE CAPITAL GROUP HOLDINGS, 333 S GRAND AVE, 28TH FLOOR
LOS ANGELES, CA 90071**2** EIN (if any)

98-0599574

3 Country under whose laws organized

CJ

4 Date of organization	5 Principal place of business	6 Principal business activity code number	7 Principal business activity	8a Functional currency	8b Exchange rate (see instr.)
02/23/2009	CJ	523900	INVESTING	USD	

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

1 Name, address, and identifying number of agent (if any) in the United States	2 Check if the foreign partnership must file: <input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input type="checkbox"/> Form 1065 or 1065-B Service Center where Form 1065 or 1065-B is filed:
3 Name and address of foreign partnership's agent in country of organization, if any WALKER SPV LIMITED WALKER HOUSE, 87 MARY STREET GEORGETOWN GRAND CAYMAN CJ, KY1-9002	4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different C/O OAKTREE CAPITAL GROUP HOLDINGS LP 333 S GRAND AVE, 28TH FLOOR LOS ANGELES, CA 90071

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

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

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

Signature of general partner or limited liability company member

Date

**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check if
self-
employed ☐

PTIN

Firm's name ☐Firm's EIN ☐Firm's address ☐

Phone no.

Schedule A

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

a ☐ Owns a direct interest

b ☐ Owns a constructive interest

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

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

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

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

Schedule A-2

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

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

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

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

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

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

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

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

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

Form **8865** (2010)

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

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	
	(a)	(b)	(c)	(d)
Assets				
1 Cash				
2 a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (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				

Form **8865** (2010)

Schedule M Balance Sheets for Interest Allocation

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

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

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

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

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

Form **8865** (2010)

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

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

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

Form 8865 (2010)

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

OAKTREE PRINCIPAL FUND V LP

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash	VAR		600,000.				.175
Marketable securities							
Inventory							
Tangible property used in trade or business							
Intangible property							
Other property							

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

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

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

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

Schedule O (Form 8865) 2010

Form **8865****Return of U.S. Persons With Respect to
Certain Foreign Partnerships**▶ **Attach to your tax return. See separate instructions.**Department of the Treasury
Internal Revenue ServiceInformation furnished for the foreign partnership's tax year
beginning 01/01/2010, and ending 12/31/2010

OMB No. 1545-1668

2010Attachment
Sequence No. **118**

Name of person filing this return

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Filer's identifying number

35-1793680

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

A Category of filer (see **Categories of Filers** in the instructions and check applicable box(es)):1 ☐2 ☐3 ☒4 ☐**B** Filer's tax year beginning 01/01/2010, and ending 12/31/2010**C** Filer's share of liabilities: Nonrecourse \$

Qualified nonrecourse financing \$

Other \$

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

Name

EIN

Address

E Information about certain other partners (see instructions)

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

F1 Name and address of foreign partnership FLEET ACQUISITIONS II LLCC/O OAKTREE PRINCIPAL FUND V LP, 333 S GRAND AVE, 28TH FLOOR
LOS ANGELES, CA 90071**2** EIN (if any)66-0743513**3** Country under whose laws organizedRM

4 Date of organization <u>03/12/2010</u>	5 Principal place of business <u>RM</u>	6 Principal business activity code number <u>523900</u>	7 Principal business activity <u>INVESTING</u>	8a Functional currency <u>USD</u>	8b Exchange rate (see instr.)
--	---	---	--	---	--------------------------------------

G Provide the following information for the foreign partnership's tax year:**1** Name, address, and identifying number of agent (if any) in the United StatesC/O OAKTREE CAPITAL MANAGEMENT LP
333 S GRAND AVE, 28TH FLOOR
LOS ANGELES, CA 90071**2** Check if the foreign partnership must file:☐ Form 1042☐ Form 8804☐ Form 1065 or 1065-B

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

3 Name and address of foreign partnership's agent in country of organization, if anyTRUST COMPANY OF MARSHALL ISLANDS INC
TRUST COMPANY COMPLEX, AJELTAKE RD, AJELTAKE
MAJURO, MARSHALL ISLANDS
RM, 96960**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 differentC/O OAKTREE CAPITAL MANAGEMENT LP
333 S GRAND AVE, 28TH FLOOR
LOS ANGELES, CA 90071**5** Were any special allocations made by the foreign partnership? ☒ Yes ☐ No**6** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, attached to this return (see instructions)**7** How is this partnership classified under the law of the country in which it is organized? LIMITED LIABILITY COMPANY**8** Did the partnership own any separate units within the meaning of Regulations section 1.1503-2(c)(3), (4), or 1.1503(d)-1(b)(4)? ☐ Yes ☒ No**9** Does this partnership meet **both** of the following requirements?

• The partnership's total receipts for the tax year were less than \$250,000 and

• The value of the partnership's total assets at the end of the tax year was less than \$1 million.

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

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

Signature of general partner or limited liability company member

Date

**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check if
self-
employed ☐

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

Paperwork Reduction Act Notice, see the separate instructions.
JSAForm **8865** (2010)

Schedule A

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

a ☐ Owns a direct interest

b ☐ Owns a constructive interest

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

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

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

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

Schedule A-2 Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

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

Schedule B Income Statement - Trade or Business Income

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

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

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

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

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

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

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Page **4**

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

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

	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash				
2 a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (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				

Schedule M Balance Sheets for Interest Allocation

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

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

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

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

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

Form **8865** (2010)

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

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

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

Form **8865** (2010)

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

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash	VAR		203,432.				.089
Marketable securities							
Inventory							
Tangible property used in trade or business							
Intangible property							
Other property							

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

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

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

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

Schedule O (Form 8865) 2010

Form **8865****Return of U.S. Persons With Respect to
Certain Foreign Partnerships**▶ **Attach to your tax return. See separate instructions.**Information furnished for the foreign partnership's tax year
beginning 01/01/2010, and ending 12/31/2010

OMB No. 1545-1668

2010Attachment
Sequence No. **118**Department of the Treasury
Internal Revenue Service

Name of person filing this return

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Filer's identifying number

35-1793680

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

A Category of filer (see **Categories of Filers** in the instructions and check applicable box(es)):1 ☐2 ☐3 ☒4 ☐**B** Filer's tax year beginning 01/01/2010, and ending 12/31/2010**C** Filer's share of liabilities: Nonrecourse \$

Qualified nonrecourse financing \$

Other \$

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

Name

EIN

Address

E Information about certain other partners (see instructions)

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

F1 Name and address of foreign partnership MARITIME EQUITY PARTNERS LLC
C/O OAKTREE CAPITAL MANAGEMENT LP, 333 S GRAND AVE 28TH FLOOR
LOS ANGELES, CA 90071**2** EIN (if any)**3** Country under whose laws organized
RM

4 Date of organization	5 Principal place of business RM	6 Principal business activity code number 523900	7 Principal business activity INVESTING	8a Functional currency USD	8b Exchange rate (see instr.)
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G Provide the following information for the foreign partnership's tax year:

1 Name, address, and identifying number of agent (if any) in the United States C/O OAKTREE CAPITAL MANAGEMENT LP 333 S GRAND AVE, 28TH FLOOR LOS ANGELES, CA 90071		2 Check if the foreign partnership must file: <input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input type="checkbox"/> Form 1065 or 1065-B Service Center where Form 1065 or 1065-B is filed:	
3 Name and address of foreign partnership's agent in country of organization, if any TRUST COMPANY OF MARSHALL ISLANDS INC TRUST COMPANY COMPLEX, AJELTAKE RD, AJELTAKE MAJURO, MARSHALL ISLANDS RM, 96960		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 C/O OAKTREE CAPITAL MANAGEMENT LP 333 S GRAND AVE, 28TH FLOOR LOS ANGELES, CA 90071	

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

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

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

Signature of general partner or limited liability company member

Date

**Paid
Preparer
Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
Firm's name				Firm's EIN
Firm's address				Phone no.

Paperwork Reduction Act Notice, see the separate instructions.

Form **8865** (2010)

Schedule A

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

a ☐ Owns a direct interestb ☐ Owns a constructive interest

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

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

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

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

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

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

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

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

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

*

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

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

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

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

Form **8865** (2010)

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

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

	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash				
2 a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (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				

Form **8865** (2010)

Schedule M Balance Sheets for Interest Allocation

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

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

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

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

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

Form **8865** (2010)

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

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

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

Form **8865** (2010)

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

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash	VAR		192,687.				.084
Marketable securities							
Inventory							
Tangible property used in trade or business							
Intangible property							
Other property							

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

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

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

Yes

☒

No

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

Schedule O (Form 8865) 2010

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

OMB No. 1545-1668

2010Department of the Treasury
Internal Revenue ServiceInformation furnished for the foreign partnership's tax year
beginning 01/01/2010, and ending 12/31/2010Attachment
Sequence No. **118**

Name of person filing this return

Filer's identifying number

CENTRAL INDIANA COMMUNITY FOUNDATION INC

35-1793680

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

A Category of filer (see **Categories of Filers** in the instructions and check applicable box(es)):1 ☐ 2 ☐ 3 ☒ 4 ☐**B** Filer's tax year beginning 01/01/2010, and ending 12/31/2010**C** Filer's share of liabilities: Nonrecourse \$

Qualified nonrecourse financing \$

Other \$

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

Name

EIN

Address

E Information about certain other partners (see instructions)

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

F1 Name and address of foreign partnership THE OVERLOOK PARTNERS FUND, LP
C/O CAMPBELL CORPORATE SERVICES, BK OF NOVA SCOTIA BLDG
GEORGE TOWN, GRAND CAYMAN
CJ**2** EIN (if any)

98-0131278

3 Country under whose laws organized

CJ

4 Date of organization	5 Principal place of business	6 Principal business activity code number	7 Principal business activity	8a Functional currency	8b Exchange rate (see instr.)
12/18/1992	CJ	523900	INVESTMENTS	USD	

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

1 Name, address, and identifying number of agent (if any) in the United States		2 Check if the foreign partnership must file: <input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input checked="" type="checkbox"/> Form 1065 or 1065-B Service Center where Form 1065 or 1065-B is filed: OGDEN	
3 Name and address of foreign partnership's agent in country of organization, if any OVERLOOK INVESTMENTS, LP 4TH FLOOR, SCOTIA CENTRE, PO BOX 268 GEORGE TOWN, GRAND CAYMAN CJ, KY1-1104		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 HSBC INSTITUTIONAL TRUST SERVICES (ASIA) LTD 1 QUEEN'S ROAD CENTRAL HK	

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

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

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

Signature of general partner or limited liability company member

Date

**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check if
self-
employed ☐

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

Paperwork Reduction Act Notice, see the separate instructions.

Form **8865** (2010)

Schedule A

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

a ☒ Owns a direct interest

b ☐ Owns a constructive interest

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

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

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

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

Schedule A-2

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

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

Schedule B Income Statement - Trade or Business Income

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

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

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

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

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

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

Form **8865** (2010)

Form 8865 (2010)

Page 4

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

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	
	(a)	(b)	(c)	(d)
Assets				
1 Cash				
2 a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (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				

Form **8865** (2010)

Schedule M Balance Sheets for Interest Allocation

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

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

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

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

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

Form **8865** (2010)

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

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

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

Form **8865** (2010)

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

Filer's identifying number

35-1793680

Name of foreign partnership

THE OVERLOOK PARTNERS FUND, LP

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash	VAR		6,000,000.				.462
Marketable securities							
Inventory							
Tangible property used in trade or business							
Intangible property							
Other property							

Supplemental Information Required To Be Reported (see instructions):ATTACHMENT 1**Part II** Dispositions Reportable Under Section 6038B

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

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

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

Schedule O (Form 8865) 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 **5471**

(Rev. December 2007)

Department of the Treasury
Internal Revenue Service**Information Return of U.S. Persons With
Respect To Certain Foreign Corporations**

▶ See separate instructions.

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**

Name of person filing this return

CENTRAL INDIANA COMMUNITY FOUNDATION INC**A Identifying number**35-1793680

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

615 NORTH ALABAMA STREET

City or town, state, and ZIP code

INDIANAPOLIS IN 46204Filer's tax year beginning 01/01/2010, and ending 12/31/2010**B Category of filer (See instructions. Check applicable box(es)):**1 (repealed) 2 ☐ 3 ☐ 4 ☐ 5 ☒**C Enter the total percentage of the foreign corporation's voting stock
you owned at the end of its annual accounting period** 29.470%**D Person(s) on whose behalf this information return is filed:**

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated
in U.S. dollars unless otherwise indicated.**1a** Name and address of foreign corporationIVA OVERSEAS FUND (CAYMAN) LTD, CLASS A
154 UNIVERSITY AVENUE, STE 700
TORONTO, ONTARIO CA**b** Employer identification number, if any
FOREIGN**c** Country under whose laws incorporated
CAYMAN ISLANDS**d** Date of incorporation02/01/2008**e** Principal place of businessCJ**f** Principal business activity
code number523900**g** Principal business activityINVESTMENTS**h** Functional currencyUSD**2** Provide the following information for the foreign corporation's accounting period stated above.**a** Name, address, and identifying number of branch office or agent (if any)
in the United States**b** If a U.S. income tax return was filed, enter:

(i) Taxable income or (loss)

(ii) U.S. income tax paid
(after all credits)**c** Name and address of foreign corporation's statutory or resident agent in
country of incorporation**d** Name and address (including corporate department, if applicable) of
person (or persons) with custody of the books and records of the foreign
corporation, and the location of such books and records, if differentALTERNATIVE FUND SERVICES154 UNIVERSITY AVE, STE 700 M5H 3Y9 M5H 379TORONTO ONTARIO CA**Schedule A Stock of the Foreign Corporation**

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
<u>COMMON</u>	<u>47,403.</u>	<u>55,653.</u>
<u>COMMON</u>	<u>3,770.</u>	<u>4,020.</u>

For Paperwork Reduction Act Notice, see instructions.

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

(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 615 NORTH ALABAMA STREET, STE 119 INDIANAPOLIS IN 46204 35-1793680	CLASS A	18,527.	18,527.	

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.

Income			Functional Currency	U.S. Dollars
	1 a	Gross receipts or sales	1a	
	b	Returns and allowances	1b	
	c	Subtract line 1b from line 1a	1c	
	2	Cost of goods sold	2	
	3	Gross profit (subtract line 2 from line 1c)	3	
	4	Dividends	4	931,297.
	5	Interest	5	405,571.
	6 a	Gross rents	6a	
b	Gross royalties and license fees	6b		
7	Net gain or (loss) on sale of capital assets	7		
8	Other income (attach schedule)	8	9,670,810.	
9	Total income (add lines 3 through 8)	9	11,007,678.	
Deductions	10	Compensation not deducted elsewhere	10	
	11 a	Rents	11a	
	b	Royalties and license fees	11b	
	12	Interest	12	
	13	Depreciation not deducted elsewhere	13	
	14	Depletion	14	
	15	Taxes (exclude provision for income, war profits, and excess profits taxes)	15	
	16	Other deductions (attach schedule - exclude provision for income, war profits, and excess profits taxes)	16	733,988.
17	Total deductions (add lines 10 through 16)	17	733,988.	
Net Income	18	Net income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits, and excess profits taxes (subtract line 17 from line 9)	18	10,273,690.
	19	Extraordinary items and prior period adjustments (see instructions)	19	
	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.

Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued (see instructions)

(a) Name of country or U.S. possession	Amount of tax		
	(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
1 U.S.			
2			
3			
4			
5			
6			
7			
8 Total			

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		
b 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 Buildings and other depreciable assets	8a		
b Less accumulated depreciation	8b	()	()
9a Depletable assets	9a		
b Less accumulated depletion	9b	()	()
10 Land (net of any amortization)	10		
11 Intangible assets:			
a Goodwill	11a		
b Organization costs	11b		
c Patents, trademarks, and other intangible assets	11c		
d Less accumulated amortization for lines 11a, b, and c	11d	()	()
12 Other assets (attach schedule) ATTACHMENT 4	12	22,166.	22,166.
13 Total assets	13	56,266,163.	75,674,772.
Liabilities and Shareholders' Equity			
14 Accounts payable	14		
15 Other current liabilities (attach schedule)	15		
16 Loans from shareholders and other related persons	16		
17 Other liabilities (attach schedule) ATTACHMENT 5	17	20,800.	1,020,800.
18 Capital stock:			
a Preferred stock	18a		
b 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)

Schedule G Other information

- | | Yes | No |
|---|--------------------------|-------------------------------------|
| 1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," see the instructions for required attachment. | | |
| 2 During the tax year, did the foreign corporation own an interest in any trust? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3 (see instructions)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," you are generally required to attach Form 8858 for each entity (see instructions). | | |
| 4 During the tax year, was the foreign corporation a participant in any cost sharing arrangement? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Schedule H Current Earnings and Profits(see instructions)**Important:** Enter the amounts on lines 1 through 5c in **functional** currency.

1	Current year net income or (loss) per foreign books of account	1	10,273,690.
2	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):		
		Net Additions	Net Subtractions
a	Capital gains or losses		
b	Depreciation and amortization		
c	Depletion		
d	Investment or incentive allowance		
e	Charges to statutory reserves		
f	Inventory adjustments		
g	Taxes		
h	Other (attach schedule) . <u>ATCH. 6</u>	5,240,713.	
3	Total net additions		
4	Total net subtractions	5,240,713.	
5a	Current earnings and profits (line 1 plus line 3 minus line 4)	5a	5,032,977.
b	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)	5b	
c	Combine lines 5a and 5b	5c	5,032,977.
d	Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations (see instructions))	5d	
Enter exchange rate used for line 5d ▶			

Schedule I Summary of Shareholder's Income From Foreign Corporation(see instructions)

1	Subpart F income (line 38b, Worksheet A in the instructions)	1	
2	Earnings invested in U.S. property (line 17, Worksheet B in the instructions)	2	
3	Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions)	3	
4	Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions)	4	
5	Factoring income	5	
6	Total of lines 1 through 5. Enter here and on your income tax return. See instructions	6	
7	Dividends received (translated at spot rate on payment date under section 989(b)(1))	7	
8	Exchange gain or (loss) on a distribution of previously taxed income	8	

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| • Was any income of the foreign corporation blocked? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Did any such income become unblocked during the tax year (see section 964(b))? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- If the answer to either question is "Yes," attach an explanation.

IVA OVERSEAS FUND (CAYMAN) LTD, CLASS A

35-1793680

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

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

OMB No. 1545-0704

Identifying number

35-1793680

	Important. Enter amounts in functional currency.	(a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)	(b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance)	(c) Previously Taxed E&P (see instructions) (sections 959(c)(1) and (2) balances)			(d) Total Section 964(a) E&P (combine columns (a), (b), and (c))
				(i) Earnings Invested in U.S. Property	(ii) Earnings Invested in Excess Passive Assets	(iii) Subpart F Income	
1	Balance at beginning of year	18,663,095.					18,663,095.
2a	Current year E&P	5,032,977.					
b	Current year deficit in E&P						
3	Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	23,696,072.					
4	Amounts included under section 951(a) or reclassified under section 959(c) in current year						
5a	Actual distributions or reclassifications of previously taxed E&P						
b	Actual distributions of nonpreviously taxed E&P						
6a	Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)						
b	Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)						
7	Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)	23,696,072.					23,696,072.

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

JSA
0X1665 1.000

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

**SCHEDULE O
(Form 5471)**

(Rev. December 2005)

Department of the Treasury
Internal Revenue Service**Organization or Reorganization of Foreign
Corporation, and Acquisitions and
Dispositions of its Stock**

OMB No. 1545-0704

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

Name of person filing Form 5471

Identifying number

CENTRAL INDIANA COMMUNITY FOUNDATION INC

35-1793680

Name of foreign corporation

IVA OVERSEAS FUND (CAYMAN) LTD, CLASS A

Important: Complete a **separate** Schedule O for each foreign corporation for which information must be reported.**Part I To Be Completed by U.S. Officers and Directors**

(a) Name of shareholder for whom acquisition information is reported	(b) Address of shareholder	(c) Identifying number of shareholder	(d) Date of original 10% acquisition	(e) Date of additional 10% acquisition

Part II To Be Completed by U.S. Shareholders**Note:** If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person.**Section A — General Shareholder Information**

(a) Name, address, and identifying number of shareholder(s) filing this schedule	(b) For shareholder's latest U.S. income tax return filed, indicate:			(c) Date (if any) shareholder last filed information return under section 6046 for the foreign corporation
	(1) Type of return (enter form number)	(2) Date return filed	(3) Internal Revenue Service Center where filed	
CENTRAL IN COMMUNITY FDN 35-1793680 615 NORTH ALABAMA STREET, STE 119 INDIANAPOLIS, IN 46204	990	11/15/2011	OGDEN, UT	

Section B — U.S. Persons Who Are Officers or Directors of the Foreign Corporation

(a) Name of U.S. officer or director	(b) Address	(c) Social security number	(d) Check appropriate box(es)	
			Offr	Dir

Section C — Acquisition of Stock

(a) Name of shareholder(s) filing this schedule	(b) Class of stock acquired	(c) Date of acquisition	(d) Method of acquisition	(e) Number of shares acquired		
				(1) Directly	(2) Indirectly	(3) Constructively

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

Schedule O (Form 5471) (12-2005)

(f) Amount paid or value given	(g) Name and address of person from whom shares were acquired

Section D — Disposition of Stock

(a) Name of shareholder disposing of stock	(b) Class of stock	(c) Date of disposition	(d) Method of disposition	(e) Number of shares disposed of		
				(1) Directly	(2) Indirectly	(3) Constructively

(f) Amount received	(g) Name and address of person to whom disposition of stock was made

Section E — Organization or Reorganization of Foreign Corporation

(a) Name and address of transferor		(b) Identifying number (if any)	(c) Date of transfer

(d) Assets transferred to foreign corporation			(e) Description of assets transferred by, or notes or securities issued by, foreign corporation
(1) Description of assets	(2) Fair market value	(3) Adjusted basis (if transferor was U.S. person)	

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).

FORM 5471, PAGE 2 DETAIL

SCH C, LINE 8 - OTHER INCOME

ATTACHMENT 1

NET REALIZED GAIN FROM IVA OVERSEAS
NET UNREALIZED APPRECIATION FROM IV

4,430,097.
5,240,713.

TOTAL

9,670,810.

SCH C, LINE 16 - OTHER DEDUCTIONS

ATTACHMENT 2

ADMINISTRATIVE FEES
CUSTODIAN FEES
PROFESSIONAL FEES
MANAGEMENT FEES
OTHER EXPENSES

60,458.
58,436.
28,404.
539,168.
47,522.

TOTAL

733,988.

FORM 5471, PAGE 3 DETAIL

<u>BEGINNING</u>	<u>ENDING</u>
<u>US CURRENCY</u>	<u>US CURRENCY</u>

ATTACHMENT 3

SCH F, LINE 6 - INVESTMENT IN SUBSIDIARIES

INVESTMENT IN IVA OVERSEAS MASTER

56,243,997.

74,652,606.

TOTALS

56,243,997.

74,652,606.

ATTACHMENT 4

SCH F, LINE 12 - OTHER ASSETS

PREPAID EXPENSES

22,166.

22,166.

TOTALS

22,166.

22,166.

ATTACHMENT 5

SCH F, LINE 17 - OTHER LIABILITIES

SUBSCRIPTIONS RECEIVED IN ADVANCE

0.

1,000,000.

OTHER LIABILITIES

20,800.

20,800.

TOTALS

20,800.

1,020,800.

FORM 5471, PAGE 4 DETAIL

SCH H, LINE 2H - OTHER RECONCILING ITEMS

NET ADDITIONS

NET SUBTRACTS

UNREALIZED APPRECIATION FROM IVA OVERSEAS FUND

5,240,713.

TOTALS

5,240,713.

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

OMB No. 1545-0026

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **128**

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

Name of transferor CENTRAL INDIANA COMMUNITY FOUNDATION	Identifying number (see instructions) 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 section 368(c)) by 5 or fewer domestic corporations?

☐ Yes ☐ No
☐ Yes ☐ No

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, was it the parent 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

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:

Name of partnership	EIN of partnership
BEACON CAPITAL STRATEGIC PARTNERS V LP	03-0610280

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 is regularly traded on an established securities market?

☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) BCSP V EUROPE LP	4 Identifying number, if any 98-0523511
--	--

5 Address (including country)

200 STATE STREET, 5TH FLOOR BOSTON, MA 02109

6 Country code of country of incorporation or organization (see instructions)

UK

7 Foreign law characterization (see instructions)

PARTNERSHIP

8 Is the transferee foreign corporation a controlled foreign corporation?

☒ Yes ☐ No

For Paperwork 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		214,480.		
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):

Part 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 .091589 % (b) After .091589 %**10** Type of nonrecognition transaction (see instructions) ► IRC SECTION 351**11** Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No**13** 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:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No**15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ 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**17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ 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)

**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.

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

Name of transferor

Identifying number (see instructions)

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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 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(s):

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent 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

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:

Name of partnership	EIN of partnership
CAPITAL INTERNATIONAL PRIVATE EQUITY	51-0631126

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 is regularly traded on an established securities market?☐

Yes

☒

No

Part II Transferee Foreign Corporation Information (see instructions)**3** Name of transferee (foreign corporation)**4** Identifying number, if any

CONSTELLATION OVERSEAS LIMITED

5 Address (including country) VANTERPOOL PLAZA, 2ND FLOOR, WICKHAMS CAY 1 ROAD TOWN
TORTOLA BRITISH VIRGIN ISLANDS VI**6** Country code of country of incorporation or organization (see instructions)

VI

7 Foreign law characterization (see instructions)

CORPORATION

8 Is the transferee foreign corporation a controlled foreign corporation?☐

Yes

☒

No

For Paperwork Reduction Act Notice, see separate instructions.

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					
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):

Part 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 0 % (b) After .018643 %**10** Type of nonrecognition transaction (see instructions) ► IRC SECTION 351**11** Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No**13** 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:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No**15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ 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**17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ No**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

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

OMB No. 1545-0026

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **128**

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

Name of transferor CENTRAL INDIANA COMMUNITY FOUNDATION INC	Identifying number (see instructions) 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 section 368(c)) by 5 or fewer domestic corporations?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

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, was it the parent corporation?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

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?

<input type="checkbox"/> Yes	<input type="checkbox"/> 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:

Name of partnership	EIN of partnership
CAPITAL INTERNATIONAL PRIVATE EQUITY	51-0631126

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
------------------------------	--

c Is the partner disposing of its entire interest in the partnership?

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
------------------------------	--

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
------------------------------	--

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) DILI GROUP HOLDINGS COMPANY LIMITED	4 Identifying number, if any
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5 Address (including country) **CRICKET SQUARE, HUTCHINS DRIVE PO BOX 2681**

GRAND CAYMAN CAYMAN ISLANDS CJ KY1-1111

6 Country code of country of incorporation or organization (see instructions)

CJ

7 Foreign law characterization (see instructions)

CORPORATION

8 Is the transferee foreign corporation a controlled foreign corporation?

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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For Paperwork 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	03/18/2010		136,810.		
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):

Part 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 0 % (b) After .007023 %**10** Type of nonrecognition transaction (see instructions) ► IRC SECTION 351**11** Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No**13** 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:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No**15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ 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**17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ No**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

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

OMB No. 1545-0026

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **128**

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

Name of transferor CENTRAL INDIANA COMMUNITY FOUNDATION INC	Identifying number (see instructions) 35-1793680
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- 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 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(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent 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

- 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:

Name of partnership	EIN of partnership
CAPITAL INTERNATIONAL PRIVATE EQUITY	51-0631126

- 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 is regularly traded on an established securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) CIPEF GALAXY S.A.R.L.	4 Identifying number, if any
--	------------------------------

5 Address (including country) **5, RUE GUILLAUME KROLL
LUXEMBOURG LUXEMBOURG LU L-1882**

6 Country code of country of incorporation or organization (see instructions)

7 Foreign law characterization (see instructions)
CORPORATION

- 8** Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

For Paperwork 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	03/10/2010		139,865.		
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):

Part 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 0 % (b) After .1384425 %**10** Type of nonrecognition transaction (see instructions) ► IRC SECTION 351**11** Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No**13** 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:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No**15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ 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**17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ No**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

**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.

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

Name of transferor CENTRAL INDIANA COMMUNITY FOUNDATION INC	Identifying number (see instructions) 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 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(s):

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent 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

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:

Name of partnership	EIN of partnership
CAPITAL INTERNATIONAL PRIVATE EQUITY	51-0631126

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 is regularly traded on an established securities market? ☐ Yes ☒ No**Part II Transferee Foreign Corporation Information** (see instructions)

3 Name of transferee (foreign corporation) GRUPO IBMEC EDUCACIONAL S.A.	4 Identifying number, if any
--	-------------------------------------

5 Address (including country) **RUA VERGUEIRO, N 1.759 TERREO, 1 E 2 ANDARES****SAO PAULO BRAZIL BR****6** Country code of country of incorporation or organization (see instructions)**BR****7** Foreign law characterization (see instructions)**CORPORATION****8** Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

For Paperwork 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	02/17/2010		101,116.		
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):

Part 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 0 % (b) After .048608 %

10 Type of nonrecognition transaction (see instructions) ► IRC SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No

13 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:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ 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

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ 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)

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

OMB No. 1545-0026

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **128**

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

Name of transferor CENTRAL INDIANA COMMUNITY FOUNDATION INC	Identifying number (see instructions) 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 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(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent 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

- 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:

Name of partnership	EIN of partnership
GMO LONG HORIZONS FORESTRY FUND A LP	20-8809970

- 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 is regularly traded on an established securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) LHF FOREIGN LLC	4 Identifying number, if any 26-1421065
--	---

5 Address (including country) **FORRESTAL TERRASUR LIMITADA AVDA. ANDRES BELLO 2711 PI LAS CONDES SANTIAGO CI**

6 Country code of country of incorporation or organization (see instructions)

CI

7 Foreign law characterization (see instructions)

CORPORATION

- 8** Is the transferee foreign corporation a controlled foreign corporation? ☒ Yes ☐ No

For Paperwork 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		206,448.		
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):

Part 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

11 Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No

13 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:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ 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 ☐ No17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ No

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

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

OMB No. 1545-0026

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **128**

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

Name of transferor CENTRAL INDIANA COMMUNITY FOUNDATION INC	Identifying number (see instructions) 35-1793680
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- 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 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(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent 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

- 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:

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 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 established securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) CRONOS HOLDING COMPANY LTD	4 Identifying number, if any
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5 Address (including country) **CLARENDON HOUSE 2 CHURCH STREET
HAMILTON BM HM 11**

6 Country code of country of incorporation or organization (see instructions)
BM

7 Foreign law characterization (see instructions)
CORPORATION

- 8 Is the transferee foreign corporation a controlled foreign corporation? ☒ Yes ☐ No

For Paperwork 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		137,154.		
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):

Part 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 NONE % (b) After .040000 %**10** Type of nonrecognition transaction (see instructions) ► IRC SECTION 351**11** Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No**13** 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:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No**15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ 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**17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ 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)

**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.

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

Name of transferor CENTRAL INDIANA COMMUNITY FOUNDATION	Identifying number (see instructions) 35-1793680
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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 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(s):

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent 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

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:

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 is regularly traded on an established securities market? ☐ Yes ☐ No**Part II Transferee Foreign Corporation Information** (see instructions)

3 Name of transferee (foreign corporation) HHR ATLAS FUND LTD	4 Identifying number, if any FOREIGNUS
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5 Address (including country) **CLARENDON HOUSE, 2 CHURCH STREET
HAMILTON BD****6** Country code of country of incorporation or organization (see instructions)**BD****7** Foreign law characterization (see instructions)**PARTNERSHIP****8** Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see separate instructions.

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		4,000,000.		
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 Information Required To Be Reported (see instructions):

Part 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 0.00 % (b) After 2.2 %**10** Type of nonrecognition transaction (see instructions) ► IRC SECTION 351**11** Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No**13** 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:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No**15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ 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**17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ No**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

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

OMB No. 1545-0026

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **128**

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

Name of transferor CENTRAL INDIANA COMMUNITY FOUNDATION	Identifying number (see instructions) 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 section 368(c)) by 5 or fewer domestic corporations?

☐ Yes ☐ No
☐ Yes ☐ No

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, was it the parent 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

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:

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 is regularly traded on an established securities market?

☐ Yes ☐ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) MASON CAPITAL LTD	4 Identifying number, if any 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 ☒ No

For Paperwork 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		2,500,000.		
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 Information Required To Be Reported (see instructions):

Part 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 0.195369 % (b) After 0.195369 %**10** Type of nonrecognition transaction (see instructions) ► IRC SEC 351**11** Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No**13** 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:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No**15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ 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**17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ 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)

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

OMB No. 1545-0026

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **128**

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

Name of transferor CENTRAL INDIANA COMMUNITY FOUNDATION	Identifying number (see instructions)
---	---------------------------------------

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 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(s):

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent 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

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:

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 is regularly traded on an established securities market? ☐ Yes ☐ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) BENNETT BOLF HIGH VALUE	4 Identifying number, if any FOREIGNUS
--	--

5 Address (including country) **PO BOX 2003 GT BOUGAINVILLEA WAY, 802 W BAY RD**
GRAND CAYMAN CJ

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 ☒ No

For Paperwork 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		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 Information Required To Be Reported (see instructions):

Part 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 1.74 % (b) After 1.74 %**10** Type of nonrecognition transaction (see instructions) ► IRC SECTION 351**11** Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No**13** 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:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No**15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ 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**17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ No**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

**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.

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

Name of transferor CENTRAL INDIANA COMMUNITY FOUNDATION	Identifying number (see instructions) 35-1793680
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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 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(s):

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent 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

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:

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 is regularly traded on an established securities market? ☐ Yes ☐ No**Part II Transferee Foreign Corporation Information** (see instructions)

3 Name of transferee (foreign corporation) PORTFOLIO ADVISORS. PRIVATE EQ. FUND OFFSHORE	4 Identifying number, if any FOREIGNUS
---	---

5 Address (including country) **WALKERS SPV LTD PO BOX 908GT MARY ST****GEORGE TOWN CJ****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 ☒ No

For Paperwork Reduction Act Notice, see separate instructions.

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		168,750.		
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):

Part 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 2.02 % (b) After 2.02 %**10** Type of nonrecognition transaction (see instructions) ► IRC SECTION 351**11** Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No**13** 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:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No**15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ 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**17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ No**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

**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.

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

Name of transferor CENTRAL INDIANA COMMUNITY FOUNDATION	Identifying number (see instructions) 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 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(s):

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent 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

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:

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 is regularly traded on an established securities market?☐ Yes ☐ No**Part II Transferee Foreign Corporation Information** (see instructions)

3 Name of transferee (foreign corporation) CONATUS CAPITAL OVERSEAS LTD	4 Identifying number, if any FOREIGNUS
--	---

5 Address (including country) **THE OBSERVATORY, 7-11 SIR JOHN ROGERSON'S QUAY, PO BOX EI****6** Country code of country of incorporation or organization (see instructions)**EI****7** Foreign law characterization (see instructions)**PARTNERSHIP****8** Is the transferee foreign corporation a controlled foreign corporation?☐ Yes ☒ No

For Paperwork 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		1,900,000.		
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 Information Required To Be Reported (see instructions):

Part 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 .34 % (b) After .34 %**10** Type of nonrecognition transaction (see instructions) ► IRC SEC 351**11** Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No**13** 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:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No**15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ 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**17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ 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)

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

OMB No. 1545-0026

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **128**

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

Name of transferor CENTRAL INDIANA COMMUNITY FOUNDATION	Identifying number (see instructions) 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 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(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent 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

- 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:

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 is regularly traded on an established securities market? ☐ Yes ☐ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) AYER CAPITAL PARTNERS FUND LTD CLASS C SUB CL	4 Identifying number, if any FOREIGNUS
--	--

5 Address (including country) **YAMRAJ BUILDING, PO BOX 4818 ROAD TOWN TORTOLA VI VG1110**

6 Country code of country of incorporation or organization (see instructions)

VI

7 Foreign law characterization (see instructions)

PARTNERSHIP

8 Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

For Paperwork 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		2,500,000.		
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 Information Required To Be Reported (see instructions):

Part 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 2.9 % (b) After 2.9 %**10** Type of nonrecognition transaction (see instructions) ► IRC SECTION 351**11** Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No**13** 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:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No**15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ 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**17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ No**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

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

OMB No. 1545-0026

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **128**

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

Name of transferor CENTRAL INDIANA COMMUNITY FOUNDATION	Identifying number (see instructions) 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 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(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent 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

- 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:

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 is regularly traded on an established securities market? ☐ Yes ☐ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) CHILTON GLOBAL NAT. RESOURCES INT'L (BVI) LTD	4 Identifying number, if any FOREIGNUS
---	---

5 Address (including country)
1290 E MAIN ST STAMFORD, CT 06902

6 Country code of country of incorporation or organization (see instructions)

VI

7 Foreign law characterization (see instructions)

PARTNERSHIP

8 Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

For Paperwork 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		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 Information Required To Be Reported (see instructions):

Part 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 0.004 % (b) After 0.004 %**10** Type of nonrecognition transaction (see instructions) ► IRC SECTION 351**11** Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No**13** 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:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No**15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ 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**17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ 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)

**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.

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 1d.**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?☐ Yes
☐ Yes☐ No
☐ No**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, was it the parent 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

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:

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 is regularly traded on an established securities market?☐ Yes☐ No**Part II Transferee Foreign Corporation Information** (see instructions)**3** Name of transferee (foreign corporation)

GRUSS GLOBAL INVESTORS LTD CLASS C UNRESTRICT

4 Identifying number, if any

FOREIGNUS

5 Address (including country) 89 NEXUS WAY, CAMANA BAY PO BOX 31106

GEORGE TOWN GRAND CAYMAN CJ

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 ☒ No

For Paperwork 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		7,800,000.		
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 Information Required To Be Reported (see instructions):

Part 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 0.00 % (b) After <10 %**10** Type of nonrecognition transaction (see instructions) ► IRC SECTION 351**11** Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No**13** 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:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No**15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ 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**17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ 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)

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

OMB No. 1545-0026

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **128**

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

Name of transferor **CENTRAL INDIANA COMMUNITY FOUNDATION** Identifying number (see instructions) **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 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(s):

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent 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

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:

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 is regularly traded on an established securities market? ☐ Yes ☐ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) **KNIGHTHEAD OFFSHORE FUND, LTD** **4** Identifying number, if any **FOREIGNUS**

5 Address (including country) **OGIER FIDUCIARY SERVICES (CAYMAN) S CHURCH STREET
GRAND CAYMAN CJ**

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 ☒ No

For Paperwork 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		1,200,000.		
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 Information Required To Be Reported (see instructions):

Part 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 0.00 % (b) After 0.11 %**10** Type of nonrecognition transaction (see instructions) ► IRC SECTION 351**11** Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No**13** 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:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No**15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ 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**17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ No**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

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

OMB No. 1545-0026

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **128**

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

Name of transferor CENTRAL INDIANA COMMUNITY FOUNDATION	Identifying number (see instructions) 35-1793680
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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 section 368(c)) by 5 or fewer domestic corporations?

☐ Yes ☐ No
☐ Yes ☐ No

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, was it the parent 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

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:

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 is regularly traded on an established securities market?

☐ Yes ☐ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) FIR TREE INTERNATIONAL VALUE FUND LTD	4 Identifying number, if any FOREIGNUS
--	--

5 Address (including country) **ADMIRAL FINANCIAL CENTER 90 FORT STREET, PO BOX 32021
GEORGE TOWN GRAND CAYMAN CJ**

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 ☒ No

For Paperwork 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		3,500,000.		
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 Information Required To Be Reported (see instructions):

Part 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 0.00 % (b) After <10 %**10** Type of nonrecognition transaction (see instructions) ► IRC SECTION 351**11** Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No**13** 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:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No**15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ 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**17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ No**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

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

OMB No. 1545-0026

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **128**

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

Name of transferor **CENTRAL INDIANA COMMUNITY FOUNDATION** Identifying number (see instructions) **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 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(s):

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent 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

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:

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 is regularly traded on an established securities market? ☐ Yes ☐ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) **VALINOR CAPITAL PARTNERS OFFSHORE, LTD** **4** Identifying number, if any **FOREIGNUS**

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

7 Foreign law characterization (see instructions)

PARTNERSHIP

8 Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

For Paperwork 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		4,000,000.		
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 Information Required To Be Reported (see instructions):

Part 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 0.00 % (b) After 0.40 %**10** Type of nonrecognition transaction (see instructions) ► IRC SECTION 351**11** Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No**13** 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:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No**15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ 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**17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ 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)

**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.

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

Name of transferor CENTRAL INDIANA COMMUNITY FOUNDATION	Identifying number (see instructions)
---	---------------------------------------

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 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(s):

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent 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

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:

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 is regularly traded on an established securities market?☐ Yes☐ No**Part II Transferee Foreign Corporation Information** (see instructions)

3 Name of transferee (foreign corporation) LAZARD EMERGING INCOME, LTD	4 Identifying number, if any 35-1793680
--	---

5 Address (including country) **78 SIR JOHN ROGERSON'S QUAY****DUBLIN 2 EI****6** Country code of country of incorporation or organization (see instructions)**EI****7** Foreign law characterization (see instructions)**CORPORATION****8** Is the transferee foreign corporation a controlled foreign corporation?☐ Yes☒ No

For Paperwork 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		7,500,000.		
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 Information Required To Be Reported (see instructions):

Part 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 <10 % (b) After <10 %**10** Type of nonrecognition transaction (see instructions) ► IRC SECTION 351**11** Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No**13** 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:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No**15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ 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**17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ No**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

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

OMB No. 1545-0026

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **128**

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

Name of transferor CENTRAL INDIANA COMMUNITY FOUNDATION Identifying number (see instructions) 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 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(s):

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent 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

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:

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 is regularly traded on an established securities market? ☐ Yes ☐ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) ROYALCAP VALUE FUND, LTD **4** Identifying number, if any FOREIGNUS

5 Address (including country) 623 FIFTH AVENUE, 24TH FLOOR NEW YORK, NY 10022

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 ☒ No

For Paperwork 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		2,000,000.		
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 Information Required To Be Reported (see instructions):

Part 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 <10 % (b) After <10 %**10** Type of nonrecognition transaction (see instructions) **►** IRC SECTION 351**11** Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No**13** 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:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No**15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ 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**17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ No**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

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.

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

Name of transferor CENTRAL INDIANA COMMUNITY FOUNDATION	Identifying number (see instructions) 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 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(s):

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent 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

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:

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 is regularly traded on an established securities market? ☐ Yes ☐ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) HIGHLINE CAPITAL INTERNATIONAL LTD	4 Identifying number, if any FOREIGNUS
--	---

5 Address (including country) **GOLDMAN SACHS (CAYMAN) TRUST, LTD STE 3307 GARDENIA CT CAMANA BAY GRAND CAYMAN CJ**

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 ☒ No

For Paperwork 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		1,380,216.		
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):

Part 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 <10 % (b) After <10 %10 Type of nonrecognition transaction (see instructions) ► IRC SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No

13 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:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ 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 ☐ No17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ 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)

**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.

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

Name of transferor CENTRAL INDIANA COMMUNITY FOUNDATION	Identifying number (see instructions) 35-1793680
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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 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(s):

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent 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

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:

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 is regularly traded on an established securities market?☐ Yes ☐ No**Part II Transferee Foreign Corporation Information** (see instructions)

3 Name of transferee (foreign corporation) THE ETAP FUND LTD	4 Identifying number, if any FOREIGNUS
---	---

5 Address (including country)**C/O GRESHAM INV. MGMT 67 IRVING PL, 12TH FL NEW YORK, NY 10003****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 ☒ No

For Paperwork 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		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 Information Required To Be Reported (see instructions):

Part 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 <10 % (b) After <10 %**10** Type of nonrecognition transaction (see instructions) ► IRC SECTION 351**11** Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No**13** 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:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No**15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ 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**17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ No**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

**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.

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 1d.**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?☐ Yes
☐ Yes☐ No
☐ No**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, was it the parent 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

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:

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 is regularly traded on an established securities market?☐ Yes☐ No**Part II Transferee Foreign Corporation Information** (see instructions)**3** Name of transferee (foreign corporation)

CONVEXITY CAPITAL OFFSHORE LP

4 Identifying number, if any

FOREIGNUS

5 Address (including country) C/O INTERNATIONAL FUND SERVICES 78 SIR JOHN ROGERSON'S Q
DUBLIN 2 EI**6** Country code of country of incorporation or organization (see instructions)

EI

7 Foreign law characterization (see instructions)

PARTNERSHIP

8 Is the transferee foreign corporation a controlled foreign corporation?☐ Yes ☒ No

For Paperwork 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		11,000,000.		
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 Information Required To Be Reported (see instructions):

Part 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 0.1002 % (b) After 0.1002 %**10** Type of nonrecognition transaction (see instructions) ► IRC SECTION 351**11** Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No**13** 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:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No**15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ 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**17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ 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)

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

OMB No. 1545-0026

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **128**

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

Name of transferor CENTRAL INDIANA COMMUNITY FOUNDATION	Identifying number (see instructions) 35-1793680
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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 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(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent 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

- 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:

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 is regularly traded on an established securities market? ☐ Yes ☐ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) WHITE ELM CAPITAL OFFSHORE, LTD	4 Identifying number, if any FOREIGNUS
--	--

5 Address (including country) **C/O OGIER FIDUCIARY SERVICES (CAY) 89 NEXUS WAY**

CAMANA BAY CJ

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 ☒ No

For Paperwork 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		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 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):

Part 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 0.00 % (b) After 2.45 %**10** Type of nonrecognition transaction (see instructions) ► IRC SECTION 351**11** Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No**13** 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:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No**15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ 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**17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ 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)

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

OMB No. 1545-0026

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **128**

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

Name of transferor CENTRAL INDIANA COMMUNITY FOUNDATION	Identifying number (see instructions) 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 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(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent 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

- 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:

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 is regularly traded on an established securities market? ☐ Yes ☐ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) SOUTHPORT ENERGY PLUS OFFSHORE FUND INC	4 Identifying number, if any FOREIGNUS
5 Address (including country) CITI HEDGE FUND SVS (CAY) LTD CAYMAN CORP CTR, 27 HOSP GEORGETOWN CJ	
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 ☒ No

For Paperwork 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					
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):

Part 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 0.00 % (b) After 0.00 %10 Type of nonrecognition transaction (see instructions) ► IRC SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No

13 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:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ 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 ☐ No17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ No

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

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

OMB No. 1545-0026

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **128**

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

Name of transferor CENTRAL INDIANA COMMUNITY FOUNDATION	Identifying number (see instructions) 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 section 368(c)) by 5 or fewer domestic corporations?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

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, was it the parent corporation?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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?

<input type="checkbox"/> Yes	<input type="checkbox"/> 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:

Name of partnership	EIN of partnership

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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c Is the partner disposing of its **entire** interest in the partnership?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) BLACKSTONE STRATEGIC ALLIANCE OFFSHORE FUND	4 Identifying number, if any FOREIGNUS
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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)

CJ

7 Foreign law characterization (see instructions)

PARTNERSHIP

8 Is the transferee foreign corporation a controlled foreign corporation?

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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For Paperwork 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		2,605,409.		
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):

Part 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 1.39 % (b) After 1.39 %

10 Type of nonrecognition transaction (see instructions) ► IRC SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No

13 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:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ 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

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ 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)

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

OMB No. 1545-0026

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **128**

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

Name of transferor CENTRAL INDIANA COMMUNITY FOUNDATION	Identifying number (see instructions) 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 section 368(c)) by 5 or fewer domestic corporations?

☐ Yes ☐ No
☐ Yes ☐ No

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, was it the parent 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

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:

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 is regularly traded on an established securities market?

☐ Yes ☐ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) COATUE OFFSHORE FUND LTD	4 Identifying number, if any FOREIGNUS
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5 Address (including country) **GOLDMAN SACHS TRUST LTD HARBOUR CNTR, PO BOX 896 GEORGE TOWN GRAND CAYMAN CJ**

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 ☒ No

For Paperwork 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		2,000,000.		
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 Information Required To Be Reported (see instructions):

Part 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 <10 % (b) After <10 %**10** Type of nonrecognition transaction (see instructions) ► IRC SECTION 351**11** Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No**13** 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:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No**15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ 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**17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ 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)

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

OMB No. 1545-0026

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **128**

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

Name of transferor CENTRAL INDIANA COMMUNITY FOUNDATION	Identifying number (see instructions) 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 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(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent 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

- 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:

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 is regularly traded on an established securities market? ☐ Yes ☐ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) ASIAN CENTURY	4 Identifying number, if any FOREIGNUS
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5 Address (including country) **C/O MORGAN STANLEY FUND SERVICES CENTURY YARD 4TH FLR GEORGE TOWN CJ**

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 ☒ No

For Paperwork 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		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 Information Required To Be Reported (see instructions):

Part 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 <10 % (b) After <10 %**10** Type of nonrecognition transaction (see instructions) ► IRC SECTION 351**11** Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No**13** 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:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No**15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ 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**17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ 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)

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.