

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2008, or fiscal year beginning \_\_\_\_\_, 2008, and ending \_\_\_\_\_, 20\_\_

# 2008

Department of the Treasury  
Internal Revenue Service

**▶ Do not send to the IRS. Keep for your records.**  
**▶ See instructions.**

Name of exempt organization

Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATION INC

35-1793680

Name and title of officer

KAY WHITAKER, CFO

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12) . . . . .	1b	25491201.
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c) . . . . .	5b	

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

### Officer's PIN: check one box only

I authorize BKD, LLP ERO firm name to enter my PIN 4 6 2 0 4 as my signature  
Enter five numbers, but do not enter all zeros

on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_

Date ▶ 11/15/2009

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

3 5 0 2 7 4 1 1 5 2 5  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_

Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2008)

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)

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning, 2008, and ending, 20

Form header section containing organization name (CENTRAL INDIANA COMMUNITY FOUNDATION), address (615 NORTH ALABAMA STREET, INDIANAPOLIS, IN 46204), principal officer (BRIAN PAYNE), and identification numbers.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue breakdown, and expenses.

Part II Signature Block

Signature block section with declaration text, signature lines for officer and preparer, and preparer information (BKD, LLP).

May the IRS discuss this return with the preparer shown above? (See instructions) [X] Yes [ ] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

**Part III Statement of Program Service Accomplishments** (see instructions)

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

SEE STATEMENT 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 \$ 9,054,974. including grants of \$ 8,750,049. ) (Revenue \$ )

INSPIRING PLACES FOCUSES TO ATTRACT AND RETAIN TALENT BY IMPROVING THE QUALITY OF LIFE IN THE URBAN CORE BY 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 \$ 11,884,654. including grants of \$ 11,484,439. ) (Revenue \$ )

FAMILY SUCCESS IS ABOUT SUPPORTING FAMILIES AND THEIR COMMUNITIES BY STRENGTHENING NEIGHBORHOOD-BASED PROVIDERS THAT SUPPORT LOW-INCOME FAMILIES IN INCREASING EARNINGS AND ASSETS. THE FOCUS IS 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 \$ 7,357,167. including grants of \$ 7,109,414. ) (Revenue \$ )

OUR EDUCATION INITIATIVE EMPHASIZES ACCESS TO AND SUPPORT FOR HIGHER EDUCATION. IT HELPS OUR COMMUNITY IMPROVE PUBLIC INSTRUCTION AND STUDENT ACADEMIC ACHIEVEMENT BASED ON EDUCATIONAL INDICATORS. CICF INVESTS IN COMMUNITY BASED ORGANIZATIONS THAT PROVIDE COLLEGE ACCESS AND READINESS PROGRAMMING AND ARE CHAMPIONS FOR THE IMPORTANCE OF ACCESSING POST SECONDARY OPPORTUNITIES. CICF IS 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** ▶ \$ 28,296,795. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 1 through 27 regarding organizational requirements and reporting.

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

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	X	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		X
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		X
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		X
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	X	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question ID, question text, and Yes/No response boxes. Includes questions 1a through 12b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about voting members, family relationships, management delegation, organizational changes, asset diversions, members/stockholders, governing body decisions, meeting documentation, local chapters, Form 990 review, and officer reachability.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include questions about conflict of interest policy, whistleblower policy, document retention, compensation review, joint ventures, and policy adoption for joint ventures.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include questions about state filing requirements, public inspection of forms, governing documents availability, and officer contact information.







**Part VIII Statement of Revenue**

35-1793680

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>	168,096.				
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) . . <b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . <b>1f</b>	21,555,733.				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$	4,028,246.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶	21,723,829.				
	<b>Program Service Revenue</b>			<b>Business Code</b>			
		<b>2a</b>	_____				
<b>b</b>		_____					
<b>c</b>		_____					
<b>d</b>		_____					
<b>e</b>		_____					
<b>f</b>		All other program service revenue . . . . .					
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		NONE				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	8,605,475.			8,605,475.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . ▶	NONE				
	<b>5</b>	Royalties . . . . . ▶	NONE				
			(i) Real	(ii) Personal			
	<b>6a</b>	Gross Rents . . . . .					
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . . ▶		NONE			
			(i) Securities	(ii) Other			
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	232,940,519.				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	240,841,152.				
	<b>c</b>	Gain or (loss) . . . . .	-7,900,633.				
	<b>d</b>	Net gain or (loss) . . . . . ▶	-7,900,633.			-7,900,633.	
	<b>8a</b>	Gross income from fundraising events (not including \$ 168,096. of contributions reported on line 1c). See Part IV, line 18. . . . . <b>a</b>	STMT 2 32,340.				
	<b>b</b>	Less: direct expenses . . . . . <b>b</b>	5,000.				
	<b>c</b>	Net income or (loss) from fundraising events . <b>STMT. 3 . . . ▶</b>	27,340.			27,340.	
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19. . . . . <b>a</b>					
	<b>b</b>	Less: direct expenses . . . . . <b>b</b>					
	<b>c</b>	Net income or (loss) from gaming activities . . . . . ▶		NONE			
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>					
<b>b</b>	Less: cost of goods sold . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from sales of inventory. . . . . ▶		NONE				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b>	OTHER INCOME	900099	155,216.	155,216.			
<b>b</b>	OPERATING SUPPORT FEE	900099	3,861,731.	3,861,731.			
<b>c</b>	PARTNERSHIP INCOME	525990	-981,757.		-981,757.		
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		3,035,190.				
<b>12</b>	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . ▶		25,491,201.	4,016,947.	-981,757.	732,182.	

**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).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 . . .	26,579,042.	26,579,042.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	764,860.	764,860.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	1,161,186.	244,855.	508,853.	407,478.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages . . . . .	823,181.	173,581.	360,733.	288,867.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	1,077,677.	257,963.	491,807.	327,907.
9 Other employee benefits . . . . .	231,865.	63,864.	73,994.	94,007.
10 Payroll taxes . . . . .	142,389.	29,878.	62,208.	50,303.
11 Fees for services (non-employees):				
a Management . . . . .	NONE			
b Legal . . . . .	69,025.	46.	68,979.	
c Accounting . . . . .	68,188.		68,188.	
d Lobbying . . . . .	NONE			
e Professional fundraising services. See Part IV, line 17	121,168.			121,168.
f Investment management fees . . . . .	1,761,558.		1,761,558.	
g Other . . . . .	56,655.		15,692.	40,963.
12 Advertising and promotion . . . . .	20,045.	2,026.	3,923.	14,096.
13 Office expenses . . . . .	147,441.	20,114.	59,531.	67,796.
14 Information technology . . . . .	246,344.	53,368.	103,902.	89,074.
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	133,565.	56,261.	44,477.	32,827.
17 Travel . . . . .	32,198.	7,135.	11,499.	13,564.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings . . . .	51,495.	1,708.	18,202.	31,585.
20 Interest . . . . .	NONE			
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . .	517,085.	1,843.	515,242.	
23 Insurance . . . . .	33,769.	12,815.	20,954.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a OPERATING_SUPPORT_FEE -----	2,681,268.		2,681,268.	
b COMMUNITY_RELATIONS_&_SUPPOR	193,911.	16,361.	62,196.	115,354.
c EMPLOYEE_DEV_&_RELATIONS_----	53,118.	9,359.	27,426.	16,333.
d DUES_&_MEMBERSHIPS_-----	51,977.		51,977.	
e LOSS_ON_DISPOSAL_-----	25,675.	1,716.	23,959.	
f All other expenses -----				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	37,044,685.	28,296,795.	7,036,568.	1,711,322.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .		<b>1</b>		
	<b>2</b> Savings and temporary cash investments . . . . .	41,462,577.	<b>2</b>	48,135,048.	
	<b>3</b> Pledges and grants receivable, net . . . . .	6,709,955.	<b>3</b>	7,486,245.	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>		
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .		<b>5</b>		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>		
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>		
	<b>8</b> Inventories for sales or use . . . . .		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>		
	<b>10a</b> Land, buildings, and equipment: cost basis . . . . .	<b>10a</b> 3,946,636.			
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D. . . . .	<b>10b</b> 2,421,691.	1,556,773.	<b>10c</b>	1,524,945.
	<b>11</b> Investments - publicly traded securities . . . . .	374,007,557.	<b>11</b>	199,197,819.	
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	74,981,106.	<b>12</b>	92,881,095.	
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		<b>13</b>		
	<b>14</b> Intangible assets . . . . .		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	7,552,990.	<b>15</b>	11,415,043.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	506,270,958.	<b>16</b>	360,640,195.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	579,707.	<b>17</b>	1,475,239.	
	<b>18</b> Grants payable . . . . .	13,748,930.	<b>18</b>	10,621,738.	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>		
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable . . . . .		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	15,894,055.	<b>25</b>	17,181,812.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	30,222,692.	<b>26</b>	29,278,789.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets . . . . .	458,109,949.	<b>27</b>	314,350,340.	
	<b>28</b> Temporarily restricted net assets . . . . .	11,223,379.	<b>28</b>	12,717,573.	
	<b>29</b> Permanently restricted net assets . . . . .	6,714,938.	<b>29</b>	4,293,493.	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>		
	<b>33</b> Total net assets or fund balances . . . . .	476,048,266.	<b>33</b>	331,361,406.	
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	506,270,958.	<b>34</b>	360,640,195.	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .		X
<b>c</b>	If "Yes" to lines 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? . . . . .		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

<b>Name of the organization</b> CENTRAL INDIANA COMMUNITY FOUNDATION INC	<b>Employer identification number</b> 35-1793680
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**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: (Please check only **one** organization.)

- 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)**. (Attach Schedule H.)
- 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)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally Integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 

Yes	No
	X
  - (ii) A family member of a person described in (i) above? 11g(ii) 

Yes	No
	X
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) 

Yes	No
	X
- h Provide the following information about the organizations the organization supports.

(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	
<b>Total</b>									

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

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (See instructions.) 12 NONE

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 48.83 %; Row 15: Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 47.11 %

16a 33 1/3% support test - 2008. 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

b 33 1/3% support test - 2007. 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

17a 10%-facts-and-circumstances test - 2008. 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 "fact-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

b 10%-facts-and-circumstances test - 2007. 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

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Rows include: 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)); 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Rows include: 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)); 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

19a 33 1/3% support tests - 2008. 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.
19b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
OPERATING SUPPORT FEES	129,192.	2,164,371.	2,377,773.	2,911,741.	3,282,269.	10,865,346.
DEFERRED CONTRIBUTIONS AND	253,391.	304,636.	20,494.	NONE	NONE	578,521.
OTHER INCOME	58.	NONE	NONE	108,591.	182,556.	291,205.
<b>TOTALS</b>	<b>382,641.</b>	<b>2,469,007.</b>	<b>2,398,267.</b>	<b>3,020,332.</b>	<b>3,464,825.</b>	<b>11,735,072.</b>



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2008**

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 organizations 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 Form 990-EZ, that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1)/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 Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two Yes/No questions regarding donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for 'Held at the End of the Year' with rows 2a-2d, and several Yes/No questions regarding monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for revenues and assets.

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

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |   | Amount    |
|---|-----------|
| c Beginning balance . . . . .             | <b>1c</b> |
| d Additions during the year . . . . .     | <b>1d</b> |
| e Distributions during the year . . . . . | <b>1e</b> |
| f Ending balance . . . . .                | <b>1f</b> |
- 2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if 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 . . . . .	290,787,773.				
b Contributions . . . . .	6,257,817.				
c Investment earnings or losses . . . . .	-88,052,089.				
d Grants or scholarships . . . . .	10,768,837.				
e Other expenditures for facilities and programs . . . . .	269,472.				
f Administrative expenses . . . . .	1,984,737.				
g End of year balance . . . . .	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:
- |   | Yes           | No |
|---|---------------|----|
| (i) unrelated organizations . . . . .   | <b>3a(i)</b>  | X  |
| (ii) related organizations . . . . .  | <b>3a(ii)</b> | X  |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .		162,303.	63,266.	99,037.
c Leasehold improvements . . . . .		939,411.	366,067.	573,344.
d Equipment . . . . .		2,321,164.	1,625,559.	695,605.
e Other . . . . .		523,758.	366,799.	156,959.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				1,524,945.



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

Table with 10 rows for reconciliation of net assets. Columns include line numbers (1-10) and descriptions such as 'Total revenue', 'Total expenses', 'Excess or (deficit) for the year', 'Net unrealized gains', 'Donated services', 'Investment expenses', 'Prior period adjustments', 'Other', 'Total adjustments', and 'Excess or (deficit) for the year per financial statements'.

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

Table with 5 main rows for revenue reconciliation. Sub-rows include adjustments like 'Net unrealized gains on investments', 'Donated services', 'Recoveries of prior year grants', 'Investment expenses not included', and 'Other'.

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

Table with 5 main rows for expense reconciliation. Sub-rows include adjustments like 'Donated services', 'Prior year adjustments', 'Losses reported on Form 990', 'Investment expenses not included', and 'Other'.

**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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SEE PAGE 5

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**Part XIV** Supplemental Information (continued)

SCHEDULE D

PART V 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

IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) STAFF POSITION NO. FIN 48-3, THE FOUNDATION HAS ELECTED TO DEFER THE EFFECTIVE DATE OF FASB INTERPRETATION NO. 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, UNTIL ITS FISCAL YEAR ENDED DECEMBER 31, 2009. THE FOUNDATION HAS CONTINUED TO ACCOUNT FOR ANY UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH LITERATURE THAT WAS AUTHORITATIVE IMMEDIATELY PRIOR TO THE EFFECTIVE DATE OF FIN 48, SUCH AS FASB STATEMENT NO. 109, ACCOUNTING FOR INCOME TAXES, AND FASB STATEMENT NO. 105, ACCOUNTING FOR CONTINGENCIES.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

**2008**

**Open To Public  
Inspection**

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
JOHNSON GROSSNICKLE & ASSOC	CAMPAIN CONSULTING		X	NONE	60,654.	NONE
IMAGENATION LLC	MARKETING CONSULTING		X	NONE	25,400.	NONE
PRINTING PARTNERS INC	PRINTED MATERIALS		X	NONE	35,114.	NONE
<b>Total</b> .....				NONE	121,168.	NONE

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

IN, \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		SCHOLARSHIP DIN (event type)	(event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts . . . . .	200,436.			200,436.
	<b>2</b> Less: Charitable contributions . . . . .	168,096.			168,096.
	<b>3</b> Gross revenue (line 1 minus line 2) . . . . .	32,340.			32,340.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Non-cash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Other direct expenses . . . . .	5,000.			5,000.
	<b>8</b> Direct expense summary. Add lines 4 through 7 in column (d) . . . . .				( 5,000. )
<b>9</b> Net income summary. Combine lines 3 and 8 in column (d) . . . . .					27,340.

**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	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .					( )
<b>8</b> Net gaming income summary. Combine lines 1 and 7 in column (d) . . . . .					

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities: _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b> If "No," Explain: _____ _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? <b>b</b> If "Yes," Explain: _____ _____	<b>10a</b>	
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b> 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? . . . . .	<b>12</b>	



13 Indicate the percentage of gaming activity operated in:

<b>a</b>	The organization's facility . . . . .	<b>13a</b>	%
<b>b</b>	An outside facility . . . . .	<b>13b</b>	%

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

Name ▶ -----

Address ▶ -----

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

**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:

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? . . . . .

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

	Yes	No
13a		
13b		
14		
15a		
15b		
15c		
16		
17a		
17b		

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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? [X] Yes [ ] No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (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. Row 1 contains 'SEE SCHEDULE I-1'.

2 Enter total number of section 501(c)(3) and government organizations 347
3 Enter total number of other organizations

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

Schedule I (Form 990) 2008

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS TO ATTEND U.S. UNIVERSITIES	49	664,860.			
FELLOWSHIPS TO CONTEMPORARY ARTISTS	5	100,000.			

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

SCHEDULE I PART I

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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

-----

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

AFTER A GRANT IS ISSUED. A LETTER ACCOMPANYING ALL GRANT PAYMENTS  
 INCLUDES THE GRANT PURPOSE AND REPORTING REQUIREMENTS IF APPLICABLE  
 (GREATER THAN \$25,000). THE LETTER ALSO INCLUDES LANGUAGE THAT STATES  
 THE GRANT FUNDS MUST BE USED SOLELY FOR THE CHARITABLE PURPOSES DESCRIBED  
 IN THE LETTER, AND THAT ANY UNUSED FUNDS MUST BE RETURNED TO THE  
 FOUNDATION IMMEDIATELY UNLESS AN AMENDED GRANT PURPOSE IS AUTHORIZED BY  
 THE FOUNDATION IN WRITING.

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990)**

Name of the organization

Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATION INC

35-1793680

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
100 BLACK MEN OF INDIANAPOLIS, INC. 3901 N. MERIDIAN ST. SUITE 10	351813852	501(C)(3)	33,120.				PROGRAMS SUPPORT
ABILITIES SERVICES, INC. 1237 CONCORD RD. CRAWFORDSVILLE, IN 47933	351266320	501(C)(3)	61,288.				GENERAL OP SUPPORT
ABOVE & BEYOND CHILDREN'S MUSEUM 902 N. 8TH ST. SHEBOYGAN, WI 53081	391739087	501(C)(3)	25,000.				CHARITABLE CONTRIB
ABUNDANT LIFE WORLD OUTREACH MINISTRIES 4697 W. 30TH. ST. INDIANAPOLIS, IN 46226	437964670	501(C)(3)	12,000.				STIMULATOR OF SUCCES
AFRICAN COMMUNITY INTERNATIONAL, INC. 3737 N. MERIDIAN ST. SUITE 507	352136436	501(C)(3)	10,000.				SUMMER PROGRAM
AFRICAN UNIVERSITY FOUNDATION 3737 N. MERIDIAN ST. SUITE 204	352038725	501(C)(3)	10,000.				AFRICAN UNIVERSITY
AGAPE THERAPEUTIC RIDING RESOURCES, INC. 24950 MOUNT PLEASANT RD. CICERO, IN 46034	311193132	501(C)(3)	26,000.				RIDER'S SCHOLARSHIP
AIDS FOUNDATION OF CHICAGO 411 S. WELLS ST. SUITE 300	363412054	501(C)(3)	10,000.				GIRLS INITIATIVES
ALICE LLOYD COLLEGE WORK 100 PURPOSE RD. PIPPA PASSES, KY 41844	351793680	501(C)(3)	61,288.				GENERAL OP
AMBASSADORS FOR CHILDREN 40 VIRGINIA AVE. INDIANAPOLIS, IN 46204	352083977	501(C)(3)	7,000.				PROGRAMS SUPPORT
AMERICAN CABARET THEATRE 401 E. MICHIGAN ST. INDIANAPOLIS, IN 46204	311225154	501(C)(3)	201,748.				2008 DISTRIBUTION
AMERICAN INDIA FOUNDATION 1113 WESLEY AVE. EVANSTON, IL 60202	134159765	501(C)(3)	10,000.				GENERAL OP SUPPORT
AMERICAN PIANISTS ASSOCIATION, INC. 4603 CLARENDON RD. SUITE 030	310969640	501(C)(3)	103,649.				DISTRIBUTION SUPPORT
AMERICAN RED CROSS OF GREATER INDIANAPOLIS 441 E. 10TH ST. INDIANAPOLIS, IN 46202	530196605	501(C)(3)	95,074.				PROGRAMS SUPPORT
AMERICAN RED CROSS OF MONTGOMERY COUNTY 113 S. WATER ST. CRAWFORDSVILLE, IN 47933	530196605	501(C)(3)	30,644.				GENERAL OP SUPPORT

**2** Enter total number of Section 501(c)(3) and government organizations ..... ▶ 347

**3** Enter total number of other organizations ..... ▶

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

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Department of the Treasury  
Internal Revenue Service

**▶ Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990)**

Name of the organization

Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATION INC

35-1793680

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AMERICAN RED CROSS SOUTHWESTERN INDIANA 29 S. STOCKWELL RD. EVANSVILLE, IN 47714	530196605	501(C)(3)	10,000.				FLOOD VICTIMS RELIEF
ANIMAL FRIENDS OF THE VALLEY, INC. 33751 MISSION TRL. WILDOMAR, CA 92595	330276892	501(C)(3)	6,462.				FIRE DAMAGE
AQUATIC CENTER AT BAKER PARK 219 S. 11TH ST. NEW CASTLE, IN 47362	261113866	501(C)(3)	7,500.				HISTORIC POOLHOUSE
AREA YOUTH MINISTRY, INC. 1641 E. MICHIGAN ST. P.O. BOX 11069	351174092	501(C)(3)	13,000.				PROGRAMS SUPPORT
ART WITH A HEART 6002 SUNNYSIDE INDIANAPOLIS, IN 46236	205703170	501(C)(3)	49,470.				PROGRAMS SUPPORT
ARTS COUNCIL OF INDIANAPOLIS 20 N. MERIDIAN ST. SUITE 500	311225893	501(C)(3)	95,234.				PROGRAMS SUPPORT
ASANTE CHILDREN'S THEATER P.O. BOX 22344 502 N. TREMONT	352203194	501(C)(3)	8,310.				ARTS EDUCATION
ASIAN AMERICAN ALLIANCE, INC. 1000 E. 116TH ST. CARMEL, IN 46032	352090535	501(C)(3)	11,350.				GENERAL OP SUPPORT
AYS INC. 4755 KINGSWAY DR. SUITE 300	310989270	501(C)(3)	8,810.				PROGRAMS SUPPORT
BALL STATE UNIVERSITY 2000 W. UNIVERSITY AVE. MUNCIE, IN 47306	351793680	501(C)(3)	90,000.				TRANSPORTATION STUDY
BEECH GROVE EDUCATION FOUNDATION 5334 HORNET AVE. BEECH GROVE, IN 46107	351982291	501(C)(3)	49,605.				2008 DISTRIBUTION
BETHEL AME CHURCH 414 W. VERMONT ST. INDIANAPOLIS, IN 46202	530204696	501(C)(3)	12,500.				CHURCH RESTORATION
BETHLEHEM HOUSE RESIDENCE 130 E. 30TH ST. INDIANAPOLIS, IN 46205	352119786	501(C)(3)	6,500.				OP SUPPORT
BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA 2960 N. MERIDIAN ST. SUITE 150	351323831	501(C)(3)	60,000.				MENTOR PROGRAM
BIG CAR GALLERY 1043 VIRGINIA AVE. SUITE 215	113725157	501(C)(3)	21,000.				PROGRAMS SUPPORT

**2** Enter total number of Section 501(c)(3) and government organizations . . . . . ▶ \_\_\_\_\_

**3** Enter total number of other organizations . . . . . ▶ \_\_\_\_\_

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

**Schedule I-1 (Form 990) 2008**

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

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Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990)**

Name of the organization CENTRAL INDIANA COMMUNITY FOUNDATION INC	Employer identification number 35-1793680
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**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BOSMA INDUSTRIES FOR THE BLIND, INC. 8020 ZIONSVILLE RD. INDIANAPOLIS, IN 46268	311246086	501(C)(3)	70,000.				PROGRAMS SUPPORT
BOYS & GIRLS CLUBS OF INDIANAPOLIS 2236 E. 10TH ST. SUITE 200	350888754	501(C)(3)	322,276.				SUMMER PROGRAMS
BREBEUF JESUIT PREPARATORY SCHOOL 2801 W. 86TH ST. INDIANAPOLIS, IN 46268	530196617	501(C)(3)	10,000.				PROGRAMS SUPPORT
BROADWAY UNITED METHODIST CHURCH 609 EAST 29TH ST. INDIANAPOLIS, IN 46205	362167731	501(C)(3)	6,000.				SUMMER PROGRAM
BROOKE'S PLACE FOR GRIEVING YOUNG PEOPLE 50 E. 91ST ST. SUITE 103	352045122	501(C)(3)	55,000.				COUNSELING PROGRAM
BROOKSIDE COMMUNITY YOUTH PROGRAM 2204 AUTUMN CRK. DR. INDIANAPOLIS, IN 46229	202094646	501(C)(3)	14,000.				YOUTH PROGRAM
BUILDING TOMORROW, INC. 407 N. FULTON ST. INDIANAPOLIS, IN 46202	562614329	501(C)(3)	10,500.				CHARITABLE CONTRIB
BUTLER UNIVERSITY 4600 SUNSET AVE. INDIANAPOLIS, IN 46208	350867977	501(C)(3)	13,810.				PROGRAMS SUPPORT
CAMP EBERHART ALUMNI ASSOCIATION 316 S. EDDY ST. SOUTH BEND, IN 46617	311021547	501(C)(3)	61,288.				GENERAL OP SUPPORT
CAMPTOWN, INC. 5341 W. 86TH ST. INDIANAPOLIS, IN 46268	351823496	501(C)(3)	17,000.				CAMPTOWN WILDERNESS
CARMEL PERFORMING ARTS FOUNDATION 355 W. CITY CENTER DR. CARMEL, IN 46032	203901164	501(C)(3)	10,000.				FEINSTEIN FOUNDATION
CASS COUNTY HISTORIC PRESERVATION FDN P.O. BOX 882 LOGANSPOET, IN 46947	351964390	501(C)(3)	10,000.				VOCATIONAL TECH
CATHEDRAL CHURCH ST. EDWARD THE CONFESSOR 6361 N. KEYSTONE AVE.	310921786	501(C)(3)	10,000.				CHARITABLE CONTRIB
CATHEDRAL HIGH SCHOOL 5225 E. 56TH ST. INDIANAPOLIS, IN 46226	356254955	501(C)(3)	13,034.				LANGUAGE & TUITION
CATHOLIC CHARITIES INDIANAPOLIS 1400 N. MERIDIAN ST., RM. #217 P.O. BOX 141	530196617	501(C)(3)	37,740.				PROGRAMS SUPPORT

**2** Enter total number of Section 501(c)(3) and government organizations . . . . . ▶

**3** Enter total number of other organizations . . . . . ▶

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I-1 (Form 990) 2008**

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

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Internal Revenue Service

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Name of the organization CENTRAL INDIANA COMMUNITY FOUNDATION INC	Employer identification number 35-1793680
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**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CENTER FOR LEADERSHIP DEVELOPMENT, INC. 3536 WASHINGTON BLVD.	351389882	501(C)(3)	132,414.				GENERAL OP SUPPORT
CENTER FOR SUCCESSFUL PARENTING 2206 E. 96TH ST. INDIANAPOLIS, IN 46240	352079585	501(C)(3)	262,640.				BRAIN STUDY PHASE IV
CENTRAL INDIANA LAND TRUST INC. 324 W. MORRIS ST. SUITE 210	351816493	501(C)(3)	50,500.				LAND PURCHASE
CHARITIES AID FOUNDATION AMERICA KING STREET STATION 1800 DIAGONAL RD., SUIT	431634280	501(C)(3)	20,000.				CHURCH/RENEWAL
CHARLES A. TINDLEY ACCELERATED SCHOOL 3960 MEADOWS DR. INDIANAPOLIS, IN 46205	352151971	501(C)(3)	7,500.				FIELD TRIPS
CHICAGO PUBLIC RADIO NAVY PIER 848 E. GRAND AVE.	363687394	501(C)(3)	50,000.				GENERAL OP SUPPORT
CHILD ADVOCATES INC. 4701 N. KEYSTONE AVE. SUITE 250	351788240	501(C)(3)	59,050.				PROGRAMS SUPPORT
CHILDREN'S BUREAU, INC. 615 N. ALABAMA ST. SUITE 426	351061264	501(C)(3)	84,100.				PROGRAMS SUPPORT
CHILDREN'S HOME + AID 125 S. WACKER DR. 14TH FLOOR	362167743	501(C)(3)	20,000.				GENERAL OP SUPPORT
CHRISTAMORE HOUSE 502 N. TREMONT ST. ROOM 310	350885588	501(C)(3)	17,770.				PEACE IN THE STREETS
CHRISTIAN FOUNDATION OF INDIANA 8445 KEYSTONE CROSSING BLVD. SUITE 200	356048268	501(C)(3)	9,000.				MISSIONARY EDUCATION
CICERO PARKS DEPARTMENT P.O. BOX 884 CICERO, IN 46034	351793680	501(C)(3)	35,000.				PIKE GREENWAY
CICOA FOUNDATION, INC. 4755 KINGSWAY DR. SUITE 200	351859069	501(C)(3)	109,759.				PROGRAMS SUPPORT
CITIZENS ACTION COALITION EDUCATION FUND 5420 N. COLLEGE AVE. ROOM 100	510181687	501(C)(3)	30,000.				ENVIRONMENTAL ED
CITY OF INDIANAPOLIS DEPT OF PUBLIC WORKS 1200 MADISON AVE., STE. 200	351793680	501(C)(3)	2,450,000.				CULTURAL TRAIL

**2** Enter total number of Section 501(c)(3) and government organizations . . . . . ▶

**3** Enter total number of other organizations . . . . . ▶

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I-1 (Form 990) 2008**



**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

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Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990)**

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CLARIAN HEALTH PARTNERS, INC. 1515 N. SENATE AVE. P. O. BOX 1367	351955872	501(C)(3)	22,700.				GENERAL OP SUPPORT
COALITION FOR HOMELESSNESS 3737 N. MERIDIAN ST. SUITE 401	311254018	501(C)(3)	46,081.				PROGRAMS SUPPORT
COBURN PLACE SAFE HAVEN 604 E. 38TH ST. INDIANAPOLIS, IN 46205	371421922	501(C)(3)	55,200.				OP SUPPORT
COLLEGE MENTORS FOR KIDS! INC. 212 W. 10TH ST. SUITE B260	352002052	501(C)(3)	60,000.				MENTOR PROGRAM
COLLEGE RESOURCES SAT PREP, INC. 5651 SAPPHIRE DR. CARMEL, IN 46033	352116869	501(C)(3)	10,000.				SAT PREP PROGRAM
COLUMBIA COLLEGE CHICAGO 600 S. MICHIGAN AVE. CHICAGO, IL 60605	366112087	501(C)(3)	10,000.				LECTURE SERIES
COLUMBUS REGIONAL HOSPITAL FOUNDATION 2400 17TH ST. COLUMBUS, IN 47201	356023714	501(C)(3)	10,000.				CRH FLOOD RECOVERY
COMMUNITY ALLIANCE OF THE FAR EASTSIDE 8902 E. 38TH ST. INDIANAPOLIS, IN 46226	352018453	501(C)(3)	53,700.				PROGRAMS SUPPORT
COMMUNITY HEALTH NETWORK FOUNDATION 1500 N. RITTER AVE. INDIANAPOLIS, IN 46219	510181688	501(C)(3)	12,500.				DISTINGUISHED NURSES
COMMUNITY RESURRECTION PARTNERSHIP 1970 CAROLINE AVE. INDIANAPOLIS, IN 46218	352002310	501(C)(3)	20,500.				STUDY CIRCLES
CONCORD NEIGHBORHOOD CENTER 1310 S. MERIDIAN ST. INDIANAPOLIS, IN 46225	350817149	501(C)(3)	115,764.				PROGRAMS SUPPORT
CONNECT2HELP 3901 N. MERIDIAN ST. SUITE 300	311216792	501(C)(3)	13,620.				GENERAL OP SUPPORT
COPPIN CHAPEL AME 3201 N. CAPITOL INDIANAPOLIS, IN 46208	530204696	501(C)(3)	8,000.				PURPOSE PROGRAMS
COUNCIL ON FOUNDATIONS 2121 CRYSTAL DR. SUITE 700	136068327	501(C)(3)	6,111.				MEMBERSHIP DUES
CROWN HILL HERITAGE FOUNDATION, INC. 700 W. 38TH ST. P. O. BOX 88349	311104060	501(C)(3)	6,019.				PROGRAMS SUPPORT

**2** Enter total number of Section 501(c)(3) and government organizations . . . . . ▶ \_\_\_\_\_

**3** Enter total number of other organizations . . . . . ▶ \_\_\_\_\_

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I-1 (Form 990) 2008**

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

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Department of the Treasury  
Internal Revenue Service

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Part II and Part III, Schedule I (Form 990)**

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CULVER BOYS & GIRLS CLUB P. O. BOX 44 CULVER, IN 46511	351793680	501(C)(3)	6,000.				2008 ANNUAL CAMPAIGN
D. R. E. A. M. ALIVE, INC. P. O. BOX 78674 INDIANAPOLIS, IN 46278	352153384	501(C)(3)	13,000.				ALGEBRA ACADEMY
DADS INC. P. O. BOX 19752 INDIANAPOLIS, IN 46219	203770606	501(C)(3)	18,160.				GENERAL OP SUPPORT
DAMAR SERVICES, INC. 6324 KENTUCKY AVE. P. O. BOX 41	351168048	501(C)(3)	127,000.				PROGRAMS SUPPORT
DAMIEN CENTER 26 N. ARSENAL AVE. INDIANAPOLIS, IN 46201	351711878	501(C)(3)	18,160.				HISPANIC OUTREACH
DANCE KALEIDOSCOPE ROOM 32 4603 CLARENDON RD.	310896177	501(C)(3)	17,400.				PROGRAMS SUPPORT
DAY NURSERY ASSOCIATION OF INDIANAPOLIS 615 N. ALABAMA ST. SUITE 300	350888763	501(C)(3)	32,700.				OP BUILDING
DAYSRING CENTER, INC. 1537 N. CENTRAL AVE. P. O. BOX 44105	351618998	501(C)(3)	6,500.				PROGRAMS SUPPORT
DEPAUW UNIVERSITY 300 E. SEMINARY ST. P. O. BOX 37	350869045	501(C)(3)	251,000.				CAMPAIGN CONTRIB
DOMESTIC VIOLENCE NETWORK OF GREATER INDPLS 2620 KESSLER BLVD. E. DR. STE. 230	352014673	501(C)(3)	27,240.				GENERAL OP SUPPORT
DOWN BUT NOT OUT COMMUNICATIONS 365 S. POST RD. INDIANAPOLIS, IN 46219	205730014	501(C)(3)	10,000.				SALARIES/EXPENSES
DRESS FOR SUCCESS INDIANAPOLIS, INC. 850 N. MERIDIAN ST. INDIANAPOLIS, IN 46204	352078412	501(C)(3)	50,500.				PROGRAMS SUPPORT
DYSLEXIA INSTITUTE OF INDIANA, INC. 2511 E. 46TH ST. SUITE O-2	351780312	501(C)(3)	35,000.				PROGRAMS SUPPORT
EAST 10TH UNITED METHODIST CENTER 2327 E. 10TH ST. INDIANAPOLIS, IN 46201	351976975	501(C)(3)	10,000.				SUMMER DAYS
EDNA MARTIN CHRISTIAN CENTER P. O. BOX 18388 INDIANAPOLIS, IN 46218	351072577	501(C)(3)	5,270.				SOFTWARE SUPPORT

**2** Enter total number of Section 501(c)(3) and government organizations . . . . . ▶

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**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I-1 (Form 990) 2008**

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

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Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990)**

Name of the organization CENTRAL INDIANA COMMUNITY FOUNDATION INC	Employer identification number 35-1793680
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**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
EMERGENT LEADERSHIP INSTITUTE 5745 WALLINGWOOD DR. P. O. BOX 441516	203326691	501(C)(3)	11,350.				PROGRAM OP SUPPORT
ENCOURAGEMENT SERVICES, INC. 5931 W. STATE RD. 46 BLOOMINGTON, IN 47404	352151093	501(C)(3)	50,000.				ENCOURAGEMENT
ENGLISHTON PARK UNITED PRESBYTERIAN 2426 S ENGLISH DR. LEXINGTON, IN 47138	237378166	501(C)(3)	19,850.				REMEDIATION PROGRAM
EXODUS REFUGEE IMMIGRATION INC. 4550 N. CENTRAL AVE. INDIANAPOLIS, IN 46205	351900090	501(C)(3)	58,000.				PROGRAMS SUPPORT
EXTENDED HAND MINISTRIES P. O. BOX 44163 INDIANAPOLIS, IN 46244	310899034	501(C)(3)	12,500.				JUVENILE DETENTION
FAIRBANKS HOSPITAL, INC. 8102 CLEARVISTA PKWY.	350811197	501(C)(3)	25,430.				RECOVERY CENTER
FAMILY SERVICE OF CENTRAL INDIANA, INC. 615 N. ALABAMA ST. SUITE 320	350877572	501(C)(3)	98,160.				PROGRAMS SUPPORT
FAY BICCARD GLICK NEIGHBORHOOD CENTER 2990 W. 71ST ST. INDIANAPOLIS, IN 46268	351738809	501(C)(3)	7,000.				SUMMER CAMP 2008
FESTIVAL MUSIC SOCIETY OF INDIANA 6471 CENTRAL AVE. INDIANAPOLIS, IN 46220	356068649	501(C)(3)	52,000.				2008 DISTRIBUTION
FIDELITY INVESTMENTS CHARITABLE GIFT FUND P. O. BOX 770001 CINCINNATI, IN 45277	110303001	501(C)(3)	25,150.				MATH PROJECT
FINE ARTS SOCIETY OF INDIANAPOLIS P. O. BOX 1706 INDIANAPOLIS, IN 46206	237002448	501(C)(3)	6,810.				ARTS EDUCATION
FIRST-MERIDIAN HEIGHTS PRESBYTERIAN CHURCH 4701 N. CENTRAL AVE. INDIANAPOLIS, IN 46205	350965666	501(C)(3)	17,000.				SUMMER PROGRAMS
FISHERS ARTS COUNCIL ONE MUNICIPAL DR. FISHERS, IN 46038	841700996	501(C)(3)	25,000.				FISHERS SILO PROJECT
FLANNER HOUSE 2424 DR. MARTIN LUTHER KING JR	350942628	501(C)(3)	43,000.				SUMMER & SENIOR
FOREST MANOR MULTI-SERVICE CENTER 5603 E. 38TH ST. INDIANAPOLIS, IN 46218	351420208	501(C)(3)	114,290.				PROGRAMS SUPPORT

**2** Enter total number of Section 501(c)(3) and government organizations . . . . . ▶ \_\_\_\_\_

**3** Enter total number of other organizations . . . . . ▶ \_\_\_\_\_

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I-1 (Form 990) 2008**

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public  
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Department of the Treasury  
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FRANKLIN TOWNSHIP EDUCATION FOUNDATION 6141 S. FRANKLIN RD. INDIANAPOLIS, IN 46259	352000204	501(C)(3)	42,669.				2008 DISTRIBUTION
FRIENDS OF GARFIELD PARK, INC. P.O. BOX 33002 INDIANAPOLIS, IN 46203	352066980	501(C)(3)	48,274.				2008 DISTRIBUTION
FRIENDS OF HOLLIDAY PARK, INC. 6363 SPRING MILL RD. INDIANAPOLIS, IN 46260	351816648	501(C)(3)	200,054.				2008 DISTRIBUTION
GENE B. GLICK FAMILY HOUSING FOUNDATION P.O. BOX 40177 INDIANAPOLIS, IN 46240	201698926	501(C)(3)	3,316,000.				LOW INCOME HOUSING
GENNESARET FREE CLINIC 615 N. ALABAMA ST. GROUND FLOOR, STE. B	351776518	501(C)(3)	80,130.				DENTAL AND WELLNESS
GIRL SCOUTS OF CENTRAL INDIANA, INC. 1800 N. MERIDIAN ST. SUITE 300	351014954	501(C)(3)	26,101.				PROGRAMS SUPPORT
GIRLS INCORPORATED OF INDIANAPOLIS 3959 N. CENTRAL AVE. INDIANAPOLIS, IN 46205	351337205	501(C)(3)	69,332.				PROGRAMS SUPPORT
GIRLS INCORPORATED OF SHELBYVILLE/SHELBY CO 904 S MILLER ST. SHELBYVILLE, IN 46176	351277849	501(C)(3)	22,000.				OP SUPPORT
GLEANERS FOOD BANK OF INDIANA, INC. 1102 E. 16TH ST. INDIANAPOLIS, IN 46202	351483868	501(C)(3)	111,500.				PROGRAMS SUPPORT
GOODWILL INDUSTRIES OF CENTRAL INDIANA, INC 1635 W. MICHIGAN ST. INDIANAPOLIS, IN 46222	350893506	501(C)(3)	9,780.				PROGRAMS SUPPORT
GREATER CITIZENS COALITION OF MARTINDALE 2855 N. KEYSTONE AVE. SUITE 120	352164658	501(C)(3)	9,600.				PROGRAMS SUPPORT
GREATER INDIANAPOLIS PROGRESS COMMITTEE 200 E. WASHINGTON ST. SUITE 2501	351109966	501(C)(3)	38,640.				CULTURAL AFFAIRS
HABITAT FOR HUMANITY INTERNATIONAL 121 HABITAT ST. AMERICUS, GA 31709	911914868	501(C)(3)	30,644.				GENERAL OP SUPPORT
HABITAT FOR HUMANITY OF GREATER INDPLS C/O PARK TUDOR SCHOOL 7200 N. COLLEGE AVE.	351715910	501(C)(3)	75,700.				CHARITABLE CONTRIB
HABITAT FOR HUMANITY OF MONTGOMERY COUNTY P.O. BOX 208 CRAWFORDSVILLE, IN 47933	911914868	501(C)(3)	30,644.				GENERAL OP SUPPORT

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HAMDARD CENTER FOR HEALTH & HUMAN SERVICES 228 E. LAKE ST. SUITE 300 ADDISON, IL 60101	363917885	501(C)(3)	100,000.				DOMESTIC VIOLENCE
HAPPY HOLLOW CHILDREN'S CAME, INC. 615 N. ALABAMA ST. SUITE 228	350942648	501(C)(3)	19,500.				CITY CAMP 2008
HARMONY EDUCATION CENTER 909 E. 2ND ST. P.O. BOX 1787	351554219	501(C)(3)	11,350.				HARMONY-CORPS
HARRISON CENTER FOR THE ARTS, INC. 1505 NORTH DELAWARE INDIANAPOLIS, IN 46202	010798626	501(C)(3)	19,100.				PROGRAMS SUPPORT
HARVEST MISSIONARY BAPTIST CHURCH 1914 S. STATE RD. 267 AVON, IN 46123	351984626	501(C)(3)	8,330.				CHARITABLE CONTRIB
HAWTHORNE COMMUNITY CENTER 2440 W. OHIO ST. INDIANAPOLIS, IN 46222	350874274	501(C)(3)	44,850.				PROGRAMS SUPPORT
HEALTH AND HOSPITAL CORP OF MARION COUNTY 3838 N. RURAL ST. INDIANAPOLIS, IN 46205	351793680	501(C)(3)	10,000.				FUTURE PROMISES
HEALTHNET, INC. 3401 E. RAYMOND ST. INDIANAPOLIS, IN 46203	351579827	501(C)(3)	20,430.				HOMELESS INITIATIVE
HEARTLAND TRULY MOVING PICTURES 200 S. MERIDIAN ST. SUITE 220	351832797	501(C)(3)	1,000,000.				HEARTLAND FILM FEST
HERITAGE PLACE OF INDIANAPOLIS, INC. 4550 N. ILLINOIS ST. INDIANAPOLIS, IN 46208	351436580	501(C)(3)	60,000.				OP AND BUILDING
HILLFOREST HISTORICAL FOUNDATION 213 FIFTH ST. P.O. BOX 127 AURORA, IN 47001	351078976	501(C)(3)	17,500.				HARRIS CABIN
HISTORIC LANDMARKS FOUNDATION OF INDIANA 340 W. MICHIGAN ST. INDIANAPOLIS, IN 46202	351162873	501(C)(3)	198,087.				PROGRAMS SUPPORT
HOOSIER VETERANS ASSISTANCE FOUNDATION, INC 3602 E. MICHIGAN ST. P.O. BOX 441761, SUITE	351890547	501(C)(3)	28,375.				OP SUPPORT
HORIZON HOUSE 1033 E. WASHINGTON ST.	351759503	501(C)(3)	71,400.				CHARITABLE CONTRIB
HORIZONS URBAN STUDENT ENRICHMENT PROGRAM 33 E. 33RD. ST. INDIANAPOLIS, IN 46208	611503962	501(C)(3)	10,000.				SUMMER CAMP

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HUNTINGTON ALERT, INC. P. O. BOX 94 HUNTINGTON, IN 46750	311020212	501(C)(3)	25,000.				SUNKEN GARDENS
IMMANUEL UNITED CHURCH OF CHRIST 1035 S. NEW JERSEY INDIANAPOLIS, IN 46225	131957221	501(C)(3)	13,620.				TRUSTED PARTNERS
IMMIGRANT WELCOME CENTER 2236 E. 10TH ST. INDIANAPOLIS, IN 46201	203222424	501(C)(3)	30,000.				NATURAL HELPERS
INDIANA ARTS COMMISSION 150 W. MARKET ST. SUITE 618	351793680	501(C)(3)	8,147.				2008 DISTRIBUTION
INDIANA BRANCH INTERNATIONAL DYSLEXIA ASSN 2511 E. 46TH ST. SUITE 02	237221760	501(C)(3)	30,000.				ORTON GILLINGHAM
INDIANA CENTER FOR MULTIPLE SCLEROSIS FDN 8424 NAAB RD. SUITE #1A	352028362	501(C)(3)	154,365.				OP EXPENSES
INDIANA CHILDREN'S WISH FUND 6435 CASTLEWAY W. DR. SUITE 130	351610742	501(C)(3)	7,300.				PROGRAMS SUPPORT
INDIANA GRANTMAKERS ALLIANCE 32 EAST WASHINGTON ST. 1100 SYMPHONY CENTRE	351835134	501(C)(3)	5,675.				MEMBERSHIP DUES
INDIANA LATINO INSTITUTE 445 N. PENNSYLVANIA ST. SUITE 800	260036285	501(C)(3)	43,028.				EDUCATIONAL SUPPORT
INDIANA REPERTORY THEATRE, INC. 140 W. WASHINGTON ST.	351186290	501(C)(3)	370,009.				ARTS EDUCATION
INDIANA SPORTS CORPORATION 201 S. CAPITOL AVE. SUITE 1200	310975117	501(C)(3)	7,196.				PROGRAMS SUPPORT
INDIANA STATE MUSEUM FOUNDATION, INC. 650 W. WASHINGTON ST.	356202818	501(C)(3)	10,000.				MIDWEST EXHIBIT
INDIANA UNIVERSITY RESEARCH ADMINISTRATION 620 UNION DR. RM 51	356001673	501(C)(3)	70,000.				COLLEGE READINESS
INDIANA UNIVERSITY FOUNDATION 950 N. MERIDIAN ST. SUITE 250	356018940	501(C)(3)	269,260.				PROGRAMS SUPPORT
INDIANA WOMEN IN NEED FOUNDATION P. O. BOX 30648 INDIANAPOLIS, IN 46220	912057735	501(C)(3)	10,000.				NON-MEDICAL SERVICES

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INDIANA YOUTH INSTITUTE 603 E. WASHINGTON ST. SUITE 800	311251680	501(C)(3)	25,000.				SUPPORT FOR WEBSITES
INDIANAPOLIS ALGEBRA PROJECT, INC. 2804 QUESTEND S. DR. INDIANAPOLIS, IN 46222	352073414	501(C)(3)	20,000.				INDIANAPOLIS ALGEBRA
INDIANAPOLIS ART CENTER 820 E. 67TH ST. INDIANAPOLIS, IN 46220	351088735	501(C)(3)	139,220.				PROGRAMS SUPPORT
INDIANAPOLIS CHAMBER ORCHESTRA 4603 CLARENDON RD. SUITE 36	311132072	501(C)(3)	117,678.				PROGRAMS SUPPORT
INDIANAPOLIS CHILDREN'S CHOIR 4600 SUNSET AVE. INDIANAPOLIS, IN 46208	351690755	501(C)(3)	31,810.				ARTS EDUCATION
INDIANAPOLIS CIVIC THEATRE, INC. 3200 COLD SPRING RD. INDIANAPOLIS, IN 46222	350230360	501(C)(3)	18,500.				GENERAL OP SUPPORT
INDIANAPOLIS DOWNTOWN, INC. 111 MONUMENT CIR. SUITE 1900	351877771	501(C)(3)	12,204.				LANDSCAPE MAINT
INDIANAPOLIS HOUSING AGENCY 1919 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	351793680	501(C)(3)	10,000.				PRIDE PROGRAM
INDIANAPOLIS INSTITUTE FOR FAMILIES, INC. 618 N. HIGH SCHOOL RD.	300039649	501(C)(3)	18,160.				GENERAL OP SUPPORT
INDIANAPOLIS LEGAL AID SOCIETY, INC. 615 N. ALABAMA ST. SUITE 122	351045153	501(C)(3)	13,850.				DEVELOPMENT AUDIT
INDIANAPOLIS MEDICAL SOCIETY FOUNDATION 631 E. NEW YORK ST. INDIANAPOLIS, IN 46202	351810091	501(C)(3)	18,160.				PROJECT HEALTH OP
INDIANAPOLIS MUSEUM OF ART 4000 N. MICHIGAN RD. INDIANAPOLIS, IN 46208	350867955	501(C)(3)	136,179.				PROGRAMS SUPPORT
INDIANAPOLIS NEIGHBORHOOD RESOURCE CENTER 1802 N. ILLINOIS ST. INDIANAPOLIS, IN 46202	351909230	501(C)(3)	22,700.				ANNUAL INTERMEDIARY
INDIANAPOLIS OPERA 250 E. 38TH ST. INDIANAPOLIS, IN 46205	351405179	501(C)(3)	14,229.				PROGRAMS SUPPORT
INDIANAPOLIS PARKS FOUNDATION 615 N. ALABAMA ST. SUITE 119	351860468	501(C)(3)	77,375.				PROGRAMS SUPPORT

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INDIANAPOLIS PEACE AND JUSTICE CENTER 237 N. EAST ST. INDIANAPOLIS, IN 46204	351585014	501(C)(3)	15,000.				EARTH HOUSE CAFE
INDIANAPOLIS PRIVATE INDUSTRY COUNCIL 151 N. DELAWARE ST. SUITE 1600	351569069	501(C)(3)	45,000.				PRE-EMPLOYMENT
INDIANAPOLIS SCHOOL OF BALLET 502 N. CAPITOL AVE. SUITE B	342066059	501(C)(3)	20,000.				CHARITABLE CONTRIB
INDIANAPOLIS SENIOR CENTER, INC. 708 E. MICHIGAN ST. INDIANAPOLIS, IN 46202	351071436	501(C)(3)	25,000.				WHEELCHAIR TRANSPORT
INDIANAPOLIS SYMPHONY ORCHESTRA 32 E. WASHINGTON ST. SUITE 600	350998627	501(C)(3)	55,126.				PROGRAMS SUPPORT
INDIANAPOLIS THEATRE FRINGE FESTIVAL, INC. P. O. BOX 44121 INDIANAPOLIS, IN 46244	202005004	501(C)(3)	16,350.				2008 FRINGE FESTIVAL
INDIANAPOLIS URBAN LEAGUE, INC. 777 INDIANA AVE. INDIANAPOLIS, IN 46202	356060655	501(C)(3)	22,700.				GENERAL OP SUPPORT
INDIANAPOLIS ZOOLOGICAL SOCIETY, INC. 1200 W. WASHINGTON ST. P. O. BOX 22309	351074747	501(C)(3)	7,279.				CHARITABLE CONTRIB
INDIANAPOLIS-MARION CO PUBLIC LIBRARY FDN P. O. BOX 6134 INDIANAPOLIS, IN 46206	237016089	501(C)(3)	1,110,385.				PROGRAMS SUPPORT
INDY READS LIBRARY SERVICES CENTER 2450 N. MERIDIAN ST	311227489	501(C)(3)	47,620.				PROGRAMS SUPPORT
INDYFERAL, INC. P. O. BOX 30054 INDIANAPOLIS, IN 46230	371459375	501(C)(3)	8,500.				PROGRAMS SUPPORT
INSTITUTE FOR PSYCHOANALYSIS 122 S. MICHIGAN AVE. SUITE 1300	361263210	501(C)(3)	50,000.				GENERAL OP SUPPORT
IPS EDUCATION FOUNDATION ROOM 114 - E 120 E. WALNUT ST.	311103966	501(C)(3)	18,646.				2008 DISTRIBUTION
IRVINGTON PRESBYTERIAN CHURCH 55 JOHNSON AVE. INDIANAPOLIS, IN 46219	236393377	501(C)(3)	32,915.				2008 DISTRIBUTION
IU CENTER ON PHILANTHROPY 550 W. NORTH ST. SUITE 301	356001673	501(C)(3)	127,802.				2008 DISTRIBUTION

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IUPUI UNIVERSITY LIBRARY 755 W. MICHIGAN ST. ROOM UL 1112C	356001673	501(C)(3)	68,879.				PROGRAMS SUPPORT
IVY TECH COMMUNITY COLLEGE 50 W. FALL CREEK PARKWAY NORTH DR.	351793680	501(C)(3)	1,000,000.				CULINARY ARTS
JAMESON, INC. 2001 S. BRIDGEPORT RD. P.O. BOX 31156	351156756	501(C)(3)	30,660.				SUMMER PROGRAMS
JEWISH FEDERATION OF GREATER INDIANAPOLIS 6705 HOOVER RD. INDIANAPOLIS, IN 46260	350888017	501(C)(3)	150,000.				2008 ANNUAL CAMPAIGN
JOBS PARTNERSHIP OF GREATER INDIANAPOLIS 3549 BOULEVARD PL. INDIANAPOLIS, IN 46208	043696543	501(C)(3)	40,000.				JOBS FOR LIFE
JOBWORKS, INC. 201 E. RUDISILL BLVD. FORT WAYNE, IN 46806	351666738	501(C)(3)	50,000.				LOW INCOME STUDENTS
JOHN H. BONER COMMUNITY CENTER 2236 E. 10TH ST. INDIANAPOLIS, IN 46201	237204495	501(C)(3)	60,170.				PROGRAMS SUPPORT
JOHN P. CRAINE HOUSE, INC. 3535 N. PENNSYLVANIA ST.	351021203	501(C)(3)	34,700.				PROGRAMS SUPPORT
JOURNEYSFIRE INTERNATIONAL 1508 E. 86TH ST. SUITE 231	223947401	501(C)(3)	47,500.				PROGRAMS SUPPORT
JOY'S HOUSE 2028 E. BROAD RIPPLE AVE.	352083290	501(C)(3)	169,100.				PROGRAMS SUPPORT
JUNIOR ACHIEVEMENT OF CENTRAL INDIANA, INC. 7435 N. KEYSTONE AVE.	351003695	501(C)(3)	2,001,000.				CAPITAL CAMPAIGN
KEEP INDIANAPOLIS BEAUTIFUL, INC. 445 N. PENNSYLVANIA ST. SUITE 910	311005792	501(C)(3)	117,000.				CAPITAL CAMPAIGN
KIDS GOLF FOUNDATION OF ILLINOIS P.O. BOX 610 SUGAR GROVE, IL 60554	364226416	501(C)(3)	10,000.				THINKING OUTSIDE
KING PARK AREA DEVELOPMENT CORPORATION 2430 N. DELAWARE ST. INDIANAPOLIS, IN 46205	351704590	501(C)(3)	18,160.				COMM LIFE COORD
KOREAN AMERICAN COMMUNITY SERVICES 4300 N. CALIFORNIA AVE. CHICAGO, IL 60618	362746468	501(C)(3)	10,000.				LEGAL CLINIC

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Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATION INC

35-1793680

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA PLAZA, INC. 8902 E. 38TH ST. INDIANAPOLIS, IN 46226	300029575	501(C)(3)	75,700.				PROGRAMS SUPPORT
LACY LEADERSHIP ASSOCIATION 615 N. ALABAMA ST. SUITE 119	352054817	501(C)(3)	45,400.				OP SUPPORT
LAKE HARRIET UNITED METHODIST CHURCH 4140 W. 44TH EDINA, MN 55424	311813333	501(C)(3)	10,300.				THEATER MINISTRY
LAWRENCE TOWNSHIP FOUNDATION 5626 LAWTON LOOP E. DR.	351573468	501(C)(3)	54,820.				2008 DISTRIBUTION
LEADERSHIP VENTURES 303 N. ALABAMA ST. SUITE 230	800083998	501(C)(3)	39,392.				PROGRAMS SUPPORT
LEGACY HOUSE, INC. 2505 N. ARLINGTON INDIANAPOLIS, IN 46218	061683816	501(C)(3)	25,000.				SATELLITE OFFICES
LEW WALLACE STUDY PRESERVATION SOCIETY P. O. BOX 662 200 WALLACE AVE.	352015109	501(C)(3)	12,500.				EXTERIOR RESTORATION
LIFE CENTERS 8902 VINCENNES CIR. SUITE A	311059740	501(C)(3)	30,000.				PROGRAMS SUPPORT
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 N. CLARK ST. CHICAGO, IL 60614	362512404	501(C)(3)	240,000.				FUND CONTRIBUTION
LITTLE RED DOOR CANCER AGENCY 1801 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	350914096	501(C)(3)	44,416.				PROGRAMS SUPPORT
LITTLE SISTERS OF THE POOR OF INDIANAPOLIS ST. AUGUSTINE HOME 2345 W. 86TH ST.	351007734	501(C)(3)	100,000.				ST. AUGUSTINE'S HOME
LOCAL INITIATIVES SUPPORT CORPORATION 333 N. PENNSYLVANIA ST. SUITE 600	133030229	501(C)(3)	10,833.				ECONOMIC SUCCESS
LOST CREEK GROVE FOUNDATION 7018 E. FORT HARRISON AVE.	320130405	501(C)(3)	8,000.				LAWN CARE
LUTHERAN CHILD & FAMILY SERVICES OF IN/KY 1525 N. RITTER AVE. INDIANAPOLIS, IN 46219	350868123	501(C)(3)	1,000,000.				LUTHERWOOD EXPANSION
MAKE-A-WISH FOUNDATION OF INDIANA, INC. 7330 WOODLAND DR. # 201	351577955	501(C)(3)	6,000.				CHARITABLE CONTRIB

**2** Enter total number of Section 501(c)(3) and government organizations . . . . . ▶ \_\_\_\_\_

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Schedule I-1 (Form 990) 2008

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization  CENTRAL INDIANA COMMUNITY FOUNDATION INC	Employer identification number  35-1793680
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**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MARIAN COLLEGE 3200 COLD SPRING RD. INDIANAPOLIS, IN 46222	350868175	501(C)(3)	563,000.				PROGRAMS SUPPORT
MARION COUNTY COMMISSION ON YOUTH 3901 N. MERIDIAN ST. SUITE 201	351900516	501(C)(3)	46,780.				GENERAL OP SUPPORT
MARTINDALE BRIGHTWOOD CDC 2855 N. KEYSTONE AVE. SUITE 130	351870982	501(C)(3)	10,000.				WEED & SEED PROGRAM
MARWEN FOUNDATION, INC. 833 N. ORLEANS CHICAGO, IL 60610	363523622	501(C)(3)	30,000.				GENERAL OP SUPPORT
MARY RIGG NEIGHBORHOOD CENTER 1920 W. MORRIS ST. INDIANAPOLIS, IN 46221	350868954	501(C)(3)	61,000.				SUMMER & SENIOR
MEALS ON WHEELS OF HANCOCK COUNTY 280 N. APPLE ST. GREENFIELD, IN 46140	352117913	501(C)(3)	18,000.				SUBSIDY ASSISTANCE
MEALS ON WHEELS, INC. 1099 N. MERIDIAN ST. SUITE 650	351182075	501(C)(3)	11,000.				CHARITABLE CONTRIB
MENTAL HEALTH AMERICA OF GREATER INDPLS 2506 WILLOWBROOK PKWY. SUITE 100	350928128	501(C)(3)	12,816.				PROGRAMS SUPPORT
MERCY & SHARING 201 N. MILL ST. SUITE 201 ASPEN, CO 81611	841323007	501(C)(3)	25,000.				WILLIAMSON PROJECT
MISSION TO UNREACHED PEOPLES P.O. BOX 30947 SEATTLE, WA 98113	911171837	501(C)(3)	7,000.				EDUCATION FUNDS
MONTGOMERY COUNTY HISTORICAL SOCIETY 212 S. WATER ST. CRAWFORDSVILLE, IN 47933	351579739	501(C)(3)	61,288.				GENERAL OP SUPPORT
MSD OF DECATUR TOWNSHIP 5275 KENTUCKY AVE. INDIANAPOLIS, IN 46221	351097820	501(C)(3)	7,200.				2008 DISTRIBUTION
MSD OF PERRY TOWNSHIP 6548 ORINOCO AVE. INDIANAPOLIS, IN 46227	356006777	501(C)(3)	16,000.				SUMMER DAY CAMP
MSD OF WARREN TOWNSHIP OFFICE OF MINORITY LANGUAGES 9651 E. 21ST S	356006000	501(C)(3)	20,000.				MINORITY LANGUAGES
MSD OF WASHINGTON TOWNSHIP 8550 WOODFIELD CROSSING BLVD.	356005690	501(C)(3)	7,000.				SUMMER IN THE CITY

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**SCHEDULE I-1  
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**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

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MUSEUM OF CONTEMPORARY ART 220 E. CHICAGO AVE. CHICAGO, IL 60611	366154098	501(C)(3)	100,000.				EDUCATION PROGRAM
NATIONAL MUSEUM OF MEXICAN ART 1852 W. 19TH ST. CHICAGO, IL 60608	363225519	501(C)(3)	10,000.				GENERAL OP SUPPORT
NATIONAL SOCIETY OF HISPANIC MBAS P.O. BOX 1501 INDIANAPOLIS, IN 46206	954196238	501(C)(3)	10,000.				STEPPING STONE
NEIGHBORHOOD CHRISTIAN LEGAL CLINIC 2301 N. PARK AVE. INDIANAPOLIS, IN 46205	351916572	501(C)(3)	10,488.				PROGRAMS SUPPORT
NEW HORIZONS BAND OF INDIANA, INC. 5282 EAST 65TH ST. P.O. BOX 20408	351988675	501(C)(3)	10,000.				GENERAL OP SUPPORT
NEW LIGHT CHRISTIAN CHURCH 2902 COLD SPRING RD. INDIANAPOLIS, IN 46222	421551946	501(C)(3)	15,620.				SUMMER PROGRAMS
NOBLE OF INDIANA 7701 E. 21ST ST. INDIANAPOLIS, IN 46219	350924720	501(C)(3)	46,000.				PROGRAMS SUPPORT
NOEXIT P.O. BOX 30291 INDIANAPOLIS, IN 46230	202420496	501(C)(3)	5,681.				GENERAL OP SUPPORT
NPOWER INDIANA 724 BROAD RIPPLE AVE.	300124443	501(C)(3)	22,700.				2008 OP SUPPORT
OASIS CHRISTIAN COMMUNITY DEVELOPMENT CORP 1701 E. 25TH ST. INDIANAPOLIS, IN 46218	352106041	501(C)(3)	12,000.				SUMMER AT THE OASIS
OASIS OF HOPE BAPTIST CHURCH 1701 E. 25TH ST. INDIANAPOLIS, IN 46218	135563018	501(C)(3)	8,000.				PROGRAMS SUPPORT
OHIO COUNTY HISTORICAL SOCIETY 212 S. WALNUT RISING SUN, IN 47040	237078487	501(C)(3)	7,500.				CLORE-WHITLOCK
OHIO STATE UNIVERSITY FOUNDATION COLLEGE OF THE ARTS 1501 NEIL AVE., SUITE 0	311145986	501(C)(3)	10,000.				SUPPORT OF IDEA LAB
OLD CENTRUM FOUNDATION, INC. 1201 N. CENTRAL AVE. INDIANAPOLIS, IN 46202	352069045	501(C)(3)	6,810.				TRANSITIONAL SUPPORT
OLD NORTHSIDE FOUNDATION, INC. 1451 N. DELAWARE #1 INDIANAPOLIS, IN 46202	351804206	501(C)(3)	7,200.				2008 DISTRIBUTION

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ORCHARD PARK PRESBYTERIAN CHURCH 1605 E. 106TH ST. INDIANAPOLIS, IN 46280	236393377	501(C)(3)	12,000.				CHARITABLE CONTRIB
OUTREACH INC. 3102 E. 10TH ST. INDIANAPOLIS, IN 46201	351989358	501(C)(3)	16,000.				PROGRAMS SUPPORT
OWEN COUNTY PRESERVATIONS TIVOLI THEATER PROJECT 1404 PINE LAKE RD.	351808543	501(C)(3)	15,000.				THEATER RESTORATION
PACE/OAR, INC. 2855 N. KEYSTONE AVE. SUITE 140	351062235	501(C)(3)	15,833.				MAKING CONNECTIONS
PARK TUDOR SCHOOL 7200 N. COLLEGE AVE. INDIANAPOLIS, IN 46240	350909976	501(C)(3)	251,500.				CHARITABLE CONTRIB
PATHWAY TO RECOVERY, INC. 2135 N. ALABAMA ST. INDIANAPOLIS, IN 46202	351820889	501(C)(3)	47,890.				PATHWAY I OP SUPPORT
PATRICK HENRY COLLEGE ONE PATRICK HENRY CIR.	541919810	501(C)(3)	50,000.				MUSIC PROGRAM
PEACE LEARNING CENTER 6040 DELONG RD. INDIANAPOLIS, IN 46254	352067284	501(C)(3)	92,000.				PROGRAMS SUPPORT
PERRY TOWNSHIP EDUCATION FOUNDATION 6548 ORINOCO AVE. INDIANAPOLIS, IN 46227	351923843	501(C)(3)	73,653.				2008 DISTRIBUTION
PHOENIX THEATRE, INC. 749 N. PARK AVE. INDIANAPOLIS, IN 46202	311069575	501(C)(3)	18,660.				CHARITABLE CONTRIB
PIKE TOWNSHIP EDUCATIONAL FOUNDATION 6321 LA PAS TR. INDIANAPOLIS, IN 46268	351836390	501(C)(3)	31,300.				2008 DISTRIBUTION
PLANNED PARENTHOOD FEDERATION OF AMERICA 434 W. 33RD ST. NEW YORK, NY 10001	131644147	501(C)(3)	30,644.				YEAR-END MATCH GRANT
PLANNED PARENTHOOD OF INDIANA, INC. 200 S. MERIDIAN ST. P. O. BOX 397	350874276	501(C)(3)	58,939.				PROGRAMS SUPPORT
PREVAIL, INC. 1100 S. 9TH ST. SUITE 100	351681864	501(C)(3)	35,000.				PROGRAMS SUPPORT
PREVENT BLINDNESS INDIANA 70 E. 91ST ST. SUITE 204	356040676	501(C)(3)	133,034.				PROGRAMS SUPPORT

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PRIMELIFE ENRICHMENT, INC. 1078 THIRD AVE. SW CARMEL, IN 46032	351411017	501(C)(3)	40,000.				COMMUNITY OUTREACH
PROJECT FOR PUBLIC SPACES 700 BROADWAY, 4TH FLOOR NEW YORK, NY 10003	132808114	501(C)(3)	6,000.				REPORTS ON INDPLS
PROJECT HOME INDY, CO. PO BOX 683 INDIANAPOLIS, IN 46208	205045345	501(C)(3)	25,000.				EXECUTIVE DIRECTOR
PROJECT SEED, INC. 8401 WESTFIELD BLVD. ROOM D102	381949371	501(C)(3)	11,000.				SUMMER YOUTH PROGRAM
RAINTREE COUNTY OPERA HOUSE GUILD GUYER OPERA HOUSE P.O. BOX 117	310896403	501(C)(3)	10,000.				FACADE/WINDOW REHAB
RAPHAEL HEALTH CENTER 401 E. 34TH ST. INDIANAPOLIS, IN 46205	351948768	501(C)(3)	89,160.				HEALTH CARE SERVICES
REBUILDING THE WALL INC. 2322 N. GUILDFORD AVE.	352140372	501(C)(3)	13,000.				CHARITABLE CONTRIB
RICHMOND ART MUSEUM 350 HUB ETCHISON PKWY RICHMOND, IN 47374	356005040	501(C)(3)	12,500.				ART EXHIBITION
RILEY CHILDREN'S FOUNDATION 30 S. MERIDIAN ST. SUITE 200	350868147	501(C)(3)	1,019,500.				PROGRAMS SUPPORT
ROTARY FOUNDATION OF INDIANAPOLIS 401 E. MICHIGAN INDIANAPOLIS, IN 46204	356043931	501(C)(3)	225,000.				2008 DISTRIBUTION
RUSH COUNTY COMMUNITY FOUNDATION 117 N. MAIN ST. RUSHVILLE, IN 46173	351835950	501(C)(3)	6,100.				A. M. E. CHURCH REPAIR
SAGAMORE INSTITUTE FOR POLICY RESEARCH 1630 N. MERIDIAN ST. SUITE 450	201161578	501(C)(3)	18,160.				IMMIGRANT RESEARCH
SAINT FLORIAN CENTER, INC. 4600 SUNSET AVE. P.O. BOX 2896	351971700	501(C)(3)	25,500.				SUMMER PROGRAMS
SAVE THE YOUTH, INC. 9664 GULL LAKE DR. INDIANAPOLIS, IN 46239	352066313	501(C)(3)	7,500.				LEADERSHIP CAMP
SCHOOL ON WHEELS 5420 N. COLLEGE AVE. STE. 101	352151003	501(C)(3)	20,500.				CHARITABLE CONTRIB

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SECOND HELPINGS, INC. 1121 SOUTHEASTERN AVE.	351484281	501(C)(3)	65,200.				PROGRAMS SUPPORT
SECOND PRESBYTERIAN CHURCH 7700 N. MERIDIAN ST. INDIANAPOLIS, IN 46260	350868030	501(C)(3)	5,100.				OP & BUILDING FUNDS
SECOND REFORMED PRESBYTERIAN CHURCH 4800 N. MICHIGAN RD. INDIANAPOLIS, IN 46228	237016764	501(C)(3)	9,000.				MESSIAH THE PRINCE
SEEDS OF HOPE, INC. 1425 S. MICKLEY AVE. INDIANAPOLIS, IN 46241	352086855	501(C)(3)	6,700.				PROGRAM OP SUPPORT
SERVANT'S HEART OF INDY, INC. P. O. BOX 805 BEECH GROVE, IN 46107	200123553	501(C)(3)	13,500.				FOOD AND PANTRY ITEM
SHADOWAPE THEATRE COMPANY P. O. BOX 1192 INDIANAPOLIS, IN 46206	352111401	501(C)(3)	13,000.				PROGRAMS SUPPORT
SHELBY SENIOR SERVICES 120 WEST WASHINGTON ST.	351447684	501(C)(3)	6,000.				HEALTH AND WELLNESS
SHELTERING WINGS CENTER FOR WOMEN P. O. BOX 92 DANVILLE,, IN 46122	352077713	501(C)(3)	20,000.				LIFE SKILLS CLASSES
SHEPHERD COMMUNITY INC. 4107 E. WASHINGTON ST.	351765846	501(C)(3)	156,014.				PROGRAMS SUPPORT
SOCIEDAD AMIGOS DE COLUMBIA - SADCO 10275 SEAGRAVE DR. FISHERS, IN 46037	351624409	501(C)(3)	31,678.				HISPANIC STUDENTS ED
SOUTHEAST COMMUNITY SERVICES 901 S. SHELBY ST. INDIANAPOLIS, IN 46203	351318068	501(C)(3)	45,848.				PROGRAMS SUPPORT
SOUTHEAST NEIGHBORHOOD DEVELOPMENT, INC. 1030 ORANGE ST. INDIANAPOLIS, IN 46203	351557200	501(C)(3)	31,467.				PROGRAMS SUPPORT
SPAY-NEUTER SERVICES OF INDIANA P. O. BOX 55917 INDIANAPOLIS, IN 46205	310922223	501(C)(3)	35,000.				PROGRAMS SUPPORT
ST. PAUL'S EPISCOPAL CHURCH 6050 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	311629166	501(C)(3)	100,000.				INNOVATION CAMPAIGN
ST. LUKE'S EPISCOPAL CHURCH 228 SPRING ST. HOT SPRINGS, AR 71901	311629166	501(C)(3)	20,000.				CHARITABLE CONTRIB

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ST. LUKE'S UNITED METHODIST CHURCH 100 W. 86TH ST. INDIANAPOLIS, IN 46260	350985951	501(C)(3)	24,500.				CHARITABLE CONTRIB
ST. MARY'S CHILD CENTER 901 DR. MARTIN LUTHER KING JR.	530196617	501(C)(3)	42,000.				PROGRAMS SUPPORT
ST. THOMAS AQUINAS CATHOLIC CHURCH 4600 N. KENWOOD INDIANAPOLIS, IN 46208	530196617	501(C)(3)	10,000.				BELLE RIVIERE
ST. VINCENT DE PAUL SOCIETY P.O. BOX 19133 INDIANAPOLIS, IN 46219	530196617	501(C)(3)	38,160.				PROGRAMS SUPPORT
STARFISH INITIATIVE 814 N. DELAWARE ST. INDIANAPOLIS, IN 46204	562442758	501(C)(3)	221,000.				PROGRAMS SUPPORT
STEP-UP, INC. 8580 CEDAR PL. DR. SUITE 117	352145743	501(C)(3)	17,500.				WOMEN TAKING CHARGE
STRIDES TO SUCCESS 1350 TERRY DR. PLAINFIELD, IN 46168	201123998	501(C)(3)	10,000.				PINK PONIES PROGRAM
SUNRISE CHILDREN'S SERVICES 300 HOPE ST. P.O. BOX 1429	610597273	501(C)(3)	9,000.				CHARITABLE CONTRIB
SYCAMORE FOUNDATION 9100 KEYSTONE CROSSING SUITE 750	351859255	501(C)(3)	7,270.				INDIANA ACHIEVEMENT
TABERNACLE PRESBYTERIAN CHURCH 418 E. 34TH ST. INDIANAPOLIS, IN 46205	236393377	501(C)(3)	17,000.				CHARITABLE CONTRIB
TECHPOINT FOUNDATION 615 N. ALABAMA ST. SUITE 119	352057394	501(C)(3)	24,700.				2009 OP SUPPORT
THE ART INSTITUTE OF CHICAGO 111 S. MICHIGAN AVE. CHICAGO, IL 60603	362167725	501(C)(3)	10,000.				ARTS GALLERY
THE ATHENAEUM FOUNDATION, INC. 401 E. MICHIGAN ST. INDIANAPOLIS, IN 46204	351834667	501(C)(3)	46,120.				PROGRAMS SUPPORT
THE CHILDREN'S MUSEUM GUILD P.O. BOX 3000 INDIANAPOLIS, IN 46206	310931317	501(C)(3)	10,000.				NEW HOUSE CAMPAIGN
THE CHILDREN'S THERAPLAY FOUNDATION INC. 9919 TOWNE RD. CARMEL, IN 46032	352121568	501(C)(3)	13,000.				THERAPLAY'S PROGRAM

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THE CHURCH AT THE CROSSING 9111 HAVERSTICK RD. INDIANAPOLIS, IN 46240	356006410	501(C)(3)	30,396.				CROSSING ENDOWMENT
THE FAMILY DEFENSE CENTER 725 S. WELLS ST. SUITE 702	203096347	501(C)(3)	20,000.				GENERAL OP SUPPORT
THE FIELD MUSEUM 1400 S. LAKE SHORE DR. CHICAGO, IL 60605	362167011	501(C)(3)	25,000.				EDUCATION CLASSES
THE HEALTH FOUNDATION OF GREATER INDPLS 429 E. VERMONT ST. SUITE 300	356203550	501(C)(3)	27,270.				SPOTLIGHT 2008
THE INDIANA PARTNERSHIPS CENTER 921 E. 86TH ST. SUITE 108	352145677	501(C)(3)	25,000.				PARENT LEADERSHIP
THE INDIANAPOLIS FOUNDATION 615 N. ALABAMA ST. ROOM 119	350868115	501(C)(3)	600,000.				CHARITABLE CONTRIB
THE JULIAN CENTER, INC. 2011 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	351346514	501(C)(3)	85,208.				PROGRAMS SUPPORT
THE KING' S COLLEGE 350 FIFTH AVE. SUITE 1500	131810448	501(C)(3)	20,000.				JOURNALISM PROGRAM
THE MIND TRUST 407 N. FULTON ST. SUITE 102	204560286	501(C)(3)	25,000.				ED ENTREPRENEUR
THE NATURE CONSERVANCY 1505 N. DELAWARE ST. SUITE 200	530242652	501(C)(3)	1,123,198.				PROGRAMS SUPPORT
THE OAKS ACADEMY 2301 N. PARK AVE. INDIANAPOLIS, IN 46205	352050595	501(C)(3)	10,000.				CHARITABLE CONTRIB
THE ORCHARD SCHOOL 615 W. 64TH ST. INDIANAPOLIS, IN 46260	350909975	501(C)(3)	28,500.				PROGRAMS SUPPORT
THE SALVATION ARMY 3100 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	350868167	501(C)(3)	26,160.				CHARITABLE CONTRIB
THE VILLAGES OF INDIANA, INC. 652 N. GIRLS SCHOOL RD. SUITE 240	351708240	501(C)(3)	22,500.				PROGRAMS SUPPORT
THE WILLIAM E. ENGLISH FOUNDATION 615 N. ALABAMA ST. SUITE 119	350929970	501(C)(3)	79,418.				ENGLISH FOUNDATION

**2** Enter total number of Section 501(c)(3) and government organizations . . . . . ▶ \_\_\_\_\_

**3** Enter total number of other organizations . . . . . ▶ \_\_\_\_\_

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990)**

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
THEATRE ON THE SQUARE 627 MASSACHUSETTS AVE.	351747371	501(C)(3)	22,700.				CAPITAL SUPPORT
TRAINING INC. 333 N. PENNSYLVANIA ST. SUITE 900	351682914	501(C)(3)	32,700.				PROGRAMS SUPPORT
TURNING POINT SCHOOL OF LEARNING, INC. 200 EAST YAVAPAI RD. TUCSON, AZ 85705	860701361	501(C)(3)	10,460.				CHARITABLE CONTRIB
TURNING POINT/COLUMBUS REGIONAL SHELTER P. O. BOX 103 COLUMBUS, IN 47202	310993447	501(C)(3)	25,000.				SUPPORT & TRAINING
UNITED WAY OF CENTRAL INDIANA 3901 N. MERIDIAN ST. P. O. BOX 88409	351007590	501(C)(3)	706,306.				PROGRAMS SUPPORT
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN 100 ARCHITECTURE BUILDING, MC-622 608 E. LO	351793680	501(C)(3)	10,000.				I SPACE GALLERY
UNIVERSITY OF ILLINOIS FOUNDATION 1305 W. GREEN ST. URBANA, IL 61801	376006007	501(C)(3)	260,000.				CHICAGO DIABETES
UNIVERSITY OF KENTUCKY ART MUSEUM ROSE ST. & EUCLID AVE. LEXINGTON, KY 40506	616001218	501(C)(3)	10,000.				SCULPTURE GARDEN
UNIV OF MICHIGAN, LIT, SCIENCE & ARTS 500 S. STATE ST., SUITE 5000	386006309	501(C)(3)	20,000.				SCREENWRITING
UNIVERSITY OF NOTRE DAME 1100 GRACE HALL NOTRE DAME, IN 46556	350868188	501(C)(3)	10,000.				MFA & BFA AWARDS
VICTORY MEMORIAL UNITED METHODIST CHURCH 1808 N. DELAWARE INDIANAPOLIS, IN 46202	311813333	501(C)(3)	28,500.				PROGRAMS SUPPORT
VINCENNES-KNOX PRESERVATION FOUNDATION P. O. BOX 173 VINCENNES, IN 47591	351838602	501(C)(3)	10,000.				DALE HOUSE REHAB
VOLUNTEERS OF AMERICA OF INDIANA 927 N. PENNSYLVANIA ST.	131692595	501(C)(3)	18,160.				FURNISHINGS
VSA ARTS OF INDIANA, INC. 1505 N. DELAWARE ST. SUITE 100	351529183	501(C)(3)	7,810.				PROGRAMS SUPPORT
WARREN ARTS & EDUCATION FOUNDATION 975 N. POST RD. INDIANAPOLIS, IN 46219	351572560	501(C)(3)	12,039.				2009 DISTRIBUTION

**2** Enter total number of Section 501(c)(3) and government organizations . . . . . ▶ \_\_\_\_\_

**3** Enter total number of other organizations . . . . . ▶ \_\_\_\_\_

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I-1 (Form 990) 2008**

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990)**

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
WASHINGTON TOWNSHIP SCHOOLS FOUNDATION 8550 WOODFIELD CROSSING BLVD.	311146508	501(C)(3)	115,379.				PROGRAMS SUPPORT
WATERCOLOR SOCIETY OF INDIANA 4181 E. 96TH ST. SUITE 200	351598145	501(C)(3)	20,000.				OFFICE SPACE
WAYNE TOWNSHIP EDUCATION FOUNDATION 1220 S. HIGH SCHOOL RD.	351836690	501(C)(3)	66,898.				2008 DISTRIBUTION
WESTMINSTER NEIGHBORHOOD MINISTRIES 445 N. STATE AVE. P.O. BOX 11465	236393377	501(C)(3)	39,620.				PROGRAMS SUPPORT
WESTSIDE COMMUNITY MINISTRIES, INC. 373 N. HOLMES AVE. INDIANAPOLIS, IN 46222	352056984	501(C)(3)	13,000.				OP & AUDIT EXPENSES
WFYI FOUNDATION, INC. 1630 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	351961650	501(C)(3)	40,000.				2008 DISTRIBUTION
WFYI TELEPLEX 1401 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	351147600	501(C)(3)	8,000.				CAPITAL & PROGRAMS
WHEELER MISSION MINISTRIES 205 E. NEW YORK ST. INDIANAPOLIS, IN 46204	350888771	501(C)(3)	6,500.				CHARITABLE CONTRIB
WISHARD MEMORIAL FOUNDATION 1001 W. 10TH ST. INDIANAPOLIS, IN 46202	311132066	501(C)(3)	58,700.				CAPITAL & PROGRAMS
WOMEN IN MOTION, INC. 6245 OLD BARN CT. P.O. BOX 68435	450522690	501(C)(3)	10,000.				HIV PREVENTION
WORKFORCE, INC. 754 N. SHERMAN DR. SUITE 220	141892402	501(C)(3)	10,000.				GENERAL OP SUPPORT
WORLD JOURNALISM INSTITUTE 85 TUNNEL RD. P.O. BOX 2330	560538016	501(C)(3)	15,000.				CHARITABLE CONTRIB
WORLD MAGAZINE 85 TUNNEL RD. P.O. BOX 2330	560538016	501(C)(3)	40,000.				PROGRAMS SUPPORT
WRITERS' CENTER OF INDIANA P.O. BOX 30407 INDIANAPOLIS, IN 46230	311105619	501(C)(3)	36,000.				PROGRAMS SUPPORT
YMCA OF GREATER INDIANAPOLIS 615 N. ALABAMA ST. SUITE 200	350868211	501(C)(3)	162,600.				PROGRAMS SUPPORT

**2** Enter total number of Section 501(c)(3) and government organizations . . . . . ▶ \_\_\_\_\_

**3** Enter total number of other organizations . . . . . ▶ \_\_\_\_\_

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I-1 (Form 990) 2008**





**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Attach to Form 990. To be completed by organizations  
that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment? . . . . . **4a**  Yes  No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . **4b**  Yes  No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . . **4c**  Yes  No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

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

- a** The organization? . . . . . **5a**  Yes  No
- b** Any related organization? . . . . . **5b**  Yes  No
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization? . . . . . **6a**  Yes  No
- b** Any related organization? . . . . . **6b**  Yes  No
- 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 . . . . . **7**  Yes  No

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . . **8**  Yes  No

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2008

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
BRIAN E PAYNE	(i)	281,440.	NONE	NONE	NONE	34,820.	316,260.	200,115.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	62,331.
ROSEMARY DORSA	(i)	148,429.	NONE	NONE	NONE	15,727.	164,156.	135,193.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	15,021.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**SCHEDULE J-2  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the Organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer Identification number

35-1793680

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT J LAIKIN BOARD MEMBER	1.	X					NONE	NONE	NONE	
MYRTA J PULLIAM BOARD MEMBER	1.	X					NONE	NONE	NONE	
MILTON O THOMPSON BOARD MEMBER	1.	X					NONE	NONE	NONE	
JOHN J QUINN BOARD CHAIR	1.	X		X			NONE	NONE	NONE	
SARAH WILSON OTTE TREASURER	1.	X		X			NONE	NONE	NONE	
STEVEN A HOLT SECRETARY	1.	X		X			NONE	NONE	NONE	
J MURRAY CLARK BOARD MEMBER	1.	X					NONE	NONE	NONE	
D WILLIAM MOREAU JR BOARD MEMBER	1.	X					NONE	NONE	NONE	
CYNTHIA SIMON SKJODT BOARD MEMBER	1.	X					NONE	NONE	NONE	
LORI EFROYMSON AGUILERA BOARD MEMBER	1.	X					NONE	NONE	NONE	
DAVID BECKER VICE CHAIR	1.	X		X			NONE	NONE	NONE	
MICHAEL L SMITH BOARD MEMBER	1.	X					NONE	NONE	NONE	
ALAN A LEVIN BOARD MEMBER	1.	X					NONE	NONE	NONE	
PEGGY O MONSON BOARD MEMBER	1.	X					NONE	NONE	NONE	
ANN D MURTLOW BOARD MEMBER	1.	X					NONE	NONE	NONE	
MARK E HILL BOARD MEMBER	1.	X					NONE	NONE	NONE	
CHARLES P SUTPHIN BOARD MEMBER	1.	X					NONE	NONE	NONE	
MARIANNE GLICK BOARD MEMBER	1.	X					NONE	NONE	NONE	
BRIAN E PAYNE CEO	40.			X	X		281,440.	NONE	34,820.	
ROSEMARY DORSA COO	40.			X	X		148,429.	NONE	15,727.	
ROBERT B LITTLE VP LEGACY FUND	40.			X			104,477.	NONE	5,267.	

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

Schedule J-2 (Form 990) 2008

**SCHEDULE J-2  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

**Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the Organization: CENTRAL INDIANA COMMUNITY FOUNDATION INC Employer Identification number: 35-1793680

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GREGORY A MCMILLEN VP CIO	40.			X				104,950.	NONE	28,115.
KAY WHITAKER CFO	40.			X				133,800.	NONE	4,674.
GREGORY E LYNN VP REAL ESTATE & FACILITIES	40.			X				91,744.	NONE	13,294.
HARRY T MCFARLAND VP OF INDIANAPOLIS FOUNDATION	40.			X				90,704.	NONE	13,118.
ROBERT A MACPHERSON VP DEVELOPMENT	40.			X				123,513.	NONE	18,248.
JOANNA J NIXON VP GRANTMAKING	40.			X				82,129.	NONE	12,587.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Non-Cash Contributions**

▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2008**

**Open To Public  
Inspection**

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art . . . . .				
2 Art-Historical treasures . . . . .				
3 Art-Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities-Publicly traded . . . . .	X	8	4,028,246.	FMV ON DATE OF GIFT
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** NONE

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

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

Schedule M (Form 990) 2008

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

SCHEDULE M QUESTION 32

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

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

NET ASSET RECONCILIATION

FORM 990 PART I

BEGINNING OF YEAR NET ASSETS 476,048,266

INCOME/(LOSS) (11,553,484)

UNREALIZED LOSS ON

INVESTMENTS (131,300,079)

TRANSFERS & OTHER

EXCHANGES (198,994)

CHANGE IN VALUE OF

SPLIT INTEREST AGREEMENT (1,634,303)

END OF YEAR NET ASSETS 331,361,406

Name of the organization CENTRAL INDIANA COMMUNITY FOUNDATION INC	Employer identification number 35-1793680
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FORM 990 PART III

NEW PROGRAM SERVICES

COLLEGE READINESS, A COMPONENT OF EDUCATION INITIATIVE, IS ORGANIZED TO

INCREASE THE NUMBER OF LOW-INCOME FIRST-GENERATION MARION COUNTY MIDDLE

AND HIGH SCHOOL STUDENTS THAT ARE PREPARED TO SUCCEED IN POST SECONDARY

OPPORTUNITIES. PARTNERSHIP WITH THE ANNIE E CASEY FOUNDATION WAS FORMED

TO DELIVER THEIR MAKING CONNECTIONS PROGRAM AS A COMPONENT OF CICF'S

FAMILY SUCCESS INITIATIVE.

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

CHECKLIST OF REQUIRED SCHEDULES

FORM 990 PART IV QUESTION 12

CENTRAL INDIANA COMMUNITY FOUNDATION INC. WAS AUDITED ON A CONSOLIDATED

BASIS PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING

PRINCIPLES. THE AUDIT REPORT WAS A CONSOLIDATED REPORT THAT INCLUDED ALL

OF THE AFFILIATED ORGANIZATIONS AND SUPPORTING ORGANIZATIONS.

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

STATEMENTS REGARDING OTHER IRS FILINGS AND TAX COMPLIANCE

FORM 990 PART V

QUESTION 2A & 2B: THE CENTRAL INDIANA COMMUNITY FOUNDATION INC (CICF) IS

THE COMMON PAYMASTER FOR ALL OF OUR AFFILIATED ORGANIZATIONS AND

SUPPORTING ORGANIZATIONS THAT HAVE PAYROLL INCLUDING: THE INDIANAPOLIS

FOUNDATION, LEGACY FUND, WILLIAM E. ENGLISH FOUNDATION, TECHPOINT

FOUNDATION AND INDIANAPOLIS PARKS FOUNDATION. CICF FILES ALL REQUIRED

FEDERAL EMPLOYMENT TAX RETURNS AS THE COMMON PAYMASTER.



Name of the organization

Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATION INC

35-1793680

GOVERNANCE, MANAGEMENT, & DISCLOSURE

FORM 990 PART VI

QUESTION 2:

BOARD MEMBER ANN D. MURTLow BUSINESS RELATIONSHIP

BOARD MEMBER D. WILLIAM MOREAU, JR. BUSINESS RELATIONSHIP

BOARD MEMBER DAVID BECKER BUSINESS RELATIONSHIP

BOARD MEMBER MARK E. HILL BUSINESS RELATIONSHIP

QUESTION 10: FOLLOWING A DETAILED REVIEW BY AN OFFICER, THE FORM 990 IS

PROVIDED TO ALL BOARD MEMBERS FOR THEIR REVIEW. BOARD MEMBERS ARE ASKED

TO REVIEW AND SUBMIT ANY QUESTIONS OR CONCERNS RELATED TO THE FORM, WHICH

ARE BE ADDRESSED BEFORE FILING OF THE RETURN TAKES PLACE.

QUESTION 12C: CONFLICT OF INTEREST POLICIES ARE COMPLETED ANNUALLY BY ALL

BOARD MEMBERS AND STAFF. THE POLICY STATEMENTS ARE REVIEWED ANNUALLY BY

OFFICERS OF CICF. A CONFLICT OF INTEREST LOG IS MAINTAINED WITH THE NAME

AND RELATIONSHIP, IF ANY, WITH OTHER BOARD MEMBERS. WHEN FOUNDATION

BUSINESS IS BEING CONDUCTED AND THERE IS A CONFLICT, THE BOARD OR STAFF

MEMBERS ABSTAIN FROM VOTING ON RELATED MATTERS. THIS IS DOCUMENTED IN

THE BOARD MINUTES.

QUESTION 15A & 15B: COMPARATIVE COMPENSATION INFORMATION IS GATHERED BY

THE HUMAN RESOURCE MANAGER AND USED TO DETERMINE APPROPRIATENESS OF

INDIVIDUAL COMPENSATION FOR ALL EMPLOYEES AS PART OF THE ANNUAL REVIEW

AND BUDGETING PROCESS. THIS REVIEW IS PERFORMED BY THE CEO, CFO, AND

COO. THE CHAIRMAN OF THE BOARD OF DIRECTORS PERFORMS A REVIEW AND MAKES

A RECOMMENDATION FOR COMPENSATION ADJUSTMENTS FOR THE CEO. THE LAST

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

REVIEW WAS IN OCTOBER 2008.

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

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**

▶ **See separate instructions.**

**Name of the organization**

CENTRAL INDIANA COMMUNITY FOUNDATION INC

**Employer identification number**

35-1793680

**Part I Identification of Disregarded Entities**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
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**Part II Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
THE WILLIAM E ENGLISH FOUNDATION _____ 35-0929970 615 NORTH ALABAMA ST SUITE 119 INDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C) 3	11A	N/A
THE INDIANAPOLIS FOUNDATION _____ 35-0868115 615 NORTH ALABAMA ST SUITE 119 INDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C) 3	7	N/A
LEGACY FUND _____ 20-0900981 515 E MAIN STREET _____ CARMEL, IN 46032	CHARITABLE	IN	501(C) 3	7	N/A
TECHPOINT FOUNDATION _____ 35-2155455 615 NORTH ALABAMA ST SUITE 119 INDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C) 3	11A	N/A
INDIANAPOLIS RETIREMENT HOME INC _____ 35-0868098 615 NORTH ALABAMA ST SUITE 119 INDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C) 3	11A	N/A
MCCAWE FAMILY FOUNDATION _____ 35-2057394 615 NORTH ALABAMA ST SUITE 119 INDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C) 3	11A	N/A
INDIANAPOLIS PARKS FOUNDATION _____ 35-1860468 615 NORTH ALABAMA ST SUITE 119 INDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C) 3	11A	N/A

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

Schedule R (Form 990) 2008



**Part V Transactions With Related Organizations**

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

	Yes	No
<b>1</b> During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to other organization(s) . . . . .	X	
<b>c</b> Gift, grant, or capital contribution from other organization(s) . . . . .	X	
<b>d</b> Loans or loan guarantees to or for other organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by other organization(s) . . . . .		X
<b>f</b> Sale of assets to other organization(s) . . . . .		X
<b>g</b> Purchase of assets from other organization(s) . . . . .		X
<b>h</b> Exchange of assets . . . . .		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) . . . . .	X	
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) . . . . .		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets . . . . .	X	
<b>n</b> Sharing of paid employees . . . . .	X	
<b>o</b> Reimbursement paid to other organization for expenses . . . . .		X
<b>p</b> Reimbursement paid by other organization for expenses . . . . .	X	
<b>q</b> Other transfer of cash or property to other organization(s) . . . . .		X
<b>r</b> Other transfer of cash or property from other organization(s) . . . . .		X

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

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) THE INDIANAPOLIS FOUNDATION	B, C, N, P	2,021,757.
(2) THE WILLIAM E ENGLISH FOUNDATION	B, J, N, P	1,067,470.
(3) TECHPOINT FOUNDATION	B, N, P	253,686.
(4) LEGACY FUND	N, P	767,677.
(5) INDIANAPOLIS PARKS FOUNDATION	N, P	191,576.
(6)		



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.

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

=====

DESCRIPTION	AMOUNT
-----	-----
LATINO SCHOLARSHIP DINNER	168,096.
TOTAL	----- 168,096. =====



FORM 990, PART VIII - FUNDRAISING EVENTS

=====

DESCRIPTION -----	GROSS INCOME -----	DIRECT EXPENSES -----	NET INCOME -----
LATINO SCHOLARSHIP DINNER	32,340.	5,000.	27,340.
TOTALS	32,340.	5,000.	27,340.
	=====	=====	=====



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

**2008**

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

For calendar year 2008 or other tax year beginning \_\_\_\_\_, 2008, and ending \_\_\_\_\_, 2008. See separate instructions.

**A**  Check box if address changed

**B** Exempt under section  
 501(c)(3)  220(e)  
 408(e)  530(a)  
 408A  529(a)

**C** Book value of all assets at end of year  
 360,640,195.

Name of organization (  Check box if name changed and see instructions.)  
 CENTRAL INDIANA COMMUNITY FOUNDATION INC  
 Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. 119  
 615 NORTH ALABAMA STREET  
 City or town, state, and ZIP code  
 INDIANAPOLIS, IN 46204

**D** Employer identification number  
 (Employees' trust, see instructions for Block D on page 9.)  
 35-1793680

**E** Unrelated business activity codes  
 (See instructions for Block E on page 9.)  
 525990

**F** Group exemption number (See instructions for Block F on page 9.)  
**G** Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity.  PARTNERSHIP INCOME

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . .  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of  KAY WHITAKER Telephone number  317-634-2423

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance	1 c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D)	4 a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c	Capital loss deduction for trusts	4 c		
5	Income (loss) from partnerships and S corporations (attach statement)	5	-981,757.	STMT 1
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 11 of the instructions; attach schedule.)	12		
13	<b>Total.</b> Combine lines 3 through 12.	13	-981,757.	-981,757.

**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	NONE
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b NONE
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	<b>Total deductions.</b> Add lines 14 through 28	29	NONE
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-981,757.
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	-981,757.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33	
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.	34	-981,757.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15.
36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16.
37 Proxy tax. See page 16 of the instructions.
38 Alternative minimum tax.
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
40 b Other credits (see page 17 of the instructions)
40 c General business credit. Attached Form 3800
40 d Credit for prior year minimum tax (attach Form 8801 or 8827)
40 e Total credits. Add lines 40a through 40d
41 Subtract line 40e from line 39.
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).
43 Total tax. Add lines 41 and 42
44 a Payments: A 2007 overpayment credited to 2008
44 b 2008 estimated tax payments
44 c Tax deposited with Form 8868
44 d Foreign organizations: Tax paid or withheld at source (see instructions)
44 e Backup withholding (see instructions)
44 f Other credits and payments: Form 2439 Form 4136 Other Total
45 Total payments. Add lines 44a through 44f
46 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid
49 Enter the amount of line 48 you want: Credited to 2009 estimated tax Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

1 At any time during the 2008 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?
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?
3 Enter the amount of tax-exempt interest received or accrued during the tax year

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year
2 Purchases
3 Cost of labor
4 a Additional section 263A costs (attach schedule)
4 b Other costs (attach schedule)
5 Total. Add lines 1 through 4b
6 Inventory at end of year
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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

Sign Here Signature of officer Date Title
May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only Preparer's signature Date Check if self-employed Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code BKD, LLP 200 E. MAIN ST. SUITE 700 FORT WAYNE, IN 46802
EIN 44-0160260 Phone no. 260-460-4000

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

(see instructions on page 19)

1 Description of property

Table with 4 rows for property description (1-4).

Table for Schedule C with columns: 2 Rent received or accrued (a) From personal property, (b) From real and personal property; 3(a) Deductions directly connected with the income; (b) Total deductions. Includes a Total row and a (c) Total income instruction.

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

Table for Schedule E with columns: 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, (b) Other deductions; 4 Amount of average acquisition debt; 5 Average adjusted basis; 6 Column 4 divided by column 5; 7 Gross income reportable; 8 Allocable deductions. Includes a Totals row and a Total dividends-received deductions instruction.

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

Table for Schedule F - Exempt Controlled Organizations with columns: 1 Name of controlled organization; 2 Employer identification number; 3 Net unrelated income (loss); 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.

Table for Schedule F - Nonexempt Controlled Organizations with columns: 7 Taxable Income; 8 Net unrelated income (loss); 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. Includes a Totals row.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 21)

Table with 5 columns: 1 Description of income, 2 Amount of income, 3 Deductions directly connected, 4 Set-asides, 5 Total deductions and set-asides. Includes a Totals row.

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

Table with 7 columns: 1 Description of exploited activity, 2 Gross unrelated business income, 3 Expenses directly connected, 4 Net income, 5 Gross income, 6 Expenses attributable, 7 Excess exempt expenses. Includes a Totals row.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Includes a Totals row.

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.)

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Includes a Totals row.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)

Table with 4 columns: 1 Name, 2 Title, 3 Percent of time devoted to business, 4 Compensation attributable to unrelated business. Includes a Total row.

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

=====

AG SUPER FUND LP	-12,005.
AIF VI LS AIV LP	10,187.
AUDAX PRIVATE EQUITY FUND	-9,151.
FIA TIMBER PARTNERS SPECIAL SITUATION FUND	-246,611.
KAYNE ANDERSON ENERGY FUND III	-205,835.
KAYNE ANDERSON ENERGY FIND IV	-174,924.
NATURAL GAS PARTNERS IX	-124,074.
NAREP LP	-7,026.
NAREP II	-57,048.
PIPER JAFFRAY VENTURE FUND II	-4,044.
FRAZIER HEALTHCARE VI	-27,197.
KINDER MORGAN ENERGY PARTNERS	-96,665.
ONEOK PARTNERS	-34,481.
AMBERBROOK IV	7,117.

INCOME (LOSS) FROM PARTNERSHIPS

-----  
 -981,757.  
 =====

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

# 2008

Department of the Treasury  
Internal Revenue Service

▶ **Attach to your tax return. See separate instructions.**

Information furnished for the foreign partnership's tax year beginning 01/01/2008, and ending 12/31/2008

Attachment  
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 01/01/2008, and ending 12/31/2008

**C** Filer's share of liabilities: Nonrecourse \$ NONE Qualified nonrecourse financing \$ NONE Other \$ NONE

**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 STREET WEST STE 4320, P. O. BOX 212  
TORONTO, ON  
CA, MSK 1J3  
**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 STREET WEST STE 4320, P. O. BOX 212  
TORONTO, ON  
CA, MSK 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 STREET WEST STE 4320, P. O. BOX 212  
TORONTO, ON  
CA, MSK 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. }  Yes  No  
If "Yes," **do not** complete Schedules L, M-1, and M-2.

Sign Here Only If You Are Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.  
Signature of general partner or limited liability company member   Date  

**Paid Preparer Sign and Complete Only If Form is Filed Separately.** Preparer's signature   Date   Check if self-employed  Preparer's SSN or PTIN    
Firm's name (or yours if self-employed), address, and ZIP code   EIN   Phone no.



**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.

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

**Schedule D Capital Gains and Losses**

**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)
<b>1</b>					
<b>2</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .					<b>2</b>
<b>3</b> Short-term capital gain (loss) from like-kind exchanges from Form 8824 . . . . .					<b>3</b>
<b>4</b> Partnership's share of net short-term capital gain (loss), including specially allocated short-term capital gains (losses), from other partnerships, estates, and trusts . . . . .					<b>4</b>
<b>5 Net short-term capital gain or (loss).</b> Combine lines 1 through 4 in column (f). Enter here and on Form 8865, Schedule K, line 8 or 11 . . . . .					<b>5</b>

**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)
<b>6</b>					
<b>7</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37. . . . .					<b>7</b>
<b>8</b> Long-term capital gain (loss) from like-kind exchanges from Form 8824. . . . .					<b>8</b>
<b>9</b> Partnership's share of net long-term capital gain (loss), including specially allocated long-term capital gains (losses), from other partnerships, estates, and trusts . . . . .					<b>9</b>
<b>10</b> Capital gain distributions . . . . .					<b>10</b>
<b>11 Net long-term capital gain or (loss).</b> Combine lines 6 through 10 in column (f). Enter here and on Form 8865, Schedule K, line 9a or 11 . . . . .					<b>11</b>

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

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

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

**Schedule M Balance Sheets for Interest Allocation**

	(a) Beginning of tax year	(b) End of tax year
<b>1</b> Total U.S. assets . . . . .		
<b>2</b> Total foreign assets:		
<b>a</b> Passive category . . . . .		
<b>b</b> General category . . . . .		
<b>c</b> 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.")

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

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

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

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

Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1 Sales of inventory . . . . .				
2 Sales of property rights (patents, trademarks, etc.) . . . . .				
3 Compensation received for technical, managerial, engineering, construction, or like services . . . . .				
4 Commissions received . . . . .				
5 Rents, royalties, and license fees received . . . . .				
6 Distributions received . . . . .				
7 Interest received . . . . .				
8 Other . . . . .				
9 Add lines 1 through 8 . . . . .				
10 Purchases of inventory . . . . .				
11 Purchases of tangible 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 . . . . .				

**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

**2008**

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	12/31/2008		675,000.				55.500
Marketable securities							
Inventory							
Tangible property used in trade or business							
Intangible property							
Other property							

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

DATE OF TRANSFER 3/17/2008 - 150,000, 6/11/2008 - 150,000,  
10/02/2008 - 375,000

**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) 2008

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

# 2008

Department of the Treasury  
Internal Revenue Service

▶ **Attach to your tax return. See separate instructions.**

Information furnished for the foreign partnership's tax year beginning 01/01/2008, and ending 12/31/2008

Attachment  
Sequence No. **118**

Name of person filing this return <u>CENTRAL INDIANA COMMUNITY FOUNDATION INC</u>	Filer's identifying number <u>35-1793680</u>
--	---

Filer's address (if you are not filing this form with your tax return)	<b>A</b> Category of filer (see <b>Categories of Filers</b> in the instructions and check applicable box(es)): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/>
	<b>B</b> Filer's tax year beginning <u>01/01/2008</u> , and ending <u>12/31/2008</u>

**C** Filer's share of liabilities: Nonrecourse \$ NONE Qualified nonrecourse financing \$ NONE Other \$ NONE

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

Name	<u>EIN</u>
Address	

**E** Information about certain other partners (see instructions)

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

**F1** Name and address of foreign partnership LODH PRIVATE EQUITY - EURO CHOICE III  
NO. 1 SEATON PLACE P. O. BOX 641  
ST HELIER, JERSEY  
XC, JE4 8YJ

2 EIN (if any)	
3 Country under whose laws organized	<u>UK</u>

<b>4</b> Date of organization <u>03/29/2006</u>	<b>5</b> Principal place of business <u>XC</u>	<b>6</b> Principal business activity code number	<b>7</b> Principal business activity	<b>8a</b> Functional currency <u>EURO</u>	<b>8b</b> Exchange rate (see instr.) <u>1.471340000000</u>
--	---	--	--------------------------------------	--	---

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

<b>1</b> Name, address, and identifying number of agent (if any) in the United States	<b>2</b> 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:
---	--

<b>3</b> Name and address of foreign partnership's agent in country of organization, if any  <u>LOMBARD ODIER DARIER HENTSCH</u> <u>NO. 1 SEATON PLACE P. O. BOX 641</u> <u>ST HELIER, JERSEY</u> <u>XC, JE4 8YJ</u>	<b>4</b> 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  <u>LODH PRIVATE EQUITY - EURO CHOICE III</u> <u>NO. 1 SEATON PLACE P. O. BOX 641</u> <u>ST HELIER, JERSEY</u> <u>XC, JE4 8YJ</u>
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**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. } . . . . .  Yes  No  
 If "Yes," **do not** complete Schedules L, M-1, and M-2.

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

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

Signature of general partner or limited liability company member	Date
--	------

Paid Preparer Sign and Complete Only If Form is Filed Separately.	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	





**Schedule D Capital Gains and Losses**

**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)
<b>1</b>					
<b>2</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .					<b>2</b>
<b>3</b> Short-term capital gain (loss) from like-kind exchanges from Form 8824 . . . . .					<b>3</b>
<b>4</b> Partnership's share of net short-term capital gain (loss), including specially allocated short-term capital gains (losses), from other partnerships, estates, and trusts . . . . .					<b>4</b>
<b>5</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1 through 4 in column (f). Enter here and on Form 8865, Schedule K, line 8 or 11 . . . . .					<b>5</b>

**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)
<b>6</b>					
<b>7</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37. . . . .					<b>7</b>
<b>8</b> Long-term capital gain (loss) from like-kind exchanges from Form 8824. . . . .					<b>8</b>
<b>9</b> Partnership's share of net long-term capital gain (loss), including specially allocated long-term capital gains (losses), from other partnerships, estates, and trusts . . . . .					<b>9</b>
<b>10</b> Capital gain distributions . . . . .					<b>10</b>
<b>11</b> <b>Net long-term capital gain or (loss).</b> Combine lines 6 through 10 in column (f). Enter here and on Form 8865, Schedule K, line 9a or 11 . . . . .					<b>11</b>

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
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)
d Other deductions (see instructions) Type ▶	13d	
Self-Employment	14 a Net earnings (loss) from self-employment	14a
	b Gross farming or fishing income	14b
	c Gross nonfarm income	14c
Credits	15 a Low-income housing credit (section 42(j)(5))	15a
	b Low-income housing credit (other)	15b
	c Qualified rehabilitation expenditures (rental real estate) (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 ▶	
	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
m Reduction in taxes available for credit (attach statement)	16m	
n Other foreign tax information (attach statement)		
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)		

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

**Schedule M Balance Sheets for Interest Allocation**

	(a) Beginning of tax year	(b) End of tax year
<b>1</b> Total U.S. assets .....		
<b>2</b> Total foreign assets:		
<b>a</b> Passive category .....		
<b>b</b> General category .....		
<b>c</b> 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.")

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

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

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

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

Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1 Sales of inventory . . . . .				
2 Sales of property rights (patents, trademarks, etc.) . . . . .				
3 Compensation received for technical, managerial, engineering, construction, or like services . . . . .				
4 Commissions received . . . . .				
5 Rents, royalties, and license fees received . . . . .				
6 Distributions received . . . . .				
7 Interest received . . . . .				
8 Other . . . . .				
9 Add lines 1 through 8 . . . . .				
10 Purchases of inventory . . . . .				
11 Purchases of tangible 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 . . . . .				

**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

**2008**

Name of transferor CENTRAL INDIANA COMMUNITY FOUNDATION INC	Filer's identifying number 35-1793680
Name of foreign partnership LODH PRIVATE EQUITY - EURO CHOICE III	

**Part I Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash	12/31/2008		639,381.				59.800
Marketable securities							
Inventory							
Tangible property used in trade or business							
Intangible property							
Other property							

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

DATE OF TRANSFER 3/07/2008 - 274,623, 6/18/2008 - 148,603,  
9/04/2008 - 61,633, 12/10/2008 - 154,523

**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) 2008



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200 E. Main Street, Suite 700 ▪ Fort Wayne, IN 46802-1900 ▪ 260.460.4000

Instructions for filing  
CENTRAL INDIANA COMMUNITY FOUNDATION INC  
IN NP-20  
Indiana NP-20 - Nonprofit Org. Annual Report  
for the period ended December 31, 2008

\*\*\*\*\*

Signature...

The original return should be dated and signed by an officer of the organization if applicable.

Filing...

The signed return should be filed on or before November 16, 2009 with...

Indiana Department of Revenue  
Tax Administration  
P. O. Box 7147  
Indianapolis, Indiana 46207-7147

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service).





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200 E. Main Street, Suite 700 ■ Fort Wayne, IN 46802-1900 ■ 260.460.4000

Instructions for filing  
CENTRAL INDIANA COMMUNITY FOUNDATION INC  
IN IT-20NP  
Indiana IT-20NP - Nonprofit Org. UBI Tax Return  
for the period ended December 31, 2008

\*\*\*\*\*

Signature...

The original return should be dated and signed by an officer of the organization if applicable.

Filing...

The signed return should be filed on or before November 16, 2009 with...

Indiana Department of Revenue  
100 N. Senate Avenue  
Indianapolis, Indiana 46204-2253

Payment of tax...

No payment of tax is required.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service).

**Form NP-20**

State Form 51062

(R2/10-07)

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

Check if:  Change of Address  
 Amended Report  
 Final Report: Indicate Date Closed \_\_\_\_\_

**Beginning** 01/01/2008 **and Ending** 12/31/2008  
MM/DD/YYYY MM/DD/YYYY

**Due on the 15th day of the 5th month following the end of the tax year. See below for extension information.  
NO FEE REQUIRED.**

Name of Organization <b>CENTRAL INDIANA COMMUNITY FOUNDATION INC</b>			Telephone Number <b>317-634-2423</b>	
Address <b>615 NORTH ALABAMA STREET</b>		County <b>MARION</b>	Indiana Taxpayer Identification Number	
City <b>INDIANAPOLIS</b>	State <b>IN</b>	Zip Code <b>46204</b>	Federal Identification Number <b>35-1793680</b>	
Printed Name of Person to Contact <b>KAY WHITAKER</b>			Contact's Telephone Number <b>317-634-2423</b>	

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

**Note:** If your organization has unrelated business income of more than \$1,000 as defined under **Section 513** of the Internal Revenue Code, **you must also file Form IT-20NP.**

**Current Information**

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes. **NO**
2. Indicate number of years your organization has been in continuous existence. 11
3. Attach a schedule, listing the names, titles and addresses of your current officers. **SEE ATTACHED FORM 990**
4. Briefly describe the purpose of mission of your organization.

**THE MISSION OF CICF IS TO BUILD CHARITABLE ASSETS, TO SUPPORT EFFECTIVE CHARITABLE ORGANIZATIONS WITH GRANTS, AND PROVIDE LEADERSHIP TO ADDRESS COMMUNITY NEEDS.**

Email Address:

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

Signature of Officer or Trustee <b>KAY WHITAKER</b>	Title <b>317-634-2423</b>	Date
Name of Person(s) to Contact	Daytime Telephone Number	

**Important:** Please submit this completed form and/or extension to:  
 Indiana Department of Revenue, Tax Administration  
 P.O. Box 7147  
 Indianapolis, IN 46207-7147  
 Telephone: (317) 232-2045

**Extensions of Time to File**

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. **Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption.** Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 7147, Indianapolis, IN 46207-7147, (317) 232-2045.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.

Fiscal Year Beginning \_\_\_\_\_ 2008 and Ending 12/31/2008

Check box if amended.

Check box if name changed.

Name of Organization <b>CENTRAL INDIANA COMMUNITY FOUNDATION INC</b>		Federal Identification Number (FID) <b>35-1793680</b>
Number and Street <b>615 NORTH ALABAMA STREET</b>	Indiana County or O.O.S.	Principal Business Activity Code <b>525990</b>
City <b>INDIANAPOLIS, IN 46204</b>	State <b>IN</b>	ZIP Code <b>46204</b>
Telephone Number <b>(317) 634-2423</b>		
Check all boxes that apply: <input type="checkbox"/> Initial Return <input type="checkbox"/> Final Return <input type="checkbox"/> In Bankruptcy <input type="checkbox"/> Schedule M Do you have on file a valid extension of time to file your return (federal Form 7004 or an electronic extension of time)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Due Date: 15th day of the fifth month following close of the tax year.		

**Adjusted Gross Income Tax Calculation on Unrelated Business Income**

1. Unrelated business taxable income (before net operating loss deduction and specific deduction) from federal return Form 990T (attach Form 990T) . . . . .	1	-981,757.
2. Specific deduction (generally \$1,000; see instructions) . . . . .	2	
3. Interest on U.S. government obligations on the federal return less related expenses . . . . .	3	
4. Deduction for qualified patents income . . . . .	4	
5. Enter total from lines 2 through 4 . . . . .	5	
6. Subtotal for unrelated business income (subtract line 5 from line 1) . . . . .	6	-981,757.
7. Add back: Charitable contributions, state income taxes, net bonus depreciation (excess IRC 179 deduction), and IRC Section 199 deductions; enter negative adjustments in <brackets> . . . . .	7	
8. Unrelated business income, as adjusted (add lines 6 and 7). (If not apportioning, enter same amount on line 10) . . . . .	8	-981,757.
9. Enter Indiana apportionment percentage, if applicable, from line 4(c) of IT-20 Schedule E apportionment (attach schedule) . . . . .	9	%
10. Unrelated business apportioned to Indiana (multiply line 8 by line 9; otherwise enter line 8 amount) . . . . .	10	-981,757.
11. Enter Indiana NOL deduction without specific deduction (attach Schedule IT-20NOL; see instructions) . . . . .	11	
12. Taxable Indiana unrelated business income (line 10 less line 11) . . . . .	12	-981,757.
13. Indiana tax on unrelated business income (multiply line 12 by 8.5% (.085)). <b>See instructions for line 13</b> . . . . .	13	
14. Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet . . . . .	14	
15. Total tax due (add lines 13 and 14) . . . . . Total Tax ▶	15	
<b>Credit for Estimated Tax and Other Payments</b>		
16. Quarterly estimated tax paid: Qtr. 1 _____ Qtr. 2 _____ Qtr. 3 _____ Qtr. 4 _____ Enter total	16	
17. Amount paid with extension . . . . .	17	
18. Amount of overpayment credit (from tax year ending _____) . . . . .	18	
19. Enter name of other credit _____ Code No. 19a _____	19b	
20. Total credits (add lines 16, 17, 18 and 19b) . . . . . Total Credits	20	
21. Balance of tax due (line 15 minus 20; if line 20 is greater than line 15, proceed to lines 22, 24 and 26) . . . . .	21	
22. Penalty for the underpayment of income tax. Attach Schedule IT-2220 . . . . . <input type="checkbox"/> Check box is using annualization method	22	
23. Interest: If payment is made after the original due date, compute interest. . . . .	23	
24. Penalty: If paid late, enter 10% of line 21; see instructions. If line 15 is zero, enter \$10 per day filed past due date . . . . .	24	
25. Total payment due (add lines 21 through 24). (Payment must be made in U.S. funds) . . . . . <b>PAY THIS AMOUNT ▶</b>	25	
26. Total overpayment (line 20 minus lines 15, 22, and 24) . . . . .	26	
27. Amount of line 26 to be refunded . . . . .	27	
28. Amount of line 26 to be applied to the following year's estimated tax account . . . . .	28	

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



Indiana Department of Revenue  
**Indiana Nonprofit Organization Unrelated Business Income**

Additional Explanation or Adjustment State Form 49189 (R7/8-08)		
Line (a)	Explanation (b)	Amount (c)

**Certification of Signatures and Authorization Section**

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

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

Organization's E-mail address \_\_\_\_\_

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

Print or Type Name of Officer \_\_\_\_\_ Title \_\_\_\_\_

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

Telephone number 260-460-4000

Address 200 E MAIN STREET SUITE 700

City FORT WAYNE

State IN Zip Code + 4 46802

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

JOYCE A. DULWORTH

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

P00151125

Telephone number 260-460-4000

Address 200 E. MAIN ST. SUITE 700

City FORT WAYNE

State IN Zip Code + 4 46802

Paid Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Sales/Use Tax Worksheet**

List all purchases made during 2008 from out-of-state companies.

Column A Description of personal property purchased from out-of-state retailer	Column B Date of Purchase(s) Made from 1/1/08 Through 3/31/08	Column C Purchase Price of Property(s) from Column B	Column D Date of Purchase(s) Made from 4/1/08 Through 12/31/08	Column E Purchase Price of Property(s) from Column D
Magazine subscriptions:				
Mail order purchases:				
Internet purchases:				
Other purchases:				
1. Total purchase price of property subject to the sales/use tax: Enter total of Columns C and E . . . . .		1C		1E
2. Sales/use tax: Multiply line 1C by .06; multiply line 1E by .07 . . . . .		2C		2E
3. Sales tax previously paid on the above items (up to 6% per item in Column C; up to 7% per item in Column E) . . . . .		3C		3E
4. Total amount due: Subtract line 3C from line 2C and line 3E from line 2E. Add lines 4C and 4E. Carry to Form IT-20NP, line 14. If the amount is negative, enter zero and put no entry on line 14 of the IT-20NP . . . . .		4C		4E

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

